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**‘To speke of phisik’: Medical Discourse in Late Medieval
English Culture**

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A thesis submitted to Birkbeck College, University of London, for the
degree of Doctor of Philosophy

January, 2015

I declare that the work presented in this thesis is entirely my own

Signed: _____

Michael Leahy

Abstract

The increased availability and circulation of practical writings on medicine in the vernacular in late medieval England resulted in a new cultural lexicon heavily informed by medical learning. This achieved purchase through the blending of a technical, Latinate vocabulary, rooted in a scholarly European medical tradition, with a one informed by Christian practices and ritual. This thesis identifies how medical language provided a constitutive and malleable register that proved amenable to diverse appropriations. A prominent instance of this was the susceptibility of medical knowledge to metaphorical deployment: authors of religious texts could elucidate the abstract theological concepts of sin and salvation by anchoring them in the ailing or diseased body. In another sense, the supreme physiological knowledge which medical learning nominally afforded could provide a means of visualising the soul. The tendency of medical writers to offer normative ideals of the body, as well as of temperament and character, accorded with religious authors' concerns of the regulation of sinful behaviour. Furthermore, medical language offered literary authors a means both to advance and undermine the idea of a language that could itself be health-inducing. In pursuing the mutually generative interactions between medical, spiritual, moral and literary discourses, this thesis analyses a wide range of late medieval writings: they include medical or other technical writings by John Arderne, Guy de Chauliac and Bartholomaeus Anglicus; literary works by Geoffrey Chaucer and Robert Henryson; mystical works by Richard Rolle and the *Book of Margery Kempe*; hagiographies and sermons; and monastic rules and customaries. It demonstrates the sweep of themes and concerns that medical discourse could be applied to, including piety, romance, morality, incarceration, charity, satire and theology. It attests to the

productive and significant place of medical language in medieval English culture and its constitutive role in the development of English literary language.

Contents

<i>Abstract</i>	3
<i>List of Illustrations</i>	6
<i>Acknowledgements</i>	7
<i>List of Abbreviations</i>	8
Introduction: Contexts, Method and Medical Rhetoric	9
1 The Practitioner: John Arderne and the Cultural Contexts of Surgical Writing	61
2 Performing Illness: The Figure of the Patient	125
3 Remedial Spaces and Institutional Language	176
4 The ‘Scabbe of Synne’: Leprosy and its Representations	231
5 Chaucerian Medicine	281
Conclusion	332
Works Cited	350

List of Illustrations

- Fig.1 Anal fistula images. John Arderne's *Liber medicinalium*. 1450-1500. London, BL Harley MS 5401 f.44v
- Fig.2 Woman with mirror. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 1(all images from this manuscript are reproduced with permission from the librarian, National Library of Sweden)
- Fig.3 Woman with pruritus. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 1
- Fig.4 Writhing or falling figure alongside text of a prayer against cramp. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2
- Fig.5 Skeleton. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 1
- Fig.6 Anatomical Man, front view. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2
- Fig.7 Anatomical Man, rear view. Detail Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2v
- Fig.8 Owl. John Arderne's *Liber medicinalium*. 1400-1425. London, BL Sloane MS 56, f.54v
- Fig.9 English Altarpiece. Fragment of the Nativity in Alabaster. 1350-1400. London, Victoria and Albert Museum, © Victoria and Albert Museum
- Fig.10 Nativity Scene. *The Taymouth Hours*. 1325-1350. London, BL Yates Thompson MS 13, f.89
- Fig.11 English altarpiece. Fragment of the Circumcision of Christ in Alabaster. 1400-1500. London, Victoria and Albert Museum, © Victoria and Albert Museum
- Fig.12 Elizabeth of Hungary. Stained Glass Panel. 1400-1500. Chancel East Window, St. Peter Mancroft, Norwich (reproduced by permission of St. Peter Mancroft, Norwich)
- Fig.13 Pietà. Stained Glass Panel. 1450-1500. Long Melford Church, Suffolk (reproduced by permission of the Rector of Holy Trinity Church, Long Melford)

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Abbreviations

- DDGC* H. J. Schroeder, *Disciplinary Decrees of the General Councils: Text, Translation, and Commentary* (St. Louis, Mo. and London: B. Herder, 1937).
- DR* *Douay-Rheims Bible* (English translation of the Latin Vulgate).
Online edition: <http://unbound.biola.edu>.
- EETS* Early English Text Society (o.s., Original Series, e.s., Extra Series, s.s., Supplementary Series)
- GL* Jacobus de Voragine, *Gilte Legende*, ed. by R.F.S. Hamer, EETS nos.327, 328, 2 vols. (Oxford: Published for the Early English Text Society by the Oxford University Press, 2006).
- MED* *Middle English Dictionary*, ed. by Hans Kurath, Sherman M. Kuth and Robert E. Lewis (Ann Arbor, MI: University of Michigan Press, 1954-2001). Available at: <http://quod.lib.umich.edu/m/med/>
- ODNB* *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004). Online edition: Jan 2008 <http://www.oxforddnb.com/>
- OED* *Oxford English Dictionary* (Oxford: Oxford University Press, 2014).
Online edition: <http://www.oed.com/>
- RC* Geoffrey Chaucer, *The Riverside Chaucer*, gen. ed. Larry D. Benson, 3rd edn. (Oxford and New York: Oxford University Press, 1987)
- SEL* Anon., *The South English Legendary*, ed. by Anna Jean Mill and Charlotte D'Evelyn, EETS nos.235, 236, 244 (London: Published for the Early English Text Society by Oxford University Press, 1959).
- WB* *The Holy Bible in the Earliest English Versions, Made from the Latin by John Wycliffe and his Followers*, ed. by Josiah Forshall and Frederick Madden (Oxford: Oxford University Press, 1850). Online edition at 'Corpus of Middle English Prose and Verse' (Ann Arbor, MI: University of Michigan Press, 2006) <http://quod.lib.umich.edu/cgi/t/text/text-idx?c=cme;cc=cme;view=toc;idno=AFZ9170.0001.001>

Introduction

Contexts, Method and Medical Rhetoric

This thesis identifies and analyses a rhetorical register constellating around medicine in late medieval England, one which proved remarkably congenial to a variety of contexts in which the ‘health’ or ‘illness’ of the body was folded with that of the soul. The vernacularisation of a range of genres of writings in the fourteenth and fifteenth centuries in England led to a new cultural vocabulary indebted to medical and surgical knowledge. The mutual circulation of various types of writings (including a significant amount of technical literature encompassing natural philosophy and medicine), in addition to the porous boundaries separating many fields of knowledge, resulted in much linguistic and rhetorical crossover. Yet the porous relationship between religious and medical languages was particularly significant due to the historical connections between both, extending back to the beginning of Christianity and arising out of a shared concern with the ‘health’ of the body and soul. Whilst Christian vernacular writings continued and developed a longstanding tradition of employing medical metaphors to elucidate religious concepts in the late medieval period, medical writings absorbed Christian terms complete with their moral and devotional resonances.

The spread of complex, scholastic medical understandings of illness and disease encouraged religious writers to appropriate such frameworks in elucidating moral and behavioural models and requirements. A writer could employ technical languages both to add gravitas to his argument and encourage the reader’s retention of textual content, through the application of moral or spiritual qualities to the sick body. This is evident in *The Chastising of God’s Children*, an anonymous Middle English text written around the turn of the fifteenth century. Addressed to a female religious, it comprises a treatise

on the advantages of physical and spiritual suffering for the soul. The nine extant manuscript copies of the complete text, as well as the existence of fragments of it in other texts, attest to its wide circulation in the fifteenth century.¹ In a section on the causes of a devotee becoming distant from God, the author uses the metaphor of fever and its symptoms to describe this spiritual malady. The author's mobilisation of a learned, scholastic framework, lending intricacy to his account, displays how medical knowledge and language could be deployed to 'flesh out' and ground spiritual concepts.

The author of the *Chastising* shows a pointed awareness of the medical taxonomies of the different manifestations of fever. Employing terms associated with a type identified by medieval medical authors as 'roted fever', thought to be caused by the putrefaction of bodily humours, the writer distinguishes between quotidian (attacks recurring daily), tertian (attacks intermittently recurring every other day), quartan (recurring every third day) and double-quartan (a more severe form of quartan) fevers.² Each fever is linked to a specific type of sinful, or potentially sinful, behaviour.

¹ Joyce Bazire and Eric Colledge, 'Introduction' in *The Chastising of God's Children and the Treatise of Perfection of the Sons of God*, ed. by Joyce Bazire and Eric Colledge (Oxford: Blackwell, 1957), pp.37-41.

² See 'fever, n'. (3), *MED*. <http://quod.lib.umich.edu/cgi/m/mec/med-idx?size=First+100&type=headword&q1=fever&rgxp=constrained> [accessed 6 December 2014]. For a description of fever, typical of its description in late medieval European medical university textbooks, see 'The *Isagoge* of Joannitius', in *Medieval Medicine: A Reader*, ed. by Faith Wallis (Toronto: University of Toronto, 2010), pp.139-56 (p.147). From the classical period, medical theory held that four fluids or humours (blood, phlegm, choler and melancholy) circulated through the body; their

þe first feuer is callid cotidian, whiche is propirly in goostli remeuyng a uariaunce of þe herte, for sum þer bien þat wol knowen of al þinges and of eche lyueng; þei wol comune of eche matier, and entremete of eche cause [...] Her þou3tes bien ful chaungeable, now heere, now þere, now so, now þus, liche to þe wynde. [...] þe secunde feuer is clepid a tercian, whiche may be seid inconstaunce or vnstabilnesse, and al be it þat þis go and come, 3it it is perilous.³

Identifying the particular qualities germane to the fever type (for instance, the way that quotidian fever produces changes to the heart), the writer goes on to link these features to a corresponding behaviour. Thus quotidian fever is keyed to changeable behaviour whilst tertian fever is linked to those who, despite having lived virtuously, are susceptible to moral dissolution: ‘if oure lord þanne leuyth hem and suffreþ hem stonde aloone, sum of hem fallen anon into vnstabilnesse’.⁴ The mode of behaviour becomes more extreme in line with the severity of the fever up to the onset of double-quartan, which is aligned with sloth, one of the cardinal sins. The symptoms of the fever are employed, then, to help the reader recall the variety of ways in which the soul can fall away from God.

Yet the body is not simply configured here as a means to provide a mnemonic awareness of different types of erroneous living; it is also implicated itself in such behaviour. This is manifested in the *Chastising* through an undermining of the neat division of metaphorical tenor and vehicle, where the fever and its symptoms become conflated with the sinful behaviour they symbolise. The author follows the orthodox

relative proportions were thought to determine the state of one’s health (as well as one’s temperament and character). They are discussed in the next section in relation to the development of medical theory.

³ *Chastising*, pp.126-7.

⁴ *Chastising*, p.127.

medical view in the Middle Ages that cold environments and negligence towards one's health brings on fever:

But now 3e knowen furþermore þat in þis same tyme of þe 3eer, þe sunne comeþ doun and þe wedir is ful colde. Perfor in sum vnwise men and vnauised þe wicked humoures bien stired and maken þe stomake replete, wherfor thei fallen into dyuers sikenesse.⁵

Again, the build-up of humours in the stomach resulting from cold air and negligence serves to illustrate the spiritual sickness that follows when people 'bi necligence and infirmite goon out fro god and out fro þe scole of loue, anon þei wexen so sike þat euer þei fallen fro uertues, or ellis þei fallen into perel of deep'.⁶ But the physical sickness seems to be implicated in the spiritual sickness the author describes. The humours that cause the fever are themselves described as 'wicked'; likewise an 'infirmite' is given as one of the reasons why one might become distanced from God. In this sense, the resulting 'perel of deep' is seen to be caused as much through physical as spiritual infirmities. Illness is again implicated when the author goes on to describe another reason as to why the devout become distant from God: this arises from their belief that they are 'so fieble and so tendir and wastid for age or for trauel þat al hem þinkeþ nedeful, what euer þei mowen gete, to þe reste and profite of þe bodi'.⁷ In this case, bodily infirmities themselves become harmful for the soul by inducing in the sufferer too much concern for bodily comforts. The ailing body is marshalled to ground the concept of sin but, at the same time, is seen as complicit in the causes of sin.

⁵ *Chastising*, p.124.

⁶ *Chastising*, p.124.

⁷ *Chastising*, p.125.

In fact, this blending of the bodily and the spiritual reflects the way that vocabularies of health could be used interchangeably to refer to either. One of the more popular genres of medical literature in the fourteenth and fifteenth centuries was the *regimen sanitatis*, or health regimen, where health is conceived of in such a holistic way. This genre, associated with the medical school at Salerno in southern Italy but appearing prominently in vernacular medical literature of the later Middle Ages, featured advice on maintaining humoral balance, which in turn was thought to ensure good health, through regulation of the ‘non-naturals’.⁸ These comprised environmental

⁸ The theory of the non-naturals held that both physical and environmental factors such as the quality of air, exercise, sleep, food and the emotions exerted an influence on one’s general health. See Plinio Prioreschi, *A History of Medicine: Medieval Medicine*, Vol. V (Omaha, NE: Horatius Press, 2003), pp.598-602, and Luis García -Ballester, ‘On the Origin of the “Six Non-Natural Things” in Galen’, in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. by Jon Arrizabalaga, Montserrat Cabre, Lluís Cifuentes and Fernando Salmon (Aldershot: Ashgate, 2002), pp.105-15. The Latin text of the Salernitan *regimen* can be found in Brian Lawn, ed., *The Prose Salernitan Questions* (London: Oxford University Press, 1979), p.138. For the history of the *regimen*, see Prioreschi, *History of Medicine*, pp.266-72. Prioreschi, in noting the *regimen*’s non-theoretical character and basis in popular herbal and ‘folk’ medicine, speculates that its link with Salerno might have been established in order to lend the *regimen* a learned aura (pp.171-2). But the alignment between the *regimen*’s advice and the theory of non-naturals suggests an overlapping between these forms of medical knowledge and practice. On the relation between the *regimen* and the non-naturals, see Faith Wallis, ‘The Cultivation of Health:

and behavioural factors that were understood to influence the ‘naturals’ (the physical aspects of the body such as bodily members and humoral fluids). Because the ‘non-naturals’ included aspects such as food, drink, sleep and the emotions, the moderate behaviour advanced by health regimens could be understood as carrying religious as well as medical authority. This is clearly the case in a condensed adaptation of the *Regimen sanitatis salernitanum* (the Salerno *Regimen of Health*) attributed to Suffolk monk and author, John Lydgate (1370-1451) and known in Middle English as ‘A Dietarie’.⁹ This widely disseminated fifteenth-century text begins,

For helthe of body keep fro cold thyn hed,
Ete no rawe mete, take good heed herto,
Drynk holsom wyn, feede the on lyht bred,
With an appetite ryse from thi mete also.¹⁰

Lifestyle, Regimen and the Medical Self’ in *Medieval Medicine*, ed. by Faith Wallis, pp.485-6.

⁹ There is evidence for the dissemination of material emerging from Salerno in late medieval England: the library at Merton College, Oxford, for example, included works by the notable Salernitan medical scholar Roger Frugard (*fl. c.1170*). See Vern L. Bullough, ‘Medical Study at Medieval Oxford’, *Speculum*, 36:4 (1961), 600-612 (p.609). The *Regimen sanitatis* is also found in fifteenth-century English medical miscellanies such as London, Wellcome Historical Medical Library MS 673 and London, BL Add MS 30338.

¹⁰ John Lydgate, ‘A Dietary, and a Doctrine for Pestilence’ in *The Minor Poems of John Lydgate*, ed. by Henry Noble MacCracken, EETS o.s. no.192, Vol. II (London: Oxford University Press, 1934), pp.703-7, l.25-8. Hereafter line numbers are cited in the text. The ‘Dietarie’ is a translation of an anonymous fifteenth-century Latin poem which incorporates elements of the Salerno *regimen* and the *Secretum Secretorum*, attributed

The advice on preserving bodily health continues with suggestions pertaining to sexual continence, moderate diet and the avoidance of damp conditions. Mixed in with these are instructions about preserving social decorum including avoiding quarrelling with one's neighbours, refraining from deceit and practicing thrift. It also includes Christian imperatives to visit the poor:

First at thi risyng to God do reverence,
 Visite the poore with enteer diligence,
 On al nedý have pite & compassioun,
 And God shal sende the grace & influence
 The tenchrece, & thi possessioun (132-6).

to Aristotle (it is found in London, BL Sloane MS 3534 along with a Middle English version of the 'Dietarie' and other devotional and medical texts). See Jake Walsh Morrissey, "'Termes of Phisik": Reading Between Literary and Medical Discourses in Geoffrey Chaucer's *Canterbury Tales* and John Lydgate's *Dietary*' (unpublished doctoral dissertation, McGill University, Montreal, 2011), pp.223-9. Its attribution to Lydgate is based on its appearance in several manuscripts featuring his work. See Julia Boffey and A.S.G. Edwards, 'Literary Texts', *The Cambridge History of the Book in Britain: 1400–1557*, ed. by Lotte Hellinga and J. B. Trapp, Vol. III (Cambridge: Cambridge University Press, 1999), pp.555 -75 (pp.558-9). For more discussion of the 'Dietarie', see Claire Sponsler, 'Eating Lessons: Lydgate's *Dietary* and Consumer Conduct', *Medieval Conduct*, ed. by Katheleen Ashley and Robert L.A. Clark (Minneapolis: University of Minnesota Press, 2001), pp.1-22; Bryon Lee Grigsby, *Pestilence in Medieval and Early Modern English Literature* (New York: Routledge, 2004), pp.131-38.

From the introductory line, ‘For helthe of body’, no distinction is made between these pieces of advice, thereby demonstrating that health is conceived as incorporating ‘welthe/ Of sowle & bodi’ (161-2). Through the incorporation of advice pertaining to physical wellbeing and spiritual progress in verses that evince no formal distinction between the two, this popular poem demonstrates the tenuous boundaries separating the religious and the medical spheres. This implicit intersection of both discourses in the ‘Dietarie’ indicates that the employment of medical metaphors in a text like the *Chastising* is not to be seen simply as the overlaying of one type of discourse onto another, but is part of a broader configuration of health shared by both fields.

But does late medieval medical language itself carry moral dimensions? Whilst scholastic medical texts tend to avoid the kind of explicit moralising that the *Chastising* displays in its adoption of the fever motif, an analysis of medical language reveals some of the moral investments that could have encouraged the author of a work like the *Chastising* to inflect medical terms in the way she or he does. The encyclopedic work by the Paris scholar, Bartholomaeus Anglicus (c.1203-1272), translated into Middle English by John Trevisa (1342-1402), entitled *De proprietatibus rerum* (*On the Properties of Things*), includes a section on fever where it is classified according to a similar scheme that is employed by the author of the *Chastising*. Bartholomaeus associates fever with extremities of coldness and heat, ‘distemperaunce’ and excessive humours emanating from the heart and gathering in the stomach.¹¹ Although the treatment of fevers is here oriented towards the physician’s capability, there is, like the *Chastising*, an acknowledgement of the patient’s disposition as a central factor in the

¹¹ Bartholomaeus Anglicus, *On the Properties of Things: John Trevisa’s Translation of Bartholomaeus Anglicus De Proprietatibus Rerum: A Critical Text*, ed. by M.C. Seymour, Vol I (Oxford: Clarendon Press, 1975), pp.379-88.

success of treatment. Therefore, when considering treatment for tertian fever, Bartholomaeus privileges the importance of regimen: ‘ferst diete schal be i-ordeyned as age and tyme askeþ and vneuenes’.¹² Later, he incorporates this idea of the patient’s responsibility for his own health when advancing reasons as to why a physician may not be able to cure fever:

As Galien seiþ, in soche yueles somtyme a parfite phisician erreþ for swe[f]tnes of meuyng of þe matiere [of] þe yuel, and also for defaute oþir vertue of þe pacient, þe which þe phisican knowiþ nouzt [...]. And hit may nouzt be vnknowe þat þe lasse *emitricius* is curable wiþ difficulte, and þe myddel vnneþe but somtyme it is curable, and þe grete [fever] neuere but by Goddes owne honde, as Galien seiþ.¹³

The patient’s ‘vertue’, mentioned here, could refer to his bodily or mental strength or to the state of his health. In a similar sense, the *Chastising* describes the perfect devotee of God gathering the ‘fruyte and erbis of uertues’, again bringing together two connotations of the word:¹⁴ that of cultivating moral excellence and the inherent quality of a substance (such as a plant). Crucially, the semantic elasticity of the word opens up potential readings of the spiritual dimensions invested in the overcoming of fever.

The use of ‘yuel’ to describe fever testifies to this fluidity. The word, etymologically related to ‘ill’ (which came to denote ‘being sick’ only in the later

¹² Bartholomaeus Anglicus, *Properties of Things*, p.387.

¹³ Bartholomaeus Anglicus, *Properties of Things*, p.391. *Emitricius* refers to intermittent fever.

¹⁴ *Chastising*, p.123.

fifteenth century), connoted misfortune or hardship, as well as moral wickedness.¹⁵ Its widespread use in Middle English medical and other writings to describe sicknesses or symptoms shows again how medical conditions were implicitly accorded a moral agency. The currency of such a word makes it abundantly clear how moral judgements were inscribed in the Middle English medical lexicon. The identification of such latent features, a major commitment of this thesis, reveals how even the most scholastically oriented, rational medical authors could be subject to incorporating religious or spiritual modes of discourse. It registers how medical rhetoric, with its religious or moral semantics, as well as its technical purchase on the ailing or wounded body, proved susceptible to appropriation in a range of contexts connecting the ‘health’ of the body and the soul.

The Historical Relationship between Medicine and Christianity

The very identification of the ‘medical’ and ‘religious’ fields or perspectives, even in a thesis that insists upon their integration, needs to be qualified. This is, in part, because ‘medicine’ was not the primary signifier, as it is today, for the ‘diagnosis, treatment and prevention of disease’ in the Middle Ages, although the term was sometimes used in this way.¹⁶ Most late medieval texts referred to this practice or art as ‘physic’; this term

¹⁵ ‘ivel, n. and adj.’, *MED*

<http://quod.lib.umich.edu/cgi/m/mec/medidx?size=First+100&type=headword&q1=ivel&rgxp=constrained> [accessed 6 December 2014].

¹⁶ ‘medicine, n’ (1), *OED*

<http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/115715?rskey=YuoUuk&result=1&isAdvanced=false#eid> [accessed 6 December 2014]. The adjective ‘medical’ did not

derived from the Latin *physica*, which denoted the study of natural philosophy, and was in use from the emergence of scholastic medicine in the twelfth century when medical writers were keen to stress the theoretical formulation of medical knowledge as a legitimising factor.¹⁷ Because ‘physic’ configured the study of sickness and disease as a theoretical endeavour, it tended to exclude surgery, which was seen more as a craft, as well as a great deal of health preservation techniques.¹⁸ Although we tend to refer to ‘medicine’ today as an all-encompassing word constituting a variety of health practices, it is important to acknowledge that no such synonym existed in the Middle Ages. This reflects the diversity and heterogeneous character of health maintenance and restoration during this period. As ‘medicine’ *could* be used to refer to the practice of curing sickness and disease in the later Middle Ages, I retain the word here to reflect this, although I acknowledge the very different ideas attending modern usages of the term and its late medieval application.

The word is rooted in the Latin term *medicīna* which signified the more general art or practice of healing in the classical world.¹⁹ *Medicus* correspondingly denoted a healer, and the appellation of *Christus medicus* was employed by early Christians to

come into use until the seventeenth century. The modern definition of medicine as encompassing diagnosis and treatment of illness is usually seen as inseparable from the medical establishment, which exclusively assumes the role of dispensing this practice.

¹⁷ Wallis, ‘*Physica*: The Advent and Impact of Academic Medicine’ in *Medieval Medicine*, ed. by Faith Wallis, p.129.

¹⁸ Therefore, the practical use of medical compounds, plasters and purgatives to treat illnesses was also distinguished from the study of physic.

¹⁹ ‘medicine, n’ (1), *OED*.

stress Christ's power of healing the sick.²⁰ This was part of an endeavour by the Church Fathers, the earliest Christian theologians, in their struggle against the popularity of the Greek healing god, Asclepius, insisting that it was Christ who was the 'divine physician'.²¹ This idea can itself be traced back to Christ's words in the gospel of Mark: 'they that are well have no need of a physician, but they that are sick. For I came not to call the just, but sinners.'²² The metaphor carries an implicit validation and naturalisation of medical practice in its articulation of Christ's role of saviour through reference to medical healing. The early theologians of the Church mostly concurred with this idea: for St. Basil of Caesarea (c.330-379), the art of medicine was given by God to allow healing of the sick, whilst his contemporary, St. Augustine of Hippo (354-430), proposed that the healing properties found in plants and medicines were likewise gifts from God. But the idea of medicine as a manifestation of God's willingness that humanity should make use of such knowledge and practices to overcome sickness and disease appears paradoxical when seen in context of the Christian economy of sin and salvation. From this point of view, ill health is a manifestation of man's post-lapsarian condition and thus part of the punishment humanity must endure as a result of the Fall. Therefore, any attempts by physicians or medical practitioners to alleviate or overcome suffering and illness would seem to work against God's desire that humanity should

²⁰ Rudolph Arbesmann, 'The Concept of "Christus Medicus" in St. Augustine', *Traditio*, 10 (1954), 1-28.

²¹ See Darrel W. Amundsen, *Medicine, Society and Faith in the Ancient and Medieval Worlds* (Baltimore, MD and London: John Hopkins University Press, 1996), pp.134-36.

²² *DR*, Mark 2:17.

suffer.²³ But the patristic writers addressed this seeming paradox by arguing that God's benevolence towards humanity mitigates the necessary punishment it must endure. According to this perspective, even though humanity and nature are in a fallen state, God has allowed that man should survive through exploiting nature in the correct manner.²⁴ Although the idea of what constituted the 'correct' use of nature varied from writer to writer, medical practice was generally considered appropriate to Christians, as long as it was not prioritised over devotion to God and was not used for purposes counter to Church teachings. The Alexandrian theologian, Origen (c.182 CE – c.254 CE), for example, in asserting that all wisdom comes from God, suggests that God gave medical knowledge to men in order to compensate for bodily frailty in the face of illness.²⁵ In its dual insistence on the importance of enduring physical discomfort or illness *and* the legitimacy of seeking to overcoming such conditions, the early Church held two potentially contradictory attitudes towards illness in balance. This paradoxical attitude is summed up by St. Jerome (c.347-420),

Am I in health? I thank my Creator. Am I sick? In this case, too, I praise God's will. For 'when I am weak, then am I strong'; and the strength of the spirit is made perfect in the weakness of the flesh.²⁶

²³ Carole Rawcliffe, "'On the Threshold of Eternity': Care for the Sick in East Anglian Monasteries", in *East Anglia's History: Studies in Honour of Norman Scarfe*, Christopher Harper-Bill, Carole Rawcliffe and Richard G. Wilson, eds. (Woodbridge, 2002) pp.41-72 (p.41).

²⁴ Amundsen, *Medicine, Society and Faith*, p.6.

²⁵ Amundsen, *Medicine, Society and Faith*, p.135.

²⁶ Jerome, 'Letter XXXIX to Paula', in *Nicene and Post-Nicene Fathers: Jerome's Letters and Select Works*, ed. by Philip Schaff and Henry Wallace, 2nd Series, Vol. VI

The spirit is made strong in this case by the edification that comes about through suffering, thereby engendering health of the soul. Thus from this perspective, whilst it is acceptable to seek help from medical practitioners, it is also imperative that, where medicine does not work, one accepts it as a sign of the will of God and submits oneself to enduring the illness stoically.

Acceptance of medical practice by Church authorities is further demonstrated by the provision of medical care (and its nascent regulation) as one of ‘the defining characteristics of Christian monasticism, in evidence from the very beginnings of monastic social organisation in the early fourth century’.²⁷ The monastic imperative to care for the sick is enshrined in the *Rule of St. Benedict*, written by the Italian monk Benedict of Nursia (c.480-c.543). This rule, written in the early sixth century, ‘predominated from the eighth to the twelfth centuries in Britain and all the western Church alike’.²⁸ Chapter thirty-six states, ‘Before all things and above all things care

(Grand Rapids: Eerdmans, 1893; repr. New York: Cosimo Books, 2007), pp.49-54 (p.50).

²⁷ Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity* (Ann Arbor, MI: University of Michigan Press, 2005), p.9.

²⁸ Christopher Cannon, ‘Monastic Productions’, in *The Cambridge History of Medieval English Literature*, ed. by David Wallace (Cambridge and New York: Cambridge University Press, 1999), pp.316-48 (p.316).

must be taken of the sick, so that they may be served in every deed as Christ himself'.²⁹ As the *Rule* goes on to show, this emphasis is informed by a specific biblical edict: the words of Christ in Matthew's gospel, "I was [...] sick and you visited me" and "as long as you did it to one of these my least brethren, you did it to me".³⁰ The care of the afflicted remained thereafter a fundamental aspect of the Christian ministry, and this is reflected in many of the rules and customaries of English monasteries that follow the Benedictine *Rule* in giving priority to the care of the sick.³¹

Indeed, monastic communities were the main preservers and disseminators of medical information in western Europe throughout late antiquity and the Middle Ages until this monopoly was challenged by the rise of universities in the twelfth century.³²

²⁹ *The Rule of Saint Benedict*, ed. by Justin McCann (London: Sheed and Ward, 1937), p.91.

³⁰ *DR*, Matthew 25:35-36 and 40.

³¹ Greg Peters, 'Religious Orders and Pastoral Care in the Late Middle Ages', in *A Companion to Pastoral Care in the Late Middle Ages (1200-1500)*, ed. by Ronald J. Stansbury (Leiden and Boston: Brill, 2010), pp.263-84 (p.279); Amundsen, *Medicine, Society and Faith*, p.13. Riccardo Cristiani also notes how the sanctity of benefactors was often seen as proportional to the sickness of those in their care. See Riccardo Cristiani, 'Integration and Marginalization: Dealing with the Sick in Eleventh-Century Cluny', in *From Dead of Night to End of Day: The Medieval Customs of Cluny*, ed. by Susan Boynton and Isabelle Cochelin (Turnhout: Brepols, 2005), pp.287-95 (p.294).

³² M.K.K. Yearl, 'Medieval Monastic Customaries on *Minuti* and *Infirmi*', in *The Medieval Hospital and Medical Practice*, ed. by Barbara Bowers (Hampshire, UK and Burlington, VT: Ashgate Publishing, 2007), pp.175-94 (p.179).

Clerics, both regular and secular, not only had knowledge of medicine and surgery but were also practitioners during this time. But a number of Church reforms, initiated in the twelfth and thirteenth centuries, which sought to curb some of these practices by clerics, indicate deep unease with this situation on the part of the Church hierarchy. In 1139, the second Lateran Council, a general council held under Pope Innocent II (d.1143), decreed that those in regular orders (clerics living under a rule) should refrain from practicing jurisprudence or medicine for economic gain.³³ Although this did not specifically order those regular clerics from ceasing the study and practice of medicine *per se*, it did inveigh heavily against those who prioritised health of the body over the needs of the soul. It has been reasonably argued that the Church was more worried that the economic benefits of practicing medicine would entice regular clerics away from performing their duties than the fact that they were practicing it at all.³⁴ But in 1215, the Fourth Lateran Council, held that ‘no subdeacon, deacon or priest shall practice that part of surgery involving burning and cutting’; it thereby effectively excluded those in major orders from practicing surgery.³⁵ Again, this did not amount to a condemnation of medical practice; it rather reflected the Church’s fear that ‘the risk of accidental homicide, [...] jeopardised a monk’s ability to perform his priestly duties’, as well as its concern that the pollution of blood or other bodily fluids on priests’ hands might make

³³ Darrel W. Amundsen, ‘Medieval Canon Law on Medical and Surgical Practice by the Clergy’, *Bulletin on the History of Medicine*, 52:1 (1978), 22-44 (p.28).

³⁴ F.M. Getz, ‘The Faculty of Medicine before 1500’, in *The History of the University of Oxford: Late Medieval Oxford*, ed. by J.I. Catto and Ralph Evans, Vol. II (Oxford: Clarendon Press, 1992) pp.373-405 (p.381).

³⁵ *DDGC*, pp.258 and 569.

them unfit to handle the Eucharist.³⁶ Whatever the immediate success of its implementation, there does appear to have been an increasing separation between medicine and surgery in later medieval Europe, where the laity gradually started to make up the numbers of surgeons.³⁷ By the thirteenth century, some English monasteries began to employ laymen to perform operations involving surgery.³⁸ Although clerics continued to study medicine, the entry of qualified physicians in the medical marketplace increased in numbers in the fourteenth century, as well as the use of physicians in the royal household during the Hundred Years' War, eventually contributing to the secularisation of the profession in England.³⁹

³⁶ Rawcliffe, 'Care for the Sick', p.46.

³⁷ See Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Sutton, 1997), p.126, and Piorsechi, pp.287-8.

³⁸ Rawcliffe, 'Care for the Sick', pp.46-47. However, as Nancy G. Siraisi states, the breach between medicine and surgery 'always remained partial and incomplete'. Both fields shared a mutual conceptual framework and the interest in compound medicines, diet and lifestyle evinced in surgical treatises demonstrates how porous such boundaries could be in practice. See Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago and London: University of Chicago Press, 1990), pp.174-5.

³⁹ Getz, 'Faculty of Medicine', p.393-94. See also E.A. Hammond 'Physicians in Medieval English Religious Houses', *The Bulletin of the History of Medicine*, 32 (1958), 105-120 (pp.118-9).

Yet, even in 1215, Lateran IV did acknowledge a split between what it called ‘physicians of the body’ and ‘physicians of the soul’, and it proceeded on this basis to attempt to align these different interests along hierarchical lines:

We declare in the present decree and strictly command that when physicians of the body [*medicis corporum*] are called to the bedside of the sick, before all else they admonish them to call for the physicians of the souls [*medicos animarum*], so that after spiritual health [*spirituali salue*] has been restored to them, the application of bodily medicine [*corporalis medicinae*] may be of greater benefit, for the cause being removed the effect will pass away.⁴⁰

According to this text, the secular physician is to stand aside and allow the cleric to diagnose the patient and apply remedies in ‘rebuke, counsel and penance’.⁴¹ Illness, from this perspective, is either caused by a spiritual deficiency or is a manifestation of it; whilst the involvement of the medical practitioner is not questioned here, it is only in the context of confession and spiritual acknowledgment on the part of the patient that a medical cure can come about. Although the health of the soul is prioritised in this edict, the religious practice of confession is not seen to *replace* medical therapies but renders them more effective in bringing about the cure of the body. The decree goes on, ‘and since the soul is far more precious than the body, we forbid under penalty of anathema that a physician advise a patient to have recourse to sinful means for the recovery of bodily health’.⁴² Physicians could work against ‘the health of the soul’, for example, by disturbing religious fasting or sexual continence, through advocating eating or sex as a means to regulate the humors. The decree makes plain the way that the intrinsic

⁴⁰ *DDGC*, p.570. The English translation is provided at p.263.

⁴¹ John T. McNeill, *A History of the Cure of Souls* (New York and London: Harper and Row, 1951), p.111.

⁴² *DDGC*, pp.263 and 570.

relationship between religion and medicine, both being concerned with 'health', could be subject to tension and opposing interests.⁴³

The combative tone of these edicts aligns with one of the main objectives emerging out of Lateran IV: that is, the need to define the Christian community through orienting it in opposition to what the Church perceived as that community's greatest enemies, including heretics and Jews.⁴⁴ Despite the historical integration between Christianity and medicine, a great deal of classical medical knowledge was unknown in the West for much of the medieval period; during the same time, medical learning flourished in Muslim and Jewish cultures where classical medical knowledge was preserved over many centuries. This medical culture began to filter into western Europe in the eleventh century and came to comprise an over-arching field of 'rational' knowledge where diseases and their treatment were understood according to theoretical (mainly humoral) principles. This process was expedited by the rise of universities and medical schools across Europe in the same century. Therefore, the Lateran IV edicts that attempt to regulate or curb medical practice are of a piece with the Church's attempt to define itself against potential challenges to its authority. The institutionalisation of medicine in the new universities may have been perceived as a threat. Indeed, scholastic medicine occupied an ambivalent position in the sense that it

⁴³ Jessalyn Bird, 'Medicine for Body and Soul: Jacques de Vitry's Sermons to Hospitallers and their Charges', in *Religion and Medicine in the Middle Ages*, ed. by Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), pp.91-108 (p.92).

⁴⁴ See R.I. Moore, *The Formation of a Persecuting Society: Authority and Deviance in Western Europe, 950-1250*, 2nd edn. (Malden, MA and Oxford: Blackwell Publishing, 2007), especially pp.6-11.

was, in part, perceived as a Christian legacy whilst also seen as a Muslim and Jewish enterprise. This explains the efforts by the writers of the Lateran IV edicts to tolerate and regulate medical practice whilst holding it at a distance.

Yet despite attempts by Church authorities to sequester scholastic medicine, it continued to grow in stature and popularity over the following centuries. One of the reasons for this was the way that rational medicine, offering a totalising philosophy, complemented, and helped propel, a late medieval appetite for an all-encompassing knowledge. The Greek philosopher and physician, Galen of Pergamon (c.130-c.210 CE), is often held to be the originator of scholastic medicine: in the third century he linked the Hippocratic idea of four constituent humours of the body – blood, cholera, phlegm and melancholy – with the four elements and bodily temperaments.⁴⁵ He also outlined a detailed understanding of anatomy and physiology as well as the theory and practice of uroscopy, allopathy and surgery.⁴⁶ He instituted the concept of humoral balance or harmony by developing a theory that viewed all diseases as arising from the excessive or diminished presence of one or more humours in the body, and he promoted techniques such as phlebotomy as a means of ridding the body of excessive humoral matter. Whilst certain Galenic works were known in the West throughout late antiquity

⁴⁵ The Hippocratic corpus comprises medical writings attributed to the Greek physician Hippocrates (c.460-c.370 BCE). These exerted tremendous influence on medical theory throughout the classical and medieval periods. See *Hippocratic Writings*, ed. by G.E.R. Lloyd (New York: Penguin Books, 1978).

⁴⁶ Alain Touwaide, 'Galen', in *Medieval Science, Technology and Medicine: An Encyclopedia*, ed. by Thomas F. Glick, Stephen J. Livesey and Faith Wallis (New York and London: Routledge, 2005), pp.179-82 (p.179).

and the Middle Ages, many others were lost, but continued to be the focus of medical authority in the Arab and Jewish worlds. Following the first major translations into Latin of the Arabic canon by Constantinus Africanus (*d. c.*1090) and the establishment of the Italian city of Salerno as a centre of medical learning, Galen's corpus re-emerged with vigour in the European tradition, complete with extensive commentaries by writers such as Ibn Sīnā, known in the West as Avicenna (*c.*980-*c.*1037) and Ibn Rushd, or Averroes (*c.*1126-*c.*1198).⁴⁷ The 'New Galen' became a central feature of scholastic learning.⁴⁸ This was not only for the huge body of knowledge it brought to bear on European medical learning, but also for its amenability in helping to situate medicine within a "new model of equilibrium" as it was emerging in a host of disciplines in the first decades of the fourteenth century: from economic, political and ethical thought to theology and natural philosophy'.⁴⁹ By the later Middle Ages, Galen remained by far the most cited medical authority in medical texts across Europe; reference to his status

⁴⁷ Joel Kaye, *A History of Balance, 1250-1375: The Emergence of a New Model of Equilibrium and its Impact on Thought* (Cambridge and New York: Cambridge University Press, 2014) pp.210-11; Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250-1400* (Leiden: Brill, 1998), pp.268-9.

⁴⁸ Luis García -Ballester, 'The New Galen: A Challenge to Latin Galenism in Thirteenth-Century Montpellier', in *Galen and Galenism*, ed. by Jon Arrizabalaga, Montserrat Cabre, Lluís Cifuentes and Fernando Salmon, pp.55-83.

⁴⁹ Kaye, *History of Balance*, p.211.

as classical authority had, by then, spread from the confines of university textbooks to writings in the wider culture.⁵⁰

The Galenic corpus, together with the many commentaries it engendered, was markedly sizable. Its centrality to the curricula in the medical schools and universities that emerged in Europe from the twelfth century meant that it began to be circulated in compendia, bound with the treatises of other commentators and authorities. Founding texts were the *Isagoge* of the Baghdad physician Hunyan ibn Ishaq, or Iohannitus (c.809-873), which comprised an introductory text to the main Galenic principles, and Constantinus's translation of a work by Haly Abbas (d.982-994), known as the *Pantegni*.⁵¹ These works were gathered together with others including the Galenic texts, the *Aphorisms* of Hippocrates, Constantinus's *Viaticum* and the *materia medica* of Dioscorides (c.40- c.90CE), under the rubric of the *Ars medicine* (later printed as the *Articella*).⁵² Versions of this text were structured according to an *a capite ad calcem* format where diseases and illnesses were dealt with in a sequential head-to-toe order, with each section being composed of passages from the relevant authority.

The emergence of surgery as a discrete discipline in the twelfth and thirteenth centuries was itself accompanied by the production of 'comprehensive and detailed

⁵⁰ Irma Taavitsainen, 'Science', in *A Companion to Chaucer*, ed. by Peter Brown (Oxford and Malden, MA: Blackwell, 2002), p.390.

⁵¹ On the adaptation of the *Isagoge* and *Pantegni* for a Latin readership, see the collection of essays in Charles Burnett and Danielle Jacquart, eds., *Constantine the African and 'Alī Ibn Al-'Abbās Al-Mağūsī: The Pantegni and Related Texts* (Leiden: Brill, 1994).

⁵² See O'Boyle, *Art of Medicine*, pp.82-127.

Latin treatises that would transform this branch of medical learning'.⁵³ One of the most important early examples of this was the *Chirurgia* of Roger Frugardi (*d. c.1195*), a text read and glossed at Salerno. This text set the template for subsequent surgical treatises: it outlined a scholastic, deductive model for the study of surgery based on identifying the causes of each condition, its diagnosis and a detailed description of the surgical procedure.⁵⁴ It was followed by such landmark works as Lanfranc of Milan's (*d.1315*) *Chirurgia Magna*, written in 1296, and Guy de Chauliac's (*c.1300-1368*) *Inventarium seu collectarium in parte cyrurgicali medicine*, written in Avignon in 1363.⁵⁵

By the fourteenth century, medical knowledge had begun to be disseminated beyond the sphere of university learning and assumed a more heterogeneous character appearing in manuscripts with empiric material as well as in popular encyclopaedic works.⁵⁶ In England, a non-scholastic vernacular remedy book tradition, including

⁵³ Faith Wallis, 'The Practice of Surgery Rationalised: The *Surgery* of Roger Frugard', in *Medieval Medicine*, ed. by Faith Wallis, p.181.

⁵⁴ See Tony Hunt, *The Medieval Surgery* (Woodbridge: Boydell Press, 1992), p.xii. Hunt points out that Roger's *Chirurgia* was in fact written by his students from his teachings (p.xii).

⁵⁵ See Wallis, 'A Primer on Bloodletting: Lanfranc of Milan's Scholastic Phlebotomy' in *Medieval Medicine*, ed. by Faith Wallis, p.281, and Margaret S. Ogden's preface to *The Cyrurgie of Guy de Chauliac*, ed. by Margaret S. Ogden, EETS o.s. no.265, Vol I: Text (London, New York and Toronto: Published for the Early English Text Society by the Oxford University Press, 1971), p.v.

⁵⁶ Irma Taavitsainen and Päivi Pahta, 'Vernacularisation and Medical Writing in its Sociohistorical Context', in *Medical and Scientific Writing in Late Medieval English*,

astrological, herbal material and charms, had existed from around the ninth century. By the thirteenth century, a substantial amount of medical texts had been written in Anglo-Norman.⁵⁷ In the later Middle Ages, such material was not only produced alongside surgical works and academic treatises but in many cases merged with them.

The ‘rational’ orientation of scholastic medicine, with its classical heritage based upon deducing medical treatment from humoral principles, and its twelfth-century development in the new universities of Europe, has led medical historians to privilege its secular features. This has led to views that it was only occasionally infiltrated by Christian or empiric content.⁵⁸ Yet there does appear to have been some ambivalence towards ‘folk’ remedies on the part of some of the canonical scholastic writers: Bernard of Gordon (c.1258-1320), who taught at the University of Montpellier, despite condemning the use of textual amulets in medicine, included in his *Lilium medicine*

ed. by Irma Taavitsainen and Päivi Pahta (Cambridge and New York: Cambridge University Press, 2004), pp.1-18 (p.10).

⁵⁷ Taavitsainen and Pahta, ‘Vernacularisation’, p.11. For the merging of scholastic works with empiric medicine in England, see Claire Jones, ‘Elaboration in Practice: The Use of English in Medieval East Anglian Medicine’, in *East Anglian English*, ed. by Jacek Fisiak and Peter Trudgill (Cambridge: D.S. Brewer, 2001), pp.163-78.

⁵⁸ See for example, Wallis, ‘Physica’, in *Medieval Medicine*, ed. by Faith Wallis, pp.129-30. I employ the term ‘rational’ to refer to deductive, theoretical medicine; however, I argue that this understanding of medicine is persistently blended with religious perspectives, particularly in Middle English writings.

descriptions of amulets and apotropaic sayings for the cure of epilepsy.⁵⁹ Another hugely influential work by Gilbertus Anglicus (c.1180-c.1250) included empirical cures and incantations.⁶⁰ In a more general sense, the presence of the six non-naturals (mentioned above) sat easily alongside the Christian injunction towards moderation and control of the passions.⁶¹ Whatever the tensions between scholastic medicine and traditions of religious or magical healing, the miscellaneous character of medical writings (particularly in the vernacular) in fourteenth- and fifteenth-century England resulted in a tradition where religious and medical material were received interchangeably by an emergent non-scholastic readership.

Analysing Medical Discourse through a Medical Humanities Framework

The study embarked upon in this thesis, focusing on medical language and its appropriations and inflections in a variety of genres, is to be distinguished from the field of the history of medicine. This field comprises the main discipline through which understanding of medieval medicine has taken place. From its nineteenth-century genesis to the 1960s and early 1970s, this area of study constituted a metanarrative that

⁵⁹ Luke E. Demaitre, *Doctor Bernard de Gordon: Professor and Practitioner* (Toronto: Pontifical Institute of Medieval Studies, 1980), pp.158-9.

⁶⁰ Monica H. Green, 'Gilbertus Anglicus', in *Medieval Science, Technology and Medicine: An Encyclopedia*, ed. by Thomas F. Glick, Stephen Livesy, Faith Wallis (New York and Abingdon, Oxon, 2005), pp.196-7. See also Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (London and Chicago: University of Chicago Press, 2010), p.95.

⁶¹ Siraisi, *Medieval and Early Renaissance Medicine*, p.101.

unquestioningly charted medical 'progress' through history (usually tracing its genesis to the Enlightenment period) and focused on its 'great men', or individuals associated with particular medical innovations.⁶² In the 1970s, Susan Reverby and David Rosner questioned this critical complacency by situating medical history in its political and economic contexts.⁶³ The subsequent influence of postmodernism further eroded the division between biology and culture, and it led to the development of social constructionism in the field. This perspective understood medical knowledge 'not as an incremental progression towards a more refined and better knowledge, but as a series of relative constructions that are dependent upon the socio-historical settings in which they occur and are constantly negotiated'.⁶⁴ These realignments were of a piece with the approach embarked upon by historian Roy Porter comprising an integrated perspective of the medical marketplace in place of the traditional 'medicine from above' approach.

⁶² See, for example, P.V. Renouard, *History of Medicine: From its Origin to the Nineteenth Century*, trans. by Cornelius G. Comegys (Cincinnati: Moore, Wiltach, Keys and Co., 1856). For the development of the 'history of medicine', see Deborah Lupton, *Medicine as Culture: Illness, Disease and the Body in Western Societies* (London: Sage, 2003), pp.9-11, and Charles E. Rosenberg, 'Framing Disease: Illness, Society and History', in *Framing Disease: Studies in Cultural History*, ed. by Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers, 1992), pp.xiii- xxvi.

⁶³ Susan Reverby and David Rosner, eds., *Health Care in America: Essays in Social History* (Philadelphia: Temple University Press, 1979).

⁶⁴ Lupton, *Medicine as Culture*, p.11.

Such an approach viewed the patient as an active agent rather than passive recipient of medical care.⁶⁵

Around the same time, the study of English medieval medical history expanded through Edward Kealey's exploration of the increase in medical practice and hospitals in the Anglo-Norman period and Linda Ehrsam Voigts's translations and extensive cataloguing of medical manuscripts.⁶⁶ Notable studies that have since emerged in this field are Carole Rawcliffe's work on hospitals and local medical provision in East Anglia, Monica Green's study of late medieval medical literacy, particularly amongst women, and Faye Getz's description of scholastic medical learning at Oxford.⁶⁷

⁶⁵ See Roy Porter, *Patients and Practitioners: Lay Perceptions of Medicine in Preindustrial Society* (Cambridge: Cambridge University Press, 1986) and 'The Patient's View: Doing History from Below', *Theory and Society*, 14 (1985), 175-98.

⁶⁶ Edward Kealey, *Medieval Medicus: A Social History of Anglo-Norman Medicine* (Baltimore and London: John Hopkins University, 1981); Linda Ehrsam Voigts and Michael R. McVaugh, trans. and ed., *A Latin Technical Phlebotomy and its Middle English Translation*, (Philadelphia: American Philosophical Society, 1984); Voigts, *A Handlist of Middle English in Harvard Manuscripts* (Cambridge, Mass.: Harvard University Library, 1985) and 'The Character of the Carecter: Ambiguous Sigils in Scientific and Medical Texts', in *Latin and Vernacular: Studies in Late-Medieval Texts and Manuscripts*, ed. by Alastair Minnis (Cambridge: D.S. Brewer, 1989), pp.91-109.

⁶⁷ Carole Rawcliffe, *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital St. Giles's, Norwich, c.1249-1550* (Stroud: Sutton, 1999). See also Rawcliffe's 'Care for the Sick' and 'The Hospitals of later Medieval London', *Medical History*, 28 (1984), 1-21. For Monica H. Green, see 'The Possibilities of

Additionally, there are a number of studies that have teased out various aspects of the relationship between medieval medicine and religion: they include Darrel Amundsen's broad study of the history of this relationship and a volume of essays on the subject edited by Peter Biller and Joseph Ziegler.⁶⁸ Yet the debates among medical historians of this interaction have not significantly developed beyond the question of orthodox Christianity's acceptance, or tension with, medical healers or, conversely, the extent to which medical practitioners incorporated Christian requisites in their practice.⁶⁹ What is required is an analysis of the language employed in medical and religious works, as well as texts from other genres, where medical learning is appropriated. Such a focus, encompassing features including rhetorical qualities, lexical choice and other formal

Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy', in *Women's Healthcare in the Medieval West*, ed. by Monica H. Green (Aldershot: Ashgate, 2000), Section VII, pp.1-76. For Faye Getz, see 'Faculty of Medicine', pp.373-405.

⁶⁸ Amundsen, *Medicine, Society and Faith*; Peter Biller and Joseph Ziegler, eds., *Religion and Medicine in the Middle Ages* (York: York Medieval Press, 2001).

⁶⁹ See, for example, the contrasting perspectives adopted by Darrel Amundsen and Michael McVaugh on the influence of Lateran IV's proscription to physicians to call for a priest when treating patients: Darrel W. Amundsen, 'The Medieval Catholic Tradition', in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. by Ronald L. Numbers and Darrel W. Amundsen (New York: MacMillan, 1986), pp.65-107; Michael R. McVaugh, *Medicine before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285-1345* (Cambridge and New York: Cambridge University Press, 1993), p.171. I discuss this debate in more detail in chapter two of this thesis.

qualities, should provide insights on the implicit, often unacknowledged, associations circulating between these fields.

This thesis, comprising such an analysis, does not employ a ‘history of medicine’ methodology. It does not propose new perspectives on how the relationship between medicine and religion affected medical practice, knowledge or morality in late medieval society. Instead, it offers an analysis of the meanings and ideologies invested in medical language, and the ways that these are dispersed across different fields of knowledge and cultural modes. To this end, it adopts a methodology based upon the burgeoning field of the medical humanities.

Although driven by a variety of theoretical approaches and critical perspectives, medical humanities scholarship broadly represents the view that, as biomedicine is geared towards conceiving of health and illness largely in terms of diagnosis and cure, there needs to be a concurrent understanding of the social and cultural experiences and significance of ‘being healthy’ or ‘being ill’.⁷⁰ The humanities, with their long tradition of enquiry into the human subject, sensitivity to social and cultural frameworks and their engagement with critical perspectives of language and the body, are seen to be ideally placed to fill this lacuna. The field emerged from the critical identification and questioning of ideologies underpinning scientific medicine during the 1960s, and over the last twenty years has developed into a coherent methodological and inter-

⁷⁰ See Karl Jaspers, *General Psychopathology*, eds. and trans. by J. Hoenig and Marian W. Hamilton, Vol II (Manchester: Manchester University Press, 1963), pp.779-81.

disciplinary field.⁷¹ Of particular importance to its genesis has been the work of the Hungarian psychoanalyst Michael Balint, in particular his book *The Doctor, his Patient and the Illness*. Balint argues that the clinical experience is defined by a ‘confusion of tongues’ arising from a disjunction between the patient’s language, based on the subjective experience of suffering, and that of the practitioner, grounded in medical-scientific terminology.⁷² This separation between doctor and patient became a central theme of the emerging field and this was given impetus in the early 1990s by the work of Eric Cassell. He suggests that the doctor-patient relationship should be remodelled to privilege the treatment of the patient’s suffering over that of the disease.⁷³

Two broad strands of enquiry have arisen from these concerns: one comprises critical and political engagements with medical practice and is concerned with the role of the arts and humanities in re-imagining or re-structuring the clinical encounter; the other has focused on the patient’s experience of suffering or being ill and the role of narrative, in particular, in the construction of a patient-identity.⁷⁴ This ‘narrative turn’

⁷¹ David Greaves, ‘The Nature and Role of the Medical Humanities’ in *Medical Humanities*, ed. by Martyn Evans and Ilora G. Finlay (London: BMJ Publishing, 2001), pp.13-22 (pp.13-14).

⁷² Michael Balint, *The Doctor, his Patient and the Illness* (Edinburgh: Churchill Livingstone, 2000; orig. pub., 1957), see p.26.

⁷³ Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd edn., (Oxford and New York: Oxford University Press, 2004; orig. pub., 1991).

⁷⁴ See Martyn Evans and Ilora G. Finlay, ‘Introduction’, in *Medical Humanities*, ed. by Evans and Finlay, pp.1-12 (p.7); Angela Woods, ‘Post-narrative: An Appeal’, *Narrative Inquiry*, 21:2 (2011), 399-406 (p.401).

has informed anthropological and sociological approaches within the medical humanities, as well as the appropriation by some of phenomenology as a means to frame the subjectivity of the patient or sufferer.⁷⁵ Such a confluence of approaches underlines the distinctiveness of the field in ‘bringing social-scientific and literary-philosophical approaches if not together then at least into conversation’.⁷⁶ This interest in narrative has also attracted contributions to the field from literary scholars interested in the ways that illness and medical care are represented in both fictional and non-fictional texts.⁷⁷

⁷⁵ For anthropological and sociological works see Roland Littlewood, ‘Why Narrative? Why Now?’, *Anthropology and Medicine*, 10.2 (2003), 255-61; Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago and London: University of Chicago Press, 1995); Paul Atkinson, ‘Illness Narratives Revisited: The Failure of Narrative Reductionism’, *Sociological Research Online*, 14:5 (2009) <http://www.socresonline.org.uk/14/5/16.html> [accessed 6 June 2014]. For phenomenological perspectives on illness see, Havi Carel, *Illness: The Cry of the Flesh* (Stocksfield: Acumen, 2008), and S. Kay Toombs, *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient* (Dordrecht, Boston and London: Kluwer Academic Publishers, 1992).

⁷⁶ Angela Woods, ‘Rethinking “Patient Testimony” in the Medical Humanities: The Case of Schizophrenia Bulletin’s First Person Accounts’, *Journal of Literature and Science*, 6:1 (2013), 38-54 (p.38).

⁷⁷ See Catherine Belling, *A Condition of Doubt: The Meanings of Hypochondria* (Oxford and New York: Oxford University Press, 2012); Cynthia Ryan, “‘Am I Not a Woman?’”, *The Rhetoric of Breast Cancer Stories in African American Women’s*

Recently, however, there has been a critical backlash towards the medical humanities' privileging of narrative. This criticism has centred on the way that narrative is often proposed as a means to offer a direct, unmediated insight into the patient's internal experience as a sufferer or medical subject.⁷⁸ Angela Woods points to the implications underpinning such narratives, or 'misery memoirs', and suggests that they incorporate 'notions of the narrative self as a transcultural transhistorical "truth"'.⁷⁹ Thus, whilst sensitivity on the part of health professionals towards the narratives of patients has often been proposed as a way of countering medicine's impersonal focus on disease, this has involved an effacement of the constructed nature of narratives, and of the way they are historically and culturally mediated. Indeed, this informs a wider

Popular Periodicals', *The Journal of Medical Humanities*, 25:2 (2004), 129-50; Laura L. Behling 'Replacing the Patient: The Fiction of Prosthetics in Medical Practice', *The Journal of Medical Humanities*, 26:1 (2005), 53-66.

⁷⁸ Rita Charon, in particular, proposes 'narrative medicine', based upon practitioners' empathetic engagement with patients through the development of sensitivity to narrative, as a remedy for what she perceives as flaws in modern medical practice. See Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford and New York: Oxford University Press, 2006), pp.3-6.

⁷⁹ Woods, 'Post-Narrative', p.404. Woods arguments reflect a wider questioning of the assumed importance of narrative in modern culture; much of this discussion has been instigated by philosopher, Galen Strawson's influential essay, 'Against Narrativity', *Ratio*, 17 (2004), 428-452. For more discussion of this in a medical context, see Paul Atkinson, 'The Contested Terrain of Narrative Analysis – an Appreciative Response', *Sociology of Health and Illness*, 32:4 (2010), 661–7, and Seamus O'Mahony, 'Against Narrative Medicine', *Perspectives in Biology and Medicine*, 56:4 (2013), 611-19.

critique of the subservient relationship of the humanities to medicine embedded in some articulations of the medical humanities. From this perspective, the humanities are seen as ‘course or discipline *content* injected into, or grafted onto, a medicine curriculum as compensation, complement or supplement’ (original emphasis);⁸⁰ the humanities are thus conceived as fulfilling the work of ‘humanising’ medicine. The implicit hybridity of the term ‘medical humanities’ itself evokes this idea of the splicing of discrete disciplines.⁸¹

Jeffrey P. Bishop, in particular, argues that the conception of the field as a utilitarian model participates in the same Western dualism that informed the development of bio-medicine itself. As an alternative, he suggests that by querying the ‘false’ divisions of the subject and object, *theoria* and *praxis* and art and medicine, divisions underlined by Western metaphysical thought, the medical humanities can more radically offer perspectives that critique the dominant medical model.⁸² Following Martin Heidegger, Bishop argues that as humans ‘think’ their own being through language, medicine, like literature and philosophy, constitutes ‘one of many endeavours of Being, of the writing of human being’.⁸³ Such insights can lead to an alternative relationship where the humanities can ‘show medicine that its language about biological

⁸⁰ Alan Bleakley, Robert Marshall and Rainer Bromer, ‘Toward an Aesthetic Medicine: Developing a Core Medical Humanities Undergraduate Curriculum’, *Journal of Medical Humanities*, 27 (2006), 197–213 (p.200).

⁸¹ Bleakley, Marshall and Bromer, ‘Aesthetic Medicine’, p.206.

⁸² Jeffrey P. Bishop, ‘Rejecting Medical Humanism: Medical Humanities and the Metaphysics of Medicine’, *Journal of Medical Humanities*, 29 (2008), 15–25 (pp.15-6).

⁸³ Bishop, ‘Rejecting Medical Humanism’, p.23.

being is already a language within which the biopsychosociologies live, a language that mediates, perhaps even distorts, the being of patients'.⁸⁴

By proposing language as a principle factor in the gathering, dissemination and transformation of scientific knowledge, Bishop summons Michel Foucault's insights of the working of knowledge and power in relation to medical practice. Foucault's work, a towering influence on the medical humanities, has served to undermine modern medicine's claim to possessing an objective and empirical knowledge; one of its principal ways of doing this is by revealing medical 'advances' to be epistemic breaks brought about by discursive reorganisation. In *The Birth of the Clinic*, Foucault connects the beginnings of modern medicine in the eighteenth-century medical school, or clinic, with the implementation of the 'clinical gaze'. For Foucault, this gaze, enabled by the homogeneous, stable space of the clinic (as well as the centrality of the temporally arrested cadaver allowing anatomical mapping to take place),⁸⁵ came to define the typical relationship of the medical encounter where the active, knowledgeable doctor inspects and treats the passive, inert patient. The practitioner's gaze is given force through its legitimisation by the medical field, a field that comprises a series of gestures, moral authority and a technical language made up of codes of knowledge: 'The gaze that traverses a sick body attains the truth that it seeks only by passing

⁸⁴ Bishop, 'Rejecting Medical Humanism', p.24.

⁸⁵ See Edward S. Casey, 'The Place of Space in *The Birth of the Clinic*', *The Journal of Medicine and Philosophy*, 34:4 (2009), 328-349 (pp.352-3).

through the dogmatic stage of the *name*' [original emphasis].⁸⁶ Foucault argues that the gaze both isolates and re-absorbs disease 'into, all the other social ills to be eliminated; and [...] isolates it, with a view to circumscribing its natural truth'.⁸⁷ Medicine can thus claim for itself a neutral, objective agency whilst postulating normative ideas of the healthy subject, ideas that inform 'the standards for physical and moral relations of the individual and of the society in which he lives'.⁸⁸ Much of the power invested in medicine to circumscribe the medical subject is manifested in rhetorical tropes that circulate both in medical discourse itself and popular accounts of illness and disease. Susan Sontag, for instance, has shown how metaphors surrounding cancer and tuberculosis express fantasies of punishment and contamination, fantasies often related to wider political and social anxieties.⁸⁹

⁸⁶ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by A.M. Sheridan Smith (London and New York: Routledge, 1973, repr., 1989), p.72.

⁸⁷ Foucault, *Clinic*, p.50. However, this argument ignores the way that medical discourse and practice can be appropriated or undermined by the medical subject. See Deborah Lupton, 'Foucault and the Medicalisation Critique', in *Foucault, Health and Medicine*, ed. by A. Petersen and R. Burton (London: Routledge, 1997), pp.94-110.

⁸⁸ Foucault, *Clinic*, p.40.

⁸⁹ Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977). For martial and polemical representations of disease, see Georges Canguilhem, *A Vital Rationalist: Selected Writings from Georges Canguilhem*, ed. by Francois Delaporte (New York: Zone Books, 2000), pp.323-5.

But if the ‘clinical gaze’ is exemplified through the encounter between an authority and a subject, the folding of moral with physical ‘sickness’ and the institution of a circumscriptive language, its exclusive location within post-Enlightenment medicine may be questioned. One of the objectives of this thesis is to identify a similar ‘gaze’ operating in late medieval medical languages authored by, among others, monastic authorities, writers of devotional material and romance or literary authors. The application of a medical humanities methodology can in this way prise open the inherent assumptions and ideologies informing the production of medical discourse in the Middle Ages. For example, by undertaking ‘literary’ readings of medical treatises, it is possible to identify how concepts of illness, health or wellbeing are rhetorically constructed, and how these constructions are often mediated through power or its subversion. The focus on language and discourse also yields insights into the shared elements that cross discrete disciplinary boundaries and can illuminate the often unnoticed intersections and overlap between various disciplines.

Therefore, the medical humanities illuminates my research into late medieval medical languages by providing a framework in which I conceive of medieval medicine, not as a discrete independent entity, but as a way of ‘doing’ language that is bound up with other practices and discourses. Therefore, medicine and religion are not to be seen as discrete entities but as generating mutual linguistic and rhetorical features. By examining intrinsic concepts such as ‘healing’ and ‘wholeness’, and the way they are deployed in such writings, I shed light on the way that such concepts would have been received and understood by late medieval readers.

This thesis also participates in the recent critical interest in the relationship between medicine and culture in the Middle Ages. This interest emerged from the ‘turn’ to the body of the 1980s and 1990s. Caroline Walker Bynum’s ground breaking work

on the role of the body in medieval devotional practices, *Holy Feast and Holy Fast*, is particularly significant.⁹⁰ Here Bynum overturns a prior critical orthodoxy, which perceived medieval Christianity in terms of an exclusive interest in transcending the limitations of the body. She shows instead how the symbolism invested in sacred bodily fluids, such as milk and blood, highlights how the body, far from being rejected, was seen by medieval people as a means to provide access to spiritual experience.⁹¹ This interest in exploring the significance and the symbolism of the body in late medieval culture has been developed by Miri Rubin, exploring how Christ's body mediated ideas of wholeness and form, and Sarah Beckwith, who examines the symbolism of Christ's body as both determining, and being constituted by, social organisation and culture in the later Middle Ages.⁹²

⁹⁰ Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley and Los Angeles: University of California Press, 1987). Other important works by Bynum on this subject are *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991) and *The Resurrection of the Body in Western Christianity, 200-1336* (New York and Chichester: Columbia University Press, 1995).

⁹¹ Bynum, *Holy Feast*, pp.165-88 and pp.260-293.

⁹² Miri Rubin, 'The Person in the Form: Medieval Challenges to Bodily "Order"', in *Framing Medieval Bodies*, ed. by Miri Rubin and Sarah Kay (Manchester and New York: Manchester University Press, 1994), pp.100-22; Sarah Beckwith, *Christ's Body: Identity, Culture and Society in Late Medieval Writings* (London and New York: Routledge, 1993).

The more recent theoretical interest in disability studies has also impacted medievalists' approaches to the body.⁹³ Edward Wheatley has been one of the first to deploy disability studies in his analysis of late medieval literary stereotypes of blind people. For Wheatley, this methodology offers a perspectival framework which enables an identification of the way blindness was constructed as a species of immorality in the later Middle Ages. However, Wheatley adapts disability studies to the exploration of premodern culture arguing that 'the modern medical model, whereby science and the medical profession dominate discourse about disability in order to keep it within their domain, generally does not apply to the Middle Ages'.⁹⁴ Wheatley proposes instead a 'religious model' of disability showing how the Church, rather than institutional medicine, produced and controlled its meanings.⁹⁵ His opposition between 'medical'

⁹³ This is a growing field within medieval studies. In addition to the works by Edward Wheatley and Irina Metzler discussed here, significant works in the field include Christopher Baswell, 'King Edward and the Cripple', in *Chaucer and the Challenges of Medievalism: Studies in Honor of Henry Ansgar Kelly*, ed. by Donka Minkova and Theresa L. Tinkle (Frankfurt: Lang, 2003), pp.15-28; Tory V. Pearman, *Women and Disability in Medieval Literature* (New York and Basingstoke: Palgrave Macmillan, 2010); Joshua R. Eylar, ed., *Disability in the Middle Ages: Reconsiderations and Reverberations* (Farnham and Burlington, VT: Ashgate Publishing, 2010); Jonathan Hsy, 'Blind Advocacy: Blind Readers, Disability Theory, and Accessing John Gower', *Accessus: A Journal of Premodern Literature and New Media*, 1:1 (2013), 1-38 <http://scholarworks.wmich.edu/accessus/vol1/iss1/2> [accessed 6 December 2014].

⁹⁴ Edward Wheatley, *Stumbling Blocks before the Blind* (Michigan: University of Michigan, 2010), p.x.

⁹⁵ Wheatley, *Stumbling Blocks*, pp.8-9.

and ‘religious’ constructions of disability are themselves grounded on the wider dualism operating in disability studies between impairment (the anatomical, physical condition) and disability (its social construction).⁹⁶ This opposition is affirmed by Irina Metzler in her study of medieval ideas of impairment, arguing that ‘[disability] implies certain social and cultural connotations that medieval impaired persons may not have shared with modern impaired people’.⁹⁷ However, this view poses the impaired body as an ahistorical and universally stable entity preceding its discursive representations; such a perspective itself emerges from a modern medical tendency to differentiate between the biological, ‘natural’ body and its socio-cultural encodings, a distinction the medical humanities problematises.⁹⁸

In this sense, ‘impairment’ has applicability for medievalists attempting to dislodge the modern medical indices embedded in ‘disability’, but not as a way to efface its socially constructed basis. Similarly, Wheatley’s attempt to get beyond modern

⁹⁶ For a definition of these by the Union of the Physically Impaired Against Segregation, see Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment in the High Middle Ages, c.100-1400* (London and New York: Routledge, 2006), pp.20-21.

⁹⁷ Metzler, *Disability in Medieval Europe*, p.2.

⁹⁸ For a Foucauldian critique of this distinction, see Bill Hughes, ‘What Can a Foucauldian Analysis Contribute to Disability Theory?’, in *Foucault and the Government of Disability*, ed. by Shelley Tremain (Michigan: University of Michigan, 2005), pp.78-92. Although Metzler concedes the problems attending this distinction, she does maintain it as an organising framework. See Metzler, *Disability in Medieval Europe*, pp.21-22.

medical ideas of disability by conceiving of the medieval Church's institutional control over responses to impairment (in contrast to today's medical and scientific one) is problematic: this is because it elides the role of medical authors themselves in informing such meanings in the Middle Ages. Although this thesis, in its analysis of medical languages, goes beyond the conditions typically accepted as germane to disability studies by those working in the field, it shares with it an interest in questions of textual and cultural construction, marginalisation and power.

The study of medical metaphor and rhetoric in medieval writings has been enriched by a number of recent studies. Jeremy J. Citrome's *The Surgeon in Medieval English Literature*, charts the surgeon's appearance as a significant figure in fourteenth-century literature, and studies the way that surgery informed religious metaphors.⁹⁹ Citrome ranges over theological, penitential, literary and surgical material to underline

⁹⁹ Jeremy J. Citrome, *The Surgeon in Medieval English Literature* (Basingstoke and New York: Palgrave Macmillan, 2006). Virginia Langum also investigates the relationship between surgical and confessional language. See Langum, 'Discerning Skin: Complexion, Surgery, and Language in Medieval Confession', in *Reading Skin in Medieval Literature and Culture*, ed. by Katie L. Walter (New York and Basingstoke: Palgrave Macmillan, 2013), pp.141-60. Danielle Jacquart and Claude Thomasset focus on medical and theological discourse in their wide-ranging study of medieval medical conceptions of human sexuality. They argue that medical language was distinct from theological discourse and thus had liberating qualities. See Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. by Matthew Adamson (Princeton and New Jersey: Princeton University Press, 1988). Conversely, I argue in this thesis that medical language is embedded in the wider culture.

‘the social power of metaphor as it affected English society in the later Middle Ages’.¹⁰⁰ Louise M. Bishop has also explored medical metaphors in her study of healing words and their material formulations.¹⁰¹ Like Citrome, Bishop is interested in the metaphorical power of medical concepts and materials, particularly in the way that they are deployed to ground the theological idea of Christian redemption. The use of medical metaphors, as a way of mediating the interface between body and soul, physical materiality and religious ‘truth’, reveals inherent ruptures in the movement from text to body and vice versa. The work of Julie Orlemanski is oriented to such tensions; she argues that the emergent medical vocabulary of the fourteenth and fifteenth centuries presented new possibilities to reach beyond the text to the bodies of readers and patients. But she finds that medical language invokes conflicts where ‘the text at hand, rather than elevating the reader to an elite community of expertise, binds him or her all the more tightly in the conditions of embodiment and materiality that medicine has pretensions to overcome’.¹⁰² Central to Orlemanski’s analysis is the way that medical discourse contributes to the reading of bodily signs and the particular modes of subjectivity that emerges in the later Middle Ages. Again, drawing on a mix of medical works, moral writings and literary texts, Orlemanski identifies points where medieval

¹⁰⁰ Citrome, *Surgeon in Medieval English Literature*, p. 2.

¹⁰¹ Louise M. Bishop, *Words, Stones and Herbs: The Healing Word in Medieval and Early Modern England* (New York: Syracuse University Press, 2007).

¹⁰² Julie Orlemanski, ‘Jargon and the Matter of Medicine in Middle English’, *Journal of Medieval and Early Modern Studies*, 42:2 (2012), 395-420 (p.415).

religious and medical languages overlap, but also where they are held in productive tension.¹⁰³

In this work, I develop the study of medical discourse in Middle English writings in new ways. Undertaking sustained readings of the dissemination of medical language in a diverse array of writings, I highlight the rhetorical overlapping, particularly between medical and religious texts, to affirm the generic blurring between these fields. Whereas Citrome's and Bishop's analyses are focused on textual content, the examination here opens out to consider how the medical, religious and literary are bound up at the level of manuscript production and reception. Like Citrome, I consider the figure of the late medieval surgeon but, again, I depart from his largely psychoanalytical reading of the surgical text by situating the surgeon-author in both his medical and literary milieus. Informing the readings of medical discourse here, then, is a marked sense of an emergent professional coterie of practitioners using the medical text and its language as a means to engender legitimacy and authority. It is within such settings that I place the medical subject. I extend upon Orlemanski's view of the newly vernacularized medicine shaping the medical subject by considering this subject in relation to institutional imperatives, and by analysing the way that regulatory languages work to generate and delimit the medical subject and the structures it inhabits. Moreover, this thesis contrasts with others in the field through the way its theoretical perspectives are mediated through a tight focus on the historical and cultural context of late medieval England.

¹⁰³ Julie Orlemanski, 'Desire and Defacement in *The Testament of Cresseid*', in *Reading Skin*, ed. by Katie L. Walter, pp.161-81, and 'How to Kiss a Leper', *postmedieval: a journal of medieval cultural studies*, 3 (2012), 142-57.

Research Objectives

Recognition of the abiding presence of medical tropes and references in a plethora of Middle English writings prompted the research questions that inform this thesis. The variety of manifestations of medical knowledge across different genres raises the question of how a Middle English medical register is articulated. In what contexts is it employed or invoked? A common way in which medical language is made to work in different writings is through metaphor. This deployment, often mobilising a detailed and intricate knowledge of rational, scholastic medicine, leads me to ask, what is it about such medical language that makes it so amenable to metaphorical appropriation? How does a medically-invested rhetoric relate to Christian perspectives of spiritual health? One avenue of research arising from this question concerns the extent to which the ailing or diseased body may be conceived of as anchoring abstract theological concepts, like the doctrine of salvation, and rendering such concepts visible on the material body. This question applies not just to religious writings, which employ medical knowledge, but also, conversely, to the way that medical writings subsume religious elements. The overlap between medical references and spiritual content in different writings, particularly where one is used to affirm the validity or legitimacy of the other, raises a question of power relations. What types of hierarchies are affirmed, or contested, in the cultural dissemination of medical language? Does, for example, the incorporation of medical references in religious writings disturb the cultural hierarchy which privileges spiritual over medical healing? One prominent feature of the way both religious and medical fields constitute themselves is in the textual construction of the subject. The medical encounter is often outlined in terms of the confessional or instructional ones. What are the features of the late medieval medical subject? How does it relate to the devotional or confessional one? Crucially, the presence of medically-informed tropes

and subjects in literary works raises questions of the relationship between medical and literary culture in late medieval England and the degree to which we can understand the development of an English literary language in terms of a medical poetics.

Such questions underpin the research objectives of this thesis. These are: to articulate how vernacular medical languages operate across different English writings, and the literary effects of their widespread dissemination; to probe the relationship between the medical and religious fields through an analysis of their shared rhetorical and lexical properties, and to explore how this overlap problematises a view of both fields as discrete ones in late medieval culture; to examine the way that the bleeding of medical language into the wider late medieval English culture incorporates questions of power, authority and discipline; to delineate the features of the medical subject and probe its textual construction and relationship with other kinds of subjectivity (particularly religious); and to examine the generative role of medical languages within late medieval literary culture.

As this thesis is distinct from a medical history, it does not comprise a wholesale account of the different ways that medicine was practiced according to different social groups; neither is it concerned with the way that moral norms may have impinged upon and informed its dispensation. It is pitched at the stratum of the text and achieves leverage from identification of the moral, authoritative or subversive encodings of medical language across a diverse array of literature. Therefore, I undertake close literary analysis of a range of texts to unpack the ideological co-ordinates and cultural stakes attending the appropriation of medical discourse by such authors. The aim of providing an analysis of the way medical language works in late medieval English culture has led me to choose a wide range of primary sources. Most of the material I study was written or produced between the late fourteenth and mid-fifteenth centuries, a

period during which the new availability of scholastic medical texts in the English vernacular coincided with an increase of vernacular literary and religious works.

I have therefore pursued a methodology which mixes material which has traditionally fallen under the purview of literary scholars with that which has tended to resist such analysis, or which has been marginal to the interests of literary scholars. I have chosen 'literary' texts such as the N-Town 'Nativity' play and the *Book of Margery Kempe* as well as poetry by Geoffrey Chaucer, John Lydgate and Robert Henryson, because these works and authors employ medical learning and language, often in creative and exploratory ways. I have also selected more explicitly religious material that engages with medical concepts, often as a means to elucidate religious ideas: these include sermons, mystical treatises, saints' lives, visionary literature, institutional documents and edicts as well as manuscript illustrations and carvings. A thesis on medical language needs to engage with writings by medical authors themselves (as well as other technical writings that touch on the medical), and I study a variety of such treatises, paying particular attention to prefaces where authors often state their motivations and affirm their claims to authority and legitimacy. These include writings by anonymous authors as well as treatises by John Arderne, Guy de Chauliac, Benventus Grapheus, Batholomaeus Anglicus and John Bradmore. Such a range of primary literature can provide broad and comprehensive evidence of the circulation of medical language in late medieval culture, and allow the identification of rhetorical and literary patterns in order to assess its salient qualities. By comparing the way that medical concepts cluster around particular ideas and concepts, my analysis can help develop new understandings of the role of medical rhetoric in the wider vernacular culture in the late Middle Ages.

One way that this can be accomplished is through an exploration of the kind of readership that medical writings in particular might have attracted. Although the pedagogical format of medical or surgical treatises call up a professional readership, the presence of devotional or other elements in such texts raises the possibility of a wider readership for such works. Therefore, I devote space to the materiality of such texts encompassing analyses of illustrations, signs of use and manuscript circulation to gain an insight into this topic.

Due to the far-reaching qualities of this evidence and the themes that emerged from its analysis, the extent of the thesis is narrower than I had originally envisioned. Consequently, there are topics that, although discussed in the thesis, could have been developed into complete chapters. These include women's medicine, children's medicine, folk healing including use of magic and herbals, bad medicine and miraculous healing.¹⁰⁴ All of these carry potential for avenues of future scholarship.

¹⁰⁴ For important work undertaken on women's medicine in the Middle Ages, see Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford and New York: Oxford University Press, 2008); Beryl Rowland, 'Exhuming Trotula, Sapiens Matrona of Salerno', *Florilegium*, 1 (1979), 42-57; Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge and New York: Cambridge University Press, 1993); Amy Lindgren, *The Wandering Womb and the Peripheral Penis: Gender and the Fertile Body in Late Medieval Infertility Treatises* (California: University of California Press, 2005). For a medical outline of child-rearing see Michael E. Goodich, 'Bartholomaeus Anglicus on Child-Rearing', *Lives and Miracles of the Saints: Studies in Medieval Hagiography*, ed. by Michael E. Goodich (Aldershot: Ashgate, 2004),

Thesis Outline

In this analysis of the dissemination of medical language, I argue that the transmission of scholastic, Latinate medicine into the English vernacular in the late fourteenth and fifteenth centuries promoted a generative and supple register that proved amenable to appropriation in a variety of contexts; these include social, political, spiritual and literary ones. Therefore, different writings from this period exhibit sustained overlapping between the medical and other registers, particularly the religious. For these reasons I focus on the period covering c.1380-1450, a period notable for the widespread production of medical literature, newly translated into the vernacular, in England, as well as the deployment of medical language across other genres.

pp.27-84. For an analysis of language and ‘folk’ healing see Bishop, *Words, Stones and Herbs*, and Don C. Skemer, *Binding Words: Textual Amulets in the Middle Ages* (University Park, PA: Pennsylvania State University Press, 2006). For history of charms and prayers, see Lea T. Olsan, ‘Charms and Prayers in Medieval Medical Theory and Practice’, *Social History of Medicine*, 16:3 (2003), 343-66. For herbs, see Werner Telesko, *The Wisdom of Nature: The Healing Powers and Symbolism of Plants and Animals in the Middle Ages*, trans. by Stephen Telfer (Munich and London: Prestel, 2001), and Tony Hunt, *Plant Names of Medieval England* (Cambridge: D.S. Brewer, 1989). For a study of magic in medieval culture, see Richard Kieckhefer, *Magic in the Middle Ages* (Cambridge and New York: Cambridge University Press, 1989). For medieval miracles see, Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (London: Dent, 1977), and Michael E. Goodich, *Violence and Miracle in the Fourteenth Century: Private Grief and Public Salvation* (Chicago and London: University of Chicago Press, 1995).

This work is distinctive through its identification and theorising of the saturation of medical discourse in Middle English culture, exhibited in an assortment of different genres. I propose that this pervasiveness constituted a medical poetics where medical knowledge and terminology were widely adopted and rhetorically modulated to engage with questions of power, legitimacy, religious devotion, philosophy, marginality and institutionalisation. Given the historical cross-pollination between medicine and Christianity, the developing technical vocabulary of disease and healing emerging in late medieval medical vernacular works resonated strongly with Christian thought. Importantly, as I show in this work, medical rhetoric was not just transposed from medical writings to religious or literary works but informed the language in medical treatises too. This medical poetics had some distinct components: medical language was especially prone to metaphorisation for the way it could formulate theological notions materially and so help orient the concepts of sin, punishment and salvation in terms of the ailing body; the technical register of scholastic medicine, comprising a total knowledge of the body (particularly its hidden recesses), could inform conceptions of the soul; the moral overtones accompanying medical descriptions of illness and disease could be harnessed by writers to both imagine institutional marginality and the fulfilment of the Christian imperative of practicing charity. Much like the incorporation of, for example, psychoanalytical terms such as ‘ego’ or ‘hysteria’ in everyday parlance in the modern world, certain features of medical language found purchase in the wider literature of the later Middle Ages. Identifying the ways that medical language could float between different registers, I argue that it was a central feature in the development of Middle English literary language.

These specific explorations also shed light, more generally, on medicalisation, the theme that is the subject of much current political and sociological debate. It is typically

understood today as a process where previously non-medical problems or issues are increasingly being defined and treated within a medical domain.¹⁰⁵ By demonstrating how Middle English texts evince the tenuous boundaries between the ‘medical’ and ‘non-medical’, I show how this process is not exclusive to Western modernity. Whilst scholastic medicine, from its inception in the classical world, always carried moral and spiritual resonances, the dissemination of medical terms and concepts across a variety of fields, as well as the circulation of medical manuscripts with other material, in the fourteenth and fifteenth centuries, bespeaks a pronounced insinuation of the medical in other spheres.

It is also important to recognise the ways that medieval medicine itself could incorporate different ideas of healing. Whilst scholastic medicine was formulated according to principles of order and systematisation (principles endemic to the idea of modern medicine), it did not entirely preclude the practice of magic, miraculous intervention and folk remedies, although these issues were debated amongst medical authors. But even at its most ‘rational’, scholastic medicine, as mentioned above, was understood as operating within a cosmological hierarchy arranged with God as the source of all knowledge and power. This hierarchy embraced the most mundane and quotidian aspects of human life and the body. Certainly, where medical material was being translated into the English vernacular and circulated amongst a lay readership, the distinction between scholastic medicine and prayer remedies or amuletic charms in the resulting compilations and commonplace books was often non-existent. Despite the fact

¹⁰⁵ Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: John Hopkins University Press, 2007) p.4.

that historians readily point out the radical differences separating the theory and practices of medieval medicine to modern medicine, there endures a tacit assumption of medieval medicine as a discrete and self-contained institution. Therefore, I adopt much circumspection when approaching the idea of medieval medicine and I aim to promote an understanding of it that is sensitive to the particular ways in which it was understood and conceived of by late medieval readers. This is especially so in terms of the way it was subsumed into the wider culture (particularly the religious culture) and the symmetries and tensions germane to this.

The first two chapters of the thesis focus on the figures of the practitioner and patient, two archetypes around which constellated a host of moral and spiritual resonances. Chapter one explores the writings of the fourteenth-century London surgeon-author, John Arderne. Here I undertake literary readings of fifteenth-century Middle English translations of Arderne's works to probe their incorporation of moral edicts, cultural encodings and authoritative stratagems; in doing this, I outline the ways in which the late medieval practical surgical text is socially and culturally mediated. I also investigate the cultural milieu in which Arderne and his works operated within, and I assess its proximate relationship to contemporary literary culture. The second chapter concentrates on the self-legitimising efforts of practitioners like Arderne and considers the importance of the patient-figure to such manoeuvres. I explore the patient's textual emergence in Middle English writings, such as in a treatise on ophthalmology, and show how the category was pre-inscribed with the Christian attributes of submission and forbearance. I suggest that the ideal patient was typically defined in masculine and aristocratic terms, and I chart the constitution of this figure in romance literature, focusing on two texts by Geoffrey Chaucer. But I turn to the *Book of Margery Kempe* and representations of the Virgin Mary in Nativity scenes and drama to consider the

precise (and sometimes subversive) delineations of the female patient. This chapter demonstrates how the presence of spiritual or devotional language was not simply grafted on to medical language by self-serving medical authors, but was more fundamentally embedded in the very terms used by such authors and re-appropriated, with its medical inflections, by religious and literary writers.

I proceed by turning to the importance of institutional spaces to articulations of sickness and disease and their invocations of the medical subject, occupying the interstices of regulation and edification. Chapter three examines how descriptions and accounts of the monastic infirmary and hospital in regulatory and devotional writings employ medical language to outline the morally and physically deviant subject. Such writings imagine spatial hierarchies and order through the transition of the institutional subject from aberrance to integration, and from sin to salvation. I show how this dynamic infiltrates other institutional spaces by analysing portrayals of the prison and purgatory in a hagiography and a visionary account of the otherworld. The question of regulation and the medical subject is highly pertinent to representations of leprosy, the theme which I explore in chapter four. Leprosy's superlative status as a category of illness had much to do with the symptomatic fluidity with which it was depicted as well as the excessive moral indices that congregated about it. Exploring the correspondences between lovesickness and leprosy, through comparing Chaucer's *Troilus and Criseyde* with Robert Henryson's sequel *The Testament of Cresseid*, I show how leprosy acquired its cultural potency through its amenability to a variety of moral configurations. I go on to trace how this condition is exemplified in sermons, hagiographies and mystical literature through a paradoxical impetus to distance leprosy sufferers and incorporate them in affective and pietistic practices. I go on to look at the way a similar dynamics is

mapped on to institutional and ritualistic writings concerning the management and regulations of lepers.

Throughout the thesis, I investigate the construction of a medical poetics where the practical and technical language of rational medicine blends with moral, authoritative, devotional and amatory languages. In the final chapter, I evaluate this interlacing in light of Geoffrey Chaucer's oeuvre. His writings, coinciding with the vernacularisation and increased dissemination of medical learning in late medieval England, record a pronounced interest in medical language, particularly its multi-faceted nature and its heterogeneous usages. Yet studies of Chaucer's use of medical language continue to focus mainly on his satirical treatment of medical practitioners. This chapter insists that anti-medical satire is just one of a variety of ways that Chaucer employs medical discourse. This discourse also offers a framework for his explorations of philosophy, religion, authority, terminology and romance. Chaucer's consistent engagement with medical language exemplifies its important place in the emerging English literary vernacular. In closing a thesis that began by considering Chaucer's London contemporary John Arderne and his contact with literary culture, this final chapter suggests that the diversity characteristic of Chaucerian medicine emerges from the mutual circulation of medical and literary material in fourteenth-century England. It thus affirms that the register of late medieval medicine in England was not a discrete phenomenon but consistently mingled with other cultural registers.

CHAPTER ONE

The Practitioner: John Arderne and the Cultural Contexts of Surgical Writing

The *Practica of Fistula-in-ano*, outlining medical treatment for anal fistula, by the fourteenth-century surgeon, John Arderne (c.1307-c.1377), features a preface in which Arderne promotes his reputation as a successful and innovative practitioner. Part of his strategy is to list the high-status patients he has effectively cured of the disease at Newark in Nottinghamshire and in his subsequent practice in London:

Aftirward, in the 3ere of oure lord 1370, I come to london, and ther I cured Iohn Colyn, Mair of Northampton [...] Aftirward I helid or cured Hew Denny, ffisshmanger of london, in Briggestrete; and William Polle, and Raufe Double; and oon that was called Thomas Broune [...] And a 3ong man called Thomas Voke.¹

This glimpse into Arderne's practice reveals his involvement with a close network of wealthy London professionals. It furnishes a cursory glimpse into the life and career of a figure for whom no confirmed biographical information exists, apart from the sketchy details he himself provides in his writings. Compellingly, Arderne's connection with his London patients includes a possible literary dimension: Marion Turner has recently identified that the name 'Thomas Voke' is rendered in many of the forty extant

¹ John Arderne, *Treatises of Fistula in Ano, Hæmorrhoids, and Clysters*, ed. by D'Arcy Power., EETS o.s.no.139 (Published for the Early English Text Society by Kegan Paul, Trench, Trübner and Co., 1910), p.2.

manuscripts of the *Practica* as ‘Thomas Uske’.² Turner’s research into the other names on Arderne’s list of London patients reveals their movement ‘within the same commercial and social network’ of which Thomas Usk (c.1354-1388), administrator, scrivener and author of the Boethian allegorical prose work *Testament of Love*, was a member.³ Official records reveal that Ralph Double and William Polle were, like Hugh Denny, fishmongers and both Denny and Double were members of a faction opposing John Northampton (d.1398), mayor of London and employer of Usk; this animosity seems to have stemmed from Northampton’s popular attempts to undermine the power of the victualing guilds in London.⁴

The mercantile and political orientation of Arderne’s patient-list is given a literary dimension with the identification of Usk and opens up the possibility of a textually-based connection between the surgeon-author and his patient. Indeed, evidence of the expanding ownership of books by English merchants and other professionals in the fourteenth and fifteenth centuries, comprising religious, literary and practical (including medical) material, indicates the cultural investments that might have attended such interactions.⁵ The case of Roger Marchall, a fifteenth-century physician

² Marion Turner, ‘Thomas Usk and John Arderne’, *The Chaucer Review*, 47:1 (2012), 95-105.

³ Turner, ‘Thomas Usk and John Arderne’, p.99.

⁴ See Ronald Waldron, ‘Thomas Usk’, *ODNB*, <http://www.oxforddnb.com/view/article/28030> [accessed 8 December 2014].

⁵ See Kathleen L. Scott, ‘Past Ownership: Evidence of Book Ownership by English Merchants in the later Middle Ages’, in *Makers and Users of Medieval Books: Essays in Honour of A.S.G. Edwards*, ed. by Carole M. Meale and Derek Pearsall (Cambridge:

and book owner/writer, who amassed much wealth from an involvement with London's ironmongers, affirms the braided connections that could link the late medieval mercantile, medical and textual spheres.⁶ The affiliations between medicine and other fields was also present at the level of book production: as I discuss in more detail below, some of Arderne's works travelled in miscellanies with religious and other works; furthermore, Kathleen L. Scott has noted the similarities between the illustrations in some of the manuscripts of Arderne's works and those decorating various religious and literary works, including *Sir Gawain and the Green Knight* in London, BL Cotton Nero MS A.X.⁷

One significant outcome of the identification of Usk, as a patient and sufferer of anal fistula, in the pages of the *Practica* is that it encourages a reassessment of the way

D.S. Brewer, 2014), pp.150-177; Sylvia L. Thrupp, *The Merchant Class of Medieval London* (Chicago: University of Chicago Press, 1948), pp.247-55.

⁶ See Linda Ehram Voigts, 'Roger Marchall', *ODNB*, <http://www.oxforddnb.com/view/article/45763> [accessed 8 December 2014]. Marchall is discussed in more detail in chapter five of this thesis.

⁷ Scott finds a close resemblance between the illustrations accompanying Arderne's *Practica* in London, BL Sloane MS 2002 and those in London, BL Cotton Nero MS A.X. See Kathleen L. Scott, *Later Gothic Manuscripts 1390–1490*, Vol. II (London: Harvey Miller Publishers, 1996), p.67. Scott also identifies parallels between the illustrations in Arderne's works in London, BL Add MS 29301 and those in a number of religious works including a Psalter in London, BL Add MS 6894 and miniatures of the *Arma Christi* in San Marino, Huntington Library, MS HM 142, see Scott, *Later Gothic Manuscripts*, p.201.

that Arderne has been constituted by medical historians. Such accounts have largely focused on his role as innovator, both of surgical procedures and of medical informational and illustrative techniques.⁸ But the inclusion of Usk and the other London professionals in his patient list suggests that Arderne's works should be approached not as the unmediated utterances of a surgical progenitor or innovative author, but rather with a particular sensitivity to the ways in which they are embedded in their wider cultural context. Such an approach underscores how local politics, commerce, surgery and the production of texts converged within the same shifting and multi-faceted networks in late medieval London; crucially, it allows us to situate Arderne, as a historical figure within a specific milieu and to see his writings as operating in close proximity to literary culture.

In this chapter, I analyse the relationship between medical language and the wider late medieval English culture through a consideration of Arderne's works. As an author, he can be seen to have exhibited distinctive traits: his *Practica* is prefaced by a highly personalised narrative, remarkable for a surgical treatise; his works include an unusually detailed programme of practical illustrations, which, with their integral relationship to the text, appear to have been conceived by him; he incorporated material drawn from both the European scholastic and the Anglo-Saxon leechbook traditions; his writings, originally in Latin, were translated into Middle English and widely circulated in fifteenth-century England. Contemporaneous with Chaucer and John Gower (*d.*1408), Arderne's authorial and professional career coincided with the widespread

⁸ These comprise the respective emphases by the two historians who have written most widely on Arderne, D'Arcy Power and Peter Murray Jones. The perspectives of both authors are described in detail below.

vernacularisation of different genres of writing and their increased circulation; the subsequent translations of his own works meant that they participated in this development. As with Chaucer, there is no record of Arderne having attended university, yet there is ample evidence in his texts of his reading of the prominent classical, Arabic and European medical authorities, as well as Boethius and the Bible. In this sense, his oeuvre, with its combination of idiosyncratic and traditional elements, its assemblages of authoritative passages mingling with its tailored case histories, is rooted in the heterogeneity characteristic of the miscellany; the subsequent incorporation of his own works in such volumes bespeaks their encapsulation in this tradition.

Arderne's corpus thus provides an exemplary model through which to begin to examine the discursive appropriation of medical language in late medieval English culture. I undertake readings of his language and illustrations to identify their metaphorical range, moral underpinnings and authoritative postures. In doing so, I consider his writings in the context of late medieval pietistic and didactic modes. Through exploring his establishment of a narrative persona, I offer a critique of much of what has been written about Arderne by medical historians and offer a perspective that situates him and his works within their historical and cultural context.

Surgery and Surgeon-Authors in late Medieval England

The power struggles that Arderne's merchant patients seem to have engaged in were also a feature of the professional lives of contemporary surgeons who sought to establish themselves as legitimate medical practitioners. English surgeons did not typically study at university, as elite physicians did, but instead 'acquired their training

through the rigorous system of apprenticeship adopted by all artisan guilds'.⁹ An apprentice could spend between five and six years working under a master who maintained his livelihood and education.¹⁰ Such training was part of a wider tendency towards organisation and professionalisation, including the establishment of a system of licensing, on the part of both trained surgeons and university educated physicians in the fourteenth and fifteenth centuries.¹¹ These changes took place amidst greater demand by noble patients for surgeons and increased public confidence in their abilities. Most tellingly, the London surgeon, Thomas Morstede (*d.*1450), was contracted, along with three others, to accompany Henry V on his French campaigns in 1415.¹²

Another aspect of this professionalisation was the formation of surgical craft guilds in London in the fourteenth century, as a way of controlling trades and creating greater social responsibility amongst practitioners: 'a fraternity of barbers is mentioned in 1308 and a fellowship or fraternity of surgeons was in existence before 1369, and a seesaw struggle between them to exercise control under the gild was long and bitter'.¹³ The formation of the surgeons' guild had the aim of attaining professional status for surgeons and to overcome the general perception of them as craftsmen or tradesmen.¹⁴

⁹ Rawcliffe, *Medicine and Society*, p.126.

¹⁰ Rawcliffe, *Medicine and Society*, p.126.

¹¹ Robert Gottfried, *Doctors and Medicine in Medieval England 1340-1530* (Princeton, NJ: Princeton University Press, 1986) pp.265-6.

¹² Getz, 'Faculty of Medicine', p.393.

¹³ Richard Theodore Beck, *The Cutting Edge: Early History of the Surgeons of London* (London: Humphries, 1974), p.42.

¹⁴ Beck, *Cutting Edge*, pp.120-1.

They struggled not only with their social and professional ‘inferiors’, the barber-surgeons and other healers, but also with university-trained physicians. However, a Conjoint College of Physicians and Surgeons was set up in London in 1423 to gain a monopoly on professional medical treatment over the barber-surgeons and to attempt to control the variety of healer-types, or empirics, who possessed neither formal training nor qualifications. Although it seems to have held some authority for a time, and even allowed the poor to petition it for free treatment, the college appears to have dissipated by the end of 1424.¹⁵ In the same year, a petition was granted by the lord mayor, John Mitchell (Morstede’s father-in-law) to the powerful barber-surgeons giving them ‘the same control over the craft of surgery as they had had before the founding of the college’.¹⁶

The proliferation of surgical treatises that occurred in the fourteenth and fifteenth centuries can be seen, then, as not only answering a demand for medical knowledge among readers, but also as providing a vehicle for the legitimacy and authority of authors like Arderne.¹⁷ The earlier works of this period comprised Latin compendia of the works of Galen and Hippocrates, the Arabic authors, as well as the more contemporary continental authors such as Henri de Mondeville (c.1260-1316), Guy de Chauliac, Lanfranc of Milan and others. However, by the late fourteenth century, these were accompanied by English translations and compilations in alignment with the appetite for vernacular material in the wider culture; indeed, scholastic medical works were chief among the first substantial body of Latin writings to be translated into

¹⁵ Getz, ‘Faculty of Medicine’, p.402.

¹⁶ Getz, ‘Faculty of Medicine’, p.403.

¹⁷ Siraisi, *Medieval and Early Renaissance Medicine*, p.162.

English in the fourteenth and fifteenth centuries.¹⁸ The burgeoning interest in English surgical material can be understood by the rise in numbers of non-scholastic, yet literate and increasingly wealthy, practitioners who provided a market for such books; however, as I demonstrate below, this interest in medical and surgical works was shared by a domestic and aristocratic readership including both women and men.

John Arderne was one of a number of English medical authors or compilers producing texts for a largely lay readership in the fourteenth and fifteenth centuries. He was born in 1307/08 and practiced surgery in the town of Newark-on-Trent in Nottinghamshire from the year 1349 until 1370. He then migrated to London where he continued his practice until his death at some time after 1377. His writings, which he

¹⁸ See Linda Ehrsam Voigts, 'Medical Prose', in *Middle English Prose: A Critical Guide to Major Authors and Genres*, ed. by A.S.G. Edwards (New Brunswick, NJ: Rutgers University Press, 1984), pp.315-35 (p.327). See also Beck, *Cutting Edge*, pp.32-3. The increase in vernacular writings at this time in England can be connected with the rise of a wealthy merchant class and a corresponding political will to establish a language that reflected its members' prestige, and provided a basis for the development of an English nationalistic culture. See Rita Copeland, *Rhetoric, Hermeneutics and Translation in the later Middle Ages: Academic Traditions and Vernacular Texts* (Cambridge and New York: Cambridge University Press, 1991); Alastair Minnis, *Medieval Theory of Authorship: Scholastic Literary Attitudes in the later Middle Ages* (Aldershot: Scolar, 1988); Fiona Somerset and Nicholas Watson, eds., *The Vulgar Tongue: Medieval and Postmedieval Vernacularity* (University Park: PA: Pennsylvania State University Press, 2003); D.A. Trotter, *Multilingualism in Later Medieval Britain* (Cambridge: D.S. Brewer, 2000).

appears to have undertaken towards the end of his life, include recipes, case histories and treatises on various ailments, most notably his *Practica de Fistula-in-ano* written, by his own account, in 1376.¹⁹ The *Practica* begins with a brief autobiographical outline before going on to describe recognition and treatment of anal fistula, or *fistula-in-ano*, a painful condition involving the formation of abscesses around the anus.²⁰ His work shares common formulaic features with his contemporaries. They include: the London surgeon John Bradmore (*d.*1412);²¹ the anonymous author of a 1392 surgical treatise, London, Wellcome Historical Medical Library MS 564; the chaplain of St.

¹⁹ Biographical information is given in a number of Arderne's writings. For his birth date, see *De Cura Oculorum*, (London, BL Sloane MS 75, f.146) printed in R.Rutson James, *Studies in the History of Ophthalmology in England prior to the year 1800* (Cambridge: Cambridge University Press, 1933), pp.42-6 and 247-52. For information and dates of his practice in Newark and London, see Arderne, *Treatises*, p.1. Some versions of the *Practica* refer to its year of composition as coinciding with the death of Edward, the Black Prince (1330-76). See, for instance, London, BL MS Sloane 56, f.74.

²⁰ The condition involves the formation of a tract, usually resulting from bacterial infection, between the rectum and the area of skin surrounding the anus. Whilst it is not usually life-threatening today, the greater risk of infection in open sores in the Middle Ages possibly accounts for the fact that it was regarded as such then. Although historians have attributed the apparent prevalence of this condition in the Middle Ages to long, cold and wet hours spent on horseback, this remains speculative. See, for instance, D'Arcy Power, 'Introduction', in *Treatises*, p.xv.

²¹ For information on Bradmore, see S. J. Lang, 'John Bradmore and his Book *Philomena*', *Social History of Medicine*, 5 (1992), 121-30 and 'John Bradmore', *ODNB*, <http://www.oxforddnb.com/view/article/45759> [accessed 8 Dec 2014].

Bartholomew's Hospital in Smithfield, John of Mirfield (*d.*1407);²² and two compilers and owners of more general medical treatises, Thomas Fayreford (*fl.*1400-1450) and John Crophill (*d.* in or after 1485).²³ Additionally, the late medieval period also saw the

²² Although John of Mirfield professes to be a compiler of scholastic material, there are many sections in his text that are redolent of folk medicine. See *Brevarium*

Bartholomei, in *Johannes de Mirfield of St. Bartholomew's, Smithfield: His Life and Works*, ed. by Percival Horton-Smith Hartley and Harold Richard Aldridge (Cambridge: Cambridge University Press, 1936), pp.46-95 (especially, pp.66-9 and pp.86-87). For more on John of Mirfield, see Carol Rawcliffe, 'Hospitals of Later Medieval London', pp.1-21.

²³ Both Fayreford's and Crophill's books are held at the British library: they are, respectively, London, BL Harley MS 2558 and London, BL Harley MS 1735. For more on Fayreford, see Peter Murray Jones, 'Thomas Fayreford: An English Fifteenth-Century Medical Practitioner', in *Medicine from the Black Death to the French Disease*, ed. by Luis García Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (Aldershot: Ashgate, 1998), pp.156-83, and 'Harley MS 2558: A Fifteenth-Century Medical Commonplace Book', in *Manuscript Sources of Medieval Medicine: A Book of Essays*, ed. by M. R. Schleissner (New York: Garland, 1995), pp.35-54. For information on Crophill, see Peter Murray Jones, 'John Crophill', *ODNB* <http://www.oxforddnb.com/view/article/6780> [accessed 8 December 2014]; L. G. Ayoub, 'John Crophill's Books: An Edition of British Library MS Harley 1735' (unpublished doctoral dissertation, Centre for Medieval Studies, University of Toronto, 1994); E. W. Talbert, 'The Notebook of a Fifteenth-Century Practising Physician', *Texas Studies in English*, 22 (1942), 5-30; R. H. Robbins, 'John Crophill's Ale-Pots', *Review of English Studies*, 20 (1969), 181-9.

production of Middle English translations by Mondeville, Chauliac and Lanfranc. These compilations, translations and newer works typically adopt the traditional model of addressing a fellow practitioner or apprentice reader and proceeding with the identification of different illnesses and injuries followed by their treatment.

With the exception of the more personal compilations of Fayreford and Crophill, the English surgical treatises follow their continental precursors by the inclusion of a preface with a deontological section, affirming the qualities of the ideal surgeon. This tends to include standard advice, sometimes excerpted or adapted from the earlier European scholastic works, although, in some cases, interspersed with original statements from the author or compiler. The advice typically concerns the practitioner's hygiene, his professional integrity and discretion, his behaviour in the houses of his patients and his learning and skill.²⁴ Therefore, Arderne follows Lanfranc's insistence

²⁴ Discussion of ethical responsibilities in medicine is rooted in the Hippocratic corpus and the writings of Galen, which emphasised cordiality and equanimity between the practitioner and patient, as well as the importance of the physician acting with propriety when interacting with his patients and their households. See Carlos R. Galvao-Sobrinho, 'Hippocratic Ideals, Medical Ethics, and the Practice of Medicine in the Early Middle Ages: The Legacy of the Hippocratic Oath', *Journal of the History of Medicine and Allied Sciences*, 51:4 (1996), 438-55; Paul Carrick, *Medical Ethics in the Ancient World* (Washington: Georgetown University Press, 2001), pp. 83-105. The rise of scholastic medicine in twelfth-century Europe, along with concomitant efforts to validate the professional and moral authority of medical practitioners, gave a renewed importance to deontology in the later Middle Ages. See Michael McVaugh, 'Bedside Manners in the Middle Ages', *Bulletin of the History of Medicine*, 71:2 (1997), 201-23; Mary Catherine

that the surgeon should possess clean and well-shaped hands, and that he should adopt good manners and much circumspection when visting his patients.²⁵ Similarly, the anonymous writer of the 1392 surgical treatise borrows from Lanfranc, as well as the Arab authors, Rhazes (860-c.923) and Avicenna, to insist that the surgeon should be well-proportioned and possess a temperate complexion, ‘and his body not quakyng, and al his body able to fulfillen gode werkis of his soule’; additionally, he is required to have knowledge of all aspects of science, philosophy and scripture.²⁶

Welborn, ‘The Long Tradition: A Study in Fourteenth-Century Medical Deontology’, in *Medieval and Historiographical Essays in Honour of James Westfall Thompson* (Chicago: University of Chicago Press, 1938), pp.344-60; Luis García -Ballester, ‘Medical Ethics in Transition in the Latin Medicine of the Thirteenth and Fourteenth Centuries: New Perspectives on the Physician-Patient Relationship and the Doctor’s Fee’, in *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, ed. by Andrew Wear, Roger K. French and Johanna Geyer-Kordesch (Amsterdam and New York: Rodopi, 1993), pp.38-71.

²⁵ See Arderne, *Treatises*, p.6, and Giovanni Lanfranco, *Lanfrank’s “Science of Chirurgie”*, EETS o.s. no.102 (London: Published for the Early English Text Society by Kegan Paul, Trench, Trübner and Co., 1894), p.6.

²⁶ London, Wellcome Historical Medical Library MS 564, f.57. This manuscript includes the text from the anonymous London surgeon, which comprises material adapted from scholastic texts, and part of a treatise by Henri de Mondeville. The manuscript has been edited by Richard Grothe; see Grothe, ed., ‘Le ms. Wellcome 564: Deux Traités de Chirurgie en Moyen-Anglais’ (unpublished doctoral dissertation, University of Montreal, 1982).

The interest in the moral qualities of the surgeon extends, for both Arderne and his contemporaries, to an emphasis on the spiritual and edifying aspects of their own works. The much repeated motif of invoking God as inspiration behind the surgical work is usually adhered to, and it is often employed as a means to shore up the legitimacy of the author and his text. Arderne, for instance, calls upon God to assert the veracity of his text: ‘Oure lord Ihesu y-blessid God knoweth that I lye not, and therefore no man dout of this’.²⁷ Distinctively, John of Mirfield, in his Latin treatise *Breviarium Bartholomei*, justifies his act of writing a compendium, despite his lack of surgical expertise, by proposing that his book should help him and other followers of Christ from imposters who would diagnose their illnesses incorrectly.²⁸

An early fifteenth-century Middle English translation of John Bradmore’s treatise, called the *Philomena*, shows how he evinces a similar interest in promoting his work in moral opposition to the degraded ones it circulates amongst:

Ryght as betwyx wheter & darnell whyll þe erbes be grene and schewes not schape of þe erys, than ys ther so gret lyknes in þe erbe that þe darnell fro þe whete may not be dysseveryd, but whan þe erbe of whet aperyth than may þe darnell opynly be knowyn well inowgh fro þe whet [...]. And for that nowadays in surgery þe darnell of arror with þe whete of trewth growys to gedyr amonge full sympyll letteryd men, sum be fantysyd [...] in diverse ynolysch bokys and for the gret lyknes þat ys be twyne þe grene whete & þe darnell be for þe herynge dyscrescioun may not be gyffyn be twex them as longe as thei be hyd undyr the color of ynnoraunce.²⁹

²⁷ Arderne, *Treatises*, p.2.

²⁸ John of Mirfield, *Breviarium Bartholomei*, pp.48-51.

²⁹ See London, BL Harley MS 1736, f.6. Printed in Beck, *Cutting Edge*, pp.107-8.

Although it is now generally agreed that Bradmore authored the *Philomena*, Beck attributes it to Bradmore’s contemporary, Thomas Morstede. For the argument proposing Bradmore as author, see Lang, ‘John Bradmore’, pp.121–30. The Latin

In this highly original introduction to a surgical treatise, the contrast between authentic and false surgical knowledge is given divine weight with a metaphor borrowed from the gospels (Matthew 13:27) where Jesus compares the separation of good from evil to that of wheat and weeds.³⁰ But it is the increase and diversity of English books ‘nowadays’ that fuels the author’s concern of the ability of ‘sympyll letteryd men’ to distinguish between authentic and false books. Bradmore wishes to resolve this crisis so that:

Be eyrys of þe whet of trewth may be mad opyne be þe knowlege of þe pryncypylles of this crafte of surgery. Wherfor to þe worschype of all myghty gode [...] to þe prophete of all crysten pepull [...], I have compylyd & made this boke.³¹

The Middle English pun on wheat/human ears evokes the reader’s discernment which, the author suggests, can be fostered through the correct transmission of the ‘truth’ gleaned from the medical authorities, as expounded in the *Philomena*. By employing the wheat-and-weeds metaphor, Bradmore situates surgical writing within the broader realm of moral veracity. This is achieved through the biblical resonances of the metaphor, but also in relation to more contemporary heretical discourse: the imagery, in the *Philomena*, of violently expelling false knowledge - that ‘þe darnell of Error be pullyd

original of the *Philomena* survives in London, BL Sloane MS 2272 and some extracts are also in Oxford, All Souls College MS 73.

³⁰ The image of the separation of grain from weeds or chaff was a common proverbial one in Middle English writings. For examples, see Bartlett Jere Whiting, *Proverbs, Sentences and Proverbial Phrases: From English Writings mainly before 1500* (Cambridge, Mass. and London: Belknap Press, 1968), pp.98-99.

³¹ Harley MS 1736, f.6.

owt be þe rote and castyn away’ – resonates with much anti-Lollard literature.³² Paul Strohm has shown how the word ‘lollard’ itself (applied to the followers of religious reformer, John Wyclif (*d.*1384)), was often linked to the Latin word for cockle or tare, *lolium* or *lollium*, although it is etymologically rooted in continental anti-heretical discourse.³³

That the opening comments of a surgical work should be invested with such freighted metaphors not only points to the self-legitimising efforts of English medical writers, but suggests that surgical language was not immune to apprehensions of heretical ideas; this can only have been heightened in the wake of Arundel’s ‘Constitutions’ of 1409, implemented to prevent the spreading of heretical ideas in books, with a particular focus on curbing vernacular writings.³⁴ Bradmore’s imagery, through stressing the need to uproot and destroy erroneous writings, and by proclaiming the adherence to tradition as a signifier of truth, underscores the moral stakes involved in the production of surgical literature.

However, it is this idea of a homogeneous, intact tradition encompassing the transmission of medical knowledge that the writings of John Arderne seem to rub

³² Harley MS 1736, f.6.

³³ See Paul Strohm, *Theory and the Premodern Text* (Minneapolis: University of Minnesota Press, 2000).

³⁴ See Nicholas Watson, ‘Censorship and Cultural Change in Late-Medieval England: Vernacular Theology, the Oxford Translation Debate and Arundel’s Constitutions of 1409’, *Speculum*, 70 (1995), 822-64, and James Simpson, *The Oxford English Literary History, 1350-1547: Reform and Cultural Revolution*, Vol. II (Oxford: Oxford University Press, 2002), pp.458-501.

against, and this is one way in which his work can be distinguished from that of his contemporaries. Even though Arderne, like Bradmore and John of Mirfield, asserts his orthodox credentials by insisting on a divine mandate for his own writings, he does resist, to an extent, the idea of the principals of surgery emerging whole from his forbears. Certainly, the manuscripts that bear his work undermine the traditional head-to-toe organisation of the surgical treatise. His *Practica* is unusually limited to a consideration of anal fistula, along with a few other conditions, and it eschews the usual divisions or section headings typically found in surgical texts.³⁵ Arderne's other writings appear as fragments throughout the various manuscripts they are located in, and they cannot be assembled to produce a coherent whole.³⁶ The multiple personal case histories randomly scattered throughout his writings again bespeak an author who is as much concerned with establishing personal narratives as deferring to the sayings and writings of his *auctoures*. His stories are notable for their references to specific places (usually at or near Newark and London) and events, such as his reference at the beginning of the *Practica* to the Black Death.³⁷ Whilst his contemporaries did include

³⁵ Peter Murray Jones, 'John of Arderne and the Mediterranean Tradition of Scholastic Medicine', in *Practical Medicine from Salerno to the Black Death*, ed. by Luis García Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (New York and Cambridge: Cambridge University Press, 1994), pp.289-321 (pp.306-7). As Jones points out, none of the earliest extant manuscripts containing the *Practica* show much in the way of separate chapters or sections.

³⁶ Peter Murray Jones, 'Four Middle English Translations of John of Arderne', in *Latin and Vernacular: Studies in Late-Medieval Texts and Manuscripts*, ed. by A.J. Minnis (Cambridge: D.S. Brewer, 1989), pp.61-89 (p.66).

³⁷ Arderne, *Treatises*, p.1.

personal anecdotes in their works – Bradmore, for instance, writes about his treatment of Henry, Prince of Wales (later Henry V) for an arrow lodged in his cheekbone received at the battle of Shrewsbury, 1403 - they appear with far more frequency in Arderne's writings.³⁸

It is the cultivation of a narrative persona in Arderne's writings that distinguishes them most from other medical writings, and aligns them more with the narrative techniques of late medieval poets and literary writers. He establishes an autobiographical register in the first lines of the *Practica*: 'I, Iohn Arderne fro the first pestilence that was in the 3ere of oure lord 1349 duellid in Newerk in Notyngham-shire vnto the 3ere of oure lord 1370, and ther I helid many men of fistula in ano'.³⁹ This testimony is followed with an itinerary of the names and occupations of the elite patients he cured in Newark and London, and of his development of the cure for anal fistula. The narrative foregrounds Arderne's personal experience and insists on the importance of his practice-based knowledge in the establishment of an effective cure for the condition (in opposition to one that is purely theoretical or gleaned from the writings of others).

The kind of author presented here is, in many ways, one that is not too distant from a modern view of the author as a single, gifted or wise subject who imparts knowledge, and even (vicarious) experience, to the reader. Yet, in other respects, Arderne also fits the model of the medieval author, liberally interspersing his work with the quotations of classical and Arabic medical writers, philosophers and Scripture. He

³⁸ On Bradmore's treatment of Henry V, see BL Harley MS 1736, f.48v. See also Beck, *Cutting Edge*, p.117.

³⁹ Arderne, *Treatises*, p.1.

navigates between acknowledging the tradition he is working within and affirming his own innovations and skills. Indeed, this strategy can be seen in relation to contemporary late medieval developments of the idea of the author. A.J. Minnis has analysed how fourteenth-century English literary authors, like Gower and Chaucer, displayed an awareness of the ‘role of the *auctor* and of the literary forms which should be their models’, but then used this awareness to ‘manipulate [such] conventions [...] for [their] own literary ends’.⁴⁰ This can be seen in Chaucer’s authorial disavowals in *The Canterbury Tales* and *Troilus and Criseyde* where the author is imagined as a mere vehicle through which a story, rooted in classical or biblical tradition, passes.⁴¹ Yet, the disavowal of authorial intent is precisely what establishes the authorial voice. The rhetoric of truth-telling is established in order to create an ironic distance between the narrative and the reader’s reception of it: ‘it is this knowing fiction of authorial modesty

⁴⁰ A.J. Minnis, *Medieval Theory of Authorship*, p.210. This authorial self-awareness was mediated by the fact that the named author was, along with scribes, illustrators, commentators and commissioners, just one possible producer of a text. On St. Bonaventure’s (1221-74) taxonomy of book producers see Minnis, *Medieval Theory of Authorship*, pp.94-5. See also John Burrow, *Medieval Writers and their Work: Middle English Literature and its Background 1100-1500* (Oxford and New York: Oxford University Press, 1982), pp.29-30; Stephanie Trigg, *Congenial Souls: Reading Chaucer, Medieval to Postmodern* (Minneapolis: University of Minnesota Press, 2002), pp.40-73; Anthony Bale, ‘From Translator to Laureate: Imagining the Medieval Author’, *Literature Compass*, 5:5 (2008), 918–934.

⁴¹ See, for instance, ‘General Prologue’, *The Canterbury Tales*, RC, I, lines 723-46 and *Troilus and Criseyde*, RC, Book I, lines 393-5 and Book V, 1050.

that allows us to recognise the elaborate authorial game that is set in motion in *The Canterbury Tales*.⁴²

Arderne engages in a similar authorial strategy of calling up the tradition he is working within as a way to subvert it rhetorically. In advancing a claim that he has *discovered* an effective treatment for anal fistula, he hesitates between an acknowledgement of his forbears and an affirmation of his innovation.⁴³ Following his detailing of the patients he has cured of the condition, he goes on:

All thise forseid cured I afore the makyng of this boke. Oure lord Ihesu y-blessid God knoweth that I lye not, and therefore no man dout of this, þof-al old famous men and ful clere in studie haue confessed tham that thei fand nat the wey of curacion in this case. ffor god, that is deler or rewarder of wisdom, hath hid many thingis fro wise men and slize whiche he vouchesaf aftirward for to shewe to symple men.⁴⁴

Arderne has succeeded in establishing a cure where, it seems, the best and wisest surgeons before him failed. In a sense, this might be a risky assertion given that he foregoes the trope of humility and the traditional authorial imperative of deferring to one's predecessors. But he appeals to the higher authority of God – 'deler or rewarder of wisdom' – who, he claims, has reversed the standard hierarchies and entrusted the

⁴² Andrew Bennett, *The Author* (Abingdon and New York: Routledge, 2005), p.42.

⁴³ Despite this claim, Arderne's method of treating anal fistula by cutting through the fistula tract is, in fact, discussed in many treatises extending back to antiquity. Plinio Prioreshi claims that Arderne's innovations included the introduction of an eyed probe and peg to tighten the ligature used for cutting, as well as the application of mild agents instead of caustics as aftercare. See Prioreshi, *History of Medicine*, pp.509-12.

⁴⁴ Arderne, *Treatises*, p.2.

responsibility of finding a cure to the simple man, Arderne. There is here the faint implication that the failure of the medical scholastics is as much a moral error as a professional one. Thus, the wise men have had to *confess* that they have failed to find ‘the way of curacion’, where ‘the way’ evokes the specialised metaphor in biblical language of Christ as the path and means to salvation. The appropriation of this language offers Arderne a means of assuming both the humility proper to an author and the professional authority of a surgeon, one that allows him to assert his veracity through the universal command that ‘therfore no man dout of this’.

Therefore, whilst Arderne is very much embedded in late medieval medical culture through his elucidation of surgical techniques and procedures (and claims to moral authority), his resistance to authoritative deferral distinguishes him from other contemporary medical and surgical writers. His introductory personal testimony and case histories, interspersed with a liberal use of classical and scriptural quotations, along with his undermining of the old masters, shows how he sets up an idea of himself as his own *auctour*. This allows us to situate his writings in close proximity to late medieval developments where the image of the author deferring to his scriptural and classical forbears, and posing himself as compiler of the works of others, was gradually giving way to the idea of author as originator and creator.⁴⁵

⁴⁵ See Minnis, *Medieval Theory of Authorship*, pp.160-210.

The Critical Inheritance of Arderne and the *Practica de fistula in ano*

Given the constructed nature of the authorial persona in Arderne's writings, as well as their investments in *topoi* of both humility and authority, it is instructive to note how such enunciations have informed his profile since the nineteenth century. Arderne's claim of being the first to have found an effective cure for anal fistula, along with his case histories, featuring his successful cures of noble patients, have been taken at face value to contribute to his status as England's 'first great surgeon' or, to quote the title of a 1956 article, the 'father of English surgery'.⁴⁶ The articulation of Arderne in terms of a hegemonic, nationalistic discourse is reflected in Peter Murray Jones's reference to Arderne's emphasis on anal conditions, lamenting that 'it is perhaps a pity that the name of the greatest English medieval surgeon should be associated with an operation which seems so undignified'.⁴⁷ Historians have constructed a biography for Arderne, in keeping with his status as a great surgeon, by supplementing his skeletal autobiographical references with extra detail.⁴⁸ Such suppositions, through repetition in

⁴⁶ Gerald N. Weiss, 'John of Arderne: Father of English Surgery', *The Journal of the International College of Surgeons*, 25:2 (1956), 247-61.

⁴⁷ Peter Murray Jones, *Medieval Medicine in Illuminated Manuscripts* (London: British Library, 1998), p.91.

⁴⁸ Although the name Arderne is a common one in late medieval official documents, Peter Murray Jones finds 'no good reason for connecting him to any of the other John Ardernes met with in contemporary documents, or for linking him to any particular family of Ardernes'. See Jones, 'Staying with the Programme: Illustrated Manuscripts of John of Arderne, c.1380-c.1550', in *English Manuscript Studies 1100-1700*:

various histories and encyclopaedic entries, have congealed as facts and retain their currency.⁴⁹ Many of these claims – his experience as a military-surgeon in the Hundred Years' War, his attachment to the household of John of Gaunt, his membership of a London surgeons' guild – can be traced to the work of D'Arcy Power, an antiquarian and surgeon at St. Bartholomew's hospital in London. In 1910, Power produced the first, and (to date) the only, complete printed edition of Arderne's *Practica*, and he wrote extensively on Arderne's life and work.⁵⁰

Power's claim that Arderne was a military-surgeon is based on the opening passage of the *Practica* where Arderne asserts that, dwelling in Newark from the year of the 'pestilence', or Black Death, 1349, he cured the anal fistulae of many men, 'of

Decoration and Illustration in Medieval English Manuscripts, ed. by Peter Beal and Jeremy Griffiths, Vol. X (Oxford: Blackwell, 2002), pp.204-36 (p.206).

⁴⁹ See, for instance, the encyclopaedic work by Jack E. McCallum, *Military Medicine: From Ancient Times to the 21st Century* (Santa Barbara: ABC-Clio, 2008), p.174; Leo M. Zimmerman and Ilza Veith, *Great Ideas in the History of Surgery* (Baltimore: Williams and Wilkins, 1961), pp.158-63; Weiss, 'Father of English Surgery', pp.247-61.

⁵⁰ Power edited the *Practica* from extracts from two fourteenth-century English translations of Arderne's Latin work found in London, BL Sloane MS 6 and BL Sloane MS 277. He also attempted to classify Arderne's corpus in 'The Lesser Writings of John Arderne: Read at the Seventeenth International Congress of Medicine, London, August 1913', *History of Medicine*, 23 (1913), 107-33, and 'Epoch-Making Books in British Surgery: "A System of Surgery" by Master John Arderne', *The British Journal of Surgery*, 15:57 (1927), pp.1-9.

whiche the first was Sire Adam Eueryngham [who] was in Gascone with sir Henry, that tyme named Erle of derby and aftir was made duke of lancastre, a noble and worthi lord'.⁵¹ This appears to refer to the Gascon campaigns of Henry of Grosmont (c.1310-61), first Duke of Lancaster, which took place during 1345-7, part of the long series of battles between England and France usually referred to as the Hundred Years' War.

Arderne's account goes on:

The forsaid sir Adam, forsoth, suffrand fistulam in ano, made for to aske counsel at all the leche3 and cirurgien3 that he my3t fynde in Gascone, at Burdeux, at Briggerac, Tolows, and Neyrbon, and Peyters, and many other places. And all forsoke hym for vncurable; whiche y-se and y-herde, þe forseid Adam hastied for to torne hom to his contre. [...] At laste I, forseid Iohn Arderne, y-sou3t and couenant y-made, come to hym and did my cure to hym.⁵²

Power claims this as proof of Arderne's involvement in these wars, not only because of his cure of the sick knight, but also because Arderne lists the towns of southern France in the order in which they were reached by the invading English army.⁵³ However, Arderne does not state that he was present at any of these battles; in any case, as the narrative indicates, it is not until Sir Adam returns home that he is cured by Arderne.⁵⁴ Arderne could have been told of these facts or read about them in a chronicle.

⁵¹ Arderne, *Treatises*, p.1.

⁵² Arderne, *Treatises*, p.1.

⁵³ Power, 'Introduction', in *Treatises*, p.xi.

⁵⁴ For a comprehensive critique of this and other claims made by Power about Arderne, see Huling Ussery, *Chaucer's Physician: Medicine and Literature in Fourteenth-Century England* (New Orleans: Tulane, 1971), pp.63-7.

Power's biographical outline continues by shading in Arderne's life prior to 1349.⁵⁵ Despite lack of evidence, he places him in France with Henry of Grosmont as his surgeon and claims that, afterwards, Arderne was attached to the household of Henry's son-in-law, John of Gaunt (notwithstanding the absence of reference to Arderne in John of Gaunt's household register).⁵⁶ Power goes on to speculate about Arderne's return to England in 1349, suggesting that the reason was 'perhaps because the ravages of the Black Death caused a temporary cessation of hostilities and compelled the military surgeons to seek a more peaceful method of gaining a livelihood'.⁵⁷ He also claims that when Arderne arrived in London in 1370, he became a member of the Guild of Surgeons, again, a claim neither proposed by Arderne nor backed up with evidence from other documents.

The type of biography that D'Arcy Power constructs for Arderne is in keeping with attempts by early historians of medicine and antiquarians to define the lives of the 'great men' of science and medicine in accordance with values that stressed their singularity and achievements. Such glorification aligns with the grand narrative of medicine's (and civilisation's) progress through the ages, commonplace amongst

⁵⁵ This biographical narrative is succinctly outlined in Power, 'Lesser Writings', pp.107-8.

⁵⁶ Ussery points out that Arderne, a writer disposed to mention his connections with great men, never claims an association with John of Gaunt himself. He questions ideas that Arderne and Chaucer were connected through John of Gaunt. See *Chaucer's Physician*, p.63.

⁵⁷ Power, 'Lesser Writings', p.108.

historians of the nineteenth and early twentieth centuries.⁵⁸ Although Power configures the Middle Ages in terms of ignorance and superstition, Arderne, as a ‘great man’, is seen to transcend such limitations. Instead, Power views him as the figurehead or originator of a genealogy of great English surgeons: ‘the distinguishing mark of each was the possession of the qualities which make an English gentleman as well as a fine surgeon. They were all men of good education, wide experience and sound judgement. John Arderne possessed these qualities in abundance’.⁵⁹

After stripping away these superfluous ‘facts’ of Arderne’s life, and their Edwardian-period gloss, we are left with the stark information of significant events in Arderne’s life, mentioned in his works (the years of his birth, the Black Death, his practice in Newark and his move to London), and more detailed accounts of his practice including his patients, their illnesses and his superlative cures. Nonetheless, the inclusion of such details, particularly of his elite patients and their martial careers, does encourage us to think of Arderne (and, by extension, the late medieval English surgeon) as a figure concerned with social hierarchy and the cultivation of professional networks. In this sense, his narratives not only indicate the type of patients he might have treated or mixed with; they also reveal an authorial interest in self-validation or promotion, and perhaps in instigating a readerly *frisson*, through references to elite personages and the inclusion of vignettes such as Adam Everingham’s afflicted French odyssey. Arderne’s role as author is therefore intrinsic to how he should be understood. His connections with the London merchants, and (possibly) Thomas Usk, indicate his assimilation in late

⁵⁸ For an overview of this tendency, see Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), pp.1-6.

⁵⁹ Power, ‘Introduction’ in *Treatises*, p.xiv.

medieval textual culture; the references in his works to philosophical, as well as medical, authorities also place him in this milieu.

To what extent can Arderne, as author, be seen as part of a medical scholastic orthodoxy? One of Power's titles for Arderne's collection of treatises, 'A System of Surgery', certainly foregrounds their scholastic, rational credentials. Again, this accords with the patristic view of Arderne as the precursor of modern medicine, or as a kind of medical analogue to Chaucer. The textual transmission of Arderne's writings is, in fact, characterised by disorganisation and instability: his various case histories, medical recipes and descriptions of treatment cover a variety of conditions, and are typically presented in fragmented form in his manuscripts. As Jones argues, it is 'impossible to reassemble them to make a compendium of practical medicine on the scholastic model'.⁶⁰ Thus, whilst they are infused with the language and perspectives of the European scholastic tradition, they are in contradistinction to its formulaic and textually-ordered principles.

Although over forty manuscripts of Arderne's writings have been identified, all of which include at least some sections of the *Practica*, Power's edition is based almost exclusively on the version in London, BL Sloane MS 6.⁶¹ The manuscript, a paper codex written in a gothic cursive hand, was produced in the second quarter of the fifteenth century. It represents the most complete Middle English version of the

⁶⁰ Jones, 'Mediterranean Tradition', p.301.

⁶¹ Power supplements defective or missing passages with their equivalents in London, BL Sloane MS 277, the same translation as Sloane MS 6; he also includes a charm, translated from the Latin in London, BL Sloane MS 2002. See Arderne, *Treatises*, pp.20, 26 and 102-3.

Practica available, and is given the rubric: ‘A tretis extracte of Maistre Iohn Arden of fistula in ano and of fistula in oþer place3 of þe body’.⁶² In addition to the *Practica*, the manuscript includes various fragmented medical texts in Latin, English, Dutch, German and French (attributed to Arderne and various other authors including the Arabic writer, Hunein (c.809-c.873) and Galen). This version of the *Practica* includes information not only on anal fistula but also fistulae in other parts of the body, recipes for medical compounds and Arderne’s case histories, pertaining to a variety of medical conditions. It is an integral treatise in the sense that it includes a list of contents (which is subsequently adhered to), but not in terms of its content which does not appear to be governed by any anatomical or pathological taxonomy (as most scholastic texts are).

If the version of the *Practica* in Sloane MS 6 (and Power’s edition), with its random content, is accepted as an integral whole, then it is difficult to justify why it should be treated separately to the rest of Arderne’s corpus, comprising, as it does, of similar case histories, medical recipes and descriptions of surgical instruments and techniques.⁶³ D’Arcy Power has grouped the non-*Practica* writings (confusingly) under various titles: the *Liber Medicinalium*, a *System of Surgery* and, more simply, the

⁶² Sloane MS 6, f.141v; reproduced in Arderne, *Treatises*, pp.xxxvi-xxxvii.

⁶³ Although two texts attributed to Arderne are discrete treatises: a text on ophthalmology, *De Cura Oculorum*, dated to 1377 (see James, *Ophthalmology*, pp.42-6 and 247-52) and the *Mirror of Phlebotomy* (see Sloane MS 6, f.33-41). However, Jones argues that the attribution of the *Mirror* to Arderne is questionable. See Jones, ‘Mediterranean Tradition’, p.301.

Lesser Works.⁶⁴ Power's distinction between the *Practica* and the *Liber Medicinalium* (the title he most commonly gives to Arderne's remaining corpus) appears to be based exclusively upon the integrity of the *Practica* in Sloane MS 6.⁶⁵ But the *Practica* is often incorporated within the *Liber*, either wholly or in fragments, in the Arderne manuscripts.⁶⁶ For instance, a late fifteenth-century manuscript including Arderne's writings, London, BL Sloane MS 76, begins with a discussion of phlebotomy, followed by haemorrhoids; it then segues, without any distinctive sectional break, into the chapter of the *Practica* detailing the operation for the removal of anal fistula (f.19). The text then follows the order of the *Practica* (as set out in Sloane MS 6) before it is curtailed to make way for an unrelated section describing various remedies (f.58). After this, we find the introduction to the *Practica* (f.143); this continues for a folio before breaking off again for more medical recipes, this time in a different hand. This type of fluidity is typical of the organisation of material in the Arderne manuscripts as a whole.

Peter Murray Jones, in noting the level of disorganisation that the *Liber* is subject to, and the difficulty of locating where the *Practica* has finished in some of its manuscripts, concludes nevertheless that Power's distinction between the *Practica* and *Liber* is 'worth preserving, so long as it is borne in mind that the *Practica* is often found within the *Liber medicinalium*'.⁶⁷ Conversely, I suggest that the *Practica* only makes sense as an integrated text in its opening chapters where Arderne addresses the subject

⁶⁴ See Power, 'Lesser Writings', pp.107-33, and his introduction to *Treatises*, pp.ix-xxxv.

⁶⁵ The full title is the *Liber medicinarium sive receptorum liber medicinalium*.

⁶⁶ See Jones, 'Four Middle English Translations', p.66.

⁶⁷ Jones, 'Four Middle English Translations', p.66.

of anal fistula, as well as the qualities of a good surgeon. Although this sequence is broken in some manuscripts, it is retained in most, and it possesses enough semantic unity to be thought of as a coherent text. It may, in this sense, be considered as a fragment or ‘extracte’ (as it is called in the rubric of Sloane MS 6) alongside the other various writings attributed to Arderne.⁶⁸ Whilst we cannot recover how Arderne envisaged the schematic configurations of his writings, their resistance to coherence along the lines of any recognisable taxonomy, and their jumbled nature, are more suggestive of the medical (and more heterogeneous) miscellanies that circulated among late medieval lay readers.⁶⁹ Although such miscellanies included a large amount of scholastic material, this inclusion often entailed the rupturing of its highly coherent head-to-toe format; it was often blended with non-scholastic or ‘folk’ remedies, as it is in Arderne’s works. Arderne, as an author who may well have gained some of his professional knowledge from miscellanies circulating beyond the university environs, should be aligned more with the culture representative of such texts, than a scholastic one.

⁶⁸ Consequently, I refer to the *Practica*, when discussing these passages, and the *Liber medicinalium*, when referring to Arderne’s other writings (with the exception of the ophthalmology treatise, *De cura oculorum*).

⁶⁹ For perspectives on late medieval miscellanies and their circulation, see *The Whole Book: Cultural Perspectives on the Medieval Miscellany*, ed. by Stephen G. Nichols and Siegfried Wenzel (Ann Arbor: The University of Michigan Press, 1996).

Programme of Illustrations

Despite the ‘disorganisation’ of Arderne’s corpus, its programme of illustrations maintains a remarkable consistency in the various manuscripts of his works. Even though passages and sections may be susceptible to a high degree of variation in the different manuscript versions of his works, the same marginal illustrations tend to occur alongside their corresponding case histories or descriptions of treatment in the main text. This consistency is indicated by the similarity between the set of illustrations found in the earliest Latin Arderne manuscripts, such as one held at Glasgow University (Glasgow, Hunterian Museum MS 112), dating from the late fourteenth/early fifteenth century, and one produced during the sixteenth century (London, BL Sloane MS 776). It can be explained by the highly functional nature of the illustrations: the majority of images in the margins of Arderne’s texts serve to explicate, in some way, the text they accompany.

Although practical medical images (particularly anatomical ones) had been produced since antiquity, it was only in the twelfth century, and the development of a separate surgical literature, that images featuring bodily wounds, surgical procedures and instruments became commonplace in such texts.⁷⁰ Whilst these images may have

⁷⁰ On early medical images, see Tibor Doby and George Alker, *Origins and Development of Medical Imaging* (Carbondale: Southern Illinois University Press, 1997), pp.1-20. For the production of medical images in medieval Europe from 1200, see *Visualising Medieval Medicine and Natural History, 1250-1550*, ed. by Jean A. Givens, Karen M. Reeds and Alain Touwaide (Aldershot and Burlington, VT: Ashgate, 2006). See also Loren MacKinney, *Medical Illustrations in Medieval Manuscripts*

had a functional nature, their presence in some manuscripts seems to have had as much to do with courtly patronage as with scholastic requirements.⁷¹ The illustrations in Arderne's manuscripts are distinctive in a number of ways. First, there is an integral relationship between images and text, demonstrated by the way the text often references the marginal images (with the words '*sicut hic depingitur*', or in Middle English, 'as it is here depeynted'); for Jones, this suggests that Arderne devised the programme of illustrations himself.⁷² Second, the Arderne manuscripts are heavily illustrated with, in some cases, more than a hundred images. Finally, the assortment of images including body parts, surgical instruments, decorative clothing, plants and animals are unique for a surgical text.

The illustrations can be categorised according to three types: there are drawings that demonstrate the stages of the operation for the removal of anal fistula; there are images meant to help the reader visualise or memorise particular case histories, recipes or descriptions of treatment referred to in the text (these include images of patients showing their diseased body part); some of the manuscripts include illustrations of figures outlining the body's blood vessels or pathways of the nerves (images that had a wide currency in medical and other writings). The illustrations detailing the stages of

(London: Wellcome Historical Medical Library, 1965), and Jones, *Illuminated Manuscripts*.

⁷¹ For discussion of an example of this, see Cathleen Hoeniger, 'The Illuminated *Tacuinum sanitatis* Manuscripts from Northern Italy, ca. 1380-1400: Sources, Patrons and the Creation of a New Pictorial Genre', in *Visualising Medieval Medicine*, ed. by Givens *et al.*, pp.51-82.

⁷² Jones, 'Staying with the Programme', p.205.

the operation, which tend to be the largest of all the images, usually include the display of the instruments involved in the operation accompanied by images showing how they are to be applied to the patient's lower body. The drawings of patients next to their descriptions in Arderne's case histories follow a more varied pattern. The cases range from descriptions of swollen legs and embedded objects to genital diseases, as well as anal fistula. In the case of anal fistula, the lower torso of the patient's body, revealing its fistula holes, is often pictured as if emerging out of the text with its legs dangling in the margin (fig.1). For other conditions, there are both full-length and partial images of the patient, often pulling apart her or his clothing to reveal the relevant injury. Furthermore, there are images that relate to the text in more oblique ways: for example an image of a gimlet in one manuscript accompanies a description of an intestinal obstruction, the *iliaca passio*, because the text mentions that the condition involves a twisting of the guts *as if* by a gimlet; in another instance, the story of a soldier cured at Algeciras in Spain is indexed by a small image of a cityscape.⁷³ Such images, whilst possibly working as mnemonic aids, impart a sense of diversity and novelty to the text, and encourage the reader's attention to the, sometimes, circuitous relationship between text and image.

⁷³ For the gimlet, see London, BL Harley MS 5401, f.17v. The image of Algeciras is in London, BL Sloane MS 56, f.8. Discussion of these type of images is found in Jones, 'Staying with the Programme', pp.213-5, and 'Image, Word and Medicine in the Middle Ages' in *Visualising Medieval Medicine*, ed. by Givens *et al.*, pp.1-24 (p.14).

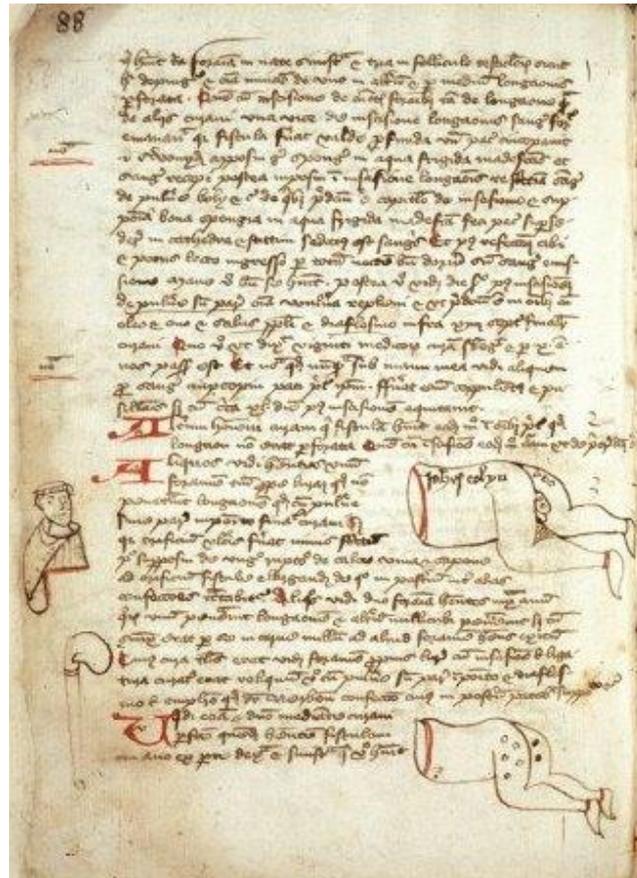


Fig.1: Anal fistula images. John Arderne's *Liber medicinalium*. 1450-1500. London, BL Harley MS 5401 f.44v

The Stockholm Roll and a Non-Surgical Audience

The inclusion of images that engage with a reader's sense of fascination or novelty raises the question as to whether Arderne's texts are oriented exclusively to a surgical audience. Although there is a sense, among critics, that Arderne's texts may have had a non-surgical readership, the *extent* to which they might have been read as something other than a set of illustrative writings for the utilitarian benefit of literate surgeons has not been considered in depth.⁷⁴ Indeed, evidence of a practical use is suggested by the

⁷⁴ However, a growing body of scholarship analyses the ways in which seemingly diverse medieval works, which have been cordoned into discrete generic categories, were often produced, located and received in the same cultural milieus: Irma

Arderne manuscripts which were owned by barber-surgeons like Charles Whytte (Sloane MS 776) and Thomas Plawdon (Cambridge, Gonville and Caius College MS 176/97). The blood-coloured stains in the copy of Arderne's works owned by sixteenth-century London practitioner, Charles Whytte, particularly in the pages featuring colourful depictions of the anal fistula operation, hint at the book's instrumental role.⁷⁵

But the survival of other expensively produced manuscripts, which include Arderne's works, suggests a readership extending beyond a professional coterie of medical practitioners. This is true of a fifteenth-century manuscript held at the British Library (London, BL Add MS 29301) in Latin and Middle English, which includes extensive writings by Arderne, as well as a regimen called the *Governayle of Helthe*. Its illuminated borders, delicate illustrations and its production on vellum all suggest a noble owner. It includes a Middle English text on the virtues of medicinal herbs. The entry for 'rosemary' reads: 'Rosa Marina is bothe tre and herbe [...] as þe clerk seith þat þis book wrot at scole of Salern to the Countesse of Hennawd, and sche send þe copy to

Taavitsainen has shown how some late medieval scriptoria specialised in producing both devotional and medical works; Linne Mooney, similarly, has described Chaucer's scribe, Adam Pynkhurst working on political and literary texts. See Taavitsainen, 'Scriptorial "House-Styles" and Discourse Communities', in *Medical and Scientific Writing*, ed. by Irma Taavitsainen and Paivi Pahta, pp.209-40, and Linne Mooney, 'Chaucer's Scribe', *Speculum*, 81 (2006), 97-138. See also Green, 'Possibilities of Literacy', pp.1-76.

⁷⁵ London, BL Sloane MS 776, ff.119v -120.

here douter, qwen of England'.⁷⁶ The queen referred to here is Philippa of Hainault (c.1310-1369), wife of Edward III (1312-1377). Her marriage to Edward arose from the desire of his mother, Isabella of France (1295-1358), to create an alliance with Hainault, in the Low Countries, as part of a strategy to install Edward as king.⁷⁷ Philippa's position as queen, achieved in large part through the auspices of her mother, Jeanne de Valois (c.1294-1342), Countess of Hainault, was marked by her continued fostering of insular and pan-European alliances. This was accompanied by strong and diverse literary interests: she was a patron for the poet-minstrel Jehan de la Mote and owned a number of romance works, as well as a deluxe illuminated manuscript containing a French translation of the *Secreta Secretorum*, the Aristotelian treatise on science, government, devotion and medicine.⁷⁸ Her ownership of medical works is also attested

⁷⁶ London, BL Additional MS 29301, f.94. On the significance of rosemary and its medical properties in the Middle Ages, see George R. Keiser, 'Rosemary: Not just for Remembrance', in *Health and Healing from the Medieval Garden*, ed. by Peter Dendle and Alan Touwaide (Woodbridge: Boydell Press, 2008), pp.180-204.

⁷⁷ See Juliet Vale, 'Philippa', *ODNB*, <http://www.oxforddnb.com/view/article/22110> [accessed 20 Oct 2014]; Paul Binski, *Westminster Abbey and the Plantagenets: Kingship and the Representation of Power, 1200–1400* (New Haven and London: Yale University Press, 1995), pp.179-80.

⁷⁸ On royal ownership of this text, see Anne Rudloff Stanton, 'Isabelle of France and her Manuscripts, 1308-1358', in *Capetian Women*, ed. by Kathleen Nolan (New York: Palgrave Macmillan, 2003), pp.225-52, and Katherine J. Lewis, 'Edmund of East Anglia, Henry VI and Ideals of Kingly Masculinity', in *Holiness and Masculinity in the Middle Ages*, ed. by P.H. Cullum and Katherine J. Lewis (Cardiff: University of Wales Press, 2004), pp.158-73.

to in this passage and is further evidence of the commissioning of medical works by high status noblewomen. It encourages us, in this instance, to view the circulation of these elite books as concomitant with the manoeuvres and alliances formed between European royal houses. Although Arderne was writing forty years after the Countess of Hainault commissioned the herbal treatise, the fact that his writings travel with a copy of it shows how they would have attracted the same kind of readership.

A fifteenth-century surgical roll held at the National Library of Sweden at Stockholm (Stockholm, Kungliga Biblioteket MS X.118) provides further compelling evidence of a non-surgical readership of Arderne's writings. The seventeen-foot roll, consisting of six stitched pages of vellum, consists mainly of Arderne's writings and includes various cures, charms and anatomical descriptions.⁷⁹ Written entirely in Latin, the text begins with the opening words of the *Practica*, referring to Arderne's background in Newark and his move to London, but then suddenly (and typically) breaks off to outline a remedy for damaged hair. It goes on to detail a variety of conditions, cures and case histories. Although it is composed of fragmented extracts from Arderne's works, unusually the material is (re)ordered to follow, roughly, the head-to-toe format characteristic of the typical scholastic treatise.

The roll includes lavish and detailed illustrations with polychromatic and pastel-tinted figures. These follow the programme of illustrations in Arderne's wider corpus: they include images of the anal fistula operation, those linked to case histories and treatment, as well as the Blood Vessel and Nerve Men; in addition, they feature

⁷⁹ See D'Arcy Power's translation in *De arte phisicali et de cirurgia of Master John Arderne* (London: John Bale, Sons and Danielsson, 1922). For an overview, see Jones, 'Staying with the Programme', pp.209-10.

distinctive foetal presentations and a highly original sagittal-plane view of the anatomical body. The images have the whimsical features characteristic of illustrations of Arderne's works, but here these qualities are accentuated: the many sick or diseased figures are pictured wearing a wide variety of fashionable garments and assume diverse facial expressions and bodily postures. There is a distinct quotidian aspect to the illustrations with the inclusion of such commonplace aristocratic items as canopied beds, mirrors, books, rosary beads, latrines, rings, dog leashes and baskets. The Anatomical Man is depicted as holding back his own skin in order to reveal his abdominal and thoracic organs, and a posterior view of the same man revealing the organs on that side of the body is revealed on the verso side of the membrane.

The unwieldy nature of the roll, and its incomplete sections of text, makes it seem unlikely that it would have been used as a reference guide by a surgeon and this, along with its sophisticated and vibrant drawings, suggests an ornamental function. Moreover, the exceptional finances that would have been behind its lavish and intricate design (as well as the choice of producing it on vellum) suggest an aristocratic owner(s).⁸⁰ The lack of any information regarding its provenance (it was discovered in Sweden in the eighteenth century) has led D'Arcy Power to postulate that it may have arrived in Sweden with Phillippa, daughter of Henry IV (1367-1413), who, in 1406, married Eric of Pomerania (c.1381-1459), king of Norway and Sweden.⁸¹ Another possibility could be that it was owned by the Bridgettines of Syon Monastery at Isleworth (Middlesex),

⁸⁰ For discussion of the roll's material features, see Scott, *Later Gothic Manuscripts*, Vol. II, p.199. Scott also dates the creation of the Roll to 1425-35.

⁸¹ Power, 'Introduction', in *De Arte Phisicali*, pp.xi-xii.

connected to Sweden by their order.⁸² Importantly, the eclectic mix of social and domestic scenes with anatomical and surgical images suggests a recreational as much as a pedagogical reception.

One of the most prominent features of the Stockholm Roll is the opposition in the marginal images between opulent clothing and exposed bodies and members, particularly genitalia. Whilst the revelation of body parts carries the ostensible function of displaying the injured or diseased condition exemplified in the text, the navigation between extravagance and abjectness in these images suggests the presence of other themes. The depictions of lavish clothing also chime with a marked focus throughout the text on cosmetic remedies: it includes recipes to mitigate ageing, to add hair colouring and to overcome hoarseness. The recipe for hair colouring, for instance, is accompanied by the image of a woman rubbing her hair in front of a mirror (fig.2). Such aspects, then, problematise the exclusively functional view of Arderne's works, and the relationship between text and image therein. Although the striking, playful images in the roll, as with other Arderne manuscripts, may provide an indexical

⁸² Syon Monastery was commissioned by Henry V (1386-1422) as part of an attempt to engender religious reform in England. There was a strong connection between Syon and its sister house at Vadstena in Sweden, particularly during the years following its establishment, which included mutual visitations and some textual exchange. See Elin Andersson, 'Questions and Answers on the Birgittine Rule: A Letter from Vadstena to Syon Abbey 1421', *The Journal of Medieval Monastic Studies*, 2 (2013), 151-72, and 'Birgittines in Contact: Early Correspondence between England and Vadstena', *Eranos*, 102 (2004), 1-29. The Syon additions to the Bridgettine rule are discussed in chapter three of this thesis.

function thus aiding the reader's retention of the associated medical condition, this does not preclude their potency to trigger various responses and emotions for the texts' late medieval readers.

Yet the dearth of analyses exploring such features in Arderne's writings (and indeed in the wider medical literature of the later Middle Ages) appears to result from the strength of the functionality argument to foreclose alternative readings. This is especially so because of the most prominent (and most copied) images of Arderne's writings, that of the naked lower-body, illustratively marked with fistula holes.

Although there has been a recent turn towards appraising images of the unclothed body in medieval art, this has largely omitted depictions of nakedness in medical texts.⁸³ In one sense, this may be to do with the necessity of representing the body in medical works for functional purposes; images (or descriptions) that would have been usually considered obscene by medieval readers were thus accepted or tolerated in the case of medical texts.⁸⁴ Consequently, today, there appears to be an implicit acceptance that whilst medieval representations of the naked body could carry multiple associations in

⁸³ See the collection of essays in *The Meanings of Nudity in Medieval Art*, ed. by Sherry C.M. Lindquist (Farnham, Surrey and Burlington, VT, 2012), and those in *Medieval Obscenities*, ed. by Nicola McDonald (Woodbridge and Rochester, NY, 2006).

⁸⁴ Alastair Minnis notes, for instance, how the French Romance writer, Christine de Pisan (1364-c.1430), railed against obscene language in romance literature but conceded that certain words might be permissible in a 'diagnostic context'. See Minnis, 'From *Coilles* to *Bel Chose*: Discourses of Obscenity in Jean de Meun and Chaucer', in *Medieval Obscenities*, ed. by Nicola McDonald (Woodbridge and Rochester, NY: York Medieval Press, 2006), pp.156-78 (pp.173-4).

religious art, for instance, its presence in medical works is restricted to conveying necessary information to the practitioner-reader.⁸⁵

But the Stockholm Roll shows how such ‘medical’ images are firmly embedded in the wider cultural traditions and discussions about the status of the body and its representations. This can be seen in the way its images evoke contemporary marginal motifs in manuscripts. Michael Camille’s work on marginalia has shown how the monstrous or hybrid bodies depicted in late medieval religious manuscripts, constituted ‘a realm of otherness at the edges of things’.⁸⁶ Noting how a modern sensibility might find the presence of naked body parts, sexual references and scatological elements (often fulfilling a satirical role) in such manuscripts inexplicable, Camille shows how they are embedded in schemes that affirm the stable, orthodox text at the centre of the page ‘counterposed with something even less stable, more base, and in semiotic terms, even more illusory – the image on the edge’.⁸⁷ Whilst the images in the Stockholm Roll are constituted differently, being indexed closely to the text as exemplifiers, they encompass features of such marginalia in the variety of facial expressions and bodily

⁸⁵ On the different significations of nudity in medieval art, see Lindquist, ‘Meanings of Nudity’, pp.1-46 (p.2).

⁸⁶ Michael Camille, *Images on the Edge: The Margins of Medieval Art* (London: Reaktion, 1992), p.75.

⁸⁷ Camille, *Images on the Edge*, p.26.

gestures, as well as the spectacle of aristocrats and religious figures enduring diseases affecting their genitalia and their assumption of compromising positions.⁸⁸

Whereas most figures in the roll's margins are depicted folding back their clothing to reveal their diseased or wounded body parts, there are only a few fully nude marginal figures. These images tend to display the more abject conditions such as anal flux, or the more severe genital diseases. The moral dimensions of such conditions are indicated in one image on the first membrane of the roll: it accompanies a recipe against pruritus, or excessive itching, and depicts an unclothed woman suffering from the condition (fig.3). She appears to be scratching both her posterior (which is covered in sores) and her genitalia (although she could alternatively be applying the ointment which the text advocates). The image is redolent of moral and didactic references to sexually dissident and lustful behaviour. Her long yellow, loose hair and nakedness accords with conventional images of Eve, or cognate personifications of Lust or Vanity, in the Middle Ages; the placing of her hand over her genitalia further evokes the conventional representation of Eve drawing attention to her sexuality by placing her hand on the fig-leaf covering it. It also resonates with a theological linking between itching and sexual desire or pleasure.⁸⁹ Her close resemblance to the woman with the mirror at the top

⁸⁸ Although, as Camille notes, such motifs were on the wane by the fifteenth century, making way for a greater 'naturalism'; the Stockholm Roll images can be seen as both representative and possessing satirical features.

⁸⁹ See Diane Wolfthal, *Images of Rape: The "Heroic" Tradition and its Alternatives* (Cambridge and New York: Cambridge University Press, 1999), pp.43-45; Lindquist, 'Meanings of Nudity', p.6; Martha Easton, 'Uncovering the Meanings of Nudity in the *Belles Heures* of Jean, Duke of Berry', in *Meanings of Nudity*, ed. by Sherry C.M.

right hand of the membrane (fig.2) further suggests vanity, as does her relative ‘fallen’ position, situated at the bottom left corner of the membrane. Such anti-feminist associations are overlaid with other evocations of marginalisation, particularly in the way that her visible skin-condition evokes leprosy and Levitical banishment. This image, then, does not merely index pruritus: it is freighted with a host of sexual and moral resonances and can be seen to offer a kind of visual exemplum for the reader, warning against worldly vanity and sexual lust, as well as representing both the medical and moral consequences of such behaviour.

Although remaining distinct, by virtue of its anti-feminine qualities, the image of this woman does align with the other images in the roll representing (mostly male) bodies in contorted, restricted or generally compromised positions. They appear to signal that, despite the obvious wealth and high status of many of the figures, they are nonetheless susceptible to illness and disease. The rendering of particular diseases in

Lindquist, pp.149-81 (p.149). In his *Confessions*, Augustine says: ‘At last my mind was free from the gnawing anxieties of ambition and gain, from wallowing in filth and scratching the itching sore of lust [*et volutandi atque scalpendi scabiem libidinum*]’; see *Confessions*, trans and ed. by R.S. Pine-Coffin (London and New York: Penguin, 1961), 1:9 (p.181). On Hugh of St. Victor equating lust with itching, see Ian P. Wei, *Intellectual Culture in Medieval Paris: Theologians and the University, c.1100-1330* (Cambridge and New York: Cambridge University Press, 2012), p.269. On moralists’ linking itching with masturbation, see Dyan Elliot, ‘Pollution, Illusion and Masculine Disarray’, in *Constructing Medieval Sexuality*, ed. by Karma Lochrie, Peggy McCracken and James Alfred Schultz (Minneapolis: University of Minnesota Press, 1997), pp.1-23 (p.9).

labile terms is evinced by the inclusion of two falling figures (fig.4), sufferers of epilepsy and cramp, who are respectively indexed to two charms, included in the text, meant to ward off both conditions.

However, the traditional relationship between marginal image and text is ruptured, in the roll, by the presence of the series of full-bodied figures at its centre. The images, that of a Blood Vessel Man, a skeleton, a Nerve Man and an Anatomical, Man, interspersed with images of the anal fistula operation, and followed by the foetal presentations, run through the middle of the first four membranes. Whilst, as mentioned, these images are most typical of the kind of depictions found more generally in medieval medical texts, they still participate in the wider themes present in the marginal images.⁹⁰ Thus, the themes of vanity and labiality are intensified by the laughing skeleton, which looks across the text at the marginal figure of a frenzied man pointing up at it, and appears to cast derision on the descriptions and images of medical cures and social hierarchy surrounding it (fig.5). The confrontation is not dissimilar to *memento mori* images where living nobles or kings are reminded of their mortality by skeletons or decaying bodies; it contextualises the ailing bodies and vain postures of the marginal figures in terms of both their mortal and anatomical parity.⁹¹

⁹⁰ The iconographic tradition of representing the foetus during pregnancy dates back to Antiquity. See David Gourevitch, 'John Arderne: *De Arte Phisicali et de chirurgia*', in *Early Medicine from the Body to the Stars*, ed. by Gerald d'Andiran and Vincent Barras (Basel: Schwabe, 2010), p.94.

⁹¹ A common example of this is one found in images and narratives featuring three kings who encounter three skeletons (sometimes whilst out hunting), see Christine M.

It is the startling, profusive figure of the Anatomical Man in the second membrane that most completely undermines the traditional dialectic between stable text and aberrant marginalia (fig.6). Bursting through the middle of the roll and holding apart the skin and flesh of his torso with his hands, he draws attention to the material roll itself, as if the moment of revelation of his abdominal and thoracic organs coincided with the tearing of the vellum to reveal *its* innards. This reference to the roll's materiality is extended by the presence of the back of this torn body on the dorsal surface of the membrane (fig.7). Indeed, his drawing attention to his own ruptured body is not dissimilar to the contemporary devotional motif of 'man of sorrows' images.⁹² The full, 'naturalistic' exposition of the internal organs afforded by this double perspective is accompanied by the invitation to the reader, encoded in the image of the bifurcated codex-like body, to peruse its internal densities and folds. The revelation of wounded skin, achieved through the lifting, or gathering, of clothing in the marginal images, is

Boeckl, *Images of Plague and Pestilence: Iconography and Iconology* (Kirksville MO: Truman State University Press, 2000), pp.69-90.

⁹² On images of the 'man of sorrows' see Bernhard Ridderbos, 'The Man of Sorrows: Pictorial Images and Metaphorical Statements', in *The Broken Body: Passion Devotion in Late-Medieval Culture*, ed. by A.A. MacDonald, H.N.B. Ridderbos and R.M. Schlusemann (Groningen: Egbert Forsten, 1998), pp.143-81, and David S. Areford, 'The Passion Measured: A Late-Medieval Diagram of the Body', *The Broken Body*, ed. by Mac Donald et al., pp.211-38. See also Martha Easton, 'The Wound of Christ, the Mouth of Hell: Appropriations and Inversions of Female Anatomy in the later Middle Ages', in *Tributes to Jonathan J.G. Alexander: The Making and Meaning of Illuminated Medieval and Renaissance Manuscripts Art and Architecture*, ed. by Susan l'Engle and Gerald B. Guest (London: Harvey Miller, 2006), pp.395-414.

paralleled and heightened here by the uncovering of the body's cavities. This resonates with Karl Steel's idea of descriptions of the flayed body in late medieval literature evoking a kind of 'absolute nudity', and signalling what he sees as an 'unendurable intensification of the ineluctable vulnerability that constitutes any existence'.⁹³ This figure, then, although in one sense bespeaking legibility and comprehensibility, appears to cast doubt on the project of overcoming bodily illness and deficiency, embedded in the wider text; similarly, it obstructs the linear and ordered reading enterprise by forcing the written text to curve about its contours. In doing so, it negates both curative strategies and worldly hierarchies and vanity. It affirms, instead, the excessive flesh and viscous materiality (as evinced in the bleeding and sore marginal bodies surrounding it), which constantly threatens to overcome the vulnerable body. This image of the tender, defenceless body is replicated in the foetal presentations below the Anatomical Man. The series of depictions of fully developed foetuses encased in jar-shaped uteri, accompanied by text advising midwives on dealing with abnormal birth positions, further underlines the tension between a curative knowledge and the inherent vulnerability of the body.

The Stockholm Roll is not simply an illustrative and practical guide to medical practice; it is a densely textured document that constitutes an overlaying of the medicalised body with moral and theological registers. The unusual format of the roll indicates how it would have been encountered: it is likely that it would have been hung on display where its larger images (and the responses they elicited) would have been most prominent. The organisation of the text also reflects the interest of the roll's owner

⁹³ Karl Steel, 'Touching Back', in *Reading Skin*, ed. by Katie L. Walter, pp.183-96 (p.189).

and/or commissioners: the curtailment of Arderne's introduction, giving way to the catalogue of recipes and case histories, bespeaks an interest in retaining a narrative framework whilst circumventing its precise details. The retention of Arderne's set of distinctive anal fistula images, replete with large surgical instruments impaling sufferers' bodies, whilst effacing the description of the operation they refer to, reveals how they shed their indexical status becoming instead signifiers of the wounded or fragmented body. Their appearance, strewn around the central images of the skeleton and Anatomical Man, further indicates such an appropriation. In this sense, the significance of the Stockholm Roll not only resides in its distinctive format, its lavish images and expensive vellum, indicating as it does an aristocratic provenance; it also shows how Arderne's corpus of works, his text and images, could be extrapolated and reassembled to serve differing contexts and audiences. The choices by the producer or commissioner of which material to include in the roll ultimately indicates the kind of preferential and selective reading practices undertaken by Arderne's fifteenth-century readers, and the way his works could prove amenable to their recreational and didactic, as well as informational, needs or purposes.



Fig.2: *Woman with mirror. Detail*
 Stockholm Roll. 1400-1450.
 Kungliga Biblioteket MS X.118,
 Membrane 1.⁹⁴



Fig.3: *Woman with pruritus. Detail.*
 Stockholm Roll. 1400-1450.
 Kungliga Bibliotek MS X.118,
 Membrane 1.



Fig.4: *Writhing or falling figure alongside text of a prayer against cramp. Detail.*
 Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2.

⁹⁴ All images from Stockholm, Kungliga Biblioteket MS X.118 are reproduced with permission from the librarian, National Library of Sweden.



Fig.5: Skeleton. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 1.

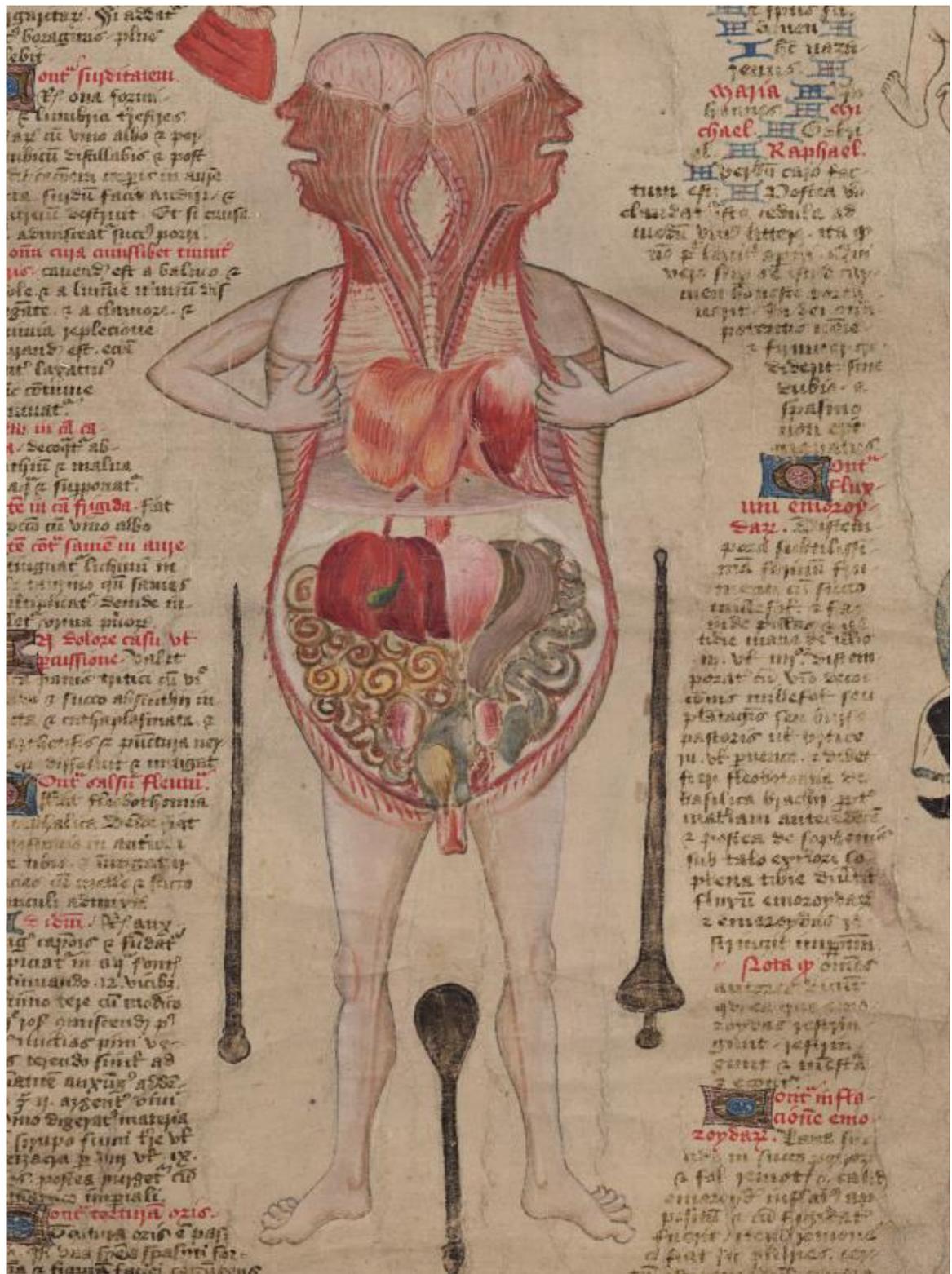


Fig.6: Anatomical Man, front view. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2.

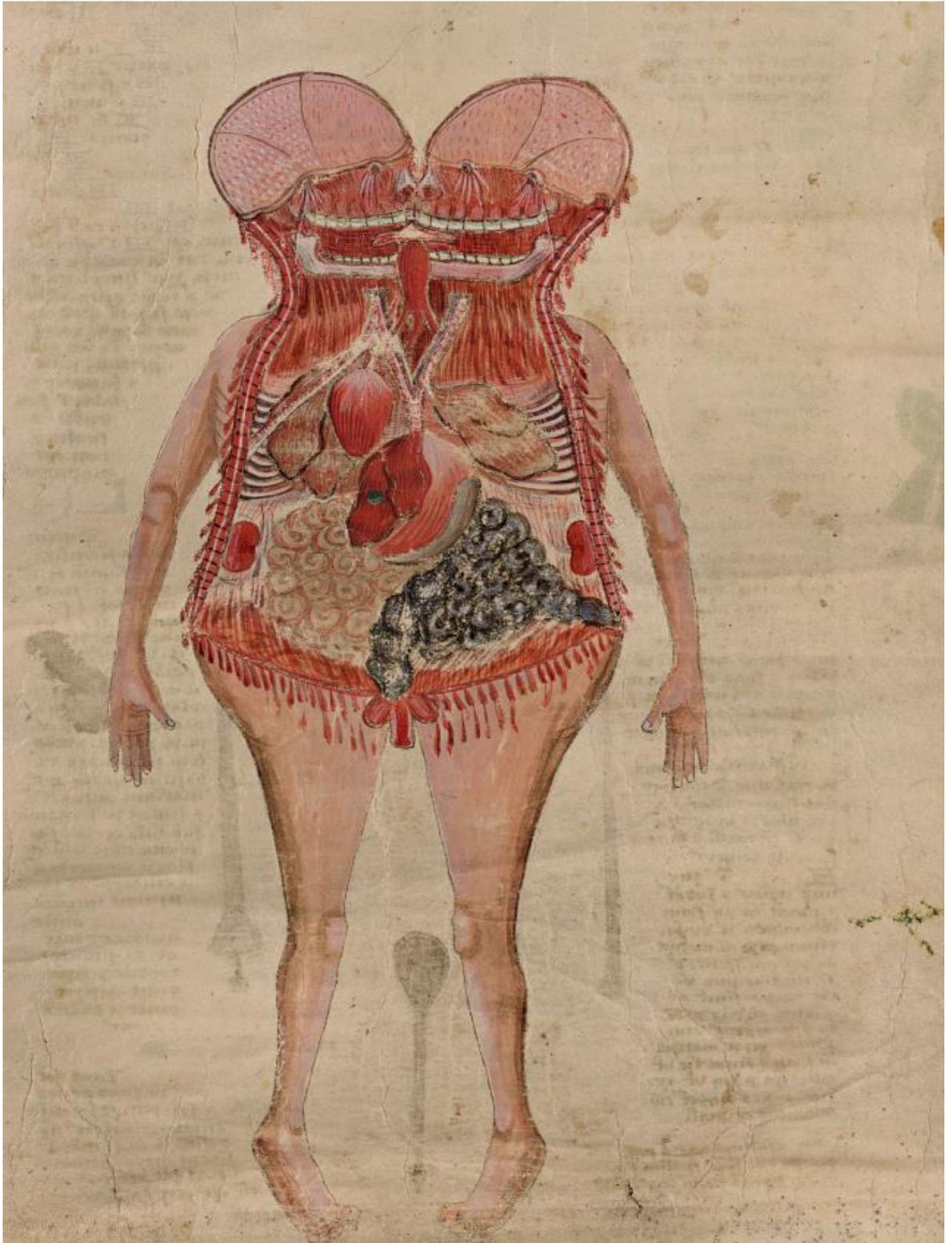


Fig.7: *Anatomical Man, rear view. Detail. Stockholm Roll. 1400-1450. Stockholm, Kungliga Biblioteket MS X.118, Membrane 2v.*

Moral and Figurative Medicine

The religious and moral features in the Stockholm Roll are paralleled by similar textual references in Arderne's works. His employment of figurative language, particularly in the deontological section of the *Practica*, participates in a penitential, didactic tradition of using medical metaphors to exemplify theological and moral concepts. Arderne encourages the surgeon to cultivate a courteous and reassuring manner;⁹⁵ one way of displaying this is through his memorising of a stock of *bon mots* and phrases which can be deployed when the patient is uneasy at the prospect of the surgical procedure he is facing:⁹⁶

Lere also a 3ong leche gode prouerbez pertenynge to his craft in counfortynge of pacientez. Or 3if pacientes pleyne that ther medicynes bene bitter or sharp or sich other, than shal the leche sey to the pacient thus; 'It is redde in the last lesson of matyns of the natiuite of oure lord that oure lorde Ihesus criste come into this world for the helthe of mannes kynd to the maner of a gode leche and wise'.⁹⁷

The practical value of such instruction, in placating an apprehensive patient confronting uncomfortable or painful (as well as potentially dangerous) treatment, is clear: the

⁹⁵ On the relationship between confessional discourse and the late medieval development of fiduciary standards among medical practitioners, see Peter Biller, 'Introduction', in *Handling Sin: Confession in the Middle Ages*, ed. by Peter Biller and Alastair Minnis (Woodbridge and Rochester, NY: York Medieval Press, 1998), pp.1-33.

⁹⁶ In the deontological section, Arderne's hypothetical patient is resolutely male, although he does mention some female patients in his case histories. I address the masculine co-ordinates of the patient-figure in the next chapter.

⁹⁷ Arderne, *Treatises*, p.7.

patient's degree of co-operation would, in itself, have implications for the outcome.⁹⁸ Nonetheless, the link Arderne makes, in this passage, between the patient's fortitude and spiritual wellbeing evokes the longstanding correspondence, as well as tension, between medicine and Christianity. This is embedded in the reference to the *Christus Medicus*, or Christ-as-physician, which underscores the blended nature of physical and spiritual health.⁹⁹ Arderne's prescription of this rather formal utterance on the part of the surgeon – 'It is redde in the last lesson of matyns' – suggests an idea of the surgeon not just as physical healer but as a spiritual healer.

Therefore, Arderne incorporates distinct modes of spiritual discourse in his advice. In one sense, his use of scriptural quotations to expound a more general moral lesson is indicative of the sermon.¹⁰⁰ The formal register adopted by Arderne's

⁹⁸ Whilst deontological sections of scholastic surgical treatises do emphasise the importance of the surgeon's reassuring language, it is unusual for them to recommend that he cite from specific passages from Scripture. Likewise, the idea of a spiritually edifying suffering is absent from most scholastic treatises. Again, Arderne's incorporation of such features in his appropriation of scholastic deontology is indicative of the heterogeneous make-up of his writings.

⁹⁹ Arbesmann, 'The Concept of "*Christus Medicus*"', pp.1-28.

¹⁰⁰ The use of specific quotations, a characteristic of the *sermo*, was in distinction to the more traditional *homilia*, which proceeded exegetically through an extensive scriptural passage explaining it line by line. See H.L. Spencer, *English Preaching in the Late Middle Ages* (Oxford and New York: Oxford University Press, 1993), pp.228-47. See also Sabina Volk-Birke, *Chaucer and Medieval Preaching: Rhetoric for Listeners in*

hypothetical surgeon shows how sermons could ‘betray their influence, [...] in the use of forms of address appropriate to a congregation’ in writings other than sermon literature.¹⁰¹ Furthermore, the intimate surgical context, featuring the practitioner giving moral encouragement to his patient, resonates with the confessional context. This can also be seen where Arderne proposes to his surgeon-reader to cite a passage from Matthew’s gospel, where Christ demands of his disciples to suffer as he has:

‘May 3e drink þe chalice þat I am to drink?’ [...]; as 3if he seid to þam, ‘3if 3oure soule or mynd couaite þat deliteþ, drinke þe first þat soroweþ or akeþ’. And so by bitter drinkis of confeccion it is come to the ioies of helþe. [...] It semeþ a gret herted man for to suffre sharp þingis; he, forsoþ, þat is wayke of hert is no3t in way of curacion, ffor why; for soþe in al my lyf I haue sene but fewe laborante in þis vice heled in any sikenes.¹⁰²

Arderne’s advocacy of the wholehearted acceptance of pain (or, more specifically, of the discomforts of bitter purgatives) as conducive to spiritual health thus incorporates penitential discourse to emphasise that the sufferings induced by surgery are beneficial for the health of the patient’s soul, as well as his body. By grounding his advice to worried patients in scriptural exegesis, Arderne invests the surgeon’s speech with the weight of religious tradition and authority. This entails a persistent movement between metaphorical and literal pain: the reference to the bitter drinks of confession works, on one level, metaphorically but, on another, they refer to the actual sour purgatives the surgeon may require the patient to drink. It underlines how the literal act of drinking purgatives, or enduring their effects, can be spiritually rewarding. Likewise, the ‘ioies

Sermons and Poetry (Tübingen: G. Narr, 1991), and Carolyn Muessig, ed., *Preacher, Sermon and Audience in the Middle Ages* (Brill: Leiden, 2002).

¹⁰¹ Spencer, *English Preaching*, p.111.

¹⁰² Arderne, *Treatises*, pp.7-8.

of helpe' could equally refer to bodily or spiritual health. The 'gret herted' patient who can 'suffer sharp þingis' is following Christ's acceptance of his cross, and this analogy works to cast the surgical procedure as much as a spiritual exercise, entailing the difficult act of purging one's sins, as a physical treatment comprising the purging of corrupt bodily humours. The work of the surgeon, in his words and deeds, is to bring the patient, with the correct disposition and attitude, closer to Christ as well as to return him to physical health.

The use of such language, in delineating the relationship between practitioner and patient, aligns the surgical encounter with the confessional one, and in doing so, helps to bolster the professional authority and legitimacy of the practitioner. However, this is not to be seen in terms of a grafting of confessional onto medical language, as if confessional discourse has its own separate domain distinct from the medical one. Arderne's use of medical metaphors to elucidate religious truths participates *itself* in the widespread practice within penitential literature of the use of this kind of figurative language. In such literature, the deployment of medical or surgical metaphors had a clear function: to quote Jeremy J. Citrome: 'Surgery, because it both healed and hurt, could uniquely signify the profound ambivalence, the tension between merciful and punitive registers, that constituted humanity's relationship with the divine in the English Middle Ages'.¹⁰³ Writers of penitential texts could thus illustrate the necessity of pain, both in this life and the next, as expediting salvation. In particular, the figure of the surgeon, inducing pain for the benefit of the patient's physical health, provided a means of characterising the rewards to the soul of entering into the sacrament of penance, through the mentally painful and uncomfortable act of uttering one's sins to a confessor

¹⁰³ Jeremy J. Citrome, *Surgeon in Medieval English Literature*, p. 2.

and receiving correction from him. However, as Citrome shows, the neat metaphor of the physical wound representing spiritual sins is blurred by the understanding within humoral theory that excessive or immoderate behaviour could itself induce many of the diseases that a surgeon might encounter. Ailments, in this sense, become ‘the physical inscription of sin upon the body, an earthly reminder of the fragmenting punishments that await the bodies of the damned [...] in the afterlife’, requiring the surgeon to take the role, like the priest, of a ‘disciplinary agent of God’.¹⁰⁴

Indeed, the abiding presence of medical tropes in confessional literature may be sourced to its presence in the *Omnis utriusque sexus* decree of the Fourth Lateran Council, which required that all who belonged to the Church (and had reached an appropriate age) should confess at least annually:

Let the priest be discreet and cautious, that he may pour wine and oil into the wounds of the one injured after the manner of a skilful physician [*more periti medici superinfundat vinum et oleum vulneribus sauciati*], carefully inquiring into the circumstances of the sinner and the sin, from the nature of which he may understand what kind of advice to give and what remedy [*remedium*] to apply, making use of diverse treatments to heal the sick person [*diversis experimentis utendo ad sanandum aegrotum*].¹⁰⁵

The presence of the medical metaphor, in this passage, emphasises how, at the point of its formal institution, confessional discourse was inscribed with a register indebted to medical knowledge and practice. Although, as mentioned in this thesis’s introduction, one object of Lateran IV was to privilege the power of the Church over that of physicians, the amenability of medicine to elucidate theology prevailed. Central to this alignment was the rhetorical symmetry between the opening of the material body by the

¹⁰⁴ Citrome, *Surgeon in Medieval English Literature*, p.11-12.

¹⁰⁵ *DDGC*, p. 570. Translation based on Schroeder’s in *DDGC*, p.260.

surgeon (to expel excessive and corrupt humours) and the confessor's eliciting of the subject's internal transgressions.¹⁰⁶ For the Lateran IV authors, and those of the ensuing penitential manuals, medical imagery could render comprehensible, the idea of the unseen, abstract space of the individual soul, infected by sin. Arderne's inversion is to re-appropriate the metaphor back into the medical context, as a way to stress the surgeon's purchase on the patient's spiritual health. At the point when other late medieval English religious and literary authors were incorporating medical language in their writings, Arderne can be seen to participate in this process. In this sense, he should not be seen as a 'secular' writer appropriating sacred discourse; rather, the generic concept of a discrete late medieval 'secular' mode of writing, in opposition to a sacred one, is undermined by the intertwining of medical and religious registers outlined here.¹⁰⁷

¹⁰⁶ On the role of confessional discourse in engendering subjectivity, see Michel Foucault, *The History of Sexuality: The Will to Knowledge*, trans. by Robert Hurley, Vol I (London: Penguin, 1998), and Karma Lochrie, *Covert Operations: The Medieval Uses of Secrecy* (Philadelphia: University of Pennsylvania Press, 1999), pp.13-25. See also Rabia Gregory, 'Penitence, Confession, and the Power of Submission in Late Medieval Women's Religious Communities', *Religions*, 3 (2012), 646-61.

¹⁰⁷ Indeed, a recent volume on secular critique shows that the problematising of the opposition between the sacred and the secular need not be confined to the Middle Ages. See Talal Asad, Wendy Brown, Judith Butler and Saba Mahmood, *Is Critique Secular? Blasphemy, Injury and Free Speech* (Berkeley, Los Angeles and London: University of California Press, 2009).



Fig.8: Owl. John Arderne's *Liber medicinalium*. 1400-1425. London, BL Sloane MS 56, f.54v.

Owls, Sin and Anal Bleeding

The perspective on Arderne and his writings, which I propose here, departs from the conventional view of his enclosure within the tradition of rational medicine. Employing a medical humanities methodology allows us to situate him within late medieval English vernacular culture, characterised by the circulation and overlapping of literary, religious and technical literature. Arderne is not an author whose distinctive qualities and idiosyncrasies are quirks impinging on an otherwise orthodox scholasticism; his variegated works absorb many of the moral and rhetorical features constitutive of his immediate culture. I have analysed an instance of this in relation to images of pruritus in the Stockholm Roll. The conditions most strongly associated with Arderne, those affecting the anus, are especially significant for the moral associations they evoke; such resonances are evident in his representations of these conditions.

One marginal image consistently featured in Arderne's *Liber* is that of a horned owl; this is typically positioned alongside a passage where Arderne describes rectal swelling (fig.8). The connection between the bird and the disease is made explicit in Arderne's description of the swelling, called *bubo*:

[B]ubo is ane aposteme bredyng wipin þe lure in þe longaon wip grete hardnes but litle akyng. Þis I sey byfore his vlceracion þat is noþing elles þan a hidde cankere, þat may noȝt in þe bigynnyng of it be knowen by þe siȝt of þe eize, for it is hid al wipin þe lure; And þerfore it is callid bubo, for as bubo, i.e. an owle, is a best dwellyng in hideles so þis sikenes lurkeþ wipin þe lure in þe bikynnyng, but after processe of tyme it vlcerate, & fretyng þe lure goþe out.¹⁰⁸

The term, ‘bubo’, signifying an ulcerated swelling, is also the Latin word for owl.

Arderne advances an explanation of their shared etymology by reference to their figurative associations: they are both connected with darkness and invisibility.¹⁰⁹

Arderne is participating in a longstanding tradition of associating the owl with sinfulness and horror. In his *Metamorphoses*, Ovid (c.43 BCE- c.17 CE) describes it in terms of foulness and impending evil;¹¹⁰ throughout the medieval period, further

¹⁰⁸ Arderne, *Treatises*, p.37.

¹⁰⁹ The encyclopedist, Isidore of Seville (c.560-636), claims that the horned owl (*bubo*) receives its name onomatopoeically from the nature of its call. See *The Etymologies of Isidore of Seville*, trans. by Stephen A. Barney, W.J. Lewis, J.A. Beach, Oliver Berghof (Cambridge and New York: Cambridge University Press, 2006), 12:7, l.29-46 (p.263). The term ‘bubon’ derives from the Greek word for groin, or a swelling in the groin. It appears that both words have separate etymologies. See ‘bubo, n.’, *OED* <http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/24087> [accessed 7 November 2014].

¹¹⁰ Ovid relates the story of the mythological figure, Ascalaphus, son of Acheron, who, on revealing that the goddess Proserpina ate a pomegranate in the underworld, is punished by the gods by being turned into an owl and condemned to Hades. See Ovid, *Metamorphoses*, trans. by Horace Gregory (New York: Mentor Books, 1960), V, 533-71.

negative traits were imputed to the owl, ‘ranging from death and evil to stupidity and sloth’.¹¹¹ Late medieval bestiaries added a specifically Christian dimension to this denunciation: a thirteenth-century English bestiary, held at the Bodleian library, links the owl’s filthiness and habit of roosting in its own excrement with the sinner who ‘brings all who dwell with him into disrepute through the example of his dishonourable behaviour’.¹¹² The association between the owl and excrement shows how the anal trope, which Arderne employs, was already present in the late medieval cultural imaginary. The analogising of the owl with the sinner in this bestiary is extended to incorporate anti-Jewish rhetoric: ‘This bird signifies the Jews, who, when our Lord came to save them, rejected Him [...], and preferred the darkness to the light’.¹¹³ As Mariko Miyazaki shows, the abundance of negative traits constellating around the owl in the later Middle Ages, particularly those pertaining to secrecy and excrement, made it an exemplary model in serving articulations of cultural or racial alterity.¹¹⁴ By relating the invisibility of the swellings in the rectum to the owl’s tendency to inhabit in

¹¹¹ Mariko Miyazaki, ‘Misericord Owls and Medieval Anti-semitism’, in *The Mark of the Beast: The Medieval Bestiary in Art, Life and Literature*, ed. by Debra Hassig (New York and Abingdon: Garland Publishing, 2000), pp.23-49 (p.27).

¹¹² *Bestiary: Being an English Version of the Bodleian Library, Oxford MS Bodley 764*, ed. by Richard Barber (Oxford: The Folio Society, 1992) p.149.

¹¹³ *Bestiary*, p.148.

¹¹⁴ See Miyazaki, ‘Misericord Owls’, pp.23-49, and Anthony Bale, ‘Fictions of Judaism in England before 1290’, in *The Jews in Medieval Britain: Historical, Literary and Archaeological Perspectives*, ed. by Patricia Skinner (Woodbridge: Boydell Press, 2003) pp.129-44 (pp.141-2).

‘hideles’, or secret, places, Arderne’s writing is invested in this figurative and condemnatory discourse, connecting the owl with maligned sinners and Jews.¹¹⁵

Arderne’s implicit link between an anal condition and anti-Jewish rhetoric is calibrated by the presence of an even more direct connection in late medieval culture between Jews and anal bleeding. Throughout the Middle Ages, Jewish men, in particular, were associated with frequent anal haemorrhaging. Such ideas may have originated in the biblical account of the bursting of Judas’s belly during his suicidal hanging. In any case, they were ‘exegetically linked to Jewish deicidal bloodguilt’.¹¹⁶ These myths, by the thirteenth century, had crystallised into an idea, promulgated by some, that Jews underwent a collective bleeding each Easter, usually through an anal ‘flux’, or discharge of blood, in commemoration of their killing of Christ. Bernard of Gordon lent rational authority to the myth in his *Lilium Medicinae*, attributing the blood loss to humoral excess arising from sedentary lifestyles and susceptibility to fear and anxiety.¹¹⁷ David S. Katz has shown how the belief developed into the idea of a male

¹¹⁵ For an exposition of Arderne’s employment of the owl image in an anti-Semitic context, see Anthony Bale, *The Jew in the Medieval Book: English Antisemitisms, 1350-1500* (Cambridge and New York: Cambridge University Press, 2006), p.21.

¹¹⁶ Willis Johnson, ‘The Myth of Male Jewish Menses’, *Journal of Medieval History*, 24:3 (1998), 273-295 (p.273). Johnson also claims it may have been influenced by the early Christian story of the heresiarch Arius dying from intestinal extrusion as punishment for his heretical teachings regarding the body of Christ (p.275).

¹¹⁷ See Irvn M. Resnick, ‘Albert the Great on the Talmud and the Jews’, in *Philosemitism, Antisemitism and ‘the Jews’: Perspectives from the Middle Ages to the Twentieth Century*, ed. by Tony Kushner and Nadia Valman (Aldershot and Burlington, VT: Ashgate, 2004), pp.132-54, and *Marks of Distinction: Christian Perceptions of*

menses;¹¹⁸ this was ‘added to the list of Jewish physical peculiarities’ that were employed by writers, preachers, commentators and illustrators to naturalise claims of Jewish otherness.¹¹⁹

Late medieval narratives linking excessive anal bleeding with moral or racial alterity abound. Many re-envision the spilling of Judas’s intestines during his hanging as an anal flux. In the account of his suicide in the thirteenth-century hagiographical collection, *The South English Legendary*, there is a particular focus on the symbolic aspects of this incident:

His wombe tobarst amydde atwo þo he scholde deyze
 Hys gottes volle to grounde þat monymon hyt yseyze
 Þer wende out þe luþer gost ate mouþe he ne myzte
 Vor he custe er oure Louerd þer wyþ myd vnryzte
 Nou suete Louerd þat þoru Iudas isold were to þe treo

Jews in the High Middle Ages (Washington D.C., CUA Press, 2012); Sander L. Gilman, *Jewish Self-Hatred: Anti-Semitism and the Hidden Language of the Jews* (Baltimore: John Hopkins Press, 1986) pp.74-5; Luke E. Demaitre, *Doctor Bernard de Gordon*, p.9. The discussion on Jewish bleeding occurs in Bernard’s *Lilium Medicinae* (Lyon: G. Rouillium, 1550), 5.21, f.77.

¹¹⁸ David S. Katz, ‘Shylock’s Gender: Jewish Male Menstruation in Early Modern England’, *The Review of English Studies*, 50:200 (1999), 440-462 (p.449). Bernard of Gordon’s explanation of Jewish bleeding in terms of a need to shed excessive humours echoes standard late medieval medical explanations of female menstruation. See Katz, pp.442-7.

¹¹⁹ Katz, ‘Shylock’s Gender’, p.454.

Schulde ous fram þe luþere stude þat we weneþ he inne beo (141-6).¹²⁰

The physical spilling of Judas's guts also constitutes the expulsion of his evil spirit or 'luþer gost'. The statement that this cannot emerge through Judas's mouth, because he has kissed Christ, invokes an antithesis suggesting that 'wombe' here refers to the rectum (as it was sometimes employed).¹²¹ The twelfth-century compilation of exegetical Biblical commentary, the *Glossa Ordinaria*, in its commentary on the account of Judas's death in the canonical Acts of the Apostles, insists on the anal exit, particularly because of its symbolic contrast with the mouth:

The bowels [...] which were the seat of deceit, were burst by so great a crime that they were unable to contain themselves. Fittingly, then, through the seat of fraud the bowels were poured out, not through the place of the kiss - the mouth with which Jesus was kissed, though with foul intent - but through another place, by which the poison of hidden malice had entered.¹²²

In both accounts, Judas's fraudulent kiss of Christ has unintentionally privileged his mouth as a sacred site because of its tactile encounter with Christ, implying that the mouth would otherwise be the preferred site of expulsion. The anus works here as a kind of anti-mouth, its foulness befitting the expulsion of the fraudulent spirit. The anal flux acts in a similar way to visualise heretical punishment: in the *vita* of St. Hilary, in

¹²⁰ 'Judas', *SEL*, Vol. II, pp.692-7. Line numbers are cited in the text. This account is found in Cambridge Corpus Christi College MS 145.

¹²¹ 'womb(e), n.' (6a). <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED53355> [Accessed 7 November 2014]. For an example of the use of womb to refer to the rectum, see Arderne, *Treatises*, p.77.

¹²² *Biblia Sacra cum Glossa Ordinaria et Expositionibus* (Lyon: Gaspar Trechsel, 1545) Vol. VI, 165v. Quoted in Johnson, 'Myth of Male Jewish Menses', p.279.

Jacobus de Voragine's (c.1230-c.1298) hagiographical collection, the *Legenda Aurea*, Hilary is described attending a papal counsel where he challenges the heretical views of Pope Leo.¹²³ After Hilary confronts Leo, the pope promises to punish him, but provisionally leaves the room to relieve himself. The *Gilte Legende*, a mid-fifteenth-century Middle English translation of the *Legenda Aurea*, describes the scene: 'And as the pope went to ese hymself he pershed by a sodein flixe in puttyng oute alle his bowelles and so he ended his lyff cursedly'.¹²⁴ The disorder of heresy is both manifested and punished by the sudden and fatal discharge of the Pope's bowels.

The evocation of anal discharge in edifying accounts of the punishment of sin or the identification of foreignness is thus a distinct feature of late medieval religious and moral discourse. Arderne's employment of the images and description of the owl implicitly calls up such resonances in relation to rectal swelling, and his late medieval readership would have recognised such a range of associations. He goes on to discuss its effects, describing how it eventually proves fatal as a result of the patient's continuous defecation: at this point, 'it may neuer be cured wiþ mannes cure but if it plese god, þat made man of noȝt, for to help wiþ his vnspekeable vertu'.¹²⁵ For Arderne, the anal flux is ultimately a question of divine providence and the operations of its mysterious 'vertu'. Whilst this condition features in a text outlining the causes, diagnosis and cures of illnesses and diseases, its moral and cultural investments are threaded through its

¹²³ Although this *vita* refers to Hilary of Poitiers (c.300-c.368), Pope Leo I (c.400-461) was born a century after Hilary. The heresy quarrel might refer to Hilary of Arles's (c.403-449) power struggles with Leo I suggesting that Hilary of Poitiers *vita* conflates the lives of the two men.

¹²⁴ Jacobus de Voragine, 'St. Hilary', *GL*, Vol. I, p.92.

¹²⁵ Arderne, *Treatises*, p.37.

representation. Although the overlap between medieval medicine and religion is often acknowledged by historians, there remains a need to situate medical texts in relation to their wider cultural contexts. The readings of Arderne's writings, advanced in this chapter, focusing on their construction of an authorial persona, their mobilisation of pietistic utterances and their moral investments, comprise such an endeavour. The adoption of a medical humanities perspective encourages an approach that avoids bracketing medicine as a discrete enterprise, tracing instead the discursive and rhetorical intersections between various fields of knowledge.

CHAPTER TWO

Performing Illness: The Figure of the Patient

An ordinance issued by the short-lived conjoint Guild of Surgeons and Physicians, set up in 1423 to help both professional bodies gain a monopoly on medical treatment in London, stipulates that its members may ‘ne do no þing be way of Medicyne to no paciente by þe whiche it is like to hym, or doubte, þat þe paciente myght stande in perelle’.¹ Surgeons, in particular, are commanded to ensure that any invasive procedure is sanctioned beforehand by two masters of surgery ‘for saluacion of þe paciente and worship of þe Crafte of Cirurgy’.² The document outlines ‘þe paciente’ as vulnerable and at the mercy of illicit practitioners. In regulating the activity of medical professionals, the guild affirms its protective and authoritative role through its concerns for the health of the patient. The privileging of the patient’s welfare reflects this figure’s importance to the guild’s efforts to establish professional legitimacy and overcome charges of ineptitude, particularly against surgeons.³ These concerns thus lead to a

¹ ‘The Ordenaunce and Articles of Phisicians withinne þe Cite of London and Surgeons of þe same Cite’, in *A Book of London English 1384-1425*, ed. by R.W. Chambers and Marjorie Daunt (Oxford: Clarendon Press, 1931) pp.108-15 (p.111).

² ‘Ordenaunce and Articles’, p.111.

³ For reference to popular material condemning medical practice and practitioners, see Linda Ehrensam Voigts, ‘Herbs and Herbal Healing Satirized in Middle English Texts’, in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honour of John M. Riddle*, ed. by Ann Van Arsdall and Timothy Graham (Farnham and Burlington, VT: Ashgate, 2012), pp.107-52.

configuration of the patient in terms of two characteristics: he is in ‘perelle’; yet, through licensed treatment, he may receive ‘saluacion’.

The religious connotations of the language in the guild’s ordinance reflect the spiritual dimensions inherent in the term, ‘the patient’. The word is etymologically grounded in the Latin verb *patī*, to suffer, and this informs the meaning of the adjective, patient, or *patiēns*, describing the qualities of calmly enduring or willing to bear suffering, as well as those of tolerance or forbearance. The word circulated in Latin throughout the post-classical period, usually denoting a ‘person who endures’, in line with the promotion of patience as a virtue in classical philosophy, Scripture and early-Christian theological works.⁴ This meaning persisted in the word’s Middle-English (and Anglo-Norman) derivative ‘pacient(e)’ but was supplemented with other meanings: it denoted one who receives correction or discipline; more generally, it described a passive recipient of an action; and (more familiarly today) it referred to a sick person.

The earliest use of the noun recorded in the *Middle English Dictionary* is Chaucer’s reference to the Physician’s encounters with his patients in the Prologue to *The Canterbury Tales*.⁵ The usual terms employed to describe the person under the physician’s or surgeon’s care in Latin texts prior to the fourteenth century was *aegrotus* or *aegrota*, ‘sick man’ or ‘sick woman’. This began to be alternated in medical writings in Latin, from the fourteenth century, with the term ‘patiente’ (for example, Guy de

⁴ ‘patient, adj. and n.’, *OED*

<http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/138820?rskey=D8YNCL&result=1&isAdvanced=false> [accessed 29 October 2014].

⁵ ‘pacient(e), n.’, *MED* <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED32142> [accessed 29 October 2014].

Chauliac employed it in his widely-circulated Latin surgical treatise).⁶ The adoption of the term by Middle English writers was widespread in late fourteenth- and early fifteenth-century translations of continental surgical treatises, as well as original works in the vernacular. What the term, the patient, offered late medieval vernacular medical writers was an understanding of the sick person, not just in terms of his injured or diseased state, but in the context of a formal and reciprocal relationship with a physician or surgeon: one became a patient by placing oneself under the auspices of a practitioner.⁷ In line with the behaviour expected of the subject in this encounter, the patient-category was idealised as incorporating the display of fortitude, particularly in the face of the pains and discomforts of surgery, and submission to the authority of the practitioner. The quintessential patient was seen as demonstrating the virtue of patience.

Whilst the history of the patient is one that has received much attention by medical historians over the past thirty years, the figure of ‘the patient’ continues to be invoked as a natural or universal concept with little or no critical attention paid to its emergence, or its status as a cultural construct.⁸ In this chapter, I examine the rhetorical

⁶ *Chirurgia magna Guidonis de Gualiaco* (Lugduni: Tinghi, 1585), pp.164, 193, 236, 241, 288, 312, 339, 350, 385.

⁷ I employ the masculine pronoun to refer to the patient to reflect the way that this figure is gendered as male; this is a key part of my argument in this chapter.

⁸ Roy Porter’s seminal studies of early modern patients influenced subsequent studies that focus on the power disparities felt by ill patients in clinical encounters, as well as the different social and cultural milieus patients and practitioners often inhabit. See Porter, *Patients and Practitioners* and ‘The Patients’ View’, pp.167-74. See also L. Stephen Jacyna and Stephen T. Casper, eds., *The Neurological Patient in History*

deployment of the patient in Middle English texts, and I chart the specific indices of the term within that culture. I analyse incarnations of this figure in romance and religious, as well as surgical, texts. I argue that the patient, as represented in late medieval writings, is not particular to the medical sphere but is informed by ideological understandings of, and responses to, suffering and illness pervasive in the wider culture. Whilst the patient's delineation in medical texts may have reflected the professional and specific motivations of fourteenth- and fifteenth-century medical authors and compilers, its textual formulation is not simply a reflection of encounters between practitioners and medical subjects; the representation of the patient, in such accounts, generates instead an idealised conception of the figure of the medical subject. This figure emerges through an intertextual matrix comprising medical, religious and literary texts. My analysis of the cultural representation of the patient informs my argument that the patient is a rhetorically constructed category rather than a historically contingent one.

Suffering and Submission

Representations of the patient in English medical literature of the fourteenth and fifteenth centuries constituted an etymological narrowing of the category as it became a functional term (as we would recognise it today), specifically describing the subject of medical treatment. To what extent, if any, did the patient retain the spiritual or virtuous

(Rochester, NY and Woodbridge, Suffolk: University of Rochester Press, 2012); Lilian R. Furst, *Between Doctors and Patients: The Changing Balance of Power* (Virginia: University Press of Virginia, 1998); Helen Roberts, *The Patient Patients: Women and their Doctors* (London and Boston: Pandora Press, 1985); Toombs, *The Meaning of Illness*.

features of the term, *patience*, in Middle English surgical and other literature? More specifically, what was amenable about the appellation that it became the preferred one to delineate the medical subject? The strong emphasis on deontology, or the practitioner's ethical behaviour, in scholastic medical works evinces the importance of the patient to the professional success of the practitioner. Indeed, it makes clear that the practitioner's successful execution of good behaviour and etiquette was as important to his practice as prognosis, diagnosis and treatment. Furthermore, the importance of the 'non-naturals' in engendering health, including regulation of the passions and emotions, meant that a calm and trusting patient would be understood as a healthier one.⁹

Medical historians have debated the issue of Church influence upon the ethical advice in late medieval medical treatises. This debate has been particularly fuelled by consideration of the edict by the Fourth Lateran Council of 1215, which stipulated that physicians should call for a priest before commencing any medical treatment on a patient.¹⁰ Darrel Amundsen, on the one hand, argues that late medieval physicians followed this injunction faithfully and points to its insertion in a number of post-Lateran medical treatises.¹¹ On the other hand, Michael McVaugh refers to the edict's frequent reiteration in fourteenth-century religious decrees, to suggest that it was resisted by physicians. He argues that the inclusion of the papal instruction in some treatises was more a case of authors paying 'lip service' to the decree than displaying any sustained commitment to it.¹² McVaugh's speculation is here embedded in a wider argument that

⁹ Siraisi, *Medieval and Early Renaissance Medicine*, p.101.

¹⁰ *DDGC*, p.263.

¹¹ Amundsen, 'The Medieval Catholic Tradition', pp.65-107.

¹² McVaugh, *Medicine before the Plague*, p.171.

insists on a firm distinction between the views of physicians, grounded in scholastic, rational medicine, and those of the Church establishment: ‘Concern for their patients’ mental outlook left practitioners uncomfortable with the Church’s insistence [...] that they admonish the sick to confess their sins to a priest before they begin to treat them. [...]. Doctors felt more concern about their patients’ physical than their spiritual health’.¹³

However, the coordinates of this debate, predicated on the question of the extent to which physicians incorporated religious edicts in their treatment, ignores more fundamental ways in which spiritual and medical modes overlapped in medieval culture. Whilst one can debate the level of influence of specific edicts or social pressures on medical practitioners, the dynamic relationship between late medieval medicine and Christianity is revealed most potently at the level of language, beyond any putative concerns of medical practitioners or others. The cultural valences of, in this case, the figure of the patient problematise the idea that medical texts evince any clear distinction between what we would recognise as the ‘physical’ and the ‘spiritual’, the medical and the religious. Today, our appreciation of the spiritual connotations of a word like ‘patient’ may be greatly diminished; yet, the recitation of the virtue of patience in myriad writings and sermons suggests that late medieval readers would have implicitly recognised its religious resonances, and would have been unlikely to distinguish comprehensively between the patient as a spiritual or a physical entity.

Indeed, the spiritual qualities indexed by the term, comprising sufferance and fortitude, was one way to shore up the claims to authority made by practitioners in late medieval England. One anonymous author writing in a surgical treatise instructs his

¹³ McVaugh, *Medicine before the Plague*, p.171.

reader that ‘þou must be as priuy as a confessour of þat þou seest or herist in þe patientis hous’.¹⁴ This advice maps the priest-penitent relationship onto the practitioner-patient one. Although the responsibilities of the practitioner are foregrounded, the patient is implicitly invoked in terms of illicit activities, and a moral imperative to submit to the surgeon’s authority. The need for the patient to be willing to undergo pain during the surgical encounter is also couched in moral terms in the fifteenth-century Middle English translation of Guy de Chauliac’s *Chirurgia Magna*. Guy contrasts the ‘vnboxom pacient’, one who is unable to accept suffering, with the qualities of the ideal one:¹⁵

The condiciouns þat beeþ required in þe seke man beeþ thre: þat he be obedient to þe leche as a seruaunt to his loorde [...], þat he triste wel on the leche [...], þat he be pacient or suffrynge in hymself, for pacience ouercometh malice, as it is saide in anoþer scripture.¹⁶

The application of the relationship between servant and lord to that of patient and practitioner reverses the orthodox social hierarchy where the typically aristocratic, male patient maintained superiority over the medical practitioner. The moral efficacy of this obedience is signalled by reference to Guy’s proverb that ‘pacience ouercometh malice’: the sufferer’s acceptance of the hardships of surgery, as well as the socially meek role of the patient, is seen as an intrinsic part of his overcoming of sickness or ‘malice’. The mention that this is a condition of the patient’s receipt of treatment shows an implicit coalescence between the idea of the patient-figure and the virtue of patience.

¹⁴ London, Wellcome MS 564, f.57v.

¹⁵ Guy de Chauliac, *Cyurgie*, p.3.

¹⁶ Guy de Chauliac, *Cyurgie*, p.13.

The typical construction of the hypothetical patient in such texts as male underlines the efforts of practitioners to establish professional success and legitimacy. Although women appear in some case histories by surgeons such as John Arderne, they are usually far outnumbered by men.¹⁷ Thus women had ‘a place in the masculinised world of literate medicine. But it was not an equal one’.¹⁸ Certainly, the model of the ideal patient in late medieval medical texts is gendered as male.

The idealisation of the patient in terms of his spiritual significance is made clear in the detailed and precise instructions given by the thirteenth-century oculist, Benventus Grapheus [aka Benventus Grassus] of Jerusalem, in his references to the interaction between patient and practitioner.¹⁹ A fifteenth-century Middle English

¹⁷ All of the patients in Arderne’s list of anal fistula sufferers are male.

¹⁸ Monica Green, *Women’s Medicine*, pp.117.

¹⁹ Although Benventus’s writings were circulated throughout Europe, there is no biographical information available apart from his self-references in his treatise on ophthalmology, *De Probatissima Arte Oculorum*. He is referred to in one edition of his text as *Benvengut de Salern*, raising the possibility that he was associated with the medical school at Salerno. See Benjamin Kedar, ‘Benvenutus Grapheus of Jerusalem: An Oculist in the Era of the Crusades’, *Korot: The Israel Journal of the History of Medicine and Science*, 11 (1995), 14-41 (p.34). However, the manuscripts which include his writings do not include the heavy marginal glosses typical of a university textbook. Although he does demonstrate knowledge of scholastic works, it is not comprehensive. See L.M.Eldredge, ‘Introduction’, in *The Wonderful Art of the Eye: A Critical Edition of the Middle English Translation of his De probatissima arte oculorum*, ed. by L.M. Eldredge (East Lansing: Michigan State University Press, 1996),

translation (and commentary) of his treatise on ophthalmology, entitled *De probatissima arte oculorum*, includes a description of how the practitioner should prepare for an operation for the removal of a cataract with a needle.

And when he hath youen the pacyent purgacioun, on the day next foloyng abowt ix of the klok whyle he is fastyng do hym sitte ouerthwart [a forme], rydyng-wyse; and sytte you also on the stoke yn lyk wyse face to face. And do the pacyent to holde the hole eye cloos with hys oon hande, and charge hym that he syt stydfastly styl and styre not. And þen blysse the and begyn thy craft in the name of Ihesu Cryste.²⁰

The delicacy of the operation is underscored in Benventus's precise instructions outlining the time of day the operation should take place, and the posture of both patient and practitioner, sitting across a bench facing each other. The practitioner's control over the patient is emphasized by the author's injunction that the surgeon 'do' (command), or

p.5. Whilst historians have in the past assumed that he was a Jew who converted to Christianity, this is treated with scepticism by modern historians. For discussion of this, see Kedar, 'Benventus Grapheus', pp.32-4, and Eldredge, 'Introduction', pp.4-5.

²⁰ Benvenutus Grassus, *The Wonderful Art of the Eye: A Critical Edition of the Middle English Translation of his De probatissima arte oculorum*, ed. by L.M. Eldredge (East Lansing: Michigan State University Press, 1996), p.54. This is an edition of a version held at Glasgow, Hunterian Museum MS 513 (V.8.16). It is one of four manuscripts of Middle English translations of the treatise. The others are Oxford, Bodleian Library, MS Ashmole 1468; Glasgow, Hunterian Museum, MS 503 (V.8.6); London, BL Sloane MS 661. In Ashmole 1468, the treatise is accompanied by Guy de Chauliac's surgical treatise; in Hunterian MS 513, it precedes an antidotary and the writings of Pseudo-Hippocrates; Sloane MS 661 forms part of a seventeenth-century physician's notebook. See Eldredge, 'Introduction', pp.20-30.

‘charge’, the patient to put himself in a position conducive to the efficacy of the operation. This authority is made clear through the alliterative and tautological instruction: ‘charge hym that he syt stydfastly styl and styre not’. The idea of the patient that is drawn here is that of a submissive and passive subject, characterised through stillness. Once the patient is sitting motionless in the desired position, the practitioner’s authority is consolidated by his ritualistic blessing and invocation of Christ. In preparation for the operation, the patient has been commanded to fast and has been given purgatives to cleanse the body of excess humours. Although this pre-operative advice was typical and informed by humoral theory, the mention, in this passage, that the practitioner undertakes his operation in Christ’s name, invests these facets of the operation with religious and ritualistic underpinnings.

The profession of the surgeon’s physical and spiritual authority is maintained in the instructions of the patient’s aftercare. Benventus tells his reader that the patient must lie with a plaster applied to his sore eye.

And do hym lye down in hys bed wyde opon ix days. After charge hym that he ster not hys eye all that tyme. And thryys yn the day and tryys yn the nyght, remeue the playster. And he to [to] lye yn a derke house.[...] When the ix days ar past, make on the eye a tokyne of the crosse and let hym ryse vp and wasche wele hys face and hys eyon wyth fayr colde water. And after that doo hys occupacion that he hath to doon.²¹

The patient remains subject to the dictates of the practitioner and is, in this wise, characterised again by stillness and recumbence as he lies in a dark house. The mention that the sequestration should take place over nine days establishes a symbolic correspondence with the ninth hour, the time the operation is meant to take place. The accumulation of Benventus’s direct commands to his surgeon-reader, delivered through

²¹ Benventus Grassus, *De probatissima arte oculorum*, p.55.

short, punchy, heavily co-ordinated sentences, adds to the description's ritualistic aura. The conclusion of the patient's quarantine is, like the ending of the operation, marked religiously, this time with the surgeon making the sign of the cross over the eye. After the patient has risen and washed his eye, he is ready to shed himself of his patient-status and return to 'doo hys ocupacion that he hath to doon'. Therefore, the end of the operation is outlined in terms of the patient's resumption of his masculine (and possibly powerful) identity, paralleling his shift from a horizontal and prone position to a vertical one. The adoption of a Christian discourse, framing Benventus's directions pertaining to the operation and its aftercare, works to construct the practitioner as a spiritual authority-figure and the patient as one who is undergoing a spiritual, as well as a physical, cure.

The blending of Christian beliefs and gestures with medical practice in Benventus's text outlines the patient according to specific factors: he is submissive, sequestered and his cure is engendered through a combination of the surgeon's skill and God's grace. The patient is seen to embody the qualities of submission and resolution, and he enacts them in a series of ritualistic gestures. The authorial motivation for drawing the patient in this particular way may be rooted in the desire for professional legitimacy or institutional necessity. Whatever the intention, the patient emerges, in this text, through the adoption of a particular register, incorporating the blending of medical and religious languages, and embedded in ideas and ideals of suffering germane to the wider culture.²²

²² On the possible influence of Benventus on Chaucer, see James M. Palmer, 'Your Malady is no "Sodeyn Hap": Ophthalmology, Benventus Grassus, and January's Blindness', *The Chaucer Review*, 41:2 (2006), 197-205.

Such figurations do not *reflect* the reality of the medical encounter so much as *construct* it. This perspective problematises the idea of reciprocity as outlined, for instance, by Kirk L. Smith, in his discussion of the relationship of trust between patient and practitioner:

The physician's specific morality had somehow to be linked to his specific function and to those occasions when the patient was formally subject to medical knowledge and skill. Eventually, this would lead to the profession's submission to the fiduciary standard, i.e., the bond of implicit trust established between the caregiver and the recipient of care.²³

In this exchange, the physician would demonstrate his superlative knowledge and morality to gain the patient's trust; in turn, the patient would submit his body to the authority of the physician. McVaugh makes a similar point arguing that, at the beginning of the relationship with a patient, the physician had to 'convince his patients that he knew something they did not [...] and that they should concede him authority and power over them in treatment'.²⁴

Whilst such reciprocity may well have been a feature of healing encounters, it is important to acknowledge the way that the practitioner-patient relationship was textually inscribed: our knowledge of this relationship derives principally from the way it is configured in the deontological sections of medical treatises. The patient, in late medieval texts, is not representative of a 'real', fully-formed subject, approaching the encounter with a practitioner as an equal stakeholder. Instead, the medical subject emerges from within the medical (or other) text and this figure establishes the

²³ Kirk L. Smith, 'False Care and the Canterbury Cure: Chaucer Treats the New Galen', *Literature and Medicine*, 27:1 (2008), 61-81 (p.70).

²⁴ McVaugh, *Medicine before the Plague*, pp.166-7.

lineaments to which the actual bodies of sufferers were meant to conform. The patient is summoned through the cumulative writings of medical authorities and pre-inscribed with the qualities of sufferance, fortitude and a willingness to submit to the authority of the practitioner, as a penitent would to a confessor. In this wise, the patient retains the spiritual capabilities, invested in the term's etymology, but is, in its medical configuration, divested of their heterogeneous features. Whereas those who were typically imagined as 'patient' sufferers in the Christian economy were often the poor and those who were morbidly sick, the hypothetical patient in the deontological sections of medical treatises is, as mentioned above, powerful, aristocratic and male. The spiritual benefits offered to this patient may thus be seen as compounded by the social reversal that accompanies his (provisional) transformation from powerful aristocrat to passive patient.

Lovesick Gestures

The stylised depictions of the patient, in Benventus's treatise, assuming various postures and receiving spiritual blessings, whilst the surgeon cuts into his eye, invoke the fortitude and deferential mien of sufferers in other contemporary literature. The medical patient is not an isolated figure, confined to the specifics of the medical encounter; he is, rather, in dialogue with a variety of ailing figures in other kinds of writings. Romance texts typically represent amatory desire through the figure of the aristocratic male, adopting a range of codified gestures whilst pining for his beloved. Indeed, there is an explicit connection between the medical patient and the romance hero, in that they are both ill: lovesickness, or *amor hereos*, was recognised in medical scholastic texts as an ailment, which could be treated medically. The writings of Constantinus Africanus, the

Benedictine monk responsible for much of the transmission of Arabic medicine into the Western canon, greatly informed medical perspectives towards *amor hereos* and the idea of the lovesick patient. One chapter of his *Viaticum peregrinatis*, a Latin translation of an Arabic medical handbook, is devoted to lovesickness and includes rational explanations for the excessive feelings and torpidity wrought by this condition.²⁵ The influence of Constantinus's description of *amor hereos* is evinced in subsequent references to the condition by some of the most prominent European scholastic authors, including Gerard of Berry (*fl.*1180-1200), Arnaldus de Villanova (*c.*1240-1311), Bernard of Gordon and John Gaddesden (*d.*1361).²⁶ Such accounts described it as arising from an accumulation of hot and dry humours and as generating a 'sexually stimulating heat'.²⁷ Symptoms could pertain to the body, as well as the mind, and

²⁵ The *Viaticum* was a liberal translation of a medical treatise by the Arabic physician, Ibn al-Jazzar (*c.*895 – *c.*979). Ibn's text, drawing on his views of lovesickness from numerous classical and Arabic authorities including Galen and Rufus of Ephesus (*fl.*100 CE), categorised it as a disease of the head. See Mary Wack, *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990), pp.182-5; John Livingston Lowes, 'The Loveres Maladye of *Hereos*', *Modern Philology*, 11:4 (1914), 491-546 (pp.513-16 and 517-20); Carol Falvo Heffernan, *The Melancholy Muse: Chaucer, Shakespeare and Early Medicine* (Pittsburgh, PA: Duquesne University Press, 1995), pp.66-94; Michael R. McVaugh, 'Introduction', in *Tractatus de amore hereoico. Arnaldi de Villanova: Opera medica omnia*. Vol. III (Barcelona: Edicions de la Universitat de Barcelona, 1985), pp.11-39 (pp.14-15).

²⁶ Lowes, 'Loveres Maladye', pp.495-507.

²⁷ Wack, *Lovesickness*, p.98.

included anxiety, confusion, dry and sunken eyes, loss of appetite, sallow skin and a disordered pulse.²⁸

This medical view of erotic desire informs the representation of the lovesick patient in romance literature. In Geoffrey Chaucer's 'The Knight's Tale', the exiled Arcite pines in Thebes for his beloved, Emelye, ensconced in her garden in Athens. Chaucer's description of the extreme bodily and mental effects of his longing incorporate the typical symptoms of *amor hereos*, outlined in medical treatises:²⁹

His slep, his mete, his drynke, is hym biraft,
 That lene he wex and drye as is a shaft;
 His eyen holwe and grisly to biholde,
 His hewe falow and pale as asschen colde,
 And solitarie he was and evere allone,
 And waillynge al the nyght, makynge his mone;
 And if he herde song or instrument,
 Thanne wolde he wepe, he myghte nat be stent.
 So feble eek were his spiritz, and so lowe,
 And chaunged so, that no man koude knowe

²⁸ See, for instance, the account of lovesickness by Gerard of Berry, *Glosses on the Viaticum*, in Wack, *Lovesickness*, pp.199-205. See also O'Boyle, *Art of Medicine*, p.122.

²⁹ On the representation of lovesickness in 'The Knight's Tale', see D.W Robertson, *A Preface to Chaucer: Studies in Medieval Perspectives* (Princeton: Princeton University Press, 1962), pp.145-60; Massimo Ciavolella, 'Mediaeval Medicine and Arcite's Love Sickness', *Florilegium*, 1 (1979), 222- 41; Edward C. Schweitzer, 'Fate and Freedom in "The Knight's Tale"', *Studies in the Age of Chaucer*, 3 (1981), 13-45; Jamie C. Fumo, 'The Pestilential Gaze: From Epidemiology to Erotomania in *The Knight's Tale*', *Studies in the Age of Chaucer*, 35 (2013), 85-136; Jacqueline Tasioulas, "'Dying of Imagination" in the First Fragment of *The Canterbury Tales*', *Medium Aevum*, 82:2 (2013), 213-35.

His speche nor his voys, though men it herde.
 And in his geere for al the world he ferde
 Nat oonly lik the loveris maladye
 Of Hereos, but rather lyk manye,
 Engendred of humour malencolik
 Biforen, in his celle fantastic.³⁰

Whereas the depiction of lovesickness in terms of physical and behavioural alterations is common in romance narratives, Chaucer's extended list of symptoms, in this passage, makes explicit its grounding in contemporary medical learning. The mention of 'hereos', along with the mania it causes (located in the front cell of the brain, which, it was believed, controls the imaginative faculty), conveys not only the effects of lovesickness but also gestures to an intricate knowledge of its internal, physiological causes. However, in 'The Knight's Tale' and romance narratives, more generally, this medicalised lovesickness is subsumed in the capacious narrative of courtly love. Thus, although the cousins, Palamon and Arcite, suffer the physical and mental effects resulting from their mutual love of Emelye, their submission to the rules of martial combat, as well as their exclusive allegiance to, and idealisation of, her, exemplify this highly regulated and codified doctrine of love.³¹ Because the courtly lover was meant to

³⁰ *The Canterbury Tales*, in *RC*, I, 1361-76. Quotations from the *Canterbury Tales* will be hereafter cited by fragment and line number in the text. Whilst Chaucer's source for 'The Knight's Tale', Giovanni Boccaccio's *Il Teseida*, provides a similar list of lovesick ailments, it does not include the references to *amor hereos* or the imaginative cell in the brain. See Giovanni Boccaccio, *The Book of Theseus: Teseida delle nozze d'Emilia*, trans. by Bernadette Marie McCoy (Sea Cliff, NY: Teesdale Publishing Associates, 1974), Book IV, lines 26-29.

³¹ Ideas pertaining to courtly love in the later Middle Ages were indebted to Ovid's (43 BCE – 17/18 CE) mock-serious works *Ars amatoria* and *Remedia amoris* and Andreas

suffer for his lady, the medicalised perspective of love could be accommodated within the idea of courtly love. However, its formal and performative dimensions could also be held in tension with the medical perspective and its privileging of bodily imperatives.

Capellanus's (fl.1180-1190) *De amore*. For a collection of classical and medieval works germane to the development of courtly love, see *The Courtly Love Tradition*, ed. by Bernard O'Donoghue (Manchester: Manchester University Press, 1982). For debates on the accuracy of critical understandings of courtly love, particularly arising from C.S. Lewis's, *The Allegory of Love: A Study in Medieval Tradition* (London: Humphrey Milford, 1938), see D.W. Robertson, Jr., 'Courtly Love as an Impediment to the Understanding of Medieval Texts', in *The Meaning of Courtly Love: Papers of the First Annual Conference of the Center for Medieval and Early Renaissance Studies, State University of New York at Binghamton, March 17-18, 1967*, ed. by F.X. Newman (Albany: State University of New York Press, 1968), pp.1-18; Henry Ansgar Kelly, *Love and Marriage in the Age of Chaucer* (Ithaca, NY and London: Cornell University Press, 1975); Roger Boase, *The Origin and Meaning of Courtly Love: A Critical Study of European Scholarship* (Manchester: Manchester University Press, 1977); R. Howard Bloch, *Medieval Misogyny and the Invention of Western Romantic Love* (Chicago and London: University of Chicago Press, 1991); Jacquart and Thomasset, *Sexuality and Medicine*, pp.87-115. For more recent appraisals of courtly love and its debates, see Sarah Kay, 'Counts, Clerks and Courtly Love', in *The Cambridge Companion to Medieval Romance*, ed. by Roberta L. Krueger (Cambridge and New York: Cambridge University Press, 2000), pp.81-96; James A. Schultz, *Courtly Love, the Love of Courtliness and the History of Sexuality* (London and Chicago: University of Chicago Press, 2006); Jennifer G. Wollock, *Rethinking Chivalry and Courtly Love in the Middle Ages* (Santa Barbara: Praeger, 2011).

This taut discursive relationship is itself interrogated in Chaucer's *Troilus and Criseyde*. In one telling exchange between the love-struck Troilus and Pandarus, his fickle or self-serving advisor, the rupture between the patient's internal experience of illness and its manifestation is asserted. Arranging a first meeting between Troilus and his beloved, Criseyde, at the house of Deiphebus (Troilus's brother), Pandarus encourages Troilus to feign illness so that he can retire to a private chamber, and so help orchestrate the private encounter. Troilus responds:

Quod Troilus, 'Iwis, thow nedeles
 Conseilest me that siklich I me feyne,
 For I am sik in earnest, douteles,
 So that wel neigh I sterve for the peyne'.
 Quod Pandarus, 'Thow shalt the bettre pleyne,
 And hast the lasse need to countrefete,
 For hym men demen hoot that men seen swete'.³²

Troilus's affirmation, 'I am sik in earnest', is undercut by Pandarus's positive reply that this will enable Troilus better to perform his sickness (by this he means that the symptoms of Troilus's secret lovesickness will be enough to convince the household that he has a fever). Pandarus understands that it is the pose of sickness, not its physical reality, which is most important in advancing Troilus's cause of winning Criseyde. His aphorism, 'for hym men demen hoot that men seen swete', insists that bodily signs can reveal internal, subjective symptoms. However, the fact that Pandarus is encouraging

³² *Troilus and Criseyde*, in *RC*, Book II, 1527-33. Book and line number from *Troilus and Criseyde* are cited parenthetically hereafter.

Troilus to ‘countrefete’ his condition indicates its emphasis: it is not simply that those who sweat *are* hot, but that men *deem* it to be so.³³

The articulation of lovesickness through gestural efficacy is a key feature of the gender dynamics central to courtly love. One of its central tropes, that of the female exerting sexual power over the pining and servile knight, suggests a corresponding reversal of late medieval gender hierarchies. But the configuration of lovesickness as a disease almost exclusively suffered by young, aristocratic males implies that this reversal remains oriented towards emphasising male dominance.³⁴ Mary Wack and Dana E. Stewart both argue that, in romance narratives, subjectivity was usually denied to the lady and that she was instead accorded the role as passive functionary for the expression of male desire.³⁵ Wack notes that ‘*Amor hereos* mediated between a

³³ Pandarus’s advice to Troilus to feign illness echoes the biblical account of Amnon’s desire for his half-sister, Tamar in the Book of Kings; Amnon’s friend, Jonadab, counsels him to pretend he his ill and to send for Tamar to care for him (*WB*, 2 Kings 13.1-6). A duplicitous perspective towards lovesickness can also be found in an Old French translation of Ovid’s *Ars amatoria*, where the lover is advised to feign the signs of lovesickness whilst claiming that he is close to death. See, *L’Art d’amours*, trans. by Lawrence B. Blonquist (New York and London: Garland, 1987), pp.38 and 67-9.

³⁴ Although certain medical writers, such as Peter of Spain (c.1215-1277), did consider women as susceptible to lovesickness, the majority attributed it to noble men. See Peter of Spain, *Questiones super viaticum, A and B*, in Wack, *Lovesickness*, pp.212-52.

³⁵ Wack, *Lovesickness*, pp.166-73; Dana E. Stewart, ‘Languishing Lovers in the Court of Frederick II’, in *The Arrow of Love: Optics, Gender and Subjectivity in Medieval Love Poetry* (Cranbury, NJ, Mississauga, ON and London: Associated University

perceived social ideal of desire for an idealized woman whom one served and the contradictory social and psychological reality of her inferiority'.³⁶ The narrative of the lover's sickness opened up a temporary space where the lover-knight could be portrayed as weak and subservient, but ultimately reverted to affirm the conventional order. Thus, Troilus's abject lovesickness, despite rendering him languid in the domestic sphere, exerts no negative influence on his ability to fight (indeed, we are told he improves as a result of his desire (I, 470-83)). Despite the reader's privileged insight into Troilus's turmoil, Chaucer makes clear that his social persona, characterised by military might and imperviousness, remains intact within the Trojan world, outside of the private enclosed sphere that the poem is most concerned with. This suggests that the lover-knight's passivity is something that can only be enacted within a liminal or marginal realm.

In this sense, the patient, as represented in the formal encounter with a practitioner such as Benventus, is connected with the lovesick knight in romance literature. Both occupy a medial or temporary realm involving the reversal of their usually powerful status. Their suffering is connected with transcendence: the medical subject stands to benefit spiritually from his fortitude; the lover is ennobled by his successful adoption of

Presses, 2003), pp.49-80; Katja Altpeter-Jones, 'Love Me, Hurt Me, Heal Me: Isolde Healer and Isolde Lover in Gottfried's "Tristan"', *The German Quarterly*, 82:1 (2009), 5-23 (p.8). Whilst the complex figure of Criseyde problematises this model, it is exemplified in Emelye in 'The Knight's Tale', as well as a character like Polyxena, in John Lydgate's *Troy Book*, see Lydgate, *Troy Book: Selections*, ed. by Robert R. Edwards (Kalamazoo, MI: Medieval Institute Publications, 1998).

³⁶ Wack, *Lovesickness*, p.171.

courtly behaviour. Most saliently, both are connected through the display or performance of a certain mode of subjectivity. This performance is as much to do with the patient's posture as his display of suffering and pain. In Benventus's text the patient's submission is revealed through his adoption of the seated or recumbent positions, in accordance with the surgeon's commands; it is also related to his temporary abnegation from worldly activity. In *Troilus and Crisyede*, Pandarus's advice is a parodic inversion of the kind of authority and moral counselling offered by the medical practitioner (indeed, Pandarus, in advising Troilus, refers to himself as Troilus's 'leche' on a couple of occasions (I, 857; II, 571). Like Benventus, he instructs Troilus, 'down in thi bed the leye [...], And ly right there, and byd thyn aventure' (II, 1517-19).³⁷ The bed functions as a signifier of the protagonist's temporary physical inabilities, and of his retreat from the political and martial spheres. It constitutes a realm where he is afforded space to wallow in his turmoil and subvert his usual masculine identity. Again, this corresponds with the aristocratic patient invoked in medical writings, whose temporary abstention from daily life, and whose opportunity to take on a humble, deferential subjectivity, affords him transcendental possibilities. The medical patient and romance hero are thus connected through the constitution of sickness in terms of gesture and performance, most notably, through the temporary reversal from a powerful masculinity to a subservient and passive mode of suffering. Whilst this suffering might be seen to arise ineluctably from a physical condition, it is negotiated according to specific cultural requirements and expectations.

³⁷ This also echoes Jonadab's advice to Amnon to feign illness in order to win Thamar in the Book of Kings: 'Ly vpon thi bedde, and feyn sijknes', in *WB*, 2 Kings 13: 5.

Mysticism and the Female Patient

The language which frames the experiences of the courtly lover, with its mixture of suffering and exaltation, is indebted to (but can also be seen to have exerted an influence upon) mystical articulations of the divine. The blending of erotic love and mystical desire in late medieval devotional writings emerged from the tradition of exegesis of the Song of Songs, the enigmatic biblical book which articulates amorous desires through sensual imagery.³⁸ By the twelfth century, theologians such as Bernard of Clairvaux (1090-1153) interpreted Songs as an expression of divine love for the Church or the human soul, and this informed the development of mystical treatises throughout the later Middle Ages.³⁹ Such works conceived of the *amore languet* of Songs as a spiritual and virtuous analogue to fleshly desires, characterised by vice and

³⁸ Origen was the first to produce a substantial allegorical interpretation of Songs. See Mark W. Elliot, *The Song of Songs and Christology in the Early Church* (Tübingen: J.C.B. Mohr, 2000), pp.15-18. For the significance of Songs in medieval culture, see Ann W. Astell, *The Song of Songs in the Middle Ages* (Ithaca, NY: Cornell University, 1990); E. Ann Matter, *The Voice of my Beloved: The Song of Songs in Western Medieval Christianity* (Philadelphia, PA: University of Pennsylvania Press, 1990); Richard Alfred Norris, ed., *The Song of Songs: Interpreted by Early Christian and Medieval Commentators* (Grand Rapids, MI and Cambridge: William B. Eerdmans Publishing Co., 2003).

³⁹ Bernard of Clairvaux, *On the Song of Songs*, Vols 1-2, trans. by Killian Walsh (Kalamazoo, MI: Cistercian Publications, 1981).

sin.⁴⁰ They also articulated gender reversals where the male author would assume the role of the feminised spouse of Christ. Following Constantinus Africanus's outline of lovesickness in the *Viaticum*, theologians such as William of Auvergne (c.1180-1249) and Hugh of St. Cher (c.1200-1263) 'adopted the new, more technical medical discussions of lovesickness to illuminate the workings of mystical rapture'.⁴¹ Conversely, mystical devotion to Christ and the Virgin Mary transmitted easily into the idealised love emblematic of courtly discourse.⁴²

From the thirteenth century women devotees such as St. Clare of Assisi (1194-1253) and Gertrude the Great (1256- c.1302) began to participate in the previously male tradition of commentaries on Songs.⁴³ The fourteenth and fifteenth centuries saw an

⁴⁰ See Jean Leclercq, *Monks and Love in Twelfth-Century France: Psycho-Historical Essays* (Oxford: Clarendon Press, 1979), pp.27-61.

⁴¹ Wack, *Lovesickness*, p.23. On theological views of the relationship between *eros* and mystical desire, see Dyan Elliot, 'The Physiology of Rapture and Female Spirituality', in *Medieval Theology and the Natural Body*, ed. by Peter Biller and A.J. Minnis (Woodbridge and Rochester, NY: Boydell Press, 1997), pp.141-74 (pp.147-48).

⁴² For discussion of Christological associations in courtly love narratives, see Deborah Rose-Lefmann, 'Lady Love, King, Minstrel: Courtly depiction of Jesus or God in Late-Medieval Vernacular Mystical Literature', in *Arthurian Literature and Christianity: Notes from the Twentieth Century*, ed. by Peter Meister (New York: Garland Pub., 1999), pp.141-61; Stewart, 'Languishing Lovers', p.74.

⁴³ See E. Ann Matter, 'Medieval Interpretations of Song of Songs', in *Women and Gender in Medieval Europe: An Encyclopedia*, ed. by Margaret C. Schaus (New York and Oxon: Routledge, 2006), pp.769-70.

increase in articulations of female piety in texts written by and about women mystics, often operating outside of specific religious orders, and addressed to a female readership. This development of an individual, intense and expressive female spirituality, in line with a rise in literacy amongst aristocratic women, led to the circulation of much devotional material written for women.⁴⁴ English works like the *Showings of Julian of Norwich* and the *Book of Margery Kempe* appropriated established devotional models for a lay, female audience. Such texts incorporated descriptions of visionary experience and appropriated the established mystical and courtly registers in their professions of affective devotion to Christ.⁴⁵ Given the

⁴⁴ Mary C. Erler, *Women, Reading and Piety in Late Medieval England* (Cambridge and New York: Cambridge University Press, 2002); Ann Clark Bartlett, *Male Authors, Female Readers: Representation and Subjectivity in Middle English Devotional Literature* (Ithaca, NY and London: Cornell University Press, 1995); Annette C. Grise, 'Women's Devotional Reading in Late Medieval England and the Gendered Reader', *Medium Aevum*, 71:2 (2002), 209-225; Nicola McDonald, 'Chaucer's *Legend of Good Women*, Ladies at Court and the Female Reader', *Chaucer Review*, 35:1 (2000), 22-42; Jennifer N. Brown, 'Introduction', in *Three Women of Liège: A Critical Edition of and Commentary on the Middle English Lives of Elizabeth of Spalbeek, Christina Mirabilis, and Marie d'Oignies*, ed. by Jennifer N. Brown (Turnhout: Brepols, 2008), pp.1-25 (pp.18-22).

⁴⁵ Critics have debated the extent to which mystical texts authored by, or concerning, women can or should be distinguished from ones written by men. E. Ann Matter argues that the penning of commenatries on Songs by thirteenth-century women was defined by their participation within a masculine and authoritative discourse. See Matter, 'Medieval Interpretations', pp.769-70. Rosalynn Voaden's identification of a medieval

masculine co-ordinates of the lovesick or languishing patient, to what extent did mystical writings featuring descriptions of female piety incorporate the figure of the patient?

The question addresses a radical distinction between male and female illness in medieval culture. The hierarchical basis of this difference, reinforced by medical theory, meant that women's illnesses tended not to be connected with spiritual transcendence.⁴⁶

The imputed physical inferiority of women was afforded a uterine basis, in medical

distinction between mystical and visionary experiences informs her argument that a masculine form of devotional writing was privileged over a feminine one. She argues that mystical experiences, associated with men and characterised by an inward, non-sensory understanding of the presence of God, took cultural precedence over visionary ones, linked to women, and often cast in a negative light by clerics and Church authorities. See Rosalynn Voaden, *God's Words, Women's Voices: The Discernment of Spirits in the Writings of Late-Medieval Women Visionaries* (Woodbridge and Rochester, NY: York Medieval Press, 1999), pp.9-17. Conversely, Caroline Walker Bynum and Meri Heinonen argue that both forms of experience are articulated in writings attributed to female and male authors. See Bynum, *Holy Feast*, p.105, and Meri Heinonen, 'Henry Suso and the Divine Knighthood', in *Holiness and Masculinity*, ed. by P.H. Cullum and Katherine J. Lewis, pp.79-92 (pp.79-91).

⁴⁶ For a view of how medical physiology conditioned perspectives of female spirituality, see Elizabeth Robertson, 'Medieval Medical Views of Women and Female Spirituality in the *Ancrene Wisse* and Julian of Norwich's *Showings*', in *Feminist Approaches to the Body in Medieval Literature*, ed. by Linda Lomperis and Sarah Stanbury (Philadelphia: University of Pennsylvania Press, 1993), pp.142-67.

theory, manifested in the idea of the ‘wandering womb’, the belief that many illnesses in women were attributable to a displaced uterus.⁴⁷ The expression of such ideas in late medieval gynaecological texts such as the *Trotula*, a collection of writings attributed in the later Middle Ages to Trotula de Ruggiero, blended Galenic theory with the narrative of the creation of Eve in the Book of Genesis.⁴⁸ The dissemination of the *Trotula* throughout late medieval Europe in Latin and vernacular translations illustrates how women’s illnesses were becoming ever-increasingly of interest to male practitioners and writers.⁴⁹ But the construction of women in these writings, in terms of ‘voracious sexual appetites and mysterious physiological processes’, suggests that the female patient was perceived by medical authorities in terms of danger and disorder, in contrast to the ideal terms with which the male patient tended to be outlined.⁵⁰

⁴⁷ See Lindgren, *The Wandering Womb*, and Monica Green, ‘Introduction’, in *The Trotula: An English Translation of the Medieval Compendium of Women’s Medicine*, ed. and trans. by Monica Green (Philadelphia: University of Pennsylvania Press, 2002), pp.14-50.

⁴⁸ On the historically elusive figure of Trotula de Ruggiero, or Troula of Salerno, and the doubts surrounding her existence and/or authorship of the gynaecological texts, see Rowland, ‘Exhuming *Trotula*’, and Cadden, pp.169-248. Monica Green argues that the *Trotula* texts had instead a male author(s). See Green, *Women’s Medicine*, pp.29-69.

⁴⁹ Monica H. Green, ‘Moving from Philology to Social History: The Circulation and Uses of Albucasis’s Latin Surgery in the Middle Ages’, in *Between Text and Patient: The Medical Enterprise in Medieval & Early Modern Europe*, ed. by Florence Eliza Glaze and Brian Nance (Florence: SISMEL, 2011), pp.331-72 (p.364).

⁵⁰ Green, *Women’s Medicine*, p.25.

The preface to a late medieval translation of one of the books of the *Trotula*, entitled *The Sekenesse of Wymmen*, reveals some of the problematical features attending the representation of women's illnesses in public discourse:

And thowgh women have diuers evelles & many greet greuaunces mo than all men knowen of, as I seyde, hem schamen for drede of reprevyng in tymes comyng & of discouryng off vncurteys men þat loue women but for her lustes and for her foule lykyng. And yf women be in dissesse, suche men haue hem in despyte & thenke nought how moche dysese women haue or þan they haue brought hem into þis world. And therefore, in helping of women I wyl wright of women prevy sekene the helpyng, and that oon woman may helpe another in her sykenesse & nought diskuren her previtees to suche vncurteys men.⁵¹

This passage reiterates the dominant view of women being consistently beset by illnesses, insisting that they have more ailments, as well as a greater variety of them, than men do. Whereas the emphasis in medical deontology, with its focus on the hypothetical male patient, is on the navigation of the power dynamics between practitioner and patient, the question of secrecy and disclosure is prioritised here. Thus, women cannot reveal their sicknesses for fear of being despised by 'vncurteys men'. Despite the different emphases between this preface and those in the more general treatises, both are concerned with the issue of performance. The employment of the term, 'vncurteys', with its associations with romance narratives and courtesy guides, articulates women's illness and its representation in terms of behavioural etiquette and moral imperatives.⁵² The preface states that this treatise offers a private, reciprocal space, in contrast to the public realm, where 'oon woman may helpe another in her

⁵¹ *Medieval Woman's Guide to Health: The First English Gynecological Handbook*, ed. by Beryl Rowland (Kent, OH: Kent State University Press, 1981), p.58.

⁵² On courtesy guides, see Norbert Elias, *The Civilizing Process: The History of Manners*, trans. by Edmund Jephcott, Vol. I (Oxford: Blackwell, 1978).

sykenesse'. However, the iteration of this promise of intimacy is offset by the accessible textual medium through which the assurance is enunciated. This is especially so in light of the male readership which gynaecological texts attracted in the late medieval period. The rhetorical quality of this preface suggests, then, that the female patient, like her male counterpart, is configured in terms of performance; yet this performance is here invested in ideas of secrecy and shame.

The spiritual autobiography of Margery Kempe (*b. c. 1373, d. in or after 1438*), the fifteenth-century Norfolk devotee, businesswoman and housewife, constitutes an example of a female mysticism, often filtered through images and references to illness.⁵³ However, Margery's status as patient, in line with her general spiritual devotion, is often beset with social friction and public expressions of disgust.⁵⁴ This can be seen in the hostile reaction, at one point, to her decision to dress in white clothing, as a sign of her spiritual purity. Her endurance of torments by the affronted people of her hometown of Lynn is described in terms of a blurring between physical illness and spiritual

⁵³ Margery Kempe may be seen in terms of the consumption, as well as the authorship, of mystical material: her *Book* makes reference to her acquaintance, ostensibly via her redactor, with the *vita* of Marie d'Oignies and the writings of the English mystic, Richard Rolle (*c. 1305- 1349*). See *The Book of Margery Kempe*, ed. by Sanford Brown Meech and Hope Emily Allen, EETS o.s. no.212, Vol. I (London: Published for the Early English Text Society by Oxford University Press, 1940), pp.152-4.

⁵⁴ I follow Lynn Staley in using 'Margery' and 'Kempe' to distinguish respectively between the literary character in the text and the historical personage and/or author. See Lynn Staley, 'The Trope of the Scribe and the Question of Literary Authority in the Works of Julian of Norwich and Margery Kempe', *Speculum*, 66 (1991), 820–38.

beneficence. Margery's response to her persecution is to cry loudly to the consternation of her tormentors, who decry her as both evil and sick:

Sum seyde þat sche had þe fallyng euyl, for sche wyth þe crying wrestyd hir body turnyng fro þe o syde in-to þe oþer & wex al blew & al blo as it had ben colour of leed. & þan folke spitted at hir for horrowr of þe sekenes, & sum scornyd hir and seyde þat sche howlyd as [had] ben a dogge & bannyd hir & cursyd hir & seyde þat sche dede meche harm a-mong þe pepyl.⁵⁵

Her reaction to her tormentors, typified by her crying and convulsive bodily movement, would appear to be in stark contrast to the usual submissive and reticent attributes of the patient. Her imputed sickness, the falling evil (usually glossed as epilepsy by modern commentators), was a common feature of medieval medical taxonomies; it was sometimes adopted by religious writers as a sign of moral abasement due to its lapsarian resonances.⁵⁶ It is constituted similarly in this passage through its connection to the townspeople's condemnation of Margery's attempts to reclaim her virginity. However,

⁵⁵ Kempe, *Book of Margery Kempe*, p.105.

⁵⁶ The fourteenth-century Northumbrian poem, *Cursor Mundi*, for instance, lists the falling illness as one of a list of diseases suffered by the biblical King Herod to signify his degenerate character. See *Cursor Mundi: The Cursur O the World: A Northumbrian Poem of the Fourteenth Century in Four Versions*, ed. by Richard Morris, EETS o.s. nos.57, 59, 62, 66, 68, 99 (London: Published for the Early English Text Society by K. Paul, Trench, Trübner and Co., 1874-92), p.678, l.11831. Online version at 'Corpus of Middle English Prose and Verse' (Ann Arbor, MI: University of Michigan Press, 2006) <http://quod.lib.umich.edu/c/cme/AJT8128.0001.001/1:4.1.78?rgn=div3;view=fulltext> [accessed 5 December 2014]. See above for discussion of images of the falling evil in the Stockholm Roll.

her abject status is one that seems to offer for her a desirable subjectivity. The abuse which her behaviour and complexion provokes in those around her, such as spitting, is described in language that evokes staple descriptions of Christ's Passion in late medieval devotional literature.⁵⁷ The striking image of Margery's body swelling up and becoming discoloured, amplified by the alliterative 'blew' and 'blo' (signifying the purple and blue coloration of bruising), evokes a legion of affective accounts of Christ's disfigurement in the Passion.⁵⁸ Her abject status, inflected through a moral and physical illness, is presented similarly as affording spiritual opportunities. Although she cries and convulses, Margery accepts her condemnation, 'pacyently for owr Lordys lofe, for sche wist wel þat þe Iewys seyde meche wers of hys owyn persone þan men dede of hir'.⁵⁹ Her experience of being pathologised by the community allows her representation as a persecuted Christ-like figure; the disgust which her imputed sickness provokes in the

⁵⁷ See Gail McMurray Gibson, *The Theater of Devotion: East Anglian Drama and Society in the Late Middle Ages* (Chicago and London: University of Chicago Press, 1989), pp.47-65.

⁵⁸ For example, a Middle English version of the highly influential affective account of Christ's life, Pseudo-Bonaventura's *Meditationes Vitae Christi*, describes Christ's face during the Passion: 'His face wex bleich, his lippes bloo'. See *Meditations on the Life and Passion of Christ*, ed. by C. D'Evelyn, EETS o.s. no.158 (London: Published for Early English Text Society by Oxford University Press, 1921), p.18, l.641.

⁵⁹ Kempe, *Book of Margery Kempe*, p.105.

community also becomes a means by which she can establish an exemplary spiritualism.⁶⁰

Margery's status as patient is thus forged through conflict and banishment: her outcast position is a means for her to access the opportunities which, Kempe implies, are meant to be denied to her by the people of Lynn. In fact, her experiences of illness, described at various points in the *Book*, shows that her achievement of the transcendent spiritual opportunities afforded by being a 'patient' is a vexed process. These illnesses are linked to her maternity, echoing the close associations between women's sickness and childbirth in the gynecological treatises. The narrative of Margery's life begins with her marriage at twenty and subsequent pregnancy which, we are told, was a difficult one:

And aftyr þat sche had conceyued, sche was labowrd wyth grett accessys tyl þe chyld was born, & þan, what for labour sche had in chyldyng & for sekenesse goyng befor, sche dyspered of hyr lyfe, wenyng sche mygth not leuyn. And þan sche sent for hyr gostly fadyr, for sche had a thyng in conscyens which sche had neuyr schewyd be-forn þat tyme in alle hyr lyfe.⁶¹

⁶⁰ The 'pathologisation' of Margery Kempe is not restricted to her neighbours; it constitutes an abiding response to the *Book* by critics. For some examples, see H. Thurston, 'Margery the Astonishing', *The Month*, 2 (1936), 446-56; David Knowles, *The English Mystical Tradition* (London: Burns and Oates, 1964), pp.147-9; C.W. Atkinson, *Mystic and Pilgrim: The Book and the World of Margery Kempe* (Ithaca, NY: Cornell University Press, 1983), pp.195-220; Richard Lawes, 'The Madness of Margery Kempe', in *The Medieval Mystical Tradition in England, Wales and Ireland: Papers read at Charney Manor, July 1999: Exeter Symposium VII*, ed. by Marion Glascoe (Cambridge: D.S. Brewer, 1999), pp.147-67.

⁶¹ Kempe, *Book of Margery Kempe*, pp.6-7.

Margery believes that she is close to death, as the result of both the ‘labowr’ of her illness and that of childbirth. Her ‘grett accessys’ could indicate any of a number of ailments: the term ‘accesse’ was often used to describe periodic attacks of a fever-like illness; it was also employed by authors, like Chaucer (*Troilus and Criseyde*, RC, II, 1315), to signify lovesickness or emotional intensity. The indeterminacy of Margery’s illness, then, possessing both physical and emotional connotations, parallels the unconfessed but significant ‘thing’ in her conscience, which is not revealed to the reader. Sickness, childbirth and sin are overlaid in this passage and inform her fear of dying without absolution.

This combination of illness and divine punishment is intensified after her delivery when we are told that she went ‘owt of hir mende & was wondyrlye vexid & labowryd wyth spyritys half 3er viii wekys & odde days’.⁶² During this period she perceives herself to be tormented by devils and is driven to bite her hand and violently tear at her skin with her nails. Her health is finally restored when Jesus appears to her,

in lyknesse of a man, most semly, most bewtyuows, & most amyable þat euyr mygth be seen wyth mannys eye, clad in a mantyl of purpyl sylke, syttyng up-on hir beddys syde, lokyng vp-on hir wyth so blyssyd a chere þat sche was strengthyd in alle hir spyritys.⁶³

Margery’s illness, then, follows an arc not dissimilar to the way that the patient-figure is constructed in medical treatises and lovesickness accounts. In all cases, sufferers, confined to their beds and undergoing painful physical or emotional conditions, are linked to spiritual fervour or transcendence. The presence of Christ at Margery’s

⁶² Kempe, *Book of Margery Kempe*, p.7.

⁶³ Kempe, *Book of Margery Kempe*, p.8.

bedside as a friendly and beautiful man highlights again the structural correspondences between desire in romance narratives and in mystical writings.

Nonetheless, what distinguishes this description from the usual portrayals of the aristocratic, male patient is the way that Margery's illness is indexed to her role as housewife. Whereas the patient-identity, in medical and romance literature, is connected with the suspension of a subject's normal, quotidian roles and responsibilities, Margery's illness relates to her commitment to the domestic realm and her submission to a patriarchal order. Her resistance to an *exclusive* adoption of this role is made through her allegiance to Christ and her visionary inner life.⁶⁴ The incorporation of illness within articulations of this resistance is revealed at pivotal points of her spiritual development: her 'out of mind' period follows her initiation into the domestic sphere, signalled by her marriage and the birth of her first child; it ends with the first of her intense encounters with Christ;⁶⁵ later, the birth of her last child is also followed by physical and spiritual weakness, and leads to her decision (again inspired by Christ), to reveal her visions to a vicar in Norwich.⁶⁶ As Liz Herbert McAvoy argues, Margery's 'spiritual development is clearly founded on the physical experiences of being a wife and a mother within a gender-conscious society'.⁶⁷ Indeed, Kempe further suggests such

⁶⁴ Liz Herbert McAvoy, *Authority and the Female Body in the Writings of Julian of Norwich and Margery Kempe* (Cambridge: D.S. Brewer, 2004), pp.28-9.

⁶⁵ For a reading that emphasises the importance of the theme of domesticity in the *Book*, see Deborah Ellis, 'Margery Kempe and the Virgin's Hot Caudle', *Essays in Arts and Sciences*, 14 (1985): 1-11.

⁶⁶ Kempe, *Book of Margery Kempe*, p.38.

⁶⁷ McAvoy, 'Authority and the Female Body', p.30.

an identity by specifying her worship in the Gesine ('childbed') Chapel, in her local parish church of St. Margaret's at Lynn, which housed an image of the Nativity.⁶⁸ The account of Margery's spiritualism thus draws on her maternal and domestic life, but it is also in perpetual tension with the expectations that this role would impose upon her. Her configuration as a patient is rooted in her domestic life, in her postpartum weaknesses and illnesses; but it is also employed to indicate her imitation of, and affective empathy with, Christ.⁶⁹ Her achievement of the spiritual transcendence that is embedded in the idea of the patient is therefore represented in the *Book* as a much more fraught and complex endeavour than it is in depictions of the idealised, male patient.

The Virgin and Christ as Patients: Exemplarity and Abasement

The construction of the patient necessarily invokes an observer: some agent, a practitioner, priest, reader or audience, must see the patient and be engaged, provoked, instructed, edified or repulsed. For the male patient, in his various late medieval incarnations, the observer is the surgeon, counsellor, reader, or, in the case of the lovesick patient, the beloved. Conversely, a female devotee, like Margery Kempe,

⁶⁸ Kempe, *Book of Margery Kempe*, p.55. For discussion of the Gesine chapel, see Gibson, *Theater of Devotion*, p.64.

⁶⁹ Laurinda S. Dixon points to the ways that Christian writers reinterpreted ancient gynaecology to emphasise 'marriage and motherhood as socially-mandated ways for women to attain and maintain their health'. See Dixon, 'The Curse of Chastity: The Marginalization of Women in Medieval Art and Medicine', in *Matrons and Marginal Women in Medieval Society*, ed. by Robert Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), pp.49-74 (p.72).

endeavouring to access spiritual communion, is regarded by her neighbours with disgust. We have seen how the preface writer of *The Sekenesse of Wymmen* constructs the female patient in terms of eluding the gaze of uncourteous men, yet, in doing so, renders her illness in terms of secrecy and humiliation. This is also true of Pseudo-Albertus Magnus's, *De Secretis Mulierum*, or *The Secrets of Women*, a text written for a male readership and popular throughout the later Middle Ages.⁷⁰ Its inclusion of sections detailing how to establish a woman's virginity, through inspections of menstrual blood and urine, constitutes the female body, paradoxically, as arcane yet knowable. It reinforces the physical facts of virginity with spiritual signs, including modesty, shame and fear, thus underlining the 'porous boundaries between gynaecology and theology'.⁷¹ Such a text, in establishing a 'semiotics of virginity', not only proposes that the secretive female body is legible, but by offering a means to enable this, it stipulates that it *should* be read.⁷² The patient's body is here privileged as the site of verification of a spiritual status.

⁷⁰ Pseudo-Albertus Magnus, *Women's Secrets: A Translation of Pseudo-Albertus Magnus' De Secretis Mulierum with Commentaries*, trans. and ed. by Helen Rodnite Lemay (Albany, NY: State University of New York Press, 1992).

⁷¹ Sarah Allison Miller, *Medieval Monstrosity and the Female Body* (New York and London: Taylor and Francis, 2010), p.65. For other analyses of medieval medicine, religion and virginity, see Kathleen Coyne Kelly and Marina Leslie, eds., *Menacing Virgins: Representing Virginity in the Middle Ages and the Renaissance* (Newark and London: Associated University Presses, 1999); Green, *Women's Healthcare*; Lochrie, *Covert Operations*, pp.93-134.

⁷² Miller, *Medieval Monstrosity*, p.63.

Representations of the Virgin Mary in accounts and scenes of the Nativity are similarly predicated on the performance of the maternal and sanctified female body as a means to affirm the doctrine of the virgin birth. The Nativity thus instigates the transformation of an exemplary patient from physical abasement to spiritual perfection. Its antithetical range is underlined by the opposition between the archetypal figure of disorder and marginality (according to dominant medical and moral perspectives), the parturient woman, and the exemplar of spiritual privilege and sanctity, the Virgin Mary. This inversion is foregrounded to privilege divine truth over worldly knowledge and authority. Late medieval images of the Nativity bring together the ideas of Mary as divine agent and human sufferer. She is often pictured lying in bed, holding the infant Christ, or close to his manger. A late fourteenth-century English altarpiece panel shows, for example, Mary sitting up in bed presenting Christ to the viewer (fig.9). The scene follows orthodox medieval representations of the Nativity through its inclusion of the figures of Joseph, a grazing cow, a manger and midwife. Yet the image also includes components typical of an aristocratic birthing environment of the later Middle Ages. This space was arranged according to various practical and cultural requirements: men were excluded from the birth chamber, so it was usually sectioned off from a hall and screened with curtains;⁷³ the occasion of the birth of a child (particularly a male heir) occasioned lavish expenditure amongst wealthy aristocrats, including adornment of the chamber with tapestries and expensive fabrics; medical theory stipulated that the chamber should be warm, enclosed and dark for the health of both mother and baby.⁷⁴

⁷³ Elizabeth L'Estrange, *Holy Motherhood: Gender, Dynasty and Visual Culture in the later Middle Ages* (Manchester: Manchester University Press, 2012), pp.1-18.

⁷⁴ See Roberta Gilchrist, *Medieval Life: Archaeology and the Life Course* (Woodbridge: Boydell Press, 2012), pp.134-44; Gail McMurray Gibson, 'Scene and Obscene: Seeing

Thus, in this Nativity panel of carved alabaster, the hanging bed-sheet with its folds and creases acts as a cocoon for Mary and Christ as does the canopied bed with its curtains. Christ's manger is very much a luxurious piece of furniture with its tasselled pillow and rocker base. The medical injunctions of warmth and enclosure are conveyed by the drapery and the tight and narrow space in which the inhabitants cram, as well as the animal providing vital heat for the Christ child with its breath.⁷⁵

This constitution of the biblical Nativity scene as a contemporary birthing environment can be seen to offer clear resonances for a late medieval audience by matching their own experiences (or knowledge) of childbirth with divine significance. Yet these quotidian attributes grate to some extent with orthodox theological accounts of the Nativity. This tension is evident in the presentation of the Virgin as patient, where Mary's two roles of domestic mother and divine and virginal saint are brought into play. Representations of her lying in bed following her delivery of Christ signify her need for support and rest. This motif is in some cases extended with portrayals of her (and Joseph) as exhausted: the scene from the English altarpiece panel shows her with eyes closed, whilst a historiated initial in a mid-fourteenth-century English Book of Hours, *The Taymouth Hours*, represents both Mary and Joseph deep in slumber, their faces

and Performing Late Medieval Childbirth', *Journal of Medieval and Early Modern Studies*, 29:1 (1999), 7-24; Green, *Women's Medicine*, pp.70-117.

⁷⁵ Nicholas Love's (d.1423/4) translation of Pseudo-Bonaventura's *Meditationes Vitae Christi* describes the animals providing warmth for Christ and emphasises their awareness of the benefits of this for the child. See Love, *Mirroure of the blessed lyf of Jesu Christ: A Translation of the Latin Work entitled Meditationes Vitae Christi*, ed. by Lawrence Fitzroy Powell (Oxford: Clarendon Press, 1908), p.47.

turned away from the infant Jesus (fig.10). Here, the Virgin, her cheek slightly flushed and, like Christ, swaddled in an ample blue bed-sheet, assumes the archetypal pose of the reclining, languishing patient.

These features undermine a central theological understanding of the Nativity: theologians such as St. Anthony of Padua (1195-1231) and St. Bonaventure (1221-1274) stressed that Mary's virginity and her immaculate conception by the Holy Spirit meant that her delivery of Christ took place without pain.⁷⁶ The images of an infirm Mary waver from such views. Crucially, the representation of the divine miracle, taking place within a familiar and domestic setting, means that the signs of such a defining moment as parturition cannot be readily effaced without loss of the image's physical and quotidian delineation. Therefore, in one sense, Mary is an exemplary patient – composed, intact and without pain; but, in another sense, she is a physical, human one appearing infirm, recumbent and exhausted.

However, Mary's divine and human qualities were not simply parts of an anomaly to be overcome by late medieval writers and illustrators; the relationship between them was itself the focus of intense interest. The ubiquitous presence of the midwife, usually referred to as Salome in Nativity images and accounts, shows how deliberations on

⁷⁶ See Elina Gertsman, 'Performing Birth, Enacting Death: Unstable Bodies in Late Medieval Devotion', in *Visualizing Medieval Performance: Perspectives, Histories, Contexts*, ed. by Elina Gertsman (Aldershot: Ashgate, 2008), pp.83-104. Amy Neff has considered the late medieval vogue for images of Mary's swoon at the foot of the cross and argued that many incorporate distinct features of labour pains. See Amy Neff, 'The Pain of *Compassio*: Mary's Labor at the Foot of the Cross', *Art Bulletin*, 80:2 (1998), 254-273.

Mary's dual identity could be inflected through ideas of medical practice. Salome, in the second-century apocryphal *Infancy Narrative of James* (or the *Protoevangelium Jacobi*),⁷⁷ is a mysterious figure who refuses to believe in the miracle of the Virgin birth without proof.⁷⁸ She is led into the cave, where Mary has given birth, by a midwife and, on affirming the miracle, her hand withers. She is instructed by Mary to hold Christ and, by touching him, her hand is healed. Although James's gospel does not explicitly state that Salome is a midwife, medieval Nativity narratives typically cast her as one of two midwives who attend the cave or stable at Joseph's behest, but arrive after Mary has given birth. This story informs the context, then, of the conspicuous images of Salome's hand in both the English altarpiece fragment and the Nativity illustration in the *Taymouth Hours*; whilst both images would seem to imply the provision of care, as the midwife reaches out for the infant Christ, the *Narrative of James* context affirms the opposite: she seeks healing.

The characterisation of Salome as authoritative midwife and injured penitent is a central feature in the N-Town 'Nativity' play. The N-Town cycle of mystery plays dates from the mid to late fifteenth century and is preserved in one manuscript: London, BL MS Cotton Vespasian D.8; the plays were meant to be performed in various towns in the East Midlands. Salome and fellow midwife, Zelome, are cast in this play in the context of a wider theme, where the miracle of the virgin birth is offset by material understandings of it. With the pregnant Mary ensconced in the manger, Joseph is

⁷⁷ *The Apocryphal New Testament: A Collection of Apocryphal Christian Literature in an English Translation based on M.R. James*, ed. by J.K. Elliot (Oxford and New York: Oxford University Press, 1993), pp.48-67.

⁷⁸ *Apocryphal New Testament*, pp.64-5.

required to leave her to her confinement. He goes in search of midwives and encounters Salome and Zelome who agree to help. The midwives go to the stable with Joseph, but when he enters he finds Mary smiling. At this point in the play, much dramatic tension and comedy is achieved through the contrast of the material perspectives of Joseph and the midwives with Mary's divine understanding of the miracle of the birth of Jesus. Of particular prominence is the way that the midwives' expectation of Mary's appearance and behaviour, as a new mother and patient, is set against the evidence they encounter. First, Joseph, unaware that Mary has already given birth, is dismayed at her apparent joy when the midwives arrive:

Why do 3e lawghe, wyff? 3e be to blame!
 I pray 3ow, spowse, do no more so!
 In happ þe mydwyuys wyl take it to game,
 And at 3oure nede helpe wele non do. [...]
 Þerfor be sad, and 3e may so,
 And wynnyth all þe mydwyuis good diligens (182-9).⁷⁹

The relationship between Mary, the patient, and her carers is here drawn as one of submission. She is expected to display the right amount of suffering in order to elicit the midwives' attention and diligence, and this idea is encapsulated in the verb 'wynnyth'. The idea of the patient is once again articulated through a performance of pain and suffering, one that can engage with the empathy, and thus the aid, of those who witness it.

⁷⁹ 'The Nativity' in *The N-Town Play: Cotton MS Vespasian D.8*, ed. by Stephen Spector, EETS s.s. no.11, Vol. I: Introduction and Text (Oxford, New York and Toronto: Published for the Early English Text Society by Oxford University Press, 1991), pp.152-63 (line numbers are cited in the text).

This ignorance is predicated on Joseph's acceptance of worldly power and hierarchical systems. As well as the provision of care and support during and after the birth of the child, the midwife's role in late medieval society also included 'a judicial function as privileged witnesses to the circumstances of a particular birth, holding the power, for instance, to exonerate or indict a woman accused of adultery'.⁸⁰ Therefore, Joseph's anxieties can be understood as related to the socially important role that midwives occupied as potential agents of spiritual or legal authority. Mary's patient-status is not just affirmed in terms of the care offered by the midwives, but also in regard to her vulnerability to their potential judgement and surveillance.

Nonetheless, Joseph's deference to worldly authority is undercut by Mary who shows the new-born Jesus to him, prompting his instant recognition of the higher divine authority of Jesus: 'O gracyous childe, I aske mercy./ As þu art Lord and I but knaue,/ Forzeue me now my gret foly' (195-7). Joseph's acceptance that Mary has given birth without labour is dismissed by the midwives: 'In byrth, trauayle muste sche nedys haue./ Or ellys no chylde of here is born' (206-7). When the midwives approach Mary, they attempt to discover the truth through touching her:

Zelomye: With honde lete me now towch and fele
Yf 3e haue nede of medycyn.
I xal 3ow comforte and helpe ryght wele
As other women yf 3e haue pyn.

⁸⁰ Denise Ryan, 'Playing the Midwife's Part in the English Nativity Plays', *Review of English Studies*, 54:216 (2003), 435-448 (p.435). Although, in England, midwives were not subject to official regulation or licensing, it was generally understood that they would provide more than just physical care and expertise at a delivery, including, in some cases, administering baptism. See Gibson 'Scene and Obscene', p.10, and Rawcliffe, *Medicine and Society*, pp.194-202.

Maria: Of þis fayr byrth þat here is myn
 Peyne nere grevyng fele I ryght non.
 I am clene mayde and pure virgin;
 Tast with þoure hand þoureself alon (218-25).

Their tactile inspection of the Virgin implicates medical expertise in the worldly knowledge brought into question in the play. The Virgin's use of the word 'tast', as she invites the midwives to probe her, denotes touching; indeed, the word was often used in Middle English in the context of a medical examination or probing. Yet, 'tast' could also be used in the context of religious truth as in the Psalm verse: 'Tastþ and seeþ, for sweete is þe lord'.⁸¹ It is through the direct sensuousness of touch, then, that those who resist are invited to believe and partake in the divine economy.

However, as a result of her sceptical testing, Salome's hand withers allowing Mary to reverse her relationship with the midwife and assume the role of mediator or counsellor:

Maria: As Goddys aungel to þow dede telle,
 My chylde is medycyn for every sor.
 Towch his clothis be my councelle,
 þowre hand ful sone he wyl restor (290-3).

The mention of Christ as medicine echoes an earlier promise by the midwives to provide medical help to the Virgin. In this way, Salome's divine punishment effects the manifestation of Christological medicine imbued with transformative possibilities. In this re-ordering of roles, Christ himself becomes medicine, rather than subject to the midwife's care. Salome's touch is also transformed from one betokening medical expertise, authority and rational doubt to one of faith and supplication. The scene

⁸¹ *WB*, Psalms 33:9.

affirms a hierarchy where knowledge based on purely medical principles, and encompassing the power of authoritative surveillance, is undermined and supplanted by divine revelation.

But the place of medicine in the play is not simply to function as part of a hierarchy where the divine is privileged over worldly knowledge and authority. After all, the gynaecological examination undertaken by the midwives was advanced by medieval theologians and commentators as intrinsic components to the argument of Mary's virginal status. The divine miracle is subject to medical examination as a means of consolidating its veracity, but it is undermined by this very dependence. Both Mary's body and the birthing environment, which it rests within, are thus 'furiously contested [spaces] where divine miracle and human rule meet'.⁸² The N-Town 'Nativity' play attests to this tension by its privileging of the dramatics attending the gynaecological examination over the miracle itself, the birth of Christ. That happens offstage whilst Joseph is looking for the midwives. The play foregrounds instead Mary's movement from maternal abasement to divine authority through her confident submission and acceptance of the role of patient. The private event of the birth environment is given over to public display, making explicit the performative construction of the patient and its edifying potential.

The image of the Virgin Mary reversing the authoritative relationship with the midwives depicts the patient overcoming the restrictions of medical and worldly understandings of suffering and health. Medicine is articulated as a means to represent its negligibility within the divine scheme; but the persistent references to it, in the service of validating religious truth or of elucidating the reality of suffering, testifies to

⁸² Gibson, 'Scene and Obscene', p.20.

its central place in such narratives. The patient-figure, with its inherent blending of a medicalised physicality and spiritual accessibility, is therefore a pervasive presence in late medieval writings. The appeal to the virtue of patience, central to the construction of the medical subject, is grounded in its exemplification by Christ in the Gospels, particularly as depicted in the events of the Passion. Late medieval representations of Christ, typically figured as both physician and medicine, would seem to bespeak the redundancy of worldly medicine. However, descriptions of his circumcision are interwoven with ideas of medical healing whilst promoting him as an exemplary patient.

The representation of Christ as a patient is made explicit in a detail of the circumcision in a 1466 German altarpiece by Friedrich Herlin (*c.*1425-1500); it provides a medical context to the procedure in its depiction of surgical-like accoutrements including a scalpel, medical flask and container. Whilst such features do not appear to be extensive in circumcision depictions from late medieval England, a fragment from a fifteenth-century English altarpiece bears correspondences with the Herlin detail. Christ is here depicted sitting on a cloth-covered altar as the priest (whose body is missing in the fragment) handles a thin knife and block as he performs the operation; behind him, an attendant holds a dish (fig.11). Like the Herlin altarpiece, the tableau evinces the careful delicacy of a surgical procedure. The presence of a medical register in such images raises the question of its significance: why would late medieval artists and sculptors have emphasised conventional surgical features in depictions of Christ's circumcision? An obvious reason is due to the mutual skin-cutting and blood-shedding characteristic of both procedures. Despite their resemblances, circumcision was not believed by Christians to possess medical benefits and was viewed instead as a

marker of Jewish alterity.⁸³ However, the large amount of accounts and representations of Christ's circumcision, along with the multiple appearances of his foreskin across Europe from the twelfth century, shows its importance in late medieval culture.⁸⁴ This interest also hearkened back to the discussions by early Church theologians of the symbolic importance of the circumcision in instigating Christ's Passion.⁸⁵ The

⁸³ Elisheva Baumgarten, 'Circumcision and Baptism: The Development of a Jewish Ritual in Christian Europe', in *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*, ed. by Elizabeth Wyner Mark (Lebanon, NH: Brandeis University Press, 2003), pp.114-27 (p.114).

⁸⁴ Robert P. Palazzo, 'The Veneration of the Sacred Foreskin(s) of Baby Jesus: A Documented Analysis', in *Multicultural Europe and Cultural Exchange in the Middle Ages and Renaissance*, ed. by James P. Helfers (Turnhout: Brepols, 2005), pp.155-76; Marc Shell, 'The Holy Foreskin; or, Money, Relics, and Judeo-Christianity', in *Jews and Other Differences: The New Jewish Cultural Studies*, ed. by Jonathan Boyarin and Daniel Boyarin (Minneapolis: University of Minnesota Press, 1997), pp.345-59; Andrew S. Jacobs, *Christ Circumcised: A Study in Early Christian History and Difference* (Philadelphia, PA: University of Pennsylvania Press, 2012). On the history of circumcision, see David L. Gollaher, *Circumcision: A History of the World's Most Controversial Surgery* (New York: Basic, 2000).

⁸⁵ Christ's submission to the ritual, eight days after his birth, is mentioned briefly in Luke 2:21. Following St. Paul's insistence that Christians required only 'spiritual' circumcision, through the removal of sinful behaviour, early Church theologians concurred that Christ's circumcision was a volitional act by the infant Christ, which instigated his Passion. See Leo Steinberg, *The Sexuality of Christ in Renaissance Art and in Modern Oblivion*, 2nd edn. (Chicago: Pantheon, 1996), pp.51-4.

theological insistence that Christ submitted himself volitionally to the circumcision suggests another reason for the medical context of some of its representations. In this sense, Christ, although an infant, is seen to assume the gesture of the exemplary patient; if medical patients are like Christ, by dint of their submission to surgical cutting, then representing Christ as a model patient, in the single biblical scene where he undergoes a surgical-like procedure, would affirm this association.

The Christ child embodies the virtues of the patient through his willingness to undergo the procedure. The *Gilte Legende* emphasises the theological orthodoxy that Christ's participation in his circumcision was for the purpose of affirming the truth of his incarnation: 'He wost well that many wolde saie that he hadde not take a verray bodi but a fantastik bodi, wherfor he wolde be circumcised for to destroie that errour and shedde oute his blode'.⁸⁶ The event is understood through its implementation of an incarnational semiotics and, in this way, Christ is cast as a quintessential gestural patient, undergoing suffering for its interpretive and semantic value. The reference, in the *Gilte Legende*, to Christ's naming ceremony, occurring simultaneously with circumcision, compounds the performative emphasis. It quotes St. Augustine of Hippo: "Cristen is a name of verrey rightwisnesse, of bounte, of purete, of pacience, of clenness, of humanite".⁸⁷ Jesus, on the other hand, signifies medicine, as the author (this time quoting St. Bernard) outlines: "yt appesith the bolnyng of pride, he helithe the woundes of enuye, he restreyneth the fere of lecherie, [...] and chasith oute all filthe and wrechidnesse".⁸⁸ Christ's ministry, comprising his dual role of human sufferer and

⁸⁶ Jacobus de Voragine, 'Circumcision', in *GL*, Vol. I, p.79.

⁸⁷ Jacobus de Voragine, 'Circumcision', p.77.

⁸⁸ Jacobus de Voragine, 'Circumcision', p.78.

divine healer, is instigated in this ceremony; as a willing patient, he exemplifies the transformation from physical pain to spiritual perfection.

This metamorphosis is made clear in affective accounts of the circumcision such as that in *The Life of our Lady* by the Benedictine English monk and poet, John Lydgate (c.1370-c.1450)

And with a knyfe made full sharpe of stone,
His mothir lokyng with a pytous eye,
The childe was corve ther-with all, a-non,
That all a-boute the rede blode gan gon
Withoute a boode, as saythe Bonaventure,
That for the payne that he dyd endure,

And for sharpnes of the soden smerte,
The childe gan wepe þat pyte was to here.
Wherfore his mothir, of verrey tendre herte,
Oute brast on teres and myght her-self not stere,
That all bydewede were her eyne clere,
Whan she sawe hym that she louede soo,
So yonge, so fayre, wepyng so for woo (IV, 30-42).⁸⁹

Lydgate foregrounds the pain and suffering wrought by the circumcision through a focus on the knife, made of sharp stone, and its effect on Christ's body: it 'corve ther-with all, a-non,/ That all a-boute the rede blode gan gon'. The 'sharpnes of the soden smerte' causes Christ to weep, which in turn, triggers the Virgin's spontaneous tears. The focus on pain and physical injury, as well as the insistence upon the Virgin's emotional pain, prefigures the Passion. The empathy between the Virgin and Christ shows again how the patient is constituted through being observed; the spectacle of

⁸⁹ John Lydgate, *A Critical Edition of John Lydgate's Life of Our Lady*, ed. by Joseph A. Lauritis (Pittsburg: Duquesne University, 1961). Book and line numbers are cited in the main text.

Christ's involuntary weeping instigates Mary's maternal identification, and this response engages with the reader's own affective recognition of this symbiotic exchange. Such performances echo the way that the pose of the recumbent, lovesick knight elicits pity from his beloved; they affirm the centrality of such gestures in representations of the patient. The poem goes on, conveying Christ's response to Mary's weeping:

[He] put his hande vnto hir visage,
 On mouthe and eyne, passyngly benyngne,
 And as he couthe goodly made a signe
 Withoutyn speche, to stynt her wepyng (IV, 47-50).

The affective circuit is completed with Christ's tactile and non-verbal implorations to Mary to cease crying. The transition from the physical pain and bleeding of the circumcision to emotional identification, and its role in inspiring the reader's devotional sensibilities, is emblematic of the deployment of the patient-figure in late medieval culture, hesitating between suffering and transcendence. The blending of affect and theological truth in accounts of the circumcision show how Christ, as exemplary patient, performs suffering to assert orthodoxy and engender pietistic empathy and desire.

In accounts of the circumcision, Christ is promoted as the model of the fortitude, transformation and performativity encompassed by the figure of the patient in Middle English culture. Descriptions of the ideal patient in medical treatises not only appeal to Christian virtues, they also participate in accounts and representations of suffering across various types of literature and art. The emphasis on gestures and postures attending such descriptions shows how the patient is not to be seen as someone who simply experiences illness or disease and, in seeking health, submits to the auspices of the practitioner; the patient's subjectivity is mediated through cultural expectations and

understandings. For medieval authors, the capacious range of applicability of ‘the patient’ offered a model of suffering which could assimilate medical, mystical and chivalric gestures. The patient is therefore not a universal, natural entity but one who is enunciated and inscribed through specific discursive modes where she assumes multiple forms, serving various purposes.



Fig.9: *English Altarpiece. Fragment of the Nativity in Alabaster. 1350-1400. London, Victoria and Albert Museum, © Victoria and Albert Museum.*



Fig.10: *Nativity Scene. The Taymouth Hours. 1325-1350. London, BL Yates Thompson MS 13, f.89.*



Fig.11: *English altarpiece. Fragment of the Circumcision of Christ in Alabaster. 1400-1500. London, Victoria and Albert Museum, © Victoria and Albert Museum.*

CHAPTER THREE

Remedial Spaces and Institutional Language

The incorporation of performance and gesture attending conceptions of the patient in late medieval England necessarily calls up questions of space. Whilst I have noted the way that the bed, with its attendant images of recumbence and passivity, is intrinsic to the idea of the patient, in this chapter I turn to the significance of the larger, institutional spaces through which sick people are represented.¹ As with the term ‘the patient’, depictions of remedial spaces (such as hospitals or infirmaries) and their subjects in such writings are not value-free or neutral; they are instead heavily invested with fears of (moral as well as physical) contagion, hierarchical ideas of charitable restitution and soteriological discourse. These spaces work, in such textual enunciations, as potent vehicles for the assertion of moral and political investments attending the institutional arrangements and the accommodation of sick and diseased bodies.

This analysis of healing spaces is underpinned by a perspective, formulated by the French philosopher, Henri Lefebvre, that space is not absolute or geometrical but rather culturally produced; in other words, whilst we may conceive of space as abstract and

¹ Although ‘institution’, referring to an establishment, organisation or company (often executing a public service), is a term that came into use only in the eighteenth century, I employ it here to denote spaces characterised by the presence of regulated subjects, (often) communal arrangements and under the control of the Church, a guild, the sovereign or another power. See ‘institution, n.’ (7a), *OED* <http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/97110?redirectedFrom=institution> [accessed 12 November 2014].

dimensional, our interactions and practices with (or within) space, as well as the significations we accord it, are historically and culturally contingent.² This insight opens up a number of perspectives through which space can be analysed. Lefebvre outlines a conceptual triad through which to formulate such an analysis: this encompasses the relations which coalesce to ‘produce’ space and its order, the social practices of space and the artistic or symbolic representational components.³ It is the latter feature, emphasising the way that space is imagined and textually constructed, that I am concerned with in this chapter. I argue that the sacred spaces of the infirmary and

² Henri Lefebvre, *The Production of Space*, trans. by Donald Nicholson-Smith (Oxford: Blackwell, 1991), pp.229-41. On Lefebvre’s distinction between concrete and abstract space, see Stuart Elden, *Understanding Henri Lefebvre: Theory and the Possible* (London and New York: Continuum Books, 2006), pp.188-90. Lefebvre’s work continues to exert a considerable influence on scholarship concerned with space and its meanings. For relevant studies by medieval scholars, see Barbara Hanawalt and Michal Kobińska, eds., *Medieval Practices of Space* (Minneapolis and London: University of Minneapolis Press, 2000); Meredith Cohen and Fanny Madeline, eds., *Space in the Medieval West: Spaces, Territories and Imagined Geographies* (Farnham, Surrey and Burlington, VT: Ashgate Publishing, 2014); Ruth Evans, ‘The Production of Space in Chaucer’s London’, in *Chaucer and the City*, ed. by Ardis Butterfield (Cambridge: D.S. Brewer, 2006), pp.41-56; Robert Rousse, ‘Walking (between) the Lines: Romance as Itinerary/ Map’, in *Medieval Romance, Medieval Contexts*, ed. by Michael Staveley and Rhiannon Purdie (Cambridge: D.S. Brewer, 2011), pp.135-48; Peter Brown, *Chaucer and the Making of Optical Space* (Bern: Peter Lang Ltd., 2007), pp.23-40.

³ Lefebvre names these, respectively, representations of space, spatial practice and representational spaces. See Lefebvre, *Production of Space*, p.8.

hospital, outlined in documents such as monastic customaries and rules, incorporate medical learning and language to sustain their articulations of physical and spiritual healing. In this way, medicine is implicated in the assertion of normative moral behaviour as well as bodily regulation. However, the restoration of physical and spiritual wellbeing necessarily calls up ideas of deviation, and I explore the way that instructional texts designate the sick subject in terms of aberrance and alterity. Finally, I analyse the way that this model of illness translates into two other institutional spaces, the prison and purgatory. My interest is not in proffering a theory of how such accounts reflected actual spatial practices and management; it is instead to elucidate the ways in which they imagine such spaces through Christian ideas of punishment, salvation and healing. Central to this analysis is the extent to which medical language and knowledge is incorporated into the religious outline of healing spaces.

The incorporation of rational medical knowledge in late medieval didactic and authoritative texts outlining institutional organisation and practices is one example of what some have seen as the ‘medicalisation’ of that culture. Michael McVaugh defines this process as happening ‘when aspects of human behaviour that had previously been judged normal or deviant, good or bad, by the lay public are assigned to medical control and are redefined as health and illness, shedding their moral overtones’.⁴ However, the assumption that medical knowledge or practice floats free of moral concerns and evades participation in the sanctioning of culturally normative behaviours is one that I contest in this chapter. Certainly, many working in the medical humanities show how the ‘medicalisation’ of contemporary life, evinced through the increase of features like pharmaceutical behavioural medicines, gastro-bands and public discussion of conditions

⁴ McVaugh, *Medicine before the Plague*, p.190.

such as foetal alcohol syndrome, is wholly bound up with the implementation of ethical norms.⁵ Similarly, the institutional language considered here frames discourses of disgust, alterity and spiritual liberation through a medical register. Late medieval English culture can therefore be understood as a medicalised one from the perspective of this discursive embedding of rational medicine within institutional language.

The Sacred Space of the Hospital

The organisation and layout of hospitals in the Middle Ages was largely based on the systems put in place by late antique monastic communities for the care of those who were ill, injured, incapacitated and elderly. The precept enshrined in the sixth-century *Rule of St. Benedict*, concerning the abbot's responsibility of ensuring that the sick are cared for, stipulates that a space should be set aside for convalescence within the monastic precinct.⁶ Due to the renunciation of worldly comforts intrinsic to the monastic life, some Church authorities condemned the availability of medical care for

⁵ In contrast to McVaugh, Peter Conrad offers a definition of medicalisation devoid of a moral distinction: "Medicalization" describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders'. See Conrad, *Medicalization on Society*, p.4. However, as I argue in relation to medieval medicine, the boundaries between what is considered as 'medical' and 'nonmedical' have always been porous.

⁶ See *Rule of Saint Benedict*, p.91, and Cannon, 'Monastic Productions', p.316. This edict is repeated in the tenth-century document of the English Benedictine reform, the *Regularis Concordia*. See Nicholas Orme and Margaret Webster, *The English Hospital 1070-1570* (New Haven and London: Yale University Press, 1995), pp.17-18.

monastics;⁷ but over the course of the medieval period, as infirmaries became an inherent feature in the architecture of monasteries and many monks studied and practiced medicine and surgery, such care came to be widely accepted.⁸ Monasteries became known ‘for their role in preserving and disseminating medical knowledge, particularly in the centuries prior to the rise of universities and the religious reforms that took hold in the twelfth century’.⁹ Whilst the Fourth Lateran Council prevented those in higher orders from performing surgery (at least officially), this resulted not in the cessation of such procedures but in monasteries employing lay practitioners or clerics in minor orders to perform them.¹⁰ For instance, qualified physicians were in service at two Norfolk monasteries, St. Benet’s at Holme and Norwich cathedral priory; furthermore, the many references to herbal medicine, surgery and phlebotomy in the late medieval customaries of English monastic houses attest to the variety, and widespread nature, of medical and surgical healing in such environments.¹¹ In fact, because

⁷ Bernard of Clairvaux, for example, condemned the consumption of medicines and consultation of medical practitioners by monks as inconsistent with the austere lifestyle of the Cistercian order. See Christopher Holdsworth, ‘Bernard as a Father Abbot’, in *A Companion to Bernard of Clairvaux*, ed. by Brian Patrick McGuire (Leiden: Brill, 2011), pp.169-219 (p.210).

⁸ See Miri Rubin, *Charity and Community in Medieval Cambridge* (Cambridge and New York: Cambridge University Press, 1987), pp.149-51, and Carole Rawcliffe, ‘Care for the Sick’, pp.41-6.

⁹ Yearl, ‘Medieval Monastic Customaries’, p.179.

¹⁰ Rawcliffe, ‘Care for the Sick’, pp.46-7. See also Amundsen, *Medicine, Society and Faith*, pp.235-9.

¹¹ Rawcliffe, ‘Care for the Sick’, pp.47-8.

infirmaries tended to be multifunctional spaces, housing the sick and old as well as those who were convalescing following phlebotomy, they would have been much frequented by monastics.¹² The importance of these spaces is suggested in the way that some, such as the one at Fountains monastery in Yorkshire, were ‘large, richly decorated and imposing’.¹³

The infirmary and general monastic *modus vivendi* provided the template for the hospital.¹⁴ Following the first Norman free-standing hospital in the eleventh century, such institutions began to proliferate in England.¹⁵ They resembled monasteries (although distinct from monasteries themselves) through their inclusion of communal prayer, liturgical participation and submission to a rule.¹⁶ Many institutions favoured the

¹² Yearl, ‘Medieval Monastic Customaries’, p.177.

¹³ Rawcliffe, ‘Care for the Sick’, p.49.

¹⁴ Crislip, *From Monastery to Hospital*, pp. 9 and 100-1.

¹⁵ See Orme and Webster, *The English Hospital*, pp.20-3. See also Kealey, *Medieval Medicus*, p.89. For proliferation of hospitals in England, see James W. Brodman, ‘Hospitals in the Middle Ages’, in *A Companion to the Medieval World*, ed. by Carol Lansing and Edward D. English (Chichester, Malden and Oxford: Wiley-Blackwell, 2005), p.257.

¹⁶ See Rubin, *Charity and Community*, p.159; Rawcliffe, *Medicine and Society*, p.20; Sethina Watson, ‘The Origins of the English Hospital’, *Transactions of the Royal Historical Society*, 6:16 (2006), 75–94. On the wider development of hospitals see Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Cambridge and New York: University of Cambridge Press, 1999); Yasser Tabbaa, ‘The Functional Aspects of Medieval Islamic Hospitals’, in *Poverty and Charity in Middle Eastern*

Augustinian rule, which reached England from Italy in the eleventh century, because it ‘encouraged its followers to follow a regular round of worship and self-discipline while allowing them flexibility to do tasks in the outside world. It was thus particularly appropriate for clergy running hospitals’.¹⁷ Typically, hospital carers would be subject to the rule; patients were either free from this requirement or obligated to follow a less rigorous version of it. This adherence to a religious framework privileged the spiritual and salvational contexts within which efforts to heal the body were situated. Therefore a chapel was usually a prominent part of the hospital precinct, and it was often annexed to the infirmary.¹⁸ However, the religious orientation of English hospitals was also informed by their charitable nature, being often founded by confraternities and parish bodies, as well as more secular groups like professional guilds.¹⁹ In this sense, they can

Contexts, ed. by Michael Bonner, Mine Ener and Amy Singer (Albany, NY: State University of New York Press, 2003), pp.95-120; Barbara Bowers, ed., *The Medieval Hospital and Medical Practice* (Hampshire and Burlington, VT: Ashgate Publishing, 2007); John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven and London: Yale University Press, 2006).

¹⁷ Orme and Webster, *The English Hospital*, p.70. See also David Knowles and R. Neville Hadcock, *Medieval Religious Houses: England and Wales* (London: Longman, 1953) p.251. For background on the Augustinian Rule as well as a summary of the eleventh-century reform of monastic culture in England and Europe, see Cannon, ‘Monastic Productions’, pp.317-9.

¹⁸ Orme and Webster, *The English Hospital*, pp.35 and 87-8; Rubin, *Charity and Community*, pp.1-10.

¹⁹ Sheila Sweetinburgh, *The Role of the Hospital in Medieval England: Gift Giving and the Spiritual Economy* (Dublin: Four Courts Press, 2004), p.13; Miri Rubin,

be seen as zones of reciprocity where the provision of rest and care by wealthy patrons could be repaid by the prayers recited for their souls by the inmates.²⁰

The strongly religious characteristics of late medieval English hospitals have informed debates amongst historians of the extent to which they can be understood as ‘medical’ spaces. Miri Rubin, in a study of the hospital of St. John the Evangelist in Cambridge between the thirteenth and sixteenth centuries, notes the absence of practical medical contact in its accounts. She concludes that ‘hospitals offered shelter, food, spiritual comfort and a disciplined environment. Some contemporaries would have considered these all that is needed for a man’s recuperation and regeneration’.²¹ Carole Rawcliffe concurs, arguing that hospitals ‘were neither prepared nor equipped to provide much in the way of specialist medical care’, and that no attempt was made in England to make use of physicians or surgeons in hospitals.²² However, Patricia Cullum challenges this consensus: having identified references to a ‘*medica*’, or physician, named Ann in a 1276 ordinance of St. Leonard’s Hospital, York, Cullum concludes that it is highly unlikely that hospital care did not include a good degree of medical

‘Development and Change in English Hospitals, 100-1500’, in *The Hospital in History*, ed. by Lindsay Granshaw and Roy Porter (London and New York: Routledge, 1989), pp.41-59 (p.48); Brodman, ‘Hospitals in the Middle Ages’, p.258.

²⁰ The relationship of charity to the institutional subject is discussed below.

²¹ Miri Rubin, *Charity and Community*, p.153.

²² Carole Rawcliffe, *Medicine and Society*, p.210. There is a marked distinction between English hospitals and others in western Europe where medical professionals such as physicians and surgeons commonly appear in hospital sources. See Brodman, ‘Hospitals in the Middle Ages’, p.265.

treatment.²³ Furthermore, the references in late medieval English monastic customaries and accounts of monastic visitations by ecclesiastical authorities include much reference to specific medical care being made available for enclosed monastics that fall sick.²⁴

In some respects, this debate is misleading as it inculcates an idea of the medieval English hospital as a stable and homogenous space that either incorporated or eschewed medical healing. Yet the medieval hospital should not be seen as ‘a unitary or clearly bounded phenomenon’.²⁵ The identification of a building or an institution as a hospital could signify that it provided: food and shelter to travellers; lodgings to indigent students, the poor, and pregnant women; care for the sick, the elderly, people with various impairments, orphans, those who were mentally ill and lepers.²⁶ The rise of corrodians, or fee-paying inmates, from the ranks of the more well-to-do in the

²³ P.H. Cullum, *Cremetts and Corrodies: Care of the Poor and Sick at St. Leonard’s Hospital, York, in the Middle Ages*, Borthwick Paper, No.79 (York: University of York, 1991), pp.13-15.

²⁴ See Carol Rawcliffe’s identification of physicians at Norfolk mentioned above. Also, a physician is mentioned in the customary for the Augustinian priory at Barnwell in Cambridgeshire. See *The Observances in Use at the Augustinian Priory of Barnwell, Cambridgeshire*, ed. by John Willis Clark (Cambridge: Macmillan and Bowes, 1897), p.203. For an argument that health care in the monastery provided the model for later hospitals, see Crislip, *From Monastery to Hospital*, pp.100-1.

²⁵ Peregrine Horden, ‘A Discipline of Relevance: The Historiography of the Later Medieval Hospital’, *Social History of Medicine*, 1:3 (1988), 359-74 (p.366).

²⁶ See Kealey, *Medieval Medicus*, p.82, and Orme and Webster, *The English Hospital*, pp.40 and 119.

fourteenth century comprised yet another type of hospital inmate.²⁷ Hospitals could also range in size from large institutions, such as St. Leonard's at York, to a host of small houses, or *maisons dieu*, often run by the Church or a secular body under the authority of its patrons.²⁸ Furthermore, the function of any one hospital could be subject to change over time: for example, St. Mary Bethlehem in London turned to the sale of indulgences, or pardons, to boost finances following the Black Death.²⁹ It is therefore crucial, when analysing the way that such spaces were conceived of by medieval people, to retain an awareness of the fluidity of such establishments and their heterogeneous character. Faith Wallis argues that 'whether a doctor was present or not, and however they framed their mandate, medieval hospital staff cared for sick people in accordance with mainstream learned traditions of medicine. They embedded this care, however, in a comprehensive religious context'.³⁰ Medieval hospitals, along with monastic infirmaries were, by virtue of their structural organisation and the practices

²⁷ See Sweetinburgh, *Role of the Hospital*, p.27, and Cullum, *Cremetts and Corrodories*, pp.20-28.

²⁸ By the fourteenth century, St. Leonard's listed its retinue as comprising thirteen chaplain bothers, eight sisters, a number of lay brothers and lay servants. See Cullum, *Cremetts and Corrodories*, p.7. For description of *maisons dieu*, see Sweetinburgh, *Role of the Hospital*, p.33. Sweetinburgh speculates that their emergence was a consequence of the way that the bigger hospitals had been subject to mismanagement and corruption. This may be seen in connection with proposals for reform of English hospitals put forward in the fourteenth and fifteenth centuries. See Orme and Webster, *The English Hospital*, pp.132-6.

²⁹ Carole Rawcliffe, *Medicine for the Soul*, p.166.

³⁰ Faith Wallis, 'Introduction', in *Medieval Medicine*, ed. by Faith Wallis, p.xx.

they engendered, sacred spaces; depending on the specific kind of hospital, medical knowledge and practices could be incorporated within its religious framework.

The Textual Construction of the Institutional Subject

If healing spaces such as the hospital and monastic infirmary encompassed medical practice within their structural and practical configurations, to what extent are the concepts or representations of such spaces imbued with medical language? What part does medicine play in the institutional imaginary? In confronting such questions, it is important to acknowledge the ways in which the spatial ordering or management of bodies invests them with particular forms of knowledge. The medical subject, as understood today, is constructed through an understanding of internal physiology corresponding with symptomatic as well as behavioural manifestations; the (real or imagined) spaces she inhabits both determine and accommodate her subjectivity. Michel Foucault's analysis of the place of institutions in the operations of power is relevant here for its insight into the way that such power is enacted through bodily performance. In *The Birth of the Clinic* and *Discipline and Punish*, Foucault challenges the 'grand narratives' of traditional historiography, and their teleological assumptions of ineluctable progress or social evolution. In countering such narratives, he explores the codes of knowledge or discursive modalities which delimit and determine thought, concepts and practices in any particular field or time period.³¹ According to this

³¹ Foucault applies what he sees as an archaeological method to render visible such codes. See Michel Foucault, *Archaeology of Knowledge*, trans. A.M. Sheridan Smith (London and New York: Routledge, 1972, repr., 2003) pp.8-9 and 171-3. Foucault also employs a methodology of 'genealogies' referring to how knowledge is comprised of a

analysis, power in the modern state works through diffusion and becomes instituted through its incorporation within the docile, disciplined body; the body correspondingly enacts a host of social controls through its everyday movements and gestures.³² The role of the institution is intrinsic to this incorporation as it provides a context, systems of rules and spaces that make possible the performance of discipline and, in doing so, appears benign rather than oppressive.³³ Central to the role of the institution is the way that the power structures in one field (such as medicine) are replicated in a host of others (penal, education, the military), and the importance to this of the uses and meanings invested in spaces.

In *Discipline and Punish*, Foucault traces the development of systems of social control and punishment from the overt violence of their early modern manifestations to their technological, observational and highly regulated modern forms. He contrasts the rational and sophisticated discourses of modern power with a blunt and wholly punitive

‘series of inheritances’, which arise from contingent ruptures or dislocations in historical continuities. See Charles E. Scott, ‘The Power of Medicine, The Power of Ethics’, *The Journal of Medicine and Philosophy*, 12 (1987), 335-50 (p.339).

³² The much referenced Panopticon, the nineteenth-century circular prison proposed by Jeremy Bentham (1748-1832), is the model *par excellence* advanced by Foucault to outline the role of the body and surveillance in social control. See Foucault, *Discipline and Punish: The Birth of the Prison*, trans. and ed. by A.M. Sheridan Smith (London and New York: Routledge, 1977, repr., 1991), pp.195-230.

³³ See Colin Jones and Roy Porter, ‘Introduction’, in *Reassessing Foucault: Power, Medicine and the Body*, ed. by Colin Jones and Roy Porter (London and New York: Routledge, 1994), pp.1-16 (p.11).

premodern one.³⁴ This dichotomy is questionable for the way it ‘casts the Middle Ages in the role of modernity’s all-purpose ‘other’, a place where the carceral society did not yet exist, a prelapsarian world still to be infected by the concept of the modern subject’.³⁵ The engagement with representations of healing spaces in this chapter informs my claim that what we recognise today as modern ‘medical subjects’ have their analogues in late medieval texts, allowing for the fact that they are not understood as *medical* subjects *per se*, or that they are constituted in terms of a set of very different discourses.

³⁴ Foucault condenses this opposition in his descriptions of the execution of Robert-François Damiens (1715-57), for his attempted regicide of France’s King Louis XV (1710-74), and the 1837 penal codes drawn up by French politician Léon Faucher (1803-54). See Foucault, *Discipline and Punish*, pp.3-7.

³⁵ Andrew James Johnston, ‘The Secret of the Sacred: Confession and the Self in *Sir Gawain and the Green Knight*’, in *Performances of the Sacred in Late Medieval and Early Modern England*, ed. by Susanne Rupp and Tobias Döring (Amsterdam and New York: Rodopi, 2005), pp.45-63 (p.55). Other discussions of Foucault’s ‘medievalisms’ include Carolyn Dinshaw, *Getting Medieval: Sexualities and Communities, Pre- and Postmodern* (Durham NC: Duke University Press, 1999) pp.196-205; Kathleen Biddick, *The Typological Imaginary: Circumcision, Technology, History* (Philadelphia: University of Pennsylvania Press, 2003); Robert Mills, *Suspended Animation: Pain, Pleasure and Punishment in Medieval Culture* (London: Reaktion, 2005), pp.13-14; Louise Fradenburg and Carla Feccero, ‘Introduction: Caxton, Foucault and the Pleasures of History’, in *Premodern Sexualities*, ed. by Louise Fradenburg and Carla Feccero (New York: Routledge, 1996), pp.xii-xxiv.

Such subjects are invested with codes of knowledge that demarcate the experience of sickness and healing in terms of the Christian economy of sin and salvation. These investments are not revealed through consideration of the extent to which hospital or infirmary inmates might have experienced, accepted or practiced this subjectivity; they are decipherable through linguistic and rhetorical analysis and through identification of the textual construction of the subject in institutional discourse.³⁶ The advantage of this approach is that it resists speculation on the ‘real’ effects of, for example, edicts in a monastic customary on the quotidian life of the infirmary. Instead, it focuses on the tangibility and materiality of the language itself and conceives of the medical subject as one created and delimited by authoritative and determinative languages, mediating its experiences and structuring the spaces it inhabits. Key to the efficacy of such language is the way in which a medically instituted knowledge of the body serves to circumscribe or exclude the subject. Foucault refers to this as a ‘distribution of illness’, which includes:

All the gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centres, arranged in the most favourable way [...]. It brings into play a system of options that reveals the way in which a group, in

³⁶ Foucault’s idea of power is in opposition to the Marxist conception of it as a macro-structure; he conceives of power ‘as a relationship which was localised, dispersed, diffused [...] operating at a micro, local and overt level through sets of specific practices’. See Bryan S. Tuner, ‘From Governmentality to Risk: Some Reflections on Foucault’s Contribution to Medical Sociology’, in *Foucault: Health and Medicine*, ed. by Alan Petersen and Robin Bunton (London and New York, 1997), pp.ix-xii.

order to protect itself, practices exclusions, establishes the forms of assistance, and reacts to poverty and to the fear of death.³⁷

Medicine can thus comprise a vehicle through which a culture might protect its own homogeneity and isolate or marginalise elements that are perceived to be foreign or dangerous to it. Certainly, the shifting ground between disease and sin in the Middle Ages could work to exclude or confine the ‘sick’ – a category which could, depending on its employment in particular contexts, encompass various marginalised people or groups. The ordering of space is fundamental to the effort to circumscribe, and this can explain the type of prescriptive language that constellates around the space of the infirmary in monastic documents, analysed below, particularly in their concern with morality, behaviour and the necessity of surveillance.³⁸

Bare-life Charity

An adoption of the Foucauldian idea of the exclusion or marginalisation of the sick, characterising the construction of the medical subject, needs to be probed in relation to the insistence on Christian charity accompanying many late medieval articulations of the provision of care for the sick. A fourteenth-century Middle English translation of the *Rule of St. Benedict* exemplifies the Christological basis for providing such care:

³⁷ Foucault, *Clinic*, p.17. In *Birth of the Clinic*, Foucault is mostly concerned with what he sees as the structural discontinuities or ruptures that bring about the rise of clinical medicine in the eighteenth century. See especially, pp.ix-xix.

³⁸ For Foucault’s treatment of medical space, see Chris Philo, ‘*The Birth of the Clinic: An Unknown Work of Medical Geography*’, *Area*, 32:1 (2000), 11-19 (p.17).

Of þe seke spekis sain benet in þis sentence, And cumandis ouir al þing þat man sal ta yeme of þaim, þat tay be serued als it ware god him-selfe. For he sal say on domis-day: “I was seke, ye visit; þat ye did til an of myne, ye did it me” (25-9).³⁹

The responsibility of the abbot and the monastic community as a whole to care for the sick is linked to Christ’s words, identifying with the sick and poor in Matthew’s gospel.⁴⁰ The *Rule* thus makes clear that caring for ill patients equates to caring for Christ himself and, as such, is linked to one’s fate on judgement day. Benedict expands on the imperative to care for the sick: ‘A hus sal þai haue bi þam ane. And tat so þat sal serue þam dute gode, and do hir miht for to serue þam wel and wid luue’ (35-7). The care that is to be given to the sick within the monastic environment is advanced by the allocation of a space – ‘a hus’ – where they can be cared for. The infirmary, comprising this space, is thus invested with the qualities of servitude and love, or *caritas*. As it is rendered in the Benedictine *Rule*, it enables the bestowal of dedicated and affective care upon the sick and infirm.

The infirmary as a place of compassion also finds expression in monastic customaries from the high and later Middle Ages.⁴¹ Such documents were produced

³⁹ ‘Northern Prose Version’, in *Three Middle-English Versions of the Rule of St. Benet and Two Contemporary Rituals for the Ordination of Nuns*, ed. by Ernst A. Kock, EETS o.s. no.120 (London: Published for the Early English Text Society by Kegan Paul, Trench, Trübner and Co., 1902), p.26. Citations are by line number in the text.

⁴⁰ *DR*, Matt.25:36-40.

⁴¹ Customaries qualified and adapted the rule of the order governing the monastery (such as the Benedictine one) in ways specific to the local circumstances and environment of a particular monastery. They tended to provide much more specific

either upon foundation of a monastic house or to regularise customs (or enact reforms) in an existing one. They were retained (and revised) for use by subsequent generations.⁴² The twelfth-century customary of the Augustinian monastery of St. Giles at Barnwell, Cambridgeshire lists the qualities that should apply to the master of the infirmary:

The Infirmarer therefore, who should have the care of the sick, ought to be a gentle, pleasant and obliging man, compassionate to the sick and willing to condescend to appease their needs affectionately. It should rarely or never happen that he has not, in his store, ginger root, cinnamon, peony, and such like, so as to be able to render prompt support to the sick if struck by disease [...] He is to prepare their food at the right time, show their urine to the physician, and he has responsibility for paying careful attention to their eating and drinking [...] The

detail to the running of the monastery than the rule allowed for. Their usefulness as a historical source has been challenged by some scholars ‘expressing concern that the contents of customaries represented the normative ideals of monastic legislators rather than the lived experiences of individual monks’. See Scott G. Bruce, *Silence and Sign Language in Medieval Monasticism: The Cluniac Tradition, c.900-1200* (Cambridge and New York: Cambridge University Press, 2007), p.7. However, they are exemplars of the ideological ways in which these authorities envisioned monastic spaces, such as the infirmary. For debates on the usefulness of customaries as historical sources, see the collection of essays in Susan Boynton and Isabelle Cochelin, eds., *From Dead of Night to End of Day: The Medieval Customs of Cluny* (Turnhout: Brepols, 2005),

⁴² See Julie Kerr, *Monastic Hospitality: The Benedictines in England, c.1070-c.1250* (Woodbridge: Boydell Press, 2007), pp.13-15.

Infirmarer should have Mass celebrated daily for the sick either by himself or another.⁴³

The infirmary is here constituted as a place that brings together concerns of the body (food, urine, medicine) and spiritual devotion; it also achieves this spatially by bringing together the place of worship with that of liturgical devotion. In doing so, it qualifies the Christian imperative to care for the sick by listing the indulgent, patient and affectionate care which the infirmarer is to lavish upon the the inhabitants.

Although the *Barnwell* customary delineates its infirmary inmates in privileged terms, the inculcation of perspectives of the poor as indices of Christ can be seen to enact its own circumscription. This is clearly evinced in narratives that focus on superlative instances of charity. A hierarchal relationship between those who offer care and those who receive it is evoked in the *vita* of a highly popular and venerated saint across late medieval Europe, Elizabeth of Hungary (1207-31).⁴⁴ Elizabeth was the

⁴³ *The Observances in Use at the Augustinian Priory of Barnwell, Cambridgeshire*, ed. by John Willis Clark (Cambridge: Macmillan and Bowes, 1897), pp.202-5 (my translation from the Latin is based on Clark's). For a general history of St. Giles's monastery at Barnwell, see L.F. Salzman, ed., *A History of the County of Cambridge and the Isle of Ely: Victoria County History*, Vol. II (London: Published for the University of London Institute of Historical Research by Oxford University Press, 1948), pp.234-49.

⁴⁴ On the spread of Elizabeth's cult in Europe, see Dávid Falvai, 'St. Elizabeth of Hungary in Italian Vernacular Literature: *Vitae*, Miracles, Revelations, and the Meditations on the Life of Christ', in *Promoting the Saints: Cults and their Contexts from Late Antiquity until the Early Modern Period: Essays in Honour of Gábor*

daughter of Andrew, King of Hungary and was revered for her establishment of charitable institutions including a hospital.⁴⁵ Her biography, included in the *Legenda Aurea* (and its Middle English translation, the *Gilte Legende*), describes her personally tending to the sick in opposition to the wishes of her family.⁴⁶ Late medieval stories and images depicting her helping the poor and sick, particularly lepers, are legion.⁴⁷

Klaniczay for his Sixtieth Birthday, ed. by Ottó Gecser, József Laszlovsky, Balázs Nagy, Marcell Sebők and Katalin Szende (Budapest: Central European Press, 2011), pp.137-50, and Ottó Gecser, 'Lives of St. Elizabeth: Their Rewritings and Diffusion in the Thirteenth Century', *Analecta Bollandiana*, 127:1 (2009), 49-107.

⁴⁵ The main source of Elizabeth's life comes from the miracle depositions made by her companions and servants before a papal commission at her canonization hearings in 1235. For an account and translation of these, see Kenneth Baxter Wolf, *The Life and Afterlife of Elizabeth of Hungary: Testimony from her Canonization Hearings* (Oxford and New York: Oxford University Press, 2010).

⁴⁶ On identification with the sick and poor and the rejection of familial expectations as constitutive elements in late medieval female piety, see Michael E. Goodich, 'The Contours of Female Piety in later Medieval Hagiography', *Church History*, 50:1 (1981), 20-32.

⁴⁷ For some examples of the circulation of depictions of Elizabeth, see David Griffith, 'The Reception of Continental Women Mystics in Fifteenth- and Sixteenth-century England: Some Artistic Evidence', in *The Medieval Mystical Tradition in England: Exeter Symposium VII: Papers Read at Charney Manor, July 2004*, ed. by E.A. Jones (Cambridge: D.S. Brewer, 2004), pp.94-117; Erno Nemes-Kovacs, 'The Newly Discovered Reliquary Sculpture of Saint Elizabeth of Hungary', *Franciscana* 8 (2007), 107-117.

Elizabeth's exemplary sanctity is advanced in her *vita* in the *Gilte Legende*. Following her early widowhood, she gives her riches to the poor and devotes herself to the care of the sick in the hospital she has founded:

She made a gret hous under the castell wherinne she might resseyue and norisse gret multitude of pore folke, and eueri day she visited hem, sparing for no corrupcion of euel eyre, ne for no manere of foule siknesse, but wasshed hem and wiped hem with her owne hondes.⁴⁸

Elizabeth's selfless commitment, exemplified through her tactile serving of the inmates whilst risking contagion, gathers impetus from the contrast between her high social standing and the poor people she serves. This is rendered in structural terms by her creation of the 'gret hous' under her castle. In pietistic terms, the more defined this contrast is between the rich holy woman and her sick guests, the more saintly she appears:

She was of so gret humilite that for the loue of God she leyde in her lappe a sike man with horrible uisage and stinkinge hede, and she wysse his uisage and his hede and clipped of the filthe from his hede, wherfor her women lough her to scorne.⁴⁹

Elizabeth's self-abasement takes place through her performance of charity.⁵⁰ The ridicule she receives from her own serving women for conferring care, through laying

⁴⁸ Jacobus de Voragine, 'Elizabeth of Hungary', in *GL*, Vol. II, p.846.

⁴⁹ Jacobus de Voragine, 'Elizabeth of Hungary', p.844.

⁵⁰ The motif of the saint's self-abasement was one that was deployed widely in late-medieval hagiographies, in line with that culture's emphasis on asceticism and piety. This often took the form of the saint tending to the sores of lepers or kissing them (a topic explored more fully in the next chapter of this thesis). For a number of examples,

the sick man on her lap and removing his dirt with her hands further emphasizes her humility.

The same indexical function that is at work in the Benedictine *Rule* and the *Barnwell Observances* is affirmed here through the correspondence of the sick man with Christ. This includes the inversion whereby the saint's humility makes her equally like Christ; although Elizabeth's maternal care also evokes the image of the Virgin Mary holding (both the infant and deposed) Christ, and this image is explicitly evoked later: 'bi the ensaumple of the Uirgine Marie she wolde bere her sone in her armes'.⁵¹ However, the narrator's Christ-like elevation of the patient is attended by the fascination with his obscenity: his 'horrible uisage and stinkinge hede' again sets up an opposition between the saint's spiritual purity and the visceral materiality through which it

see Catherine Peyroux, 'The Leper's Kiss', in *Monks and Nuns, Saints and Outcasts: Religion in Medieval Society*, ed. by Sharon Farmer and Barbara H. Rosenwein (Ithaca, NY: Cornell University Press, 2000), pp.172-88. Dyan Elliot has identified a precursor to late medieval accounts of saintly self-abasement in the form of Radegunde (c.520-c.587), the Thuringian princess and founder of the abbey of the Holy Cross at Poitiers, who would secretly rise at night in her convent and perform menial tasks such as cleaning her fellow nuns' shoes and scrubbing the toilets. See Elliot, *The Bride of Christ goes to Hell: Metaphor and Embodiment in the Lives of Pious Women, 200-1500* (Philadelphia: University of Pennsylvania Press, 2012), pp.98-99.

⁵¹ Jacobus de Voragine, 'Elizabeth of Hungary', p.844. See also Anja Petrakopoulos, 'Sanctity and Motherhood: Elizabeth of Thuringia', in *Sanctity and Motherhood: Essays on Holy Motherhood in the Middle Ages*, ed. by Anneke B. Mulder-Bakker (New York: Garland, 1996), pp.259-96.

expresses itself, as Elizabeth nonchalantly performs the corporal works of mercy.⁵² Again, we see her repeating her acts of humility as she bears the ‘sike bodies to her priuies for to ese hem and bere hem ayen to her beddis’ and wipes the wounds of lepers.⁵³ The bodies of the sick – their weakness, filth, incontinence and wounds – become ciphers of the saint’s charity and humble endurance. Her tactile attentions and labour manifests her humble, self-effacing integrity in contrast to the weeping and incontinent bodies of those she cares for.

Yet this account of Elizabeth’s servitude employs a register of disgust and aversion as opposed to a specifically medical one. The narrator is less interested in whether Elizabeth’s charges make a return to health but rather in how her engagement with their weak and weeping bodies signals her sanctity. In this sense, her patients can be thought to resemble the privileged and abject role of the *homo sacer*, the distinctive figure of Roman society who is unprotected by law and who therefore may be killed with impunity and without sacrificial merit. Giorgio Agamben’s exposition of the trans-

⁵² On late medieval acclamations of Elizabeth’s works of mercy, see Ivan Great, ‘*Dei Saturitas*: St. Elizabeth’s Works of Mercy in the Medieval Pictorial Narrative’, in *Insights and Interpretations: Studies in the Celebration of the Eighty-Fifth Anniversary of the Index of Christian Art*, ed. by Colum Hourihane (Princeton, NJ: Princeton University Press, 2002), pp.168-81. For an explication of the seven corporal and spiritual works of mercy, see Suzanne Roberts, ‘Contexts of Charity in the Middle Ages: Religious, Social, and Civic’, in *Giving: Western Ideas of Philanthropy*, ed. by Jerome B. Schneewind (Bloomington and Indianapolis: Indiana University Press, 1996), pp.24-53 (esp. pp.27-8).

⁵³ Jacobus de Vorgaine, ‘Elizabeth of Hungary’, p.851.

historical manifestations of this figure configures it as existing outside the political realm, inhabiting a ‘bare life’ existence, whilst simultaneously underpinning the constitution of political sovereignty.⁵⁴ The bare life of Elizabeth’s patients is suggested in the way that their wounded and festering bodies distinguish them as Christ-like, whilst their existence accumulates meaning only through the performance of charity by their noble patron. Their presence is exclusively oriented to their ability to generate the sanctity of their carer.

This dynamic is also apparent in a mid-fifteenth-century stained glass image of Elizabeth, forming part of the great east window in the church of St. Peter Mancroft in

⁵⁴ Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. by Daniel Heller-Roazen (Stanford, CA: Stanford University Press, 1998). Whilst Agamben does not expansively detail the place of the *homo sacer* in medieval culture, he does suggest that the titular werewolf in Marie de France’s (fl.1170-1200) *Bisclavret* resembles one. See Agamben, *Homo Sacer*, p.104. A number of medievalists have made use of Agamben’s theory: Robert Mills, ‘Havelok’s Bare Life and the Significance of Skin’, in *Reading Skin*, ed. by Katie L. Walter, pp.57-80; James Wade, *Fairies in Medieval Romance* (New York and Basingstoke: Palgrave Macmillan, 2011), pp.73-108; Ruth Evans, ‘Sir Orfeo and Bare Life’, in *Medieval Cultural Studies: Essays in Honour of Stephen Knight*, ed. by Ruth Evans, Helen Fulton and David Matthews (Cardiff: University of Wales Press, 2006), pp.198-212; Robert S. Sturges, ‘The State of Exception and Sovereign Masculinity in *Troilus and Criseyde*’, in *Men and Masculinities in Chaucer’s Troilus and Criseyde*, ed. by Tison Pugh and Marcia Smith Marzec (Woodbridge: D.S. Brewer, 2008), pp.28-42.

Norwich.⁵⁵ It depicts the saint, dressed in virginal blue, handing out alms to the poor (fig.12). Elizabeth, at the centre of the image is watched by her father, Andrew II of Hungary, embedded within the enclave of his castle, and looking on grim-faced as Elizabeth doles out her gifts to the sick and poor. The multitude of poor converging on Elizabeth forms an enclosure about her that contrasts with the building that protects her father. The image thus signifies Elizabeth's rejection of worldly riches and status (she stands with her back to the castle) and her commitment to merciful piety. However, Elizabeth is also defined in contrast to the suppliants. Whilst she is the only full-length figure in the image, the beggars are represented metonymically by their deformed faces, half-concealed by their cloaks (possibly to represent the risk of contagion) and their outstretched palms as they compete with each other for the gifts of the saint. Similar to the *Gilte Legende* account, they are drawn as partially faceless and passive beings; they

⁵⁵ This window, along with the inclusion of Elizabeth's *vita* in the *Gilte Legende* and Osbern Bokenham's (c.1393-c.1463) hagiographical collection, attests to Elizabeth's popularity in England. Margery Kempe makes reference to the writings of a St. Elizabeth. See Kempe, *Book of Margery Kempe*, p.154. Although this is likely to refer to the writings of Elizabeth's great-niece, Elizabeth of Toess (c.1294-1336), it may be that both figures are conflated in the *Book*. For discussions of this, see Diane Watt, *Medieval Women's Writing* (Cambridge and Malden, MA: Polity Press, 2007), pp.87-88, and Alexandra Barrett, 'Margery Kempe and the King's Daughter of Hungary', in *Margery Kempe: A Book of Essays*, ed. by Sandra J. McEntire (New York: Garland, 1992), pp.189-201.

are the occasion for Elizabeth's works of mercy rather than equal participants in a sacred community.⁵⁶

Representations of charitable acts in late medieval hagiography, whilst deploying a semiotics of self-effacement, are predicated on the glory such acts bestow upon the holy person. Elizabeth of Hungary's selfless acts in founding a hospital and subjecting herself to the menial tasks of washing and feeding its inmates result in her magnification as a superlative model of mercy and piety. Devotion to saints like Elizabeth in late medieval England paralleled the use of charity as an important medium through which social and economic alliances and prestige were defined. As Miri Rubin argues,

Gift-giving was also part of the symbolic articulation of social and personal relations, and is at any time an act of self-expression, of the presentation of one's innermost values. Charity cannot be satisfactorily understood as a purely altruistic act since gift-giving is so rich in rewards to the giver'.⁵⁷

⁵⁶ Depictions of the sick and poor as bare life figures constitute an abiding motif in articulations of saintly charity. For instance the *Gilte Legende* includes accounts of Saints Giles (c.650-c.710) and Julian the Hospitaller (b. c.7 CE), both of whom are partly-defined through their acts of mercy to the poor (Jacobus de Voragine, 'St. Giles', *GL*, Vol. II, p.638; 'St. Julian the Hospitaller', *GL*, Vol I, p.144). The motif is exemplified in the *vita* of Lawrence of Rome (c.225-258): when asked to present treasures to the Roman Emperor, Decius (c.201 – 251 CE), Lawrence 'gadred togedre alle the pore, lame and blynde and presented hem before Decyen' as Christ's treasures (Jacobus de Voragine, 'St. Lawrence', *GL*, Vol II, p.555).

⁵⁷ Rubin, *Charity and Community*, p.1.

For the giver, these rewards could include social promotion and integration, esteem and spiritual benefits such as the receipt of suffrages (prayers said by the living for the dead) and the prospect of salvation after death. Charity is therefore to be seen ‘against the background of prevailing understanding of property, community, salvation’.⁵⁸ As an economic and social transaction, it is bound by codes of reciprocation (encompassing spiritual as well as material kinds).⁵⁹ As the founding of late medieval hospitals was very much tied to the idea of charity, this suggests that the implementation of social and economic hierarchies was intrinsic to the way in which they were understood. But this cannot be said of all healing spaces: the commitment of the monastic community towards those inhabiting the infirmary was predicated, at least nominally, on the economic and social equality of those who made up the community. But even here there is evidence (discussed below) of the implementation of a (temporary) hierarchy between the sick and the well. This suggests that the spaces provided for those who were sick or incapacitated were ideologically invested and oriented towards a hierarchical demarcation.

⁵⁸ Rubin, ‘*Charity and Community*’, p.4.

⁵⁹ Rubin argues that if such reciprocity is lacking, a ‘moral dissonance’ could set in restricting further gift-giving. She proposes that such dissonance became a feature as later medieval society changed (particularly after the Black Death), reducing the amount of charitable donations to hospitals. See Rubin, *Charity and Community*, p.10.

Conversely, Peregrine Horden argues that the medieval idea of charity was too broad and complex to be reduced to reciprocity. See Horden, ‘A Discipline of Relevance’, pp.363-9.



Fig.12: Elizabeth of Hungary. Stained Glass Panel. 1400-1500. Chancel East Window, St. Peter Mancroft, Norwich (reproduced by permission of St. Peter Mancroft, Norwich).

The Deviant Bodies of the Infirmary

The detailed and precise stipulations pertaining to management of infirmary inmates in monastic customaries reveals the extent to which the Christian imperative to care for the sick could navigate between incorporation and exclusion. Whilst the religious practices that constituted the lives of the enclosed are foregrounded in such documents, their inclusion of medical language works to characterise the sick in terms of marginality and deviance. A set of instructions produced for the Bridgettine order of sisters at Syon Monastery in Isleworth, founded in 1415 by Henry V as part of his ‘great work’, constituting the building of monasteries and a palace by the Thames to the west of London, emphasises the importance of boundaries and division in relation to treatment of the sick.⁶⁰ These are included in a fifteenth-century document as additions to the

⁶⁰ For background of Syon, particularly regarding its much discussed library, see Edward Alexander Jones and Alexandra Walsham, eds., *Syon and its Books: Reading, Writing and Religion c.1400-1700* (Woodbridge: Boydell Press, 2010); Susan Powell, *Preaching at Syon Abbey: Working Papers in Literary and Cultural Studies* (Salford: University of Salford, European Studies Research Institute, 1997); Vincent Gillespie, ed., *Syon Abbey* (London: The British Library in Association with the British Academy, 2001). On the importance of Syon to Henry V’s attempts to engender religious reform in England, see Alexandra da Costa and Ann M. Hutchison, ‘The Brethren of Syon Abbey and Pastoral Care’, in *A Companion to Pastoral Care in the Late Middle Ages (1200-1500)*, ed. by Ronald J. Stansbury (Leiden and Boston: Brill, 2010), pp.235-60.

monastic rule written in Middle English.⁶¹ One passage stipulates the places where the sick are to be kept:

Wherfor, like as þer be dyuers infirmittees, so ther owen to be dyuers howses to kepe hem in: one for al maner sekenes, as is the comen fermery; another for them that be in recouerynge, as is the comen parlour; another for them that be distracte of ther mendes; another for lepres, stondyng fer from al other, so ȝet that the sustres may come to them & comforte hem.⁶²

The diversity of illnesses necessitates the spatial partitioning, separating sufferers based on their differing conditions and the particular stages of their illnesses. This bespeaks a high level of spatial organisation and mobilisation of labour. The edicts also implement a hierarchy where those who are nearest to regaining their health enjoy the communality of the ‘parlour’, whilst the place housing lepers is to be ‘fer from al other’. Yet the author(s) also stipulate that the leper house should be near enough so ‘that the sustres may come to them & comforte hem’. Concern for the sick is balanced by the insistence on effective management of these spaces. The ideal carer must therefore diligently serve the sick, being expected to ‘chaunge ther beddes and clothes, ȝeve them medycynes, ley to ther plastres, and mynyster to them mete & drynke, fyre & water, and [al other nec]essaryes, nyght & day’; yet, she must also be:

⁶¹ As the Bridgettine order was based on the Augustinian one, they followed a modified Augustinian rule known as St. Saviour’s Rule. Syon housed both male and female religious; they occupied separate spaces within the convent.

⁶² London, BL Arundel MS 146, f. 97. This is printed in *The History and Antiquities of Syon Monastery*, ed. by George James Aungier (London: Nichols, 1840), pp.395-6.

stronge & myghty to lefte them up & lede them from place to place, whan need is, to the chirche or fermery chapel, & kan exhorte, styrre & comferte them to be confessed & receyue the sacramentes of holy chirche.⁶³

The language slips nicely between the medical and spiritual in relating how the duties of the sisters must seamlessly perform both corporal and spiritual works of mercy.

Therefore, the instructions to the carers to change bedclothes and administer medicines are blended with the imperative to motivate the patients' liturgical participation. The listing of these stipulations in unbroken prose suggests an understanding of the needs of the ailing body of the infirmary inmate as concomitant with her need for penance and receipt of the Eucharist. The performance of such care requires the alternation of rest and segregation with movement, and a degree of communality required for liturgical participation. But even when they are worshipping among the wider community, the sick continue to occupy a privileged realm: they are physically lifted and motivated to worship by their monastic carers. As their ailments are seen to affect their ability to worship, they require both physical and spiritual care.

Nonetheless, it is the socially transgressive behaviour that infirmary inhabitants display, according to the writer(s) of the *Syon Additions*, which places extreme demands on their carers:

[Be] not squaymes to wasche them & wyepe them or auoyde hem, not angry nor hasty or unpacient, thof one haue the vomet, another the fluxe, another the frensy, whiche nowe syngethe, nowe cryethe, nowe laughethe, nowe wepethe, nowe chydethe, nowe fryghtethe, nowe is wrothe, now wel apayde; ffor þer be some sekenesses vexynge the seke so gretly & prouokynge them to ire, that the mater drawn up to the brayne alyenthe ther mendes. And þerfor they owe to haue

⁶³ Arundel MS 146, f. 97v.

moche pacience with suche, that they may therby gete them an euerlastyng crowne.⁶⁴

This exhaustive list of the variety of behaviours to be expected of the sick shows a deep curiosity and obsession on the part of the writer towards the extreme ways that illness can be manifested. The list of behaviour types are characterised by proliferation, multiplicity and variety, and the writer's highly rhythmic expounding of these with an enthusiastic employment of anaphora – 'nowe syngethe, nowe cryethe, nowe laughethe, nowe wepethe, now chydethe' – works to convey an image of the infirmary as a place of unrelenting noise and exaggerated behaviour. In this way, it is quite at odds with the insistence of silence, devotion and continence attendant upon all other spaces in the monastery. The writer's concern with what is perceived as the uncouth behaviour of the sick mingles apprehensions towards bodily excretion (bleeding, vomiting) with vocal ejections associated with spontaneous and uncontrolled behaviour. These outward manifestations of illness are paralleled or instigated by the internal movement of excessive humours, or 'mater', going to the brain and diminishing the mind. The phrase used in this context, 'alyenthe the mendes', connotes irrationality and derangement, as well as estrangement from God.⁶⁵

⁶⁴ Arundel MS 146, ff. 97v-98.

⁶⁵ 'alienen, v.', *MED*, <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED1117> [accessed 20 November 2014]. Its etymon, the classical Latin adjective, *aliēnus*, carries a wide range of meanings including unnatural, unconnected, foreign, unrelated, of a different species, and repugnant. See 'alien, n. and adj.', *OED*

In this passage, Syon's infirmary inmates are constituted, through a coalescence of discourses: the language of moral or physical disgust, preoccupied with the fragmented, diseased body is folded with a medical, theoretical register, explaining the behaviour of the sick through discussion of humoral dispersal; this is overlaid with the rhetoric of religious salvation stressing the divine benefits that accompany the carer's patience and endurance when dealing with the sick. This discursive interlacing works to articulate a 'knowledge' of the institutional subject through the image of the deviant, self-estranged and privileged body marked by its wayward humours, its incontinence and its potential of engendering the salvation of its carers. Crucially, this passage is written in a monastic customary, a text that would regularly have been read out to the monastic community. In this sense, it outlines behaviours that are *expected* of infirmary inmates: the sick body is already inscribed with the deviance, or the alterity, it is expected to perform in the enclosed, liminal space of the infirmary.

The knowledge of the infirmary subject set out in the *Syon Additions* aligns with Foucault's argument that an intrinsic feature of medical discourse is the connection it implements between disease and morality:

Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of *healthy man* [...]. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives [Original emphasis].⁶⁶

<http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/4988?rkey=2feIXw&result=1&isAdvanced=false> [accessed 20 November 2014].

⁶⁶ Foucault, *Clinic*, pp.39-40.

Medicine, according to this view of its post-Enlightenment incarnation, becomes so intrinsic to the way that the modern subject is conceived that it begins to define all aspects of his being, encompassing both physical and moral characteristics. However, such a medicalised culture is not exclusive to modernity: as we have seen, such ideas can be clearly identified in the way that medical theory and care are interwoven with ideas of moral and behavioural degeneration in the *Syon Additions*.

The idea of the infirmary as a space defined by dissolute behaviour does not just refer to bodily imperatives. Customaries and ordinances make clear that the usual rigorous commitment to worship, silence and work that (depending on the monastic order) could characterise quotidian life for monastics, were relaxed in the infirmary.⁶⁷ The convalescent nature of the infirmary and physical restrictions brought about through illness meant that rest and relaxation were constitutive features. Monastics,

⁶⁷ For discussion and descriptions of monastic routine, see C.H. Lawrence, *Medieval Monasticism: Forms of Religious Life in Western Europe in the Middle Ages*, 3rd edn. (Harlow and New York: Longman, 2001), pp.107-45; Martin Heale, ed., *Monasticism in Late Medieval England, c.1300-1535* (Manchester: Manchester University Press, 2009); Gisela Muschiol, 'Time and Space: Liturgy and Rite in Female Monasteries of the Middle Ages', in *Crown and Veil: Female Monasticism from the Fifth to the Fifteenth Centuries*, ed. by Jeffrey F. Hamburger and Susan Marti, trans. by Dietlinde Hamburger (New York and Chichester: Columbia University Press, 2008), pp.191-206; George Ferzoco and Carolyn Muessig, eds., *Medieval Monastic Education* (London and New York: Leicester University Press, 2000).

usually confined to silence, were permitted to speak to each other.⁶⁸ As sickness was mainly treated through diet, provisions of meats and delicacies, usually abstained from in the monastery, were made available in the infirmary.⁶⁹ Such privileges were not exclusive to those who had fallen sick: in accordance with conventional medieval surgical practice, otherwise healthy monks would undergo periodic phlebotomy, as part of their general health regimen for prophylactic reasons a number of times in the year.⁷⁰ The submission to this process required a monk to spend a number of days convalescing in the infirmary during which he would be allowed the benefits of living under its comparably relaxed conditions. Indeed, Mary Yearl suggests that the high number of bloodletting sessions, made available at a number of English monasteries for individual monks (in some cases as much as eight per year), could have functioned as a sort of ‘holiday’, enabling them ‘to sustain their commitment to the [monastic] life from one period of rest to the next’.⁷¹

Indeed, the use of ritual to mark the inmate’s exit from the monastic community, as well as his re-entry following his convalescence, underscores a perspective of the

⁶⁸ Julie Kerr, *Life in the Medieval Cloister* (London and New York: Continuum Books, 2009), pp.76-77.

⁶⁹ Barbara Harvey, *Living and Dying in England, 1100-1540: The Monastic Experience* (Oxford: Clarendon Press, 1993), p.93.

⁷⁰ Medical practitioners advised periodic phlebotomy as a prophylactic measure as part of general maintenance of health. It was thought to expel excessive or corrupt humours. See Pedro Gil-Sotres, ‘Derivation and Revulsion: The Theory and Practice of Medieval Phlebotomy’, in *Practical Medicine*, ed. by Luis García-Ballester *et al.*, pp.110-55.

⁷¹ Yearl, ‘Medieval Monastic Customaries’, p.189.

infirmery as a place set apart from the wider environment. The *Barnwell Observances* outlines the ritual for *minuti* in specific terms:⁷²

Those who are to be bled must ask leave of the President in Chapter, and, when this Chapter has terminated, having received a bleeding-license [*licencia minuendi*], they are to go out of the Quire after the gospel at High Mass, and, at the customary place in the Infirmary, are to be bled.⁷³

The process of leaving the quire and entering the infirmary must happen at a precise time (after the gospel during Mass) and be sanctioned by the chapter president. The instruction that the monk should leave mid-way through the liturgy lends a degree of spectacle and performance to his departure. The customary goes on to stipulate that whilst the brother is convalescing in the infirmary, during the days following his bleeding, he must not enter the quire for the Hours (with the exception of special occasions, such as in the event of the death of a fellow monk). In line with the more moderate conditions of the infirmary, the instructions ordain that the infirmary master is to serve the bled monk with whatever provisions (such as napkins and utensils) he needs; additionally the infirmarer is to bestow upon the monk ‘all the solace and benveolence that he can. For those who have been bled should, during this time, lead a life of joy and amiability, of solace and cheerfulness’.⁷⁴ The bled monks are required to

⁷² *Minuti*, the usual term employed in customaries for those undertaking phlebotomy, was medieval shorthand for *minutio sanguinis*, or ‘lessening of blood’.

⁷³ *Barnwell Observances*, p.198.

⁷⁴ *Barnwell Observances*, p.202.

re-enter the community in a similarly ritualistic manner: ‘On the third day they should enter the chapter-house, and, prostrating, beg for pardon’.⁷⁵

A similar re-entry ceremony, for recovered *infirmi*, is outlined in another customary from Syon abbey, this time pertaining to its male brethren:

W[han þe] clerkys ar comne, and the lesson is redde, yf any brother þat hath be seek & is recouered of hys sekenes, & wylle ioyne hym to the convente & to ther labours, he schal first ryse & take hys veyne [*prostration in penance*] for hys defawtes & omissyons in the tyme of hys sekenes. And whan he hath take hys penance, he schal go to hys place.⁷⁶

The ‘defawtes and omissyons’ that the monk has committed in the time of his penance can refer to the monk’s performance of any of the socially uncouth behaviours the sick were thought to exhibit, as well as his indulgence in food and activities denied to the rest of the community.⁷⁷ Importantly, it is worth recalling that the sins that the monk has

⁷⁵ *Barnwell Observances*, p.200.

⁷⁶ London, Guildhall Library MS 25,524 (previously London, St. Paul’s Cathedral Library MS 5), f. 7. The Guildhall manuscript represents the additions to the rule pertaining to the monks at Syon. The corresponding passage in the nuns’ additions (London, BL Arundel MS 146) is missing. For information on this manuscript, see N.R. Ker, *Medieval Manuscripts in British Libraries*, Vol. I: London (Oxford: Clarendon Press, 1969), pp.243-4.

⁷⁷ The monastic constitutions of Lanfranc of Bec (1005-1089), archbishop of Canterbury between 1070 and 1089, written for enclosed brethren at Canterbury, are more specific on what the monk would be expected to confess: “My Lord, I have been long in the infirmary borne down by sickness; I have offended in matters of food and drink and much else, and I have acted against our established discipline, and for this I

committed in the infirmary are pre-inscribed: the *Syon Additions* create a space for their execution and deploy them in establishing the co-ordinates within which the infirmary subject is defined. Such transgressions inform the articulation of healing in these texts. They construct the infirmary as a place where the relaxed behaviour imputed onto its inmates is intrinsically bound up with their malign or diseased state. This works to suggest that movement from the infirmary to the chapter-house (where the restorative ceremony takes place) signifies the passage from physical sickness to health, as well as a corresponding movement from a state of sin to one of forgiveness.

The Infirmary and other Remedial Spaces

The rhetoric that constellates around the healing spaces of the hospital and the infirmary encompasses medical, moral and spiritual modes. Medical knowledge is employed to articulate the bodies of inmates in terms of excess and self-alienation, as well as to frame the granting of dietary indulgence and aberrations from the monastic rule. It shores up the over-riding tendency of institutional language to privilege the needs of the indigent subject by circumscribing her both spatially and through a variety of imputed behaviours, gestures and aspects. We have seen manifestations of this, ranging from the bare-life demeanours of Elizabeth of Hungary's charges to the erratic convolutions of the Syon inmates. But the incorporation of medicine within a broader spiritual context is signalled by the moral assignations of those housed in the infirmary. The customaries' descriptions of rituals, marking the departure and return of monastics to and from the

beg of you absolution'. See *The Monastic Constitutions of Lanfranc*, ed. and trans. by David Knowles (Oxford: Clarendon Press, 2002) p.119.

infirmery, encode transgressive imperatives; the textual enunciation of the infirmery is predicated on the mapping of physical sickness or weakness onto spiritual or moral degradation, and the ensuing restoration of physical and spiritual health. The presence of a spiritual framework informing the way that the infirmery and hospital are imagined by late medieval writers suggests that other spaces may be liable to a similar poetics. In this section, I explore the replication of the symbolic movement between sin and redemption, encoded in infirmery language, onto the spaces of the prison and purgatory. Foucault argues that the subject's incorporation of disciplined, regulated gestures is conditioned by the resemblance of one institutional space to another (thus connecting schools, hospitals, prisons).⁷⁸ To what extent can we see the medieval subject of the institutional imaginary being mediated through such similitude?

The *vita* of a thirteenth-century female 'saint' from Liege, Christina Mirabilis (1150-1224), by the Dominican preacher and theologian, Thomas of Cantimpré (c.1200-c.1265/70), comprises an affirmation of spiritual exemplarity through images of confinement.⁷⁹ Having lived a life as a humble and devout cowherd, Christina dies young but is miraculously resurrected during her funeral mass; this event invests her with extraordinary spiritual powers including metamorphosis and the ability to fly. This

⁷⁸ 'Is it true that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?' See Foucault, *Discipline and Punish*, p.228.

⁷⁹ Thomas of Cantimpré, *The Middle English Life of Christina Mirabilis*, in *Three Women of Liège: A Critical Edition of and Commentary on the Middle English Lives of Elizabeth of Spalbeek, Christina Mirabilis, and Marie d'Oignies*, ed. by Jennifer N. Brown (Turnhout: Brepols, 2008), pp.51-84. Christina was also known as Christina of St-Trond, referencing her birth-place in the Low Countries.

begins a phase of her life typified by her voluntary subjection to superlative tortures (as a means to endure the pains of purgatory on earth) and her attempts to avoid social contact by flying to tree-tops and church spires.⁸⁰ It is this tension between Christina's

⁸⁰ Scholarship on Christina's *vita* has largely attempted to contextualise its unusual and distinctive nature in relation to the orthodoxy of the Church and of important figures such as her biographer, Thomas of Cantimpré. Herbert Thurston finds it to be fantastical and unhistorical. See Thurston, *Surprising Mystics* (London: Burns and Oates, 1955), p.149. Margot H. King identifies theological concepts of the stages of the soul's development in her life. See King, 'The Sacramental Witness of Christina Mirabilis: The Mystic Growth of a Fool for Christ's Sake', in *Peaceweavers, Medieval Religious Women*, ed. by L.T. Shank and J.A. Nichols, Vol. II (Kalamazoo, MI: Cistercian Publications, 1987), pp.145-64. Jennifer N. Brown argues that, in the lives of Christina and her contemporaries, 'their questionable spiritual practices are inextricable from an orthodox depiction of confession and clerical obedience, creating both a tension and a resolution for the medieval reader'. See Brown, 'Gender, Confession, and Authority: Oxford, Bodleian Library, MS Douce 114 in the Fifteenth Century', in *After Arundel: Religious Writing in Fifteenth-Century England*, ed. by Vincent Gillespie and Kantik Ghosh (Turnhout: Brepols, 2011), pp.415-428 (p.416). Anke E. Passanier argues that the representation of miracles of women like Christina reflects the hope invested in them by Churchmen for inspiring 'evangelical renewal'. See Passanier, 'The Life of Christina Mirabilis: Miracles of the Construction of Marginality', in *Women and Miracles Stories: A Multidisciplinary Exploration*, ed. by Anne-Marie Korte (Leiden: Brill, 2004), pp.145-178. For more on the relationship between ecclesiastical orthodoxy and female sanctity, see John H. Arnold, 'Margery's Trials: Heresy, Lollardy and Dissent', and Sarah Salih, 'Margery's Bodies: Piety, Work and Penance', both in A

distinctive and extreme devotions and the more conservative community in Saint-Trond which informs the various attempts to imprison her, described in the text. We are told that after Christina has fled the presence of the community by residing in trees and the tops of towers, ‘hir frendys – supposynge hir wode and ful of fendes – atte laste with grete laboure toke hir and bonde hir with chaynes of yren’.⁸¹ Similar to the accounts of caring and institutionalisation analysed in this chapter, the actions by Christina’s friends are described as being motivated by concern for her.⁸² Yet such care is implicated in Christina’s general sufferings in the way that it obstructs her solitary devotions to God. The necessity of Christina’s purgatorial suffering establishes a repetitive pattern in the narrative, characterised by her fleeing from her family and friends, after which she is captured and confined, ultimately leading to her escape through the intervention of Christ.⁸³

Companion to the Book of Margery Kempe, ed. by John H. Arnold and Katherine J. Lewis (Cambridge: D.S. Brewer, 2004), respectively pp.75-94 and 161-76.

⁸¹ Thomas of Cantimpré, *Christina Mirabilis*, p.57.

⁸² Katheryn M. Giglio proposes that the response by Christina’s friends would have been a conventional one to such behaviour. See Giglio, ‘Spirituality and Self-Representation in *The Life of Christina Mirabilis*’, *Essays in Medieval Studies*, 15 (2011), 115-7.

⁸³ For a discussion of Christina’s incursions into the wilderness as constituting a vision of a purgatorial, female ‘wild zone’, see Joanna Ludwikowska-Leniec, ‘Access Denied: The Female “Wild Zone” in Visions of Purgatory by Christina Mirabilis’, in *These Stories beren Witnesse: The Landscape of the Afterlife in Medieval and Post-Medieval Imagination*, ed. by Liliana Sikorska (Frankfurt: Lang, 2010), pp.93-100.

Having escaped her friends' chains, she returns to her voluntary endurance of sufferings, which include her being crushed beneath a wheel and running through thorny bushes being pursued by wild dogs.⁸⁴ Her sisters and friends, convinced of her demonic possession, employ a 'ful wicked and ful strange man' to capture her. In the course of this attempt, he breaks her leg:

Then was she broghte home and hir sisters hyred a leche that shulde heel hir broken legge. Thenne was she ladde in a chayer to Leody, and the leche knewe the spirite of hire strengthe and bonde hir faste to a piler in a celer, wallid alle aboute, and lokked faste the dore. Thanne hee bonde vppe hir legge with medecynnabil clothes.⁸⁵

Again, the agents whom Christina's friends employ to retrieve or heal her are characterised through a blend of violence and mercy. The 'wicked' man breaks her leg in the act of capturing her; subsequently, the physician is hired to 'heel' her broken leg. The fact that she is transported to the city of Leody, or Liège, and tied to a pillar in a cellar, suggests that a kind of carceral space, perhaps a prison or a hospital, is being referred to. In common with other late medieval healing spaces, this is represented through the need to remove the subject from the community in order to effect healing. The fact that the type of institution remains unspecified heightens the way it hinges between a punitive and caring environment. In this sense, it is revealing that the physician, who is retained to cure Christina's injured leg and address the damage

⁸⁴ In detailing her sufferings, Thomas of Cantimpré references the superlative and violent sufferings with which the hagiographies of the female martyr saints of the early Church are described but gives them the contemporary setting of the thirteenth-century Low Countries. See Brown, 'Introduction', in *Three Women of Liège*, p.6.

⁸⁵ Thomas of Cantimpré, *Christina Mirabilis*, p.62.

wrought by her captor, executes his treatment in overwhelmingly punitive terms. His cautious act of locking her within an impregnable space, ‘wallid alle aboute’, suggests a greater concern with her protean and evasive skills than with curing her injury. Even the ‘medecynnabil clothes’, or bandages, he uses to bind up her leg assume a menacingly restrictive character.⁸⁶

However, the ineffectual nature of such treatment is immediately manifested once Christina is placed within the institution:

But when the leche was gon, she drowe hem [*i.e. the bandages*] of ageyne and thoghte vnworthy to haue annothere leche to hire woundes but oure sauour Jhesu Cryste, and allemyghty God deceyued hir not. For on an nyghte, whan the Holy Goost felle in hire, the bondes that she was tyed with were loused and she, alle hoole and harmeles, walked in the celar flore, daunsynge and blessynge oure Lorde to whom allone sche hadde chosen to lyue and to dye.⁸⁷

Rather than countering the clumsiness of the strong man who injured Christina, the fastidious but vain efforts of the physician to enclose her in the prison/infirmiry also reveals him to be inept. Consequently, this episode affirms the transcendence of spiritual over earthly medicine. This is exemplified by the miraculous loosening of Christina’s ‘bondes’ and the healing of her leg, allowing her to walk and even dance on the cellar floor. By querying the divisions between mercy and punishment (itself related to the text’s wider undermining of the boundaries between madness and sanctity), Christina’s *vita* participates in the ambiguities that constitute representations of late

⁸⁶ This also corresponds with an idea throughout the *vita*, of Christina being imprisoned or encased in her body. See Jennifer N. Brown, ‘Christina Mirabilis: Astonishing Piety’, in *Three Women of Liège*, pp.219-245 (p.234).

⁸⁷ Thomas of Cantimpré, *Christina Mirabilis*, pp.62-3.

medieval institutional spaces. Indeed, the implication of healing spaces in terms of the symbolic movement from the physical to the spiritual, or from sin to salvation, is exemplified when Christina picks a stone from the cellar floor, ‘and in an houghe spirite she made the walle thurgh. And [...] hir spirit artyd abouen right with the selfe body of verrey fleshe, as hit is seide, flowe forth as a bridde in the eyre’.⁸⁸ Christina’s overcoming of her material restrictions and ailments, framed through the image of her spirit flying through the air and carrying the weight of her fleshly body, attests to the ultimate porousness of the prison walls.⁸⁹

The cultural configuration of the prison in terms of spiritual liberation is one identified by Megan Cassidy-Welch in her study of imprisonment in the later Middle Ages. Cassidy-Welch identifies how the prison could signify both spatial confinement and ‘the promise of eternal liberation through participation in the Christian devotional economy’.⁹⁰ Indeed, these powerful significations may account for why imprisonment

⁸⁸ Thomas of Cantimpré, *Christina Mirabilis*, p.63.

⁸⁹ Megan Cassidy-Welch, *Imprisonment in the Medieval Religious Imagination c.1150-1400* (Basingstoke, Hampshire and New York: Houndmills, 2011), p.2.

⁹⁰ Cassidy-Welch, *Imprisonment*, p.4. Guy Geltner discusses how the gradual emergence of prisons over the later Middle Ages as characteristic features of the urban topography across Europe signalled the development, on the part of authorities and urban administrators, of ‘an impulse not simply to eradicate, but rather to *contain* and *maintain* deviancy’ [original emphasis]. See Guy Geltner, *The Medieval Prison: A Social History* (Princeton and Oxford: Princeton University Press, 2008), p.5. See also Jean Dunbabin, *Captivity and Imprisonment in Medieval Europe, c.1000-c.1300* (New York and Basingstoke: Palgrave Macmillan, 2003).

existed as an idea long before it was applied or regulated in any systematic way.⁹¹ Such ideas were grounded in tropes shared by classical and early Christian authors of the attainment of intellectual or spiritual development through suffering in confinement or exile.⁹² According to this perspective, imprisonment offered a powerful model for imaging the constrictions of the body and the potential of the soul's ultimate divine liberation. For Cassidy-Welch, the prison serves as a metaphor in Christina's *vita*, 'as it allows the reader to understand that the constraints of the physical body are limiting only until the soul is freed, and that this particular sort of spiritual liberty can only come with God's grace'.⁹³ However, Christina's repeated confinement suggests that the allure

⁹¹ Even though the thirteenth century saw an increase in the administration and regulation of English prisons, they still remained chaotic spaces; see R.B. Pugh, *Imprisonment in Medieval England* (London and New York: Cambridge University Press, 1968), pp.26-47.

⁹² A prominent example is the *Consolation of Philosophy* by the Roman philosopher Boethius (c.480-524), featuring its imprisoned or exiled author's dialogues with Lady Philosophy on the vagaries of fortune. It remained highly influential in the late medieval period and the trope of the imprisoned writer musing on philosophical questions is repeated in Thomas Usk's *Testament of Love* and James I of Scotland's (c.1394-1437), *The Kingis Quair*. See Elizabeth Elliot, *Remembering Boethius: Writing Aristocratic Identity in Late Medieval French and English Literatures* (Farnham and Burlington, VT: Ashgate, 2012), and Alastair J. Minnis, eds., *Chaucer's Boece and the Medieval Tradition of Boethius* (Cambridge: D.S. Brewer, 1993). Early Christian martyrological narratives also imagined prison as a space of spiritual development. See Geltner, *The Medieval Prison*, pp.83-9.

⁹³ Cassidy-Welch, *Imprisonment*, p.88.

of the prison, in her *vita*, resides in the perpetual movement between captivity and release. In the same way that Christina is resurrected from death twice in the narrative, the edifying potency of imprisonment consists in the perpetual return to the body as much as the fantasy of its effacement. Likewise, the ambiguous role of medicine in the *vita* navigates between attesting to transcendence and an affirmation of materiality. Medicine is not included in the text simply as an example of a material, worldly set of concerns to be overcome by the spirit. It also serves as an important means through which spiritual health is mediated, even as it is associated with dull and ineffectual practitioners.

Again, medical healing shadows Christina's final confinement when her friends bind her to a wooden yoke, feeding her with meagre amounts of bread and water. This is inevitably followed by multiple other sorrows: 'Wherfore hire buttokes were al to froten with the hardnes of the tree and hir shuldris festird, and she was with this waxen febil and feynte and myghte not ete hire brede'.⁹⁴ This time Christ brings about a distinctive miracle:

For hire maydenly pappes bigan to sprynge licoure of ful swete oyle, and that toke she and sauerd hir brede with alle and hadde hit for potage and oynement. And sche enoynted therewith the woundes of hire festirde membrys.⁹⁵

Christina's miraculous exuding of oil serves a number of purposes: it savours her bread, it allows her to make soup and it serves as a medical ointment for her wounds.⁹⁶ The oil

⁹⁴ Thomas of Cantimpré, *Christina Mirabilis*, p.63.

⁹⁵ Thomas of Cantimpré, *Christina Mirabilis*, p.64.

⁹⁶ On women's bodies becoming a source of their own food, see Bynum, *Holy Feast*, p.122.

possesses physical healing qualities, as other oils used for medical purposes, but it is also spiritually invested through its miraculous properties and sacramental associations. Medical healing is once again affirmed, even as it is rendered useless by divine efficacy.⁹⁷

⁹⁷ Christina's *vita*, along with those of other thirteenth century beguines (women who lived in semi-enclosed religious communities) had wide circulation through late medieval Europe and attracted a lay, largely female, readership. There is one extant Middle English version of her *vita*, a fifteenth century manuscript – Oxford, Bodleian Library, MS Douce 114 – that also includes the lives of her contemporary beguines, all from Liège, Elizabeth of Spalbeck (c.1246-1304) by Philip of Clairvaux (d.1273) and Marie d'Oignies (c.1170-1213) by Jacques of Vitry (c.1160-1244). See Sarah M. MacMillan, 'Asceticism in Late-Medieval Religious Writing: Oxford, Bodleian Library, MS Douce 114' (unpublished doctoral thesis, University of Birmingham, 2010). This manuscript was held at a Carthusian library at Beauvale in Nottingham and therefore is unlikely to have found a lay readership. However, the reference to the life of Marie d'Oignies in the *Book of Margery Kempe*, whose own devotions paralleled those of the beguines, does suggest that such works did reach a lay audience in England. See Brown, 'Introduction', in *Three Women of Liège*, pp.9-16. The Middle English version of Christina's life attests to the continued interest in female sanctity in the fifteenth century amongst lay readers. Its inclusion of anti-heretical material would have made it applicable to the Church's attempts to battle lollardy in fifteenth-century England. See Brown, 'Gender, Confession, and Authority', p.416. On the relationship between Thomas of Cantimpré's thirteenth-century Latin version and the subversion of

Christina's series of confinements should also be seen as part of the enterprise that determines her post-resurrection life, her experience of purgatorial suffering. Following her early death, she visits purgatory, 'a loothly place ful of mennes soules'.⁹⁸ Subsequently, she is led to heaven where Christ gives her the choice to remain there or to return to earth, 'to suffre peynes of an vndeedly soule by a deedly body withouten harme of hitself and to delyuere with thy peynes alle thos soules of the whiche thou haddest pite in the place of Purgatorye'.⁹⁹ Christina returns to the world where her sufferings are undertaken to enable delivery of purgatorial souls and, by pietistic example, to motivate the living to repent. Her *vita* thus offers a striking visualisation of this space, particularly in the episodes of her confinement and release.¹⁰⁰

Indeed, Thomas of Cantimpré's writing of her life coincided with a growing affirmation of purgatory by Church theologians and authorities throughout the thirteenth

Catharism in Europe, see Patricia D. Kurtz, 'Mary of Oignies, Christine the Marvellous, and Medieval Heresy', *Mystics Quarterly*, 14:4 (1988), 186-196 (p.187).

⁹⁸ Thomas of Cantimpré, *Christina Mirabilis*, p.55.

⁹⁹ Thomas of Cantimpré, *Christina Mirabilis*, p.56.

¹⁰⁰ Robert Sweetman argues that the *vita* takes the form of an *exemplum* or purgatorial sermon. See Sweetman, 'Christine of St. Trond's Preaching Apostolate: Thomas of Cantimpré's Hagiographical Method Revisited', *Vox Benedictina*, 9 (1992), 67-97, and 'Thomas of Cantimpré, *Mulieres Religiosae*, and Purgatorial Piety: Hagiographical *Vitae* and the "Begaine Voice"', in *A Distant Voice: Medieval Studies in Honour of Leonard E. Boyle*, ed. by Jacqueline Brown and William P. Stoneman (Notre Dame, 1997), pp.606-28. See also Ludwikowska-Leniec, 'Access Denied', p.93.

century, culminating with its official ratification by the Council of Lyon in 1274.¹⁰¹ This middle space between heaven and hell, temporarily housing the souls of sinners whilst they are purified through punishment from the sins they committed in their lifetimes, proved compelling within late medieval European culture.¹⁰² Part of its allure was its alignment of the world of the living with that of the dead, and its affirmation that ‘the trial to be endured by the dead may be abridged by the intercessory prayers, the “suffrages” of the living’.¹⁰³ It offered a cosmological and transactional framework which could mediate even the most pedestrian features of quotidian life. The temporary and punitive nature of purgatory constituted it as an exemplary carceral space. Its thirteenth-century establishment, as a discrete otherworldly realm, resonates with the broader interests in penal confinement in late medieval Europe, and the rise of

¹⁰¹ Jacques Le Goff, *The Birth of Purgatory*, trans. by Arthur Goldhammer (Aldershot: Ashgate, 1984), p.237.

¹⁰² Prior to the twelfth century, the Christian otherworld was thought to comprise only of heaven and hell. The idea of purgation was regarded as a feature of the afterlife, but it was usually imagined to be consigned to the margins of either heaven or hell. The growing emphasis of purgation, influenced by a greater focus on confession and penance following the Fourth Lateran Council, resulted in the idea that purgatory comprised a third space separate from heaven and hell. See Le Goff, *Birth of Purgatory*, pp.1-7, and Graham Robert Edwards, ‘Purgatory: “Birth” or Evolution?’, *Journal of Ecclesiastical History*, 36 (1985), 634-46.

¹⁰³ Le Goff, *Birth of Purgatory*, p.11. These suffrages included payment by relatives of the dead to the clergy to have masses said that would help the souls out of purgatory. The souls’ progress was thus seen as expedited as much by the prayers of the living as it was by the sufferings the souls would endure for their own past actions.

penitential and confessional spiritual modes.¹⁰⁴ The establishment of purgatory as a mainstay of popular beliefs and practices owed much to the way it was elucidated and visualised in medieval writings.¹⁰⁵ A genre of visionary literature, detailing the accounts of visitations made by penitents to the otherworld and featuring their detailed and fantastical descriptions of its precincts, was highly popular amongst readers in England, as well as throughout Europe.¹⁰⁶ The otherworld, in its non-material, abstract yet highly regulated nature, can therefore be understood to constitute an exemplary model of imaginary, institutional space.

An example of this genre, *The Revelation of the Monk of Eynsham*, incorporates features of the regulatory language constitutive of descriptions of the hospital and prison. The text is attributed to Adam (c.1155-1233), chronicler and abbot of the Benedictine abbey of Eynsham, whose brother, Edmund, was thought to have been the monk who experienced the vision.¹⁰⁷ A fifteenth-century Middle English translation

¹⁰⁴ Cassidy-Welch, *Imprisonment*, p.90. See also Andrew Stotnicki, 'God's Prisoners: Penal Confinement and the Creation of Purgatory', *Modern Theology*, 22:1 (2006), 85-110.

¹⁰⁵ See Stephen Greenblatt, *Hamlet in Purgatory* (Princeton and Oxford: Princeton University Press, 2002), p.50.

¹⁰⁶ For a collection of such purgatorial writings, preceding Dante Aligheri's (c.1265-1321) epic appropriation of the genre in the *Divina Commedia*, see Eileen Gardiner, ed., *Visions of Heaven and Hell before Dante* (New York: Italica Press, 1989).

¹⁰⁷ D.H. Farmer, 'Adam of Eynsham', *ODNB*
<http://www.oxforddnb.com/view/article/48313> [accessed 29 Jan 2013]. This is the same

outlines the punishment in purgatory of a doctor of law and connects ideas of morality, sickness and punishment. Purgatory here, as in many other such accounts, is organised into different sections where specific types of sins are punished. The visiting monk recognises the doctor of law, whom he knew in life, being punished for the sin of sodomy in the space reserved for this. The taboo-status of this category of sin is signalled through its negation: whilst the chapter's rubric makes its subject explicit, 'Of the vnclene and foule vyce and synne of sodemytys', the narrator invokes it in terms of a pious refusal to name: 'that foule synne, the whiche oughte not be namyd not only of a Crystyn man but also of none hethyn man'.¹⁰⁸ This rhetorical manoeuvre brackets sodomy as a superlative vice, whilst eliding its particular characteristics. Sodomy is thus constituted in terms of a semantic opacity, typical of its articulation by late medieval writers, allowing it to evoke a host of 'deviant' sexual practices.¹⁰⁹

author of the life of St. Hugh discussed above. See also Gardiner, ed., *Visions of Heaven and Hell*, pp.254-6.

¹⁰⁸ Adam of Eynsham, *The Revelation of the Monk of Eynsham*, ed. by Robert Easting, EETS no.318 (Oxford and New York: Published for the Early English Text Society by Oxford University Press, 2002), p.79. References to sodomy as an unmentionable category were typical of its appearances in late medieval writings. See Robert Mills, 'Gender, Sodomy, Friendship, and the Medieval Anchorhold', *Journal of Medieval Religious Cultures*, 36:1 (2010), 1-27 (p.15).

¹⁰⁹ Karma Lochrie makes the point that medieval theologians 'located [sodomy's] sinfulness and its horror in its most deeply conflicted gender attributes: its passivity [...] and unrestrained desire, an 'abominable' state that could not be named without danger of contamination and corruption'. See Lochrie, *Covert Operations*, p.191. In this sense,

The punishment that the souls guilty of sodomy, like the doctor of law, undergo is its enforced re-enactment with demonic figures:

Certen grete monstus, that ys to seye grete bestys onnaturally schapyne, schewyd hem-selfe in a fyrye lykenesse, horrabulle and gastfulle to sight, and oftyn-tymes vyolently came apone hem and also in a fowle damnable abusion compellyd hem to medylle with hem, howe-be-hyt that they refusyd and wulde hyt not. I abhorre and ame asschamed to speke of the fowlnesse and vnclenes of that same synne.¹¹⁰

The main verb employed to describe the action in this passage, ‘medylle’, signifies sexual intercourse but, more generally, it connotes blending or mixing. It is this non-specified merging of forms that informs the narrator’s expressions of horror and disgust (conveyed through the adjectives ‘horrabulle’, ‘gastfulle’ (signifying dreadful) and the repetition of ‘fowlnesse’ and ‘vnclenes’). Subsequently the lawyer is completely

any sexual act that was seen by Church authorities as un-natural and non-normative (including acts within heterosexual marriage) could be deemed as sodomitical. Michel Foucault famously referred to its medieval constitution as an ‘utterly confused category’. See Foucault, *History of Sexuality*, I, p.101. For other discussions of medieval sodomy, see Dinshaw, *Getting Medieval*, pp.100-42; Glenn Burger, *Chaucer’s Queer Nation* (Minneapolis: University of Minnesota Press, 2003), pp.119-159; Mark Jordan, *The Invention of Sodomy in Christian Theology* (Chicago: University of Chicago Press, 1997), pp.154-58; Robert Mills, ‘Seeing Sodomy in the *Bibles moralisées*’, *Speculum* 87.2 (2012), 413-68; Kim M. Phillips, “‘They Do not Know the Use of Men’: The Absence of Sodomy in Medieval Accounts of the Far East’, in *Medieval Sexuality: A Casebook*, ed. by April Harper and Caroline Proctor (New York and Abingdon: Routledge, 2008) pp.189-208 (pp.195-7).

¹¹⁰ Adam of Eynsham, *Monk of Eynsham*, p.79.

consumed: ‘and by thoo tormentys he was brought as to nought and dyssoluyd by strenthe and hete of fyre and so made lyquyd, as led ys whenne hyt ys multe’.¹¹¹ The description of these torments resonates with the expressions of disgust in Elizabeth of Hungary’s *vita* and the *Syon Additions*, where bodily excretions or uncontrolled gestures are both the subject of the authors’ captivated interest and aversion. In each case, disgust is linked to the loss of bodily integrity.¹¹²

Just as the representations of the infirmary and hospital, explored above, link moral states with sickness and disease, the *Monk of Eynsham* depicts the lawyer’s sinful state in terms of bodily ailments. We are told that, when alive, the lawyer fell grievously ill not only as a consequence of his sexual sins but also due to his coveting of money belonging to the Church:¹¹³

Sothely, hyt was done of a meke dispensacion of oure Sa[u]yur, that he shulde by the schorge of sekenes and sorowe dispose to corect and amende hys synful

¹¹¹ Adam of Eynsham, *Monk of Eynsham*, p.87.

¹¹² This idea is informed by Mary Douglas’s well-known argument that cultural ideas of purity are established and maintained by the institution of physical and symbolic boundaries. See Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York: Routledge, 1966).

¹¹³ This reflects the way that sodomy was sometimes conflated with a host of sins such as greed, gluttony and pride by religious writers. See Mills, ‘Seeing Sodomy’, p.423. The sin of covetousness may also be introduced in the *Monk of Eynsham* to implicate the lawyer with a type of sin more typically connected to his profession; see Jill Mann, *Chaucer and Medieval Estates Satire: The Literature of Social Classes and the General Prologue to the Canterbury Tales* (Cambridge and London: Cambridge University Press, 1973), pp.86-90.

leuyng, [...]. Bu[t] he contrary-wyse was ouer-carkefulle of hys bodely hel[p]e, the whyche he louyd ouer-mekyl, [...], wherfore he neuyr wolde dyspose hym to be confest of hys synys and specialy of his fowle and onclene leuyng, for the helthe of his sowle [...]. Than the he[u]ynly leche, oure Sauyur, seying that he was neuer in his dayes the bettyr for the sekenesse the whiche he hadde for his warnyng, the whyche he schoyd and gaue vnto hym for a gostely medeson, nethir wente owte of hys onclene leuyng, in the whiche vnclene leuyng he was in by the affliccyon of hys grete sekenesse. [...] Oure Lord Ihesu Crist mercefully putte an ende of hem in hys dethe.¹¹⁴

The onset of the lawyer's sickness is both a punishment for his sins and a warning to amend his lifestyle. Yet instead of using the occasion of his bodily sickness to bring to mind the 'helthe of his sowle', he remains vainly focused on the body becoming 'ouer-carkefulle', or overly anxious, about his physical health. The ambiguity of the claim that he indulged in unclean living 'by the affliccyon of hys grete sekenesse' implies both that he was sick as a result of his living and that his moral failing *was* his great sickness; the division between cause and effect, or between moral deviance and bodily sickness, is queried.

The resemblance of purgatory to the infirmary is suggested by the familiar representation of Christ as a merciful and benevolent 'leche'. Just as the infirmary is constituted in terms of the patient, glorified carer ministering to the loathsome and erratic patient, the *Monk of Eynsham* sets up a similar dynamic in the image of Christ dispensing 'gostely' medicines in order to bring the penitent back to health. The death that Christ mercifully inflicts on the lawyer is not the failed result of this endeavour, but merely the continuation of his sufferings in reparation for his sins. In keeping with the soteriological possibilities intrinsic to the constitution of the remedial imaginary, the Eynsham monk's guide in the other world, St. Nicholas, in answer to the monk's

¹¹⁴ Adam of Eynsham, *Monk of Eynsham*, p.83.

question of the lawyer's fate, does not foreclose the possibility of his salvation:

“Whanne the daye of dome ys cumme, thenne schall Crystys wille be fulfyllede”.¹¹⁵

Purgatory, then, reflects the aberrant space of the monastic infirmary: just as the logic of the infirmary implicates the subject in terms of deviation from the monastic rule, the punishments of purgatory in the *Monk of Eynsham* feature monstrous re-enactments of the very sins which have led to the penitent's otherworldly incarceration. Again, the liquefied bodies of purgatory, rendered through a register of disgust, parallel the visceral bodies that enable the sanctification of saints and carers in the hospital or infirmary. As the ethics of charity affirm the spiritual rewards to the giver, the deviance unleashed in purgatory is delimited within a highly-ordered, transactional system between the living and the dead.

Whilst the poor and sick in the *vita* of Elizabeth of Hungary and other saints' lives are depicted as ciphers of the distinctive piety of the saint, the references to phlebotomy in monastic customaries show how each member of a community can, at some point, be constituted as a 'sick' subject. In one sense, this bespeaks the universal framework informing the institutional imaginary, where physical illness is translated into the spiritual sickness characteristic of living in the world. In the *vita* of Christina the Astonishing, this enables a hierarchy where the jailer-physician called to heal her broken leg acts as a foil to the physical and spiritual efficacy of Christ-as-healer. Yet the consistent interest in representing bodily sickness and medical healing, in this text and the others analysed in this chapter, reveal how medicine is a constitutive force in the way that remedial spaces from the infirmary to the prison to purgatory are imagined.

¹¹⁵ Adam of Eynsham, *Monk of Eynsham*, p.87.

These zones resemble each other in the way they visualise ideas of freedom and salvation through the medium of the incarcerated and ailing body.

CHAPTER FOUR

The ‘Scabbe of Synne’: Leprosy and its Representations

In Robert Henryson’s (c.1460-1500) Middle Scots poem, the *Testament of Cresseid*, the connection between sickness and morality is affirmed through the affliction of its protagonist, Cresseid, with leprosy. Henryson begins his version by invoking Chaucer’s *Troilus and Criseyde* and asks ‘Quha wait gif all that Chauceir wrait was trew? (65)’.¹ This questioning of Chaucer’s veracity appears to revolve around the issue of his representation of Criseyde’s infidelity in abandoning Troilus for the Greek warrior Diomede, and the exemption from punishment she is subsequently afforded. Henryson attempts to offer a corrective version featuring Cresseid’s abandonment by Diomede, followed by her subsequent, and unspecified, dishonourable behaviour amongst the Greeks.² Addressing her directly, Henryson’s narrator asks:

¹ References to and citations of *The Testament of Cresseid*, by line number, are from *The Poems of Robert Henryson*, ed. by Denton Fox (Oxford: Clarendon Press, 1981), pp.111-31.

² Derek Pearsall argues that Henryson’s version is a response to Chaucer’s leaving Criseyde’s ‘moral position unresolved’. See Pearsall, “‘Quha wait gif all that Chauceir wrait was trew?’ Henryson’s *Testament of Cresseid*”, in *New Perspectives on Middle English Texts: A Festschrift for R.A. Waldron*, ed. by Susan Powell and Jeremy J. Smith (Cambridge: D.S. Brewer, 2000), pp.169-82 (p.173). George Edmondson claims that Henryson’s text should be best understood as a judgement on and negation of Chaucer’s text rather than one of lineage and inheritance. See Edmondson, ‘Henryson’s Doubt:

[...] how was thow fortunait
 To change in filth all thy feminitie,
 And be with fleschelic lust sa maculait,
 And go amang the Greikis air and lait,
 Sa gigitlike takand thy foull pleasance!
 I haue pietie thow suld fall sic mischance! (79-84).

Cresseid's indulgence in sexual pleasure has transformed her femininity into 'filth', and this moral transformation is subsequently embodied when the gods inflict her with leprosy.

This connection between moral behaviour and disease is substantiated by Henryson's recourse to medical learning in describing the onset of Cresseid's leprosy. After Cresseid has blamed the gods for Diomedes' abandonment and for her subsequent destitution, they convene to discuss her punishment. This results in Saturn and Cynthia, goddess of the moon, afflicting her with leprosy through a series of performative utterances.³ The presence of both deities here reflects the medical belief that the astrological confluence of the moon and Saturn could engender leprosy.⁴ The situation of the gods' punishment within a medical framework is maintained when Saturn

Neighbors and Negation in *The Testament of Cresseid*, *Exemplaria*, 20:2 (2008), 165-196.

³ The term 'performative utterance' refers to J.L. Austin's speech-act theory and his identification of 'illocutionary acts' where language, particularly ceremonial language, is used to achieve or enact something, instead of merely representing something. See Austin, *How to Do Things with Words*, 2nd edn., ed. by J.O. Urmson and Marina Sbisa (Oxford: Clarendon Press, 1975), pp.94-108.

⁴ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell Press, 2006), p.101.

pronounces that he will remove Cresseid's beauty and 'change thy mirth into melancholy' (316); an excess of the humoral fluid, black bile, or melancholy, was thought by medical writers to be a principal cause of leprosy.⁵ As the gods continue with their pronouncement, they outline the principal symptoms of the condition, as well as the social ostracism it was seen to engender:

'Thy cristall ene mingit with blude I mak,
Thy voice sa cleir vnplesand hoir and hace,
Thy lustie lyre ouirspred with spottis blak,
And lumpis haw appeirand in thy face:
Quhair thow cummis, ilk man sall fle the place.
This sall thow go begging fra hous to hous
With cop and clapper lyke ane lazarous' (337-43).

The dramatic disintegration of Cresseid's beauty is emphasised: her clear voice is to become hoarse and croaky; her 'lustie lyre', or beautiful skin, will be covered with black spots. Whilst these transformations appear to her, and those who see her, as sudden, the reader, through being accorded access to the gods' dispensation of punishment upon her, understands the hidden machinations through which her offenses have been transformed into physical blemishes and deformities.

Whilst the medical understanding of the causes and symptoms of leprosy is evoked here to describe the transformation of moral behaviour into physical disease, this passage is ambiguous as to the particular acts that are being punished. As

⁵ Critics have commented on the close alignment between Henryson's description of leprosy in this poem and contemporary medical descriptions of the condition. See Marshall W. Stearns, 'Henryson and the Leper Cresseid', *Modern Language Notes*, 59:4 (1944), 265-9, and Beryl Rowland, 'The "seiknes incurabill" in Henryson's *Testament of Cresseid*', *English Language Notes*, 1 (1964), 175-77.

mentioned, the poem's opening stanzas insist upon Cresseid's sexually licentious behaviour, and many of its critics accept that as the reason why she is struck with leprosy.⁶ But the gods' vengeful convention suggests that it is her blasphemy that is being punished. The matter is confused even further when, later in the poem, the narrator claims that she suffers both for betraying Troilus's love (613-6) and as a result of the inevitable result of the turning of the wheel of fortune (461-9). Throughout the poem, then, the moral significance of leprosy is constantly shifting and ambiguous.

This feature suggests that Henryson's poem does not differentiate itself from Chaucer's poem as much as its opening lines, as well as its critics, affirm: it aligns the uncertain significations of leprosy with the indeterminacy with which lovesickness is represented in *Troilus and Criseyde*.⁷ The two poems thus share a concern with the way that the body both manifests internal, subjective states and simultaneously triggers an obfuscating semantics of disease. As seen above in relation to the figure of the patient,

⁶ See Pearsall, 'Henryson's *Testament*', pp.175-6; Rowland, 'The 'seiknes incurabill'', pp.175-7; Lee W. Patterson, 'Christian and Pagan in *The Testament of Cresseid*', *Philological Quarterly*, 52 (1973), 697-8; Saul Nathaniel Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (Ithaca, NY: Cornell University Press, 1974), p.175.

⁷ The depiction of Troilus's love as illness, whilst a feature in Giovanni Boccaccio's (1313-1375) *Il filostrato*, Chaucer's principal source for *Troilus and Criseyde*, is developed more completely in Chaucer's poem. For a study of the differences between both texts, see Barry Windeatt, 'Chaucer and the *Filostrato*', in *Chaucer and the Italian Trecento*, ed. by Piero Boitani (Cambridge and New York: Cambridge University Press, 1983), pp.89-114.

in Chaucer's text, the description of the symptoms of Troilus's lovesickness for Criseyde, his loss of appetite and insomnia, foregrounds their revelatory capacity:

And fro this forth tho refte hym love his slep,
 And made his mete his foo, and ek his sorwe
 Gan multiplie, that, whoso tok kep,
 It shewed in his hewe both eve and morwe.
 Therfor a title he gan him for to borwe
 Of other siknesse, lest men of hym wende
 That the hote fir of love hym brende,

And seyde he hadde a fevere and ferde amys (I, 484-91).

As his sorrows proliferate, they become more susceptible to bodily imperatives: his 'hewe' becomes permanently altered, revealing his lovelorn state to anyone who notices. But this overwhelming and potentially compromising condition, threatening to undermine his knightly stature, is hidden by his excuse that he is suffering from other sicknesses. In the courtly world of Chaucer's Troy, lovesickness, as distinct from fever, carries suggestions of weakness, moral instability, and culpability.⁸

There are indeed clear parallels between the descriptions of bodily manifestations of internal sorrow or states in *Troilus and Criseyde* and the symptoms of leprosy in Henryson's poem.⁹ Thus, whilst Criseyde is presented in *Troilus* in terms of a remote,

⁸ Troilus's attempts to hide the fact that he is lovesick appear to be connected to the uncertain status of Criseyde within Troy: she is a widow whose father, Calchas, has deserted the city to side with the Greek army.

⁹ Julie Orlemanski proposes that the *Testament* enacts its own form of justice by proffering leprosy as a truer sign of Cresseid's falseness and corruption. She argues that, whilst its moral lesson may be subject to subversion throughout the poem, the *Testament* ultimately enacts 'its own move to a different regime of narrative poetics'.

otherworldly beauty ('So aungelik was hir natif beaute,/ That lik a thing inmortal semed she' (I.102-3)), it is indexed to her internal disposition and morality. When she is forced to leave Troy and join her father at the Greek encampment, as part of an exchange between both armies, Troilus asks her to elope with him. Her refusal is framed in terms of her moral integrity:

'And also thynketh on myn honeste,
That floureth yet, how foule I sholde it shende,
And with what filthe it spotted sholde be,
If in this forme I sholde with yow wende' (IV, 1576-1579).

Criseyde is represented in terms of an alluring flower throughout the poem, but here her physical beauty is allied to her honesty or moral integrity 'that floureth yet'. The layered imagery thus plays on the idea of smeared beauty, implicating Criseyde's virtue and her physical appearance with the spots of filth that she affirms would be the outcome of an elopement. This, then, provides the moral template from which Henryson draws upon in his focus on Cresseid's spots and disfigurement resulting from the punitive onset of her leprosy. Physical change and an unseemly complexion also characterises Criseyde's last private meeting with Troilus in Chaucer's poem:

With broken vois, al hoors forshright, Criseyde
To Troilus thise ilke wordes seyde:

"O Jove, I deye, and mercy I beseche!
Help, Troilus!" And therwithal hire face
Upon his brest she leyde and loste speche [...]
And thus she lith with hewes pale and grene,

See Orlemanski, 'Desire and Defacement', p.169. Although I agree that the generic distinction between both poems relates to their different perspectives towards the character and actions of Criseyde/Cresseid, I claim here that there is continuity between lovesickness and leprosy in both poems.

That whilom fressh and fairest was to sene (IV, 1147-55).

The final couplet, contrasting Criseyde's former floral-like beauty with her pale and colourless hue, underlines her sudden and radical transformation.

Therefore, in the *Testament*, Cresseid's punishment is to suffer a condition that coordinates with the melancholic suffering she is understood to have instigated in the previous narrative. The fear Criseyde expressed in Chaucer's text of being morally compromised is literalised in Henryson's version through the presence of spots on her diseased body, as well as her hoarseness and physical weakness. Lovesickness in Chaucer's text could carry over into leprosy in Henryson's poem because both are represented as carrying the propensity to manifest hidden emotions and (potentially) immoral thoughts on the body. Both Chaucer and Henryson participate in a late medieval poetics where medical language, particularly that describing sicknesses prone to moral or metaphorical deployment, like leprosy and lovesickness, is mobilised to trace the (problematic) relationship between behaviour or desire and the (purportedly) legible body.

The translation of Troilus's lovesickness into Cresseid's punitive leprosy in Henryson's text (along with its unstable semantics) exemplifies the fluidity with which leprosy is represented in late medieval English culture. It shows how it proves amenable to the articulation and probing of the relationship between the body and moral actions or thoughts. Late medieval texts often configure leprosy as a superlative disease: it is incurable; its effects on the body are comprehensive and radically disfiguring; its presumed contagiousness invokes fears relating to social intercourse. These qualities together with its strong biblical resonances meant that it provided potent opportunities

for writers to ground or ‘flesh out’ moral imperatives, and to promote edifying opportunities through consideration of the disfigured and ravaged body.

In this chapter, I argue that the fluidity that attended representations of leprosy rendered it suitable as an exemplifier for a variety of moral and devotional perspectives or practices. A central feature of this was the way that metaphorical appropriations of the disease could navigate between the external, ailing body and the internal, invisible soul. I claim that leprosy had multiple uses across different genres and cultural modes, and I question critical perspectives that seek to bracket it within specific and rigid vectors: thus, I challenge history of medicine perspectives that view medical descriptions of leprosy as fundamentally different to its religious and literary articulations; but I also contest views by literary critics that place an exclusive indexical relationship between leprosy and sexual behaviour or disease. I argue that leprosy, a condition that intertwined physical, moral, and devotional representative modes in the later Middle Ages, carried multiple significations. Such an analysis can help inform our ideas of the cultural imaginary surrounding leprosy in late medieval culture. As current perspectives of medieval leprosy move beyond an earlier model, which posed it exclusively in terms of social ostracism, and insist upon a more dynamic, complex perspective (described in more detail below), it remains important to consider how the rhetoric of leprosy (as opposed to actual historic practices) navigated between ideas and images of devotional incorporation and moral or physical distance.

Understandings and Management of Leprosy

The status of leprosy as a metaphorical category is entrenched in modern day conceptions of the term. One of the *OED*'s definitions for 'leper' is that of 'a person to be shunned; a reviled or repulsive person; an outcast' (the most recent example it cites is the inclusion of the epithet 'social leper' in *Bloodspell*, a 2011 vampire novel).¹⁰ The word retains associations that harken back to a nineteenth-century medievalism that conceived of the medieval leper as a figure comprehensively banished to the margins of society.¹¹ These connections were accented by the legacy of the term leprosy and its conflation with skin ailments. A number of Middle English words were used to refer to the disease: 'lepre' and 'mesel' regularly appear in writings, as does 'lazer', which denotes the leprous subject as well as a leper hospital.¹² However, the employment of

¹⁰ 'leper, n.2 and adj.' (2), *OED*,

<http://www.oed.com.ezproxy.lib.bbk.ac.uk/view/Entry/107372?rskey=Ipxn1G&result=2&isAdvanced=false> [accessed 11 December 2014].

¹¹ Many nineteenth-century writers perpetuated fantasies of the segregated medieval leper often to justify colonialist programmes of segregation. See David Arnold, 'Introduction: Disease, Medicine and Empire', in *Imperialism Medicine and Indigenous Societies*, ed. by David Arnold (Manchester: Manchester University Press, 1988), pp.1-26.

¹² These terms are largely interchangeable: whilst medical writings tend to use 'leper' ('elefancie' to refer to the most severe cases and, sometimes, 'mesel' to refer to non-leprous skin conditions), religious writings, romances and chronicles employ all three. 'Lazer' is an abbreviation of a composite Lazarus-figure made up of the leprous beggar in Christ's parable 'Dives and Lazarus' in Luke 16:13-91 and the Lazarus whom Christ

the Latin word *lepra* (originating in the Greek *λέπρα*) to denote the disease was itself the inheritance of a confused scriptural legacy. It was a translation of the Hebrew word *sara'ath*, signifying various skin conditions, which in Leviticus were defined as unclean, though not particularly egregious, and were subject to injunctions including periods of social exclusion.¹³ *Lepra* was differentiated in classical medical writings from a more serious condition called *elephantiasis*, which was associated with a number of symptoms including bodily deformity, disintegration of body parts, swelling, hair loss and skin lesions. When scholastic medical writings were being translated from Arabic into Latin in the twelfth century, *lepra* (the skin condition) was applied to the more serious condition outlined in those texts (denoted by the Arabic word *judham*, the cognate of *elephantiasis*) and this became implicitly associated with the Levitical social exclusions and spiritual uncleanness (*elephantiasis* was retained to denote a category of leprosy).¹⁴ The shifting semantics constellating around the term informed its use in late medieval writings, where it continued to be articulated in terms of revulsion and disgust, and helped to render it particularly amenable to a variety of metaphorical and moral uses.

This potency can also be seen through the term's obstinacy in late medieval culture despite the apparent demise of the medical condition. Whilst leprosy (as it is

raised from the dead in John 11:1-44. See Peter Richards, *The Medieval Leper and his Northern Heirs* (Cambridge: D.S. Brewer, 1977), p.8.

¹³ For *sara'ath* and its ancient significations, see Annette Weissenrieder, *Images of Illness in the Gospel of Luke: Insights from Ancient Medical Texts* (Tübingen: J.C.B. Mohr, 2003), pp.133-8.

¹⁴ Rawcliffe, *Leprosy*, pp.72-4; Richards, *Medieval Leper*, p.9.

understood today) dates back to the ancient world, its spread throughout Europe seems to have accelerated in the eleventh century peaking in the thirteenth century.¹⁵

Historians believe that it receded from much of the continent over the fourteenth and fifteenth centuries, and cite the evidence of diminishing numbers of *leprosaria*, or leper hospitals, during this period.¹⁶ However, leprosy remained a mainstay of medical writings and continued to exert ethical and metaphorical power through its persistent invocation in late medieval English culture.

Indeed, as mentioned above, the symbolic power of leprosy to evoke marginality and social ostracism endures today. Carole Rawcliffe has recently debunked myths largely perpetuated by nineteenth-century doctors that medieval responses to leprosy were characterised by a comprehensive and ritualistic banishment of lepers from

¹⁵ Christine M. Boeckl cites circumstantial evidence provided by W.M. Meyers and C.H. Binford that the crusades contributed to a dramatic rise in leprosy cases in Europe, but this theory remains inconclusive. See Boeckl, *Images of Leprosy: Disease, Religion, and Politics in European Art* (Kirksville, MO: Truman State University Press, 2011), p.5, and Binford and Meyers, 'Leprosy', in *Pathology of Tropical and Extraordinary Diseases*, ed. by C.H. Binford and D.H. Connor (Washington DC: Armed Forces Institute of Pathology, 1976), pp.205-25.

¹⁶ See Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore and London: John Hopkins University Press, 2009), pp.vii-ix; Rawcliffe, *Leprosy*, pp.106-110. For discussion of theories explaining the decrease of leprosy in the later Middle Ages, see Robert S. Gottfried, *The Black Death: Natural and Human Disaster in Medieval Europe* (New York, Free Press, 1983), pp.14-5.

societies.¹⁷ Although many medieval laws commanded that lepers should be kept separate from the healthy populaces of towns and villages, in practice this segregation was never complete. The creation of leper hospitals in the eleventh century emerged from a dual purpose to both provide care for lepers and to help prevent the spread of the disease.¹⁸ However leper hospitals did not imprison their patients; the voluntary seclusion of lepers was not much different from those in monastic orders or charitable foundations.¹⁹ Conversely, many healthy people attempted, and often succeeded, in establishing residencies in these hospitals sharing in the ‘generous endowments which founders provided for inmates’.²⁰

The typical location of leper hospitals outside the gates of towns has also helped fuel claims of sequestration.²¹ But this choice of location was typically based on a mixture of quotidian and spiritual requirements: these institutions needed space as well

¹⁷ Rawcliffe, *Leprosy*, pp.13-43.

¹⁸ Orme and Webster, *The English Hospital*, p.23. For information of English leper houses in the Middle Ages, see Marcia Kupfer, *The Art of Healing* (University Park, PA: Pennsylvania State University Press, 2003), pp.142-4; Bernard Hamilton, *The Leper King and his Heirs* (Cambridge and New York: Cambridge University Press, 2000), pp.154-5; A.E.M. Satchell, ‘The Emergence of Leper-Houses in Medieval England’ (Unpublished doctoral thesis, University of Oxford, 1998); Kealey, *Medieval Medicus*, pp.107-16.

¹⁹ Rawcliffe, *Leprosy*, pp.252-5 and 263.

²⁰ Orme and Webster, *The English Hospital*, p.29.

²¹ See, for example, Frederick F. Cartwright, *A Social History of Medicine* (London: Longman, 1977) p.27.

as access to water and to roads.²² The choice to build a hospital in a rural district might also have been in imitation of the seclusion of the desert fathers.²³ The close proximity of leper houses and bridges also had spiritual and physical significance: the *leprosarium* was often conceived of as offering a spiritual bridge that guided the sufferer through her purgatory-like illness, whilst the gatehouses and bridges provided shelter for those begging for alms and they afforded opportunities for begging as travellers crossed them.²⁴ Although lepers were often very close to the rest of the population, hospital cartularies often included strict rules for insuring that inmates did not wander about the countryside without leave (notwithstanding their voluntary status).²⁵ Such documents show that those in late medieval leper hospitals, like monastics, lived according to religious rules; this included reciting the divine office, silence, liturgy and following a strict dietary regimen.²⁶ Cartularies drawn up for the hospitals, often on the basis of the Augustinian Rule, tended to emphasize features such as obedience to a master, dress, prayer, diet and chastity, although they were subject to variation from place to place.²⁷ Inmates had to be single or, if married, their husband or wife had to be willing to live a life of chastity. As with hospitals more generally, the spiritual framework guiding *leprosaria* indicates that care of the soul was a major function in such institutions.

²² On the importance of clean water, see David Marcombe, *Leper Knights: The Order of St. Lazarus of Jerusalem in England, 1150-1544* (Woodbridge: Boydell Press, 2003), pp.138 and 179.

²³ Rawcliffe, *Leprosy*, pp.307-8.

²⁴ Rawcliffe, *Leprosy*, p.311.

²⁵ This is discussed in more detail in the final section of this chapter.

²⁶ Kealey, *Medieval Medicus*, pp.110-12.

²⁷ Brody, *Disease of the Soul*, p.76.

Nonetheless, although leprosy was understood to be incurable, some hospitals did provide palliative care in the form of herbs, plasters and ointments, phlebotomy and bathing. These were thought to provide help from the worst effects of the disease.²⁸

Categorising Disgust: Medical Views of Leprosy

The mixture of medical and spiritual care provided for in *leprosaria* would suggest that leprosy was understood generally in terms of a blending of these features in late medieval culture. However, medical historian Luke Demaitre argues that the focus by scholastic medical authors on the ternary system of ‘signs, causes, and cures’, and their application of such a model to leprosy, set physicians apart from those literary and religious writers who framed it in terms of ‘metaphor and moralisations’.²⁹ However, although descriptions of leprosy in medical texts tend to follow a rigid taxonomic framework, its superlative features are conveyed through recourse to rhetorical excess. In John Trevisa’s translation of Bartholomaeus Anglicus’s *De proprietatibus rerum*, the conventional medical taxonomy of leprosy types is outlined metaphorically:

On maner *lepra* comeþ of pure malancolye and hatte *elephancia*, and haþ þat name of þe elephaunt þat is a ful grete best and huge, for þis euel greueþ and noyeþ þe pacient passinge hugeliche and sore. Perfore þis euel is more harde and fast, and wors to hele þan opir.³⁰

²⁸ The level of physical care provided in an institution depended on the comparative wealth of individual hospitals. Those that received sufficient endowments had a garden where food and herbs were grown as well as other materials such as candles and wool for clothing. See Rawcliffe, *Leprosy*, pp.304-5.

²⁹ Demaitre, *Leprosy in Premodern Medicine*, p.vii.

³⁰ Bartholomaeus Anglicus, *Properties of Things*, p.423.

Bartholomaeus goes on to describe the next category, ‘leonine’, in similar terms referring to the lion’s fierceness as a descriptor of the effect of this type of leprosy on the body.³¹ The recourse to metaphor in this description is thus meant to convey the superlative, overwhelming effects of the disease.

In a similar vein, Guy de Chauliac calls leprosy the ‘rapest’, or most principal, of diseases.³² He describes its symptoms noting its ‘foule colore, morphe, scabbe and stinkyng filpes’, and he goes on to include deformed lips, writhing nostrils, stinking breath, and hoarseness.³³ The variety of symptoms that constellate around the condition present problems of definition, particularly as only a few are required to be present in order to effect a diagnosis. Furthermore, the focus on ulcerated or festering skin with adjectives underlining disgust – ‘foule’, ‘stinkyng’ – signals profound unease towards a condition characterised by the disintegration of bodily integrity, particularly where the skin breaks to reveal its fleshly underside. Such apprehensions may have informed worries about contagion that circulated around leprosy: Guy, in line with conventional medical views, cites the causes of leprosy, in very general terms, as the result of contagion through air or through contact with lepers, the effect of a poor diet, and

³¹ Bartholomaeus Anglicus, *Properties of Things*, p.424.

³² Guy de Chauliac, *Cyurgie*, p.378.

³³ Guy de Chauliac, *Cyurgie*, pp 379-380. ‘Morphe’ signifies scurfy eruptions.

hereditary deficiencies.³⁴ The excessive nature of the disease encourages him to again employ metaphor in detailing its nature:

It is an evel compleccioun, colde and drye, even and dyerse, in partie and in all [...]. It is rottyng of þe schappe [...]. It is cleped lepra, þe lepre, a lepore nasi (i. of þe coppe and of þe nose), for þe tokenes þerof apperen þerynne rapest and moste verraily. Or it is saide of þe worde lupus, a wolfe, for it devoureþ alle þe membres as a wolf doth. It roteth forsoþe alle þe membres as a cancrouse wolf [...]. And þerfore it is cleped of Avicen a commune cancre to all þe body.³⁵

There is a curious mix of order and decomposition here as Guy's careful and extensive definition and categorisation of the disease rubs against his description of the bodily disintegration it engenders. His use of the adjective 'evel' connects a diseased or deformed condition with a malevolent or sinful one. He goes on to outline the disease as distinctive through the way it can attack both each and all bodily organs and because it disfigures the outline, or 'schappe' of the body.

The sense of proliferation and escalation of leprosy is paralleled by the variety of names for the disease. Guy's etymology for *lepra* is based on the proximity of the Latin word for hare, *lepus*, with *lepra*; this prompts a connection between the hare's nose, '*lepore nasi*', and the disfigured nose of the sufferer where, he claims, leprosy can appear soonest. He continues in this etymological vein citing the metaphorical association between the wolf, *lupus*, and the effects of leprosy – 'for it devoureþ alle þe membres as a cancrouse wolf'. The evenness of the metaphor here - the comparison of

³⁴ Guy de Chauliac, *Cyurgie*, pp.378-9; Batholomaeus Anglicus, *Properties of Things*, p.426. Guy de Chauliac advises that, in advanced cases, lepers should be withdrawn from society and placed in a leper hospital. See Guy de Chauliac, *Cyurgie* p.383.

³⁵ Guy de Chauliac, *Cyurgie*, p.378.

the disease's ferocity and disintegrating effects with the wolf's quality of devouring its prey – collapses into a description of the wolf *itself* as 'cancrouse'. I have identified this type of metaphorical conflation as a persistent feature attending the interactions of medical and moral registers elsewhere in this work; here, it suggests an over-stretching of rhetorical language in the effort to convey a sense of leprosy's annihilatory qualities. Likewise, when Guy, quoting Avicenna, refers to leprosy as a 'commune cancre', it is unclear whether he is developing the cancerous-wolf metaphor or classifying leprosy as a cancer itself (normally defined in medieval medicine as a spreading ulcer or swelling).

The sliding between leprosy and other illnesses is repeated when Guy discusses the development of leprosy in the body: 'And þe wipholdyng of melancoliouse filþes fastene þise togidre, as þe filþes of þe emoroydes, of þe menstrues, of varioles, of quartaynes, and feblenesse of þe mylte and hete of þe lyuer'.³⁶ The concept of leprosy seems to resist attempts to define and describe it because its protean features encourage conflation with other conditions. Its rhetorical representation in Guy's text shows how it mitigates the bodily integrity of the sufferer and subsumes other diseases.

Guy's description of leprosy reveals how, even in writings that are oriented towards descriptive and taxonomic modes, leprosy could be prone to highly figurative renderings. Demaitre does acknowledge that popular associations between leprosy and evil may have been bolstered by those same associations advanced by authors like Guy de Chauliac.³⁷ Yet, he argues, these were instances where medical language was infiltrated by other discursive strands, where 'notions of impurity and judgement tainted

³⁶ Guy de Chauliac, *Cirurgie*, pp.378-9. 'Melancoliouse filþes' refer, in this case, to purulent matter.

³⁷ Demaitre, *Leprosy in Premodern Medicine*, pp.80-1.

some discussions of causes and consequences'.³⁸ However, there is no 'untainted' medical language that exists outside of its articulations in such writings, and any attempt to extrapolate value-neutral language from these definitions and descriptions of leprosy is to risk inflecting a text like Guy's treatise through the anachronism of a modern, (putatively) objective medical discourse. The above analysis of the description of leprosy provides an example of how late medieval medical writings are wholly invested in configuring leprosy in ideological ways. It signals how, when religious authors turned to scholastic medicine for a register through which they could develop moral or metaphorical ideas of leprosy, they would have encountered one richly resonant and exquisitely amenable to such an application.

Sin on Skin: Moral Leprosy

An early fifteenth-century anti-Lollard sermon, written in the vernacular by Hugo Legat (*fl. c.1399-1427*), a monk and Benedictine prior at St. Albans, Hertfordshire, reveals the incorporation of leprosy and its symptoms within didactic literature. It exemplifies the diversity of moral conditions that could be associated with the disease. In one of his sermons, Legat develops the trope of leprosy as a figure for a host of sins. He begins by referring to Christ's healing ministry and focuses on the account in Luke 17:12-14 of his healing of ten lepers. Legat goes on to link exegetically the lepers in this account to 'al maner o volk þat ligger her e þis world e þe siknes & te sorw of dedli synne'.³⁹ The employment of leprosy as a means to imagine sin is enabled by the legibility of diseased

³⁸ Demaitre, *Leprosy in Premodern Medicine*, pp.91.

³⁹ Hugo Legat, *Three Middle English Sermons from the Worcester Chapter Manuscript F.10*, ed. by D.M. Grisdale (Kendal: University of Leeds, 1939), p.29.

skin: ‘ȝif þe be e þe scabbe, e þe lepur o dedli synne, þe art more vowler & mor horrible e þe sith o God þanne euer was any mesel þat euer was maad her be-fore’.⁴⁰ Legat’s reference to ‘scabbe’ is instructive here: the term was used in Middle English to refer to any one of a variety of skin diseases and signified, more generally, blotchy or ulcerated skin. It was often mentioned as a prominent characteristic of leprosy (as it is in Guy de Chauliac’s treatise), and the conflation between both in Legat’s text is another example of the overlapping of leprosy with other ailments.⁴¹ The visual force of the metaphor he uses depends, first, on its evocation of the disgust the reader or hearer is expected to experience on beholding leprous skin and, second, on this disgust being a shadow of the revulsion God feels on beholding the sinner’s soul. Leprosy thus offers a productive means of materialising Christian views of the effects of sin on the soul.

The disgust that leprosy engenders is yoked to the idea of skin as offering a medical hermeneutics of the body. Legat develops the metaphor to visualise skin as a screen on which sins are revealed as leprous sores. He composes a prayer, which he advises his hearer to recite: “‘Lord God, take hede”, þe schalt seye, “to me sowle & behold how vowl it is be-spottid with þe lepur in-to þe scabbe of synne & deliuere it from al þe vilþe & vnclennes þat is trine””.⁴² The medical model of the marks and ‘spots’ of leprosy as outward signs of effects taking place within the body is paralleled here in the idea of the soul having a skin, or some kind of surface, where spots, or the ‘scabbe’, are visible to the privileged sight of God, indicating the penitent’s internal condition of

⁴⁰ Legat, *Three Middle English Sermons*, p.29.

⁴¹ ‘scab(be. n’, *MED* <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED38677> [accessed 11 December 2014].

⁴² Legat, *Three Middle English Sermons*, p.29.

‘vilþe & vnclennes’. Just as the physician can read diseased skin and diagnose a condition such as leprosy, God can see the ‘scabbe of synne’, know its internal condition and, through forgiveness, effect the sinner’s deliverance.

Legat goes on to outline a classificatory framework where the principal effects of leprosy are associated with particular sins. In one, he links leprosy’s ability to bring about physical deformities with the effects of gluttony on the body: both, he says, can efface beauty. He cites an exemplum from the *Policraticus* of John of Salisbury (1120-1180) that tells the story of Dionysius, King of Sicily, ‘as fair of face, as bewtewus o bodi & as lusti vor to loke vpon, as any man’, who falls sick as a result of leading a gluttonous lifestyle.⁴³ In relating this, Legat enacts again the typical moral-medical rhetorical strategy of moving from the invocation of disease as an image of sin to the idea that it is the effect of sin:

But afterwarde, whan a 3af hym to lustis & likyngis of his flesch, to delices o mete & drynk & to mysrule þat sueþ þer-of, a-non rith a lost al þe flowres of his fair-hede, al þe helþe of his body, & in-to gret siknes & strong diseis & a-mong al oþer, a lost þe sithte o boþe his e3en. [...] And ter-vro vor Cristis sake, be-war o þis vis & tis synne & specialiche e þis holi tyme o lente.⁴⁴

The sicknesses that Dionysius suffers from are constituted here as the causal effects of his lifestyle, yet they are intrinsically linked to the hearer’s moral behaviour as evidenced in the author’s appeal to observe abstinence in Lent.⁴⁵ They also encompass social disease in the form of Dionysius’s misrule of his kingdom. Legat goes on to

⁴³ Legat, *Three Middle English Sermons*, p.30.

⁴⁴ Legat, *Three Middle English Sermons*, p.30.

⁴⁵ The exemplum can be connected, in this sense, with late medieval health regimens (discussed above in the introduction to this thesis).

mention the specific illnesses that can result from gluttony including gout and dropsy before describing it again in terms of spiritual leprosy: ‘Vor þer is no lepur e þe world þat semyþ so vowl & so horrible in owr sichte, as doþ a glotun e þe siþte of God’.⁴⁶ Therefore, within the ordering metaphor of leprosy, we find a proliferation of other physical illnesses and spiritual sicknesses, linking gluttony and political ineptitude.

Legat locates in leprosy similar generative qualities as Henryson does: leprous skin is indexed to sin and moral failure; the disgust it engenders can be employed to promote edification. Whereas physical beauty is posed in contrast to the disfigurements of leprosy, it is implicated in its onset through its arousal of sexual desire (as evident in the figures of Cresseid and Dionysius). Whilst the link between sexual excess as both a cause and a symptom of leprosy is one that was made by late medieval moralists and medical writers, its importance tends to be exaggerated by modern critics. Sexual behaviour was just one of the many associations that cleaved to leprosy. The fluidity with which leprosy is presented in Legat’s text, both in terms of its physical manifestations and the variety of its moral indices, provides a corrective to views that would place an exclusive correspondence between leprosy and sexual behaviour in medieval culture and reveals how it operated in much more subtle and multifarious ways.⁴⁷

⁴⁶ Legat, *Three Middle English Sermons*, p.31.

⁴⁷ Derek Pearsall, for instance, argues that the tracing of moral qualities in physical degradation in Henryson’s *Testament* is underlined by the association between leprosy and sexual disease in the later Middle Ages. See Pearsall, ‘Henryson’s *Testament*’, p.176. Similarly Jonathan Hsy argues that ‘leprosy comprises an overt symptom (or consequence) of a range of sexual sins including lechery, adultery and sodomy’. Hsy,

Intimacy and Estrangement: Devotion and Leprosy

The fluctuating nature of leprosy, as evinced in the metaphorical treatments of the condition described above, resonates with a late medieval pietistic tradition of advancing it as a means of devotional access. Yet, whereas, in Legat's and Henryson's configurations, leprosy provides a means of mapping the soul onto the diseased body, the affective tradition locates edifying opportunities and divine access through the associations triggered by encounters with the leprous body (although both moral and affective modes can often be mutually present in a narrative). The bases of such material can be traced to accounts of Christ's healing of lepers in the New Testament and to his commandment to treat the sick and poor as if they were Christ.⁴⁸ Whilst Legat's leprosy metaphors insist upon the soteriological need to overcome or maintain distance from the sin-infested soul, affective narratives articulate desire for a contemplative or tactile relationship with lepers in order either to imitate Christ or view lepers as Christ-like.

Indeed, there was a late medieval pietistic tradition of articulating leprosy and its symptoms in descriptions of Christ's sufferings in the Passion. Devotional authors, following the *Vulgate Bible's* translation of Isaiah and its description of the man of

“Be more strange and bold”: Kissing Lepers and Female Same-Sex Desire in *The Book of Margery Kempe*, *Early Modern Women: An Interdisciplinary Journal*, 5 (2010), 189-99 (p.190). On medieval medical links between leprosy and venereal contagion, see Jacquart and Thomasset, *Sexuality and Medicine*, pp.183-93.

⁴⁸ These passages are respectively Luke 17:12-14 and Matthew 25:36-40.

sorrows, imagined a *Christum quasi leprosus*.⁴⁹ Given the shifting ideas and conceptions of leprosy in late medieval culture, the idea of Christ being ‘like a leper’ is not so much an appeal to a definable signifier, but rather an extension of the unstable semantics constellating around the figure of the leper. In one sense, it appeals to the very formlessness that the term ‘leprosy’ evokes; in another it refers to the social marginalisation and humility that accompanies the identification of a person as a leper.⁵⁰

Both features are present in a meditation on the Passion ascribed to the Yorkshire hermit and mystic, Richard Rolle. Rolle presents the events of the Passion from the perspective of Christ, as a means to engage directly the reader’s affective empathy:⁵¹

And after Iudas had salde me: þe Iues toke me, & buffet me & spittid in mi face; with scharpe thornis þai coronid me, with knottid scourgis þai dang me; so laitheli þai dight me: þat i was like a mesell til loke on.⁵²

⁴⁹ ‘Surely he hath borne our infirmities and carried our sorrows: and we have thought him as it were a leper, and as one struck by God and afflicted [*nos putavimus eum quasi leprosum et percussum a Deo et humiliatum*]’, in *DR*, Isaiah 53:4.

⁵⁰ See Julie Orlemanski, ‘How to Kiss a Leper’, *postmedieval: a journal of medieval cultural studies*, 3 (2012), 142–157 (p.149).

⁵¹ For the debate on the authorship of this text, see Rosamund S. Allen, ‘Meditations on the Passion’, in *Richard Rolle: The English Writings*, ed. by Rosamund S. Allen (New Jersey: Paulist Press, 1988) pp.90-1.

⁵² Richard Rolle, ‘Meditation on the Passion; and of Three Arrows on Doomsday’, in *Yorkshire Writers: Richard Rolle of Hampole: An English Father of the Church and his Followers*, ed. by Carl Horstman, Vol. I. (London: Swan Sonnenschein, 1895), pp.112-21 (p.119). See also London, BL Arundel MS 507, f.44.

Just as medical descriptions of leprosy emphasise its distinctive nature through the listing of excessive symptoms, the resemblance of Christ to a leper, in this passage, depends upon the accumulation of the various tortures he endures. The succession of verbs – ‘buffet’, ‘spitted’, ‘coronid’, ‘dang’, ‘dight’ – invites the reader to imagine the diverse tortures Christ is afflicted with. These coalesce to produce an integral image through which one can visualise Christ’s sufferings and abjection in the Passion. Given the late medieval reduction of instances of leprosy, it is likely that such an image derived its potency more through associations of excess and disgust with the term ‘leper’, than through readers’ quotidian experiences of confronting people with the disease. There is a corresponding categorical relationship between lepers and Jews in this passage in that both were subject to the attentions of devotional writers and employed as caricatures of otherness to instigate and inform exercises of piety.⁵³ In Rolle’s account, the reader’s devotion is meant to be stimulated through remembrance of the excessive tortures enacted upon Christ (and their mutilating effect on his body) as well as of his social abjection: the figure of the leper conveys resonances of disgust and exclusion, as well as of charity and pity, and therefore assumes a productive image through which to represent the suffering Christ.

Such descriptions acquire devotional leverage through conveying a sense of absolute bodily annihilation, and medical descriptions of the disease provide a register suitable for this endeavour. Christ is again compared to a leper in the *Liber Celestis* of

⁵³ On late medieval representations of Jews as a means of constituting Christian piety, see Anthony Bale, *Feeling Persecuted: Christians, Jews and Images of Violence in the Middle Ages* (London: Reaktion Books, 2010).

the mystical writer, Bridget of Sweden (1303-1373), in an account that wavers between his internal body and outward appearance:

Ðan aperid his een halfe dede, his chekes fallen, his semblant heui, his mouth open, his tounge blodi, his wombe cleueand to his bake, and all his humurs wasted awai as if he had no entrals, and so all þe bodi left pale in languore for fluxe, in pasinge of blod. [...] And for he was of þe beste kinde, þarefore was þare a stronnge fight in his bodi bitwene life and dede, for when þe paine fro þe vaines or sinows or oþir partes went to þe herte þat was freshe and vncorrupt, it vexid it and trauailed it with an vntrowabill sorowe and passion. And sometime þe sorowe went fro þe hert vnto oþir partees and so proloined þe dede with grete bittirnes.⁵⁴

Like medical descriptions of leprosy, there is an emphasis on facial disfigurement here as Bridget discharges an anaphoric succession of images of mutilation. As the narrative moves from the superficial to descriptions of Christ's internal viscera, it slows to accommodate the dense humoral language, charting the movement of blood and fluids through the body. As much as Christ's external wounds are described in terms of excess, his internal body is conveyed through emptiness: his stomach clings to his back and his humors are wasted away 'as if he had no entrals'. The adoption of a medical register here enables the intensification of Christ's tortures by allowing the narrative lens to move inside his body and detail the effects of the Passion. This is outlined in terms of the infiltration of pain and sorrow, transmitted by nerves and blood vessels from the bodily extremities, upon the 'freshe and vncorrupt' sacred heart, and thus unleashing its own superlative 'vntrowabill', or unbelievable, passion. This decimating sorrow, a subjective state that appears to take on its own substance inside the body, travels to other body parts, destroying them, and thus extends Christ's sufferings.

⁵⁴ *The Liber Celestis of St. Bridget of Sweden*, ed. by Roger Ellis, EETS no. 29, Vol. I: Text (Oxford: Published for the Early English Text Society by Early English Text, 1987), p.21.

This portrayal, in following a trajectory that begins with superficial physical disfigurement and ends with the wholesale collapsing of internal organs, aligns with late medieval medical descriptions of the progressive and overwhelming effects of leprosy on the body. Accordingly, Bridget describes Christ's aspect after his Deposition from the cross with reference to the disease:

He had semed leprous and bloo, for his een were dede and full of blude, his mouthe was cold as snowe, his face drawen togidir and contractid. His handes were so starke, þai might noȝt be put forthir þan aboute þe nauill.⁵⁵

Again, Bridget's account lingers on the correspondences between Christ's deathly visage and conventional symptoms of leprosy: bloodshot eyes, skin discoloration, and claw-like hands.⁵⁶ Christ's assumption of the attributes of leprosy after death also tallies with contemporary representations of leprosy as a death-like condition.⁵⁷

The qualifier that Christ 'semed' leprous, in this account and in all others that adopt the trope, aligns Christ's condition with that of a leper, but, in doing so, it marks a distinction: Christ is not a leper, although his physical appearance and social mortification makes him resemble one. Yet the protean qualities that attend representations of leprosy in late medieval culture blur any clear demarcations between a leprous and a 'quasi'-leprous state. The inextricability of the idea of leprosy as a

⁵⁵ St. Bridget of Sweden, *Liber Celestis*, p.22.

⁵⁶ Rawcliffe, *Leprosy*, pp.61-3

⁵⁷ For references of leprosy as a 'living death', see Bynum, *Fragmentation and Redemption*, pp.136-7; Brody, *Disease of the Soul*, pp.66-7. I discuss the 'symbolic death' of the leper as rendered in a sixteenth-century 'separation ritual' in the final section of this chapter.

medical condition from the metaphors and rhetorical tropes that attend its articulations in Middle English writings highlights its importance as a signifier of bodily and spiritual fragmentation. The appellation of Christ as ‘like a leper’ is therefore not so much a sharply-defined analogy promoting identification through ekphrasis; it is rather the incorporation of valences pertaining to affective empathy, piety and spiritual perfection (along with disgust, revulsion, and moral exemplification) within the term’s semantic field. Leprosy is therefore as much a disease imbued with Christological significance as it is one that elucidates categories of sin, or one which results from excessive melancholy in the body.

The associations between leprosy and Christ inform late medieval accounts of saintly charity or performances of mercy towards lepers. These accounts tend to be grounded in the same dynamics that informs the *Christum quasi leprosus* meme, hesitating between disgust and desire. Such a tension is evoked in a late fifteenth-century stained glass panel of the Pietà in the Holy Trinity church in Long Melford, Suffolk. The image depicts Christ with features bearing strong resemblances to images and descriptions of leprosy such as Bridget’s account (Fig. 13).⁵⁸ The most striking element of the image is Christ’s naked and rigid body enfolded within the Virgin’s

⁵⁸ For information on this image and its production, see C. Woodforde, *The Norwich School of Glass Painting in the Fifteenth Century* (London and Oxford: Oxford University Press, 1950). On the patronage and gentry culture around Long Melford, especially its Clopton chantry, see David Griffith, ‘A Newly Identified Verse Item by John Lydgate at Holy Trinity Church, Long Melford, Suffolk’, *Notes and Queries*, 58 (2011), 364-7; J.B. Trapp, ‘Verses by Lydgate at Long Melford’, *Review of English Studies*, 21 (1955), 1-11.

luxurious and ornamented robes. His torso is speckled with what appear to be the kind of spots usually depicted on the bodies and faces of lepers as instant signifiers of the condition; on closer inspection they are miniature wounds comprised of a horizontal slash with emerging droplets of blood.

The dead Christ, bearing the signifiers of leprosy, is physically contrasted with his mother as he is simultaneously shown to be the subject of her sorrow and care: her fleshly face is in contrast to his emaciated torso that tapers downwards as it disappears under her red mantle. Christ's angular face with flattened nose, his intense stare and clawed hands are strongly reminiscent of contemporary medical descriptions of leprosy.⁵⁹ Yet the horror and pity that these features were designed to instigate can be seen to be tempered by the image's redemptive context, particularly as manifested in the Virgin Mary who holds the dead Christ. The throne she sits upon, the sun rays appearing behind her (enhanced by the actual light appearing through the Church's window at Long Melford) and the direction of her sorrowful gaze, which seems to extend beyond Christ's disfigured body, all work to foreshadow the resurrection. The leprous body, then, provides a point of meditation for the fifteenth-century worshipper, exemplifying not only the sorrows of the Passion but the wider soteriological context that they generate, and are situated within.

The allocation of the sufferings and symptoms of leprosy within Christological and soteriological contexts informed descriptions of the care provided by holy figures to lepers. Such narratives are predicated upon their own kind of excess: they typically

⁵⁹ This can be contrasted with the fact that most images of the pietà depict Christ with his eyes closed; see Boeckl, *Images of Leprosy*, pp.68-9; Pearman, *Women and Disability*, p.106.

feature the saint or holy person going far beyond the fulfilment of charitable requisites to demonstrate their superlative abasement or humility when confronted by lepers. The *vita* of St. Hugh (1140-1200), bishop of Lincoln, by his chaplain, Adam of Eynsham (author of the *Revelations of the Monk of Eynsham*), describes how Hugh washed the feet of lepers and affectionately kissed them before exhorting them to avoid wrongdoing.⁶⁰ Adam makes much of the disgust he himself feels towards their swollen, livid skin and their deformed features, and he contrasts this with Hugh's privileged, exemplary perspective of their 'internal splendour'.⁶¹

⁶⁰ Adam of Eynsham, *Magna Vita Sancti Hugonis: The Life of St. Hugh of Lincoln*, Vol I, ed. by Decima L. Douie and David Hugh Farmer (Oxford: Clarendon Press, 1985), p.13.

⁶¹ Adam of Eynsham, *Life of St. Hugh*, pp.13-14. A fifteenth-century Middle English exemplum, translated from the collection of exempla, the *Alphabetum narrationum* by the French preacher, Etienne de Besançon (d.1294), turns on a similar worldly-spiritual dynamic in its tale of how a leper asks a charitable man to wipe his nose. The leper, complaining that the man's fingers are aggravating his sores, asks him to continue by licking his nose instead; on obliging him, the man instantly finds that two precious stones have been dropped into his mouth. The tale works by foregrounding disgust as a means to insist upon the holy man's otherworldly charity and the spiritual rewards this brings about. See *Alphabet of Tales: An English 15th Century Translation of the Alphabetum Narrationum of Etienne de Besançon*, ed. by Mary MacLeod Banks, EETS o.s. no.126-7 (London: Published for Early English Text Society by Kegan Paul, Trench, Trübner, and Co., Ltd, 1904, 1905), p.302. For other accounts of saints affectively caring for lepers, see Peyroux, 'The Leper's Kiss', pp.172-88.

The Book of Margery Kempe invokes leprosy according to a similar affective economy. Margery encounters lepers in the street at her hometown of Lynn and their presence reminds her of Christ's sufferings:

Sche myth not duryn to beheldyn a lazer er an-oþer seke man, specially 3yf he had any wowndys aperyng on hym. So sche cryid & so sche wept as 3yf sche had sen owr Lord Ihesu Crist wyth hys wowndys bledyng [...]. For thorw þe beheldyng of þe seke man hir mende was al takyn in-to owr Lord Ihesu Crist.⁶²

The passage makes clear the lepers' role as a channel through which Margery's mind can become suffused with contemplation of Christ (similar to the 'bare life' status of Elizabeth of Hungary's charges, described in the previous chapter). The employment of the verb 'beheldyn' is important in this sense because it links sight with touch and suggests that the tableau of the lepers exerts a psychosomatic effect on Margery, prompting her to become 'al takyn' into Jesus. If such a description resounds with fears of physical contact and transmission that sometimes constellated around the subject of leprosy, it enacts a reversal through proffering Margery as an exemplary figure who can transform leprous touching from a threatening gesture into a devotional event. Likewise, the lepers' wounds are divested of their repulsive character and become sites of devotional expediency, generating a vision of the bleeding Christ.

Leprosy, in the *Book of Margery Kempe*, thus becomes an index of Margery's saintliness: she desires to interact with lepers because they provide her with a chance to perform works of mercy, and because their sores or 'wowndys' allow access, through

⁶² Kempe, *Book of Margery Kempe*, p.176.

resemblance, to the image of the suffering Christ.⁶³ This is in accordance with other instances where Margery seeks to emulate the lives and actions of Christ and the Saints, and forms, in this way, part of Kempe's 'calculated hagiographical' enterprise.⁶⁴ Margery's desire to touch and kiss the lepers expresses a similar rhetoric to that outlined in St. Hugh's hagiography.

Although disgust is a feature of Margery's encounters with lepers (we are told that, prior to her relationship with Christ, they had seemed 'lothful' and 'abhomyabyll' to her),⁶⁵ the narrative does not dwell, like other accounts such as that of St. Hugh, on summoning the reader's disgust through visceral accounts of the fragmented and formless bodies. This elision appears to be based on the ability of the term 'lazer' or 'leper' to carry such connotations. The function of leprosy to illustrate otherworldly sanctity would certainly be a familiar one to readers of hagiographies and pious works by the fifteenth century. Likewise, when the *Book* describes Margery's desire to kiss the lepers ('than had sche gret mornyng & sorwyng for sche myth not kyssyn þe lazerys whan sche sey hem er met wyth hem in þe stretys for þe lofe of Ihesu'), it invokes another well-established hagiographical theme.

⁶³ Again, this is the same dynamic that informs the merciful works for the sick and poor undertaken by saints like Elizabeth of Hungary.

⁶⁴ Gibson, *Theater of Devotion*, p.47. For more discussion of the hagiographical purposes in the *Book*, see Lynn Staley, *Margery Kempe's Dissenting Fictions* (Philadelphia: Pennsylvania State University Press, 1994), and Katherine J. Lewis, 'Margery Kempe and Saint Making in Later Medieval England', in *A Companion to the Book of Margery Kempe*, ed. by Arnold and Lewis, pp.113-28.

⁶⁵ Kempe, *Book of Margery Kempe*, p.176.

Although Margery is forbidden by her confessor to kiss the lepers on Lynn's streets (because they are male), she is allowed to go to 'a place wher seke women dwellyd'.⁶⁶ She meets and embraces two female lepers and, like St. Hugh of Lincoln, exhorts the women to accept their illness with patience and meekness. One of the women, a virgin, responds:⁶⁷

þan þe oo woman had so many temptacyons þat sche wist not how sche myth best be gouernyd [...]. And sche was labowryd wyth many fowle & horibyl thowtys, many mo þan sche cowde tellyn.⁶⁸

Jonathan Hsy proposes that 'as much as this passage intimates lechery, its evasive prose style also evokes the discursive specter of sodomy'; in the way it 'gathers together any number of non-heteronormative acts and desires'.⁶⁹ Noting how sodomy is often invoked through non-specification, Hsy suggests that 'this episode [...] leaves open the possibility that such performances could invite illicit desires *between* women' (original emphasis).⁷⁰ Yet whatever the extent to which the leper's secretive thoughts might

⁶⁶ Kempe, *Book of Margery Kempe*, p.177.

⁶⁷ On the possible significance of the leper's virginity in the context of the wider text, see Rossalynn Voaden, 'Beholding Men's Members: The Sexualizing of Transgression' in *The Book of Margery Kempe*, in *Medieval Theology and the Natural Body*, ed. by Peter Biller and A.J. Minnis (York: York Medieval Press, 1997), pp.175-90 (p.183).

⁶⁸ Kempe, *Book of Margery Kempe*, p.177.

⁶⁹ Jonathan Hsy, 'Kissing Lepers', p.192. On deviant sexuality in the description of Margery's care for lepers, see also Pearman, *Women and Disability*, p.142.

⁷⁰ Hsy, 'Kissing Lepers', p.192. Hsy develops Kathy Lavezzo's suggestion of the homoerotic dimensions of Margery's performances of affective piety in the *Book*. See

index sexual desires, what is insisted upon in this passage is their multifarious and unbounded significations: her ‘*many fowle & horibyl thowtys*’ are amplified to ‘*many mo þan sche cowde tellyn*’ (emphasis added). The *Book* implies that the proliferation of such thoughts and/or their appalling nature means that they are rendered uncommunicable. The association of ‘fowle and horibyl thowtys’ with leprosy recalls the overlap between the physical disease and the condition of the soul in Hugh Legat’s sermons and Henryson’s *Testament* (it also echoes Guy de Chauliac’s claim that leprosy makes a person look ‘horrible in þe maner of a beste’).⁷¹ The hazy and imprecise nature of the disease in late medieval culture allows it to stand as a figure, not for one set of sexual sins, but for a wide variety of illicit behaviours and emotions. In the leper’s confession to Margery, the admission of her foul and ungoverned emotions would signal, for the reader, a multiplicity of vague and monstrous desires, saddled to the formless and egregious features attending articulations of leprosy.

The intertwining of leprosy with internal moral states in this passage marks a shift as the register moves away from an affective, empathetic, and saintly identification with lepers (or with their representative status as metonyms for the suffering Christ) to one that sees their deformities and blemishes as manifestations of their internal state. The intimacy and identification that attends the affective model is replaced by one insisting on distance and estrangement similar to that incorporated by Legat in his prayer encouraging the penitent to conceive his soul as leprous skin.

Lavezzo, ‘Sobs and Sighs between Women: The Homoerotics of Compassion in *The Book of Margery Kempe*’, in *Premodern Sexualities*, ed. by Louise Fradenburg and Carla Freccero, pp.175–98.

⁷¹ Guy de Chauliac, *Cyrurgie*, p.380.

Indeed, the sense of productive self-alienation in the leper's confession is echoed by the annotation of one of the *Book's* late medieval readers. The single manuscript of the *Book* owned by the Carthusian Monastery Mount Grace in Yorkshire in the mid-fifteenth century (London, BL Add MS 61823) is annotated by four different hands dating from this period. One annotator has inscribed in red ink on the margin beside the leper's confession, 'A sotel & a sore temptacion. In siche a case we shold be more strange & bold a-ga[n]ste our gostly enmy'.⁷² The mention of 'sore', hinging between painful or ulcerated skin and emotional anguish, suggests that the annotator participates in the same overlapping rhetoric that the main text asserts (it also resonates with the 'sorowe' that is invested with material form in Bridget of Sweden's text). The knowledgeable tone of the annotation implies that he holds a specific insight into what the temptations are, and this would suggest that the note is an interpretation of the sins acknowledged by the leper in the text; but the refusal to qualify it signals again that the annotator is sharing in the semantic uncertainties that the *Book's* passage promotes. Likewise, the unqualified reference to 'our gostly enmy' repeats this sense of indeterminacy. The note intimates the edifying potency in the leper's references to non-specified temptations (inspiring the annotator to add a comment in the first place), as well as the way that its nebulous framework of reference lends itself to repetition. The annotator chooses instead to foreground the sense of self-alienation in the confession

⁷² London, BL Add MS 61823, f.86b. See Kempe, *Book of Margery Kempe*, p.177. For an exploration of the annotations in the *Book*, see Kelly Parsons, 'The Red Ink Annotator of *The Book of Margery Kempe* and His Lay Audience', in *The Medieval Professional Reader at Work: Evidence from Manuscripts of Chaucer, Langland, Kempe and Gower*, ed. by Kathryn Kerby-Fulton and Maidie Hilmo (Victoria: University of Victoria, 2001), pp.143-216.

and develops the leper's admission of labouring under her unwanted thoughts by advocating that we be 'strange' against them. The word connotes being aloof or unfriendly, as well as being alienated from one's own nature.⁷³ It could also refer, in a medical sense, to extraneous or improper things or qualities within the body.⁷⁴ From this perspective, the 'gostly' temptations and leprosy (as both symbol and effect of a host of morally dissolute actions and thoughts) are linked in the way that they both inhabit the body, and because they are implicated in a poetics that requires the cultivation of estrangement towards one's own body and soul. The leper's speech to Margery in the *Book*, then, overlays a confessional discourse, emerging out of the condition of leprosy and its moral resonances, upon a one based on edification through a Christological empathy with leprous bodies.

⁷³ 'straunge, adj.', *MED*, [http://quod.lib.umich.edu/cgi/m/mec/med-](http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED43218/)

[idx?type=id&id=MED43218/](http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED43218/) [accessed 11 December 2014]. Jonathan Hsy also connects 'strange' with courtly love traditions and the self-regulation of the lady's behaviour in the face of the knight's advances. See Hsy, 'Kissing Lepers', p.193.

⁷⁴ Guy de Chauliac, for example, describes transmutation as 'made of straunge hete in putrefactible materie'. See Guy de Chauliac, *Cyurgie*, p.169.



Fig.13: *Pietà. Stained Glass Panel. 1450-1500. Long Melford Church, Suffolk (reproduced by permission of the Rector of Holy Trinity Church, Long Melford).*

Performing Contagion

The implication of danger that wafts about the wounded lepers in Lynn's streets conveys apprehensions of their unregulated spatial movement and opportunities of social interaction. Margery reveals to her confessor the abundant devotional desire that seeing the lepers has inspired:

Than sche told hir confessowr how gret desyre sche had to kyssyn lazerys, & he warnyd hir þat sche xulde kyssyn no men, but, 3yf sche wolde al-gatys kyssyn, sche xuld kyssyn women. Þan was sche glad, for sche had leue to kyssyn þe seke women & went to a *place* wher seke women dwellyd [*italics added*].⁷⁵

The mention of a ‘place’ where Margery goes to kiss the lepers suggests that her confessor’s prohibition relates not just to the street lepers’ masculinity, but also to their ungoverned status appearing as they do outside the confines of the institution.⁷⁶ The confessor’s implicit concern that Margery’s devotional energies may be translated into (or read as) morally illicit behaviour relates to late medieval moral and physical concerns about the public presence of lepers and their interaction with the wider community. As mentioned above, whilst such concerns did not mean that lepers were banished from public spaces, a substantial corpus of institutional regulations and official writings is concerned with the careful management of lepers, within and without, institutions. This is not to say that such administration was replicated in actual practices, but rather to emphasise the textual construction of the leper in terms of both fears of contagion and the semantics of the diseased or deformed body. There was an intrinsic connection between leprosy and contagion in the Middle Ages given that it was

⁷⁵ Kempe, *Book of Margery Kempe*, p.177.

⁷⁶ There was a leper house at Gaywood, close to Lynn, in the fifteenth century known as St. Mary Magdalene’s. See P.H. Cullum, “‘Yf lak of charyte be not ower hynderawnce’: Margery Kempe, Lynn, and the Practice of the Spiritual and Bodily Works of Mercy”, in *A Companion to the Book of Margery Kempe*, ed. by Arnold and Lewis, pp.177-93 (p.180); David Knowles and R. Neville Haddock, *Medieval Religious Houses*, p.367; Rotha Mary Clay, *The Mediaeval Hospitals of England* (London: Methuen and Co., 1909), p.307.

believed to be easily communicated from person to person, but also via infectious air and food.⁷⁷ Nonetheless, just as medieval leprosy cannot be understood in exclusively physical terms divested of its moral connotations, late medieval concerns regarding leprosy's contagiousness were wholly imbued with moral perspectives and language.

Margery Kempe's visit to a leper-house and tactile engagement with its inmates shows that, whatever the fears of moral and physical contagion congregating around her confessor's proscription against kissing lepers in the street, the same contagion does not pertain to the hospital. The institutional setting appears to ward off contagion through spatial configurations, proscriptions and its provision of devotional and moral contexts. However, late medieval cartularies of English *leprosaria* and other official records reveal a creative tension between the allowance of spatial freedom or social intercourse and institutional or domestic confinement. Such sources indicate that contagion can be mitigated by ritual and symbolic practices as much as spatial confinement.

Ritual responses to leprosy are heavily invested in a document included in the *Sarum Missal*, a text outlining a rite instituted by Osmund (*d.*1099), bishop of Salisbury, which established liturgical order and its principle format in the south of England over the high and later Middle Ages.⁷⁸ The document describes the separation ritual for

⁷⁷ It is estimated today by medical authorities that around 95% of people have immunity to leprosy although much debate persists on whether communication occurs through nasal secretions or skin to skin contact. See Demaitre, *Leprosy in Premodern Medicine*, p.vii, and Boeckl, *Images of Leprosy*, pp.8-9.

⁷⁸ On the history of the Sarum rite, see Philip Baxter, *Sarum Use: The Development of a Medieval Code of Liturgy and Customs* (Salisbury: Sarum Script, 1994); W.H. Frere,

lepers who are leaving the community to enter a *leprosarium*. The ritual ostensibly marks the segregation of the leper from the rest of society: he is first led by a priest from his house to the Church where he undergoes a separation ritual involving the pronouncement of his symbolic death, after which he is sent home to live in seclusion. Whilst many historians have taken the inclusion of the separation ritual or ‘leper mass’ in the *Missal* as evidence of its late medieval performance, this is questioned by the liturgical historian A. Jeffries Collins, in his 1960 edition of the *Sarum Missal*.⁷⁹ Collins argues that the inclusion of the Mass in the *Missal* can only be traced as far back as its sixteenth-century continental printed versions, and he concludes that it formed part of a group of additions to the manual inserted by its continental printers to give the text exotic appeal. Carol Rawcliffe, in her *Leprosy in Medieval England*, cites Collins’s refutation and decries the ‘tedious’ list of authors who, she notes, continue to ‘cite this ritual, usually as evidence of the marginality, stigmatisation and isolation of the medieval leper’.⁸⁰ For Rawcliffe, the widespread academic acceptance of the reality of

‘Introduction’, in *The Use of Sarum*, Vol. I. *The Sarum Customs as set forth in the Consuetudinary and Customary*, ed. by W.H. Frere (Cambridge: Cambridge University Press, 1898), pp.x-lviii; Terence Bailey, *The Processions of Sarum and the Western Church* (Toronto: Pontifical Institute of Medieval Studies, 1971).

⁷⁹ A. Jeffries Collins, ‘Introduction’, in *Manuale ad usum percelebris ecclesie Sarisburiensis* (London: Henry Bradshaw Society, 1960), pp.xx. Rotha Mary Clay and Peter Richards both claim that the rite was practiced in England. See Clay, *Mediaeval Hospitals*, pp.67-9 and Richards, *Medieval Leper*, pp.68-9.

⁸⁰ Rawcliffe, *Leprosy*, p.21. See also Orme and Webster, *The English Hospital*, pp.29-31.

the separation ritual has allowed it to become ‘grist to the mill’ in more popular accounts of medieval leprosy.⁸¹

However, even allowing for a lack of evidence of the performance of such a ritual, this sixteenth-century document can still justify analysis for the insights it gives into spatial and performative representations of leprosy. It includes elements found in many late medieval leprosy accounts and narratives: it foregrounds the opposition between physical suffering and spiritual regeneration, and it cites the ‘man of sorrows’ passage from Isaiah that informed the devotional trope of the *Christum quasi leprosus*. Whatever the economic or seductive motivations of those who drafted the document in the sixteenth century, its investment in a late medieval poetics of leprosy yields crucial insights into the configuration of the disease in terms of performance, spectacle and marginality, even if (or perhaps, especially if) we allow for the essence of such performance to be purely imaginary.

The ritual overlays spatial movement with the symbolic movement of the leper from life to death:

In the church let a black cloth, if it can be had, be supported upon two trestles [...] and let the sick man remain on bended knees beneath it between the trestles, in the likeness of a corpse, although he lives in body and spirit, God willing [...]; The priest then with the spade throws earth upon each of his feet, saying: ‘Be thou dead to the world [*sis mortuus mundo*], but alive again unto God.’⁸²

⁸¹ Rawcliffe, *Leprosy*, p.21.

⁸² *Manuale ad usum percelebris ecclesie Sarisburiensis*, ed. by A. Jeffries Collins (London: Henry Bradshaw Society, 1960), p.182 (translated after Clay, *Mediaeval Hospitals*, pp.273-4).

The priest also reassures the leper saying that if he ‘blesses and praises God, and bears his sickness with patience, he may have a secure hope that although he is sick in body, his soul may be healthy and he may obtain the gift of eternal salvation’.⁸³ This calls up the familiar medieval opposition of a sufferer being physically sick whilst being spiritually healthy, or the achievement of redemption through sickness. The inclusion of the Isaiah passage, interpreted in terms of Christ’s social and physical resemblance to a leper, shows how the leper’s social exclusion is itself postulated as spiritually efficacious. Leprosy is thus imagined here both in terms of the physical disease and social marginalisation, and both are seen as offering the sufferer spiritual benefits.

The rite then moves from considering the spiritual significance of the exclusion to describing its quotidian character. At the ceremony’s apex, before the leper returns home, the priest reads out a list of injunctions:

I forbid you ever to enter into churches, into a market, into a millhouse, into a bakehouse, and into any public gathering [...]. Also, I forbid you ever henceforth to go out without your leper’s habit, that you may be recognized by others; and you must not go outside your house without your shoes on [...]. Also, I forbid you ever henceforth to enter taverns or other houses if you wish to obtain wine; take care even that what they give you they put into your cup. Also, I forbid you to have any intercourse with any woman except your wife. Also, I command you when you are on a journey and interrogated by someone, not to return an answer until you have gone beyond the road to leeward, so that he may have no evil [*male*] from you.⁸⁴

Whereas the leper’s symbolic journey from the Church to his house signifies the final, irrevocable stage of his death to the world, the priest’s injunctions are replete with implicit assumptions that the sufferer will participate in the world: he is expected to

⁸³ *Sarisburiensis*, p.182.

⁸⁴ *Sarisburiensis*, pp.183-4.

continue to go on journeys, drink water from wells and continue to sleep with his wife. Even the imperative against the leper going into taverns is mitigated by the affirmation that he will be able to purchase wine. Far from enacting fantasies of social ostracism, these injunctions insist upon a tension between ritualistic symbolism and quotidian social practices. The leper will continue to participate in a variety of situations and interact with the wider community, but remains marked by a liminal status that collapses social abjection with spiritual privilege.

The Sarum ritual thus constructs the figure of the leper through a rhetorical mode that navigates between marginality or invisibility and spectacle. The tableau of the Mass, with its mixture of sanctification and banishment, is extended into the everyday world through the very precise injunctions detailing the leper's movements and interactions. If the spectre of contagion motivates the ceremony, it is confronted through its ritual and symbolic performance rather than an insistence upon the leper's comprehensive isolation. Indeed, a dynamics navigating between enclosure and latitude frequently attends late medieval rules and instructions concerning the institutional arrangements for lepers. The regulations for St. Julian's leper house near St. Albans, written in 1146 but revised by its Abbot Michael de Mentmore (*d.*1349) in 1344, stipulate that the hospital's six lepers must live 'apart from the healthy because of the peril of contagion [*propter contagionis periculum*]'.⁸⁵ In similar terms to the Sarum separation ritual, these regulations stress the spiritual dimensions of the disease through the social degradation it engenders:

⁸⁵ Thomas Walsingham, *Chronica Monasterii S. Albani: Gesta Abbatum Monasterii Sancti Albani*, Vol II (1290-1349), ed. by Henry Thomas Riley (London: Longman, 1867) p.484. Translated after Richards, *Medieval Leper*, pp.129-36.

Since, amongst all infirmities, the disease of leprosy is held in contempt, those who are struck with such a disease should display themselves only at particular places and times, and, in their bearing and dress, more contemptible and with greater humility than other men [...] Nor should they despair or murmur against God because of this, but rather praise and glorify him, who, when he was led to his death, wished to be compared to lepers.⁸⁶

Again, as with the Sarum ritual, this passage swings between invisibility and display as the lepers are exhorted to show themselves only at specific points (*'singulis locis et temporibus'*) and then in a condition 'more contemptible and with greater humility than other men [*tam gestu quam habitu, caeteris hominibus contemptibiliores et magis humiles*]' . These rare, choreographed appearances seem to be oriented towards the effects they might generate for the viewer. In this sense, the spectacle of the humble and abject lepers, accentuated by their dress and bodily gestures (*'gestus'*), takes the form of an edifying performance that could both revolt and enthrall the beholder who, through such an arresting visual display, would be reminded of Christ's own abject state and bodily disintegration in the Passion. In this way, there are strong parallels between the delineation of the relationship between the lepers and those who witness them here and the description of Margery Kempe seeing the lepers in Lynn, and the overwhelming effect they have on her.

The importance of such displays might shed light on our understanding of the precise injunctions forbidding the lepers to wander outside of the hospital precinct. The regulations of St. Julian's state that, without special permission from the Master of the house, 'no brother should presume to travel across the usual boundaries or have occasion to wander or sojourn through the countryside [*vagandi causa per patriam, vel*

⁸⁶ *Chronica S. Albani*, p.503 (in BL Cotton MS Claudius E IV); Richards, *Medieval Leper*, p.131.

peregrinandi]'.⁸⁷ Whilst the inmates of St. Julian's may go into nearby St. Albans for business with the permission of the Master, they cannot freely wander about. The apprehensions of contagion underlining these imperatives are wholly bound up with the authority (by the leper house's benefactors responsible for the production of the text) to calibrate the mobility of the inmates between edifying visibility and institutional seclusion. Such a poetics of movement makes no distinction between the protean disease and the amorphous wandering by its sufferers; the contagious potential of leprosy resides as much in the transgression of spatial and societal demarcations as it does in the degradation of bodily integrity and the unleashing of 'evil' humours.

Indeed, the nebulous language in which the risk of contagion is often suggested, falling between the body and soul, the physical and the social, the disease and the management of its sufferers, freights the term 'leprosy' with a host of vague fears and forebodings. As we have seen, this trepidation is often mingled ambivalently with the allure of the leper, particularly as a site of devotional inspiration. Therefore, the construction of the leper in institutional writings is that of a figure invested with potent meaning for the community, expressed through both the enthrallment her condition instigates and the exclusions placed upon her.

This combination of ostracism and intense interest is an integral feature of the detailed records of the medical examination of Joanna Nightingale of Brentwood in

⁸⁷ *Chronica S. Albani*, p.506; Richards, p.135. Likewise, inmates at St. Mary Magdalene's leprosarium in Dudston, west of Gloucester, are commanded not to 'go outdoors alone, nor should they wander about the streets, but let them go with a servant or a companion in good order where they have been instructed to go'. See Kealey, *Medieval Medicus*, pp.108-9 (p.108). For Latin text, see pp.200-1.

Essex in 1468. Nightingale was accused by her neighbours of being a leper but refused to remove herself from society. A writ was issued from King Edward IV to the sheriff of Essex stating:

We accept that Joanna Nightingale is a leper, and abides among the people of the aforesaid county, and communicates with them in both private and public places, and refuses to transfer to a solitary place, as is customary and befitting her, to the grave injury of the aforesaid people and, on account of the aforesaid contagious disease, to their manifest peril .⁸⁸

The threat of Joanna's leprosy is conveyed in terms of her unregulated spatial and social movement: she interacts with the people of Brentwood, mixing with them in private and public places ('*in locus publicis quam privatis communicat*'). Her incessant movement amongst the community is identified with the contagion of her putative disease.

In addressing this, the writ charges the sheriff, along with 'discreet and loyal men of the county' to visit Nightingale and establish the veracity of the claims. Whilst further details of this visit are not preserved, Joanna eventually appeared before the Chancery court.⁸⁹ Three of Edward IV's physicians— Roger Marchall (c.1417 – 1477),

⁸⁸ Thomas Rymer, ed. *Foedera, conventions, literae et cuiuscunque generis acta publica*, V, Part II (The Hague: J. Neaulme, 1741), 166. Translated after J.Y. Simpson, 'Antiquarian Notices of Leprosy and Leper Hospitals in Scotland and England, Parts 2 and 3', *Edinburgh Medical and Surgical Journal*, 57 (1842), 121-156 and 394-429.

⁸⁹ Carole Rawcliffe and Sheldon Watts suggest that Nightingale secured the appearance at the Chancery court herself, whilst Peter Richards claims that this took place through the Lord Chancellor's intervention. See Rawcliffe, *Leprosy*, pp.186-7; Richards, *Medieval Leper*, pp.40-1 and Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Yale University Press, 1997), p.58.

William Hatteclyffe (*d.*1480) and Dominic de Sergio (*d.*1475) – performed a *judicum*, or formal examination, where she was finally pronounced free of leprosy.⁹⁰ The report produced by the physicians for Edward describes their procedure:

First, we examined her person and, in accordance with what the oldest and wisest medical authorities have found and taught in such cases, we handled and touched her and made mature, diligent and proper investigation whether the signs that declared this disease were in her or not. After an examination and consideration of each of the points, which appeared necessary to be examined and considered, in order to come to a true acquaintance of this uncertain matter, we found that the woman neither had been nor was a leper, nor should, for that cause, be removed from associating with the community.⁹¹

The elongated syntax here with its conditionals and qualifications befits the prose of an official writ and is designed to assert a sense of orderly, subjective and rational knowledge slicing through the confusion of claims and counter-claims in the case. It responds to the amorphous, unchecked wandering of Joanna (and her implicit spreading of contagion) with a deliberate and comprehensive inspection, based on medical

⁹⁰ Roger Marchall is the physician notable for his book collections discussed in chapters one and five of this thesis; for information on Hatteclyffe, see Rosemary Horrox, ‘William Hatteclyffe’, *ODNB*, <http://www.oxforddnb.com/view/article/12603> [accessed 22 May 2013]; for Sergio, see C. H. Talbot and E.A. Hammond, *The Medical Practitioners in England: A Biographical Register* (London: Wellcome Historical Medical Library, 1965) p.36. The performance of a *judicum* by trained professionals, judging whether a person should be segregated from the community, tended to be a feature of continental Europe; in England this responsibility was usually delegated to laymen. See Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell Press, 2013), p.48.

⁹¹ *Foedera*, p.167.

expertise and knowledge of the diseased body. Their intervention works to situate Joanna's transgressive movement, and the concern it instigates, within the purview of medical knowledge, thus nullifying its threat.

Although she is judged free of leprosy, it is notable that the language evoked in the physician's judgement is devoid of reference to particular signs or symptoms of leprosy. In signifying the comprehensive inspection they have undertaken, they list the four types of leprosy and mention that there are twenty five signs; they affirm that they have tested Joanna against all of them and have concluded that she is not afflicted with the disease.⁹² The physicians do not mention the particular symptoms she exhibited which led to her accusation or offer any diagnosis for what condition she might be suffering from. This is especially pertinent given the typical medical conflation of leprosy, and its various clusters of symptoms, with other conditions. Instead, the language of the physicians is formatted to privilege expertise and the articulation of a decipherable, knowable disease. Whilst the amorphous, proliferating nature of leprosy may be signalled here in the reference to its more than twenty five signs, this quality is negated by the physician's claims of expertise and appeals to the authority of rational medicine.

Yet despite the writ's construction of a rational, professional expertise overcoming public suspicion, it adopts a register that chimes with much of the ritualistic language that leprosy accrues. The formal certainty with which the physicians pronounce Joanna 'absolutely free and exempt [*liberam prorsus & immune*]' from the disease carries an undertone of absolution from sin and is redolent of the language and authority with which a priest might dispense this. The writ informs us that Joanna was brought to the physicians by Robert, bishop of Bath and Wells and chancellor of

⁹² *Foedera*, p.167.

England. Her vindication comes as the result of the physicians' careful examination of her. They recount how they 'handled and touched her [*ipsam tractavimus & palpavimus*]' and made 'mature, diligent and proper investigation [*mature diligenter & prout oportuit inquisivimus*]' as to whether she evinced the symptoms of the disease or not; thus they established 'a true acquaintance of this uncertain matter [*pro elicienda vera notitia hujus ambigui*]'.⁹³ The physicians' expert handling of Joanna's body is, in this sense, antithetical to the ungoverned intercourse Joanna is seen to have exhibited earlier; although their intimate touching might normally exceed the boundaries of social and sexual decorum, the qualified language insisting upon truth divination and the safety of the wider community precludes any suspicion here. In particular, the privileged realm of the medical examination, sanctioned by the mediation of the bishop, as well as by its textual enunciation addressed to Edward IV, appears inoculated against the risk of disease communication. It is as if professional touching, by its very order and authority, mitigates the possibility of contagion – either in the form of physical disease or through morally, or sexually, illicit transmission.

In this way, the physicians' professional interaction with Joanna's body connects with the pietistic tactility of lepers by devotees such as Margery Kempe or St. Hugh of Lincoln. Both kinds – medical and devotional – are privileged in the sense that neither saint nor physician is at risk of contagion, whilst they seek to address or prevent contagion through the act of touching. In the case of Margery Kempe, her charitable kissing engenders the leper's confession thus confronting her moral contagion. The physicians in the *Nightingale* writ claim to be working to prevent physical contagion within the community at Brentwood but, as I have argued throughout this chapter, this should be seen as inseparable from late medieval understandings of moral or spiritual

⁹³ *Foedera*, p.167.

contagion. I have shown how moral strands are evident in the way that the risk of contagion appears and disappears in the writ depending on the social and professional context.

The idea of contagion, like leprosy itself, is always bound up with social and moral investments. Indeed, it would seem from the inordinate attention given by the highest echelons of fifteenth-century English society to Joanna Nightingale's putative leprosy, that there was a strong, albeit opaque, political dimension to this particular issue. Whilst we do not know anything about her apart from this writ, the document presents her staunch refusal to accept the status and subject-position of a leper as a matter of great importance for her local community and, by implication, the political realm. Her wandering through the private and public spheres of Brentwood recalls the transgressive behaviour of Cresseid in Henryson's *Testament* and the affliction of leprosy that is visited upon her by the gods, partly in punishment for her error (and also expressed in judicial terms).

Such representations exemplify the way leprosy, configured as both a protean and egregious disease, tends to be negotiated through performance, censure and metaphor in late medieval English writings. Although often conceived of in terms of alterity and abjection, the leper is just as likely to be imagined inhabiting the interstices between bodily sickness and spiritual wellbeing, life and death, inclusion and exclusion. A productive disgust towards the leper's body is deployed to provoke desires for haptic engagement with it as well as for its effacement. The overwhelming nature of leprosy, attacking 'all þe body' demands a turn to metaphor and analogy and, with its biblical inheritance, it asserts itself as a spiritual as well as a physical malaise.⁹⁴ But, as we have

⁹⁴ Guy de Chauliac, *Cyurgie*, p.377.

seen, its many symptoms allow it to be configured in various ways: it is linked to blasphemy, gluttony, erotic excess, political misrule, and the exemplary sufferings of Christ. Its protean qualities allow it to assume moral and devotional potency across medical writings, romance literature, didactic prose, hospital cartularies, official writs and devotional works; its projection of the internal body and soul upon the sufferer's skin enables articulations of disgust, fear, devotion and desire.

CHAPTER FIVE

Chaucerian Medicine

The dissemination of medical language throughout a wide variety of Middle English writings constitutes a medical poetics where the technical language of rational medicine mediates devotional, didactic, mystical and romantic themes. Such literary appropriations emerged from the wave of vernacular translations and new productions of medical writings witnessed in the late fourteenth and fifteenth centuries. This phenomenon exposed what had previously been largely the preserve of a specialist, scholastic readership to a wider audience. The principles of scholastic medicine were elucidated in vernacular surgical treatises, phlebotomy guides, dietaries, commonplace books and more general encyclopedic works; in many such writings theoretical medicine overlapped with traditional, empiric material creating a diffuse medical corpus. This new English medical vocabulary was rich, unstable and multivalent in its various applications.¹ Geoffrey Chaucer's oeuvre may be seen as a crucible in which this new vocabulary circulates and attaches itself to a variety of discourses, precisely at the time when it was seeping into the English language. Chaucer's work displays an abiding engagement with medical learning and language, as it does with other sciences and practical knowledge, and so affords a privileged view of the incorporation of medical languages within literary discourse.

Despite these abundant and diffuse qualities, those who have explored Chaucerian medicine have tended to narrow their focus to study the extent of Chaucer's satirical

¹ See Irma Taavitsainen and Päivi Pahta, 'Vernacularisation', pp.1-22.

treatment of medical practitioners. Walter Clyde Curry's *Chaucer and the Mediaeval Sciences* (1926) comprised the first sustained critical treatment of medicine in Chaucer's works. Curry reads Chaucer's characterisations in the *Canterbury Tales* in light of late medieval medical knowledge and theory: for example, commenting on the description of the Doctor of Physic in the 'General Prologue', Curry pronounces that he 'seems to be an outstanding representative of the theoretical and practising physicians of his time. But as to his character – that is another matter'.² Continuing to focus on their descriptions in the 'General Prologue', he goes on to diagnose the Summoner as suffering from leprosy and the Reeve as choleric.³ In the 1970s, Huling Ussery again looked at Chaucer's employment of medical theory and advanced that the representation of the Physician in the *Canterbury Tales* is modelled on contemporary practitioners and that its satiric elements have been exaggerated.⁴ Yet the subject of satire has continued to dominate discussion of Chaucer's use of medicine. Faye Getz, for example, argues that Chaucer borrowed from the European continent an interest in medical scholasticism, as well as a corresponding suspicion of those who practice medicine.⁵ For Getz, scholastic and empiric medicine, and related disciplines such as physiognomy, offered Chaucer a means to portray his characters, particularly in the

² Walter Clyde Curry, *Chaucer and the Mediaeval Sciences*, 2nd edn. (New York: Allen and Unwin, 1960), p.27.

³ Curry, *Mediaeval Sciences*, pp.37-53 and 71-90. Jill Mann also registers the ambivalence with which the Physician is depicted. See Mann, *Chaucer and Medieval Estates Satire*, p.97.

⁴ Ussery, *Chaucer's Physician*, pp.91-139.

⁵ Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1988), p.88.

‘General Prologue’, by describing their internal or moral state through their outward appearances and complexions.⁶ Nonetheless, she concludes that Chaucer’s belief in a preventative, moderate health regimen informed his ultimate distrust of medical practitioners.⁷

In his thesis on medicine in Chaucer, Jake Walsh Morrissey argues similarly that Chaucer’s engagement with professional medical healing is one characterised by distrust and negation. Morrissey’s thesis is an analysis of the ways that Chaucer and John Lydgate employed ‘nonliterary medical texts in transporting medical discourse into the English language and culture’.⁸ He argues that whereas Lydgate engaged with the popular genre of the *regimen sanitatis*, or health regimen, and adopted it for a literary audience, Chaucer’s use of medicine was based on an undermining of scholastic medicine in the interests of privileging the health of the soul. In making this argument, Morrissey pays close attention to the framework of the *Canterbury Tales*’ narrative. Defining the Canterbury pilgrimage as a quest for health, he proposes that the characters of the Physician, Pardoner and Parson exemplify competing health ideals. He argues that Chaucer refutes the physical healing of the Physician (by presenting him as a self-interested manipulator) and the fraudulent spiritualism of the Pardoner, favouring instead the Parson’s emphasis on spiritual health.⁹

⁶ Getz, *Medicine in the English Middle Ages*, p.88.

⁷ Getz, *Medicine in the English Middle Ages*, p.90.

⁸ Morrissey, “‘Termes of Phisik’”, p.i.

⁹ Morrissey, “‘Termes of Phisik’”, pp.30-105. Morrissey also argues that Chaucer’s adoption of medical terminology in the description of *amor hereos*, or lovesickness, in the ‘Knight’s Tale’ negates the medicalisation of this condition. He claims that it does

This chapter departs from Morrissey's (and, consequently, Curry's and Getz's) analyses in a number of respects. Although the narrative frame of the *Canterbury Tales* reveals something of popular medicine and its reception (particularly as inflected through the link between the Physician's and Pardoner's Tales), it affords only a partial perspective of the dynamics at play in Chaucer's use of medical terms. Consequently, I focus here on the modes of medical discourse that Chaucer employs and the ways in which he investigates and plays with their metaphorical, symbolic or referential meanings. In doing this, I include and go beyond the *Canterbury Tales* seeking evidence across his wider oeuvre. Furthermore, whilst agreeing that Chaucer does incorporate features of anti-medical satire in his writings, I argue that this is one of a variety of ways in which he employs medical discourse.¹⁰ Instead of framing the debate around the extent to which he accepted or dismissed a coherent 'body' of medical knowledge, I argue instead that he deployed medical learning and discourse in ways consistent with its diversity and heterogeneous manifestations in late medieval English culture. Indeed, the presence of Boethian philosophy, Scriptural ethics, humoral theory, practical surgery and amuletic charms in the writings of Chaucer's London contemporary, John Arderne, clearly demonstrates such multiplicity, and the blurred disciplinary boundaries

this through articulating the symptoms of lovesickness, whilst dismissing the idea that medical learning offers a cure for lovesickness. See Morrissey, "Termes of Phisik", pp.106-98.

¹⁰ In similar terms, a reading of the representation of the Physician in the 'General Prologue' by Carole Rawcliffe finds that Chaucer's description provides no explicit condemnation of the Physician. See Rawcliffe, 'The Doctor of Physic', in *Historians on Chaucer: The 'General Prologue' to the Canterbury Tales*, ed. by Stephen H. Rigby and Alastair Minnis (Oxford: Oxford University Press, 2014), pp.297-318 (p.300).

attending even the most practical articulations of medicine circulating in Chaucer's England. From this viewpoint, I question a dualistic reading of his privileging of spiritual over physical healing by analysing aspects that show the way these categories are linguistically interwoven in his writings.

I begin by showing how the scalp condition called the 'scalle' is articulated in metaphorical and moral terms in Chaucer's words to his scribe Adam. I consider the extent to which such an appropriation of medical knowledge might be grounded in the circulation of medical texts in late medieval England. I go on to consider Chaucer's employment of medical satire – the basis of much previous readings of Chaucerian medicine – and argue that, whilst he embeds anti-medical satirical discourse in his writings, this does not exclusively signify an anti-medical stance, but instead comprises one strand of a disparate engagement with what was a highly complex field of knowledge framed by vague borders. I go on to examine the way that the medical interacts with the philosophical or ethical in Chaucer's corpus, and I analyse the way that he foregrounds the obfuscations and exclusions of medical terminology. Finally, I explore the representation of the poetic subject through the vaguely defined but potent condition of melancholy.

**Skin disease and Textual Defacement in ‘Chaucer’s Wordes unto Adam, His Owne
Scriveyn’**

The single stanza that appears in a manuscript of Chaucer’s and Lydgate’s shorter poems, in Cambridge, Trinity College MS R.3.20, carrying the title ‘Chauciers wordes . . . a Geffrey vn to Adame his owen scryveyne’, makes a metaphorical and punitive connection between the material act of writing (transcribing, erasing, amending) and a skin condition affecting the scalp called ‘the scalle’:

Adam scriveyn, if ever it thee bifalle
Boece or Troylus for to wryten newe,
Under thy long lokkes thou most have the scalle,
But after my makyng thow wryte more trewe;
So oft adaye I mot thy werk renewe,
It to correcte and eke to rubbe and scrape,
And al is thorough thy negligence and rape.¹¹

This poem has attracted much interest due to its distinctive place in Chaucer’s canon, comprising as it does a reference to the ‘makyng’ of Chaucer’s poetry and its scribal transmission. Linne R. Mooney’s identification in 2004 of the London scrivener, Adam Pinkhurst, as the scribe of both the Hengwrt and Ellesmere manuscripts of the *Canterbury Tales*, and the possible subject of this poem, helped to intensify interest in

¹¹ ‘Chaucer’s Wordes unto Adam, His Owne Scriveyn’, in *RC*, p.650. All quotations from Chaucer’s works in this chapter are in *RC*. Line numbers are cited parenthetically in the text along with fragment, in works from the *Canterbury Tales*, and relevant book and/or section in other works.

it.¹² Whilst the attribution of the poem to Chaucer, by the manuscript's scribe John Shirley (c.1366-1456), has been called into doubt, it continues to be accepted within the Chaucerian canon.¹³

Notwithstanding assertions by some critics that the poem's precision of reference curtails its yield of interpretative readings, many of its readers have displayed a sharp awareness of its intertextual and linguistic resonances.¹⁴ The seven-line single-stanza

¹² Mooney first revealed her findings at a conference of the New Chaucer Society in 2004. They were subsequently published under the title of 'Chaucer's Scribe', *Speculum*, 81:1 (2006), 97-138.

¹³ See Seth Lerer, *Chaucer and his Readers: Imagining the Author in Late Medieval England* (Princeton: Princeton University Press, 1993), p.121, and A.S.G. Edwards and Julia Boffey, "'Chaucer's Chronicle": John Shirley and the Canon of Chaucer's Shorter Poems', *Studies in the Age of Chaucer*, 20 (1998), 201-18. Whereas Lerer speculates that Shirley may have written the poem himself, Edwards proposes that it could have been written as a reprimand by a 'supervisory scribe' to a junior one. See A.S.G. Edwards, 'Chaucer and "Adam Sciveyn"', *Medium Aevum*, 81:1 (2012), 135-138 (p.136). On the dubious nature of Shirley's claims about Chaucer, see Margaret Connolly, *John Shirley: Book Production and the Noble Household in Fifteenth-Century England* (Aldershot: Ashgate, 1998).

¹⁴ John Scattergood, for instance, takes the view that the poem gives only limited scope for interpretive readings, see 'The Jongleur, the Copyist and the Printer: The Tradition of Chaucer's Words unto Adam, His own Sciveyn', in *Courtly Literature: Culture and Context: Selected Papers from the Fifth Triennial Congress of the International Courtly Literature Society*, ed. by Keith Busby and Erik Kooper (Amsterdam and Philadelphia: John Benjamins, 1990), pp.499- 508 (p.500). This claim is undermined by the

poem written in rhyme royal is the shortest known work attributed to Chaucer (discounting his rhymed proverbs); it is formally related to the book curse, an imprecation often included in medieval manuscript volumes and ‘designed to protect a codex by threatening spiritual or physical punishment for anyone who steals, defaces or otherwise misuses it’.¹⁵ The curse in ‘Adam Scriveyn’ (the name by which I refer to the poem here) is that of the ‘scalle’, a term that encompassed a variety of conditions of the scalp typically evinced by blisters, scabs or scaly skin (possibly akin to eczema or a fungal infection). In Trevisa’s translation of Bartholomaeus Anglicus’s *De proprietatibus rerum*, it is given the name ‘moppe’ due to the way it eats into the skin as a moth eats into cloth (the metaphor’s vehicle being symmetrical to that of the parchment in ‘Adam Scriveyn’). Similar to its description in Chaucer’s poem, Bartholomaeus describes it as inducing ‘passinge greet icching and fretinge [in þe heed. And after cracching] and clawinge of þat icching falliþ many scales’.¹⁶ In ‘Adam Scriveyn’, the condition is to be visited upon the scribe in the event of his negligent or hasty copying. The invocation of this disease as a punishment for these particular faults is metaphorically significant. Critics of the poem have noted the appropriate symmetry between the poet’s need to ‘rubbe and scrape’ the manuscript

perspicacious readings offered by, among others, Carolyn Dinshaw, Alexandra Gillespie and Jay Ruud, mentioned below.

¹⁵ Glending Olson, ‘Author, Scribe and Curse: The Genre of “Adam Scriveyn”’, *The Chaucer Review*, 42:3 (2008), 284-297 (p.285). John Scattergood has similarly related it to the Provençal genre known as *sirventes joglaresc*, comprising a rebuke by a poet to a jongleur for an inaccurate performance of the poet’s work. See Scattergood, ‘The Jongleur’, pp.501-2.

¹⁶ Bartholomaeus Anglicus, *Properties of Things*, p.345.

parchment in correcting the scribe's errors and the scribe's ensuing itching of his own skin as a result of the onset of the disease.¹⁷ In this sense, the parallelism is an example of the model of the symmetrical Christian justice, saliently outlined in Dante's *Divina Commedia*, known as *contrapasso* where the sinner's punishment directly recalls his or her sin.¹⁸

Being a disease of the skin, the condition inevitably carries a moral dimension. In particular, its scaly feature could provoke associations with certain forms of leprosy; the fourteenth-century Middle English version of biblical and religious history known as the *Cursor Mundi* relates King Herod's cruelty and pride to a variety of illnesses including the 'scall': 'Þe parlesi has his a side,/ þat dos him fast to pok his pride;/ In his heued he has þe scall'.¹⁹ The connection between the sin of pride and Adam Sciveyn, although not one explicitly made in the poem, has been considered by some mainly due to the parallels in the poem between Adam, the scribe, and the biblical Adam. The poem suggests this association with the words 'Adam' and 'befalle' framing its first line, and through the implicit parallelism between the divine creator God and the poet, Chaucer, reprimanding his scribe for undermining his 'makyng'.²⁰ Indeed, the poem's post-

¹⁷ Jay Ruud, "Many a Song and Many a Leccherous Lay": Tradition and Individuality in Chaucer's Lyric Poetry (New York: Garland, 1992), p.122, and Russell A. Peck, 'Public Dreams and Private Myths: Perspectives in Middle English Literature', *PMLA* 90:3 (1975), 461-67 (p.467).

¹⁸ See Britt Mize, 'Adam, and Chaucer's Words unto Him', *The Chaucer Review*, 35:4 (2001), 351-77 (pp.359-60).

¹⁹ *Cursor Mundi*, l.11817-19.

²⁰ Carolyn Dinshaw, *Chaucer's Sexual Poetics* (Wisconsin and London: University of Wisconsin Press, 1989), pp.6-8.

lapsarian acknowledgement of the evasiveness of an ultimately truthful copy of the poet's work, settling for one that is merely 'more trewe', further indicates the significance of the reference to Adam.²¹ Whilst the link between Adam Sciveyn's imputed 'scalle' and pride is largely made through the implicit nominal association (although his 'long lokkes' may betoken a preoccupation with appearance),²² Brendan O'Connell argues that the condition may be linked more directly to falsification. O'Connell notes Dante's description of falsifiers undergoing purgatorial punishments including diseases of the scalp and suggests this as informing the selection of the 'scalle' as punishment for the misrepresentations wrought through Adam's work.²³ Such a reading also accords with the description of another falsifier from the 'General Prologue' of the *Canterbury Tales*, the Summoner, who among his various ailments is beset by 'scalled brows' (I, 627).

The reference to the 'scalle' in 'Adam Sciveyn' is indicative of the way in which medical terms are imbedded within moral and metaphorical lineaments in Chaucer's writings. The symptoms of the condition, which are explicitly outlined in contemporary medical treatises, are, in this poem, knowingly and playfully implied through the reference to rubbing and scraping parchment. Instead of the term being the subject of medical healing, it becomes here a curse. The (mocking) parallelism between rubbing

²¹ This argument is made by Alexandra Gillespie in her incisive reading of the poem. See, 'Reading Chaucer's Words to Adam', *The Chaucer Review*, 42:3 (2008), 269-283 (see especially, pp.278-79).

²² See Mize, 'Adam, and Chaucer's Words', pp.364-6.

²³ Brendan O'Connell, 'Adam Sciveyn and the Falsifiers of Dante's Inferno: A New Interpretation of Chaucer's Wordes', *The Chaucer Review*, 40:1 (2005), 39-56 (pp.45-53).

the parchment and scratching one's head aligns the 'negligence and rape' of texts, or language, with that of bodily disease, underlining the connection between the text's language and the body it signifies.

Chaucer's Medical Sources

'Adam Sciveyn' exemplifies how Chaucer employs medical language to uncover religious and moral resonances and associations. But how might a reader like Chaucer have encountered medical learning? And could these encounters have informed his metaphorical purchase on medical language? This section considers the kinds of textual material he would have had access to, and the forms and contexts in which he would have received them. The absence of evidence of Chaucer's acquisition of a university education suggests that his encounter with scholastic medicine would have been accommodated by the wider dissemination of medical learning taking place in England and beyond in the fourteenth century. Although such propagation was aided by the increase of vernacular works, Chaucer's sustained use of Latin texts in his works implies that he possessed at least a working knowledge of it, and that, therefore, he could have gleaned his medical knowledge from texts written in Latin, English or French.

The diverse character of late medieval English medical manuscripts points to the miscellaneous way in which a reader such as Chaucer could have encountered this knowledge. In such works, scholastic medicine mingled with herbal recipes and charms, the characteristic material of a non-scholastic vernacular remedy-book tradition (that had existed from around the ninth century); these miscellanies achieved wide circulation

and practical application beyond the world of the university.²⁴ In England, encyclopedic texts, in particular, achieved much popularity amongst general readers, and tended to incorporate a wealth of medical information. The genre's consolidation of theology, philosophy, natural philosophy, medicine and folkloric knowledge reflected the late medieval appetite for interconnectedness and equilibrium between fields of learning, and for an over-arching totality of knowledge. The encyclopedic text followed the scholastic medical treatise in its deployment of authoritative literature. It typically begins with descriptions of God and the cosmos, and then moves on to explicate the orders of angels, man (including humoral make-up, temperament, diseases and their cures), the elements and a taxonomy of animals.²⁵ Similar to the scholastic medical compendia, these highly popular works were translated into the vernaculars of a range of European countries over the fourteenth and fifteenth centuries.

The sprawling encyclopedic trifecta of the French Dominican, Vincent of Beauvais (c.1190-c.1264), entitled the *Speculum Maius*, has been considered a significant source for Chaucer's medical references. In 1935, Pauline Aiken identified references in two books of the *Speculum* – the *Speculum Naturale* and the *Speculum Doctrinale* – which accorded closely with the humoral basis of dreams outlined in the 'Nun's Priest's Tale' by the hen-character, Pertolete.²⁶ Chaucer's familiarity with

²⁴ Irma Taavitsainen and Päivi Pahta, 'Vernacularisation', p.11, and Claire Jones, 'Elaboration in Practice', pp.163-77.

²⁵ Irma Taavitsainen, 'Science', p.382.

²⁶ Pauline Aiken, 'Vincent of Beauvais and Dame Pertelote's Medicine', *Speculum*, 10:3 (1935), 281-7. See also W.K. Wimsatt, 'Vincent of Beauvais and Chaucer's Cleopatra and Croesus', *Speculum*, 12:3 (1937), 375-81.

Vincent is attested to in his *Legend of Good Women* by a reference to the third book of Vincent's encyclopedia, the *Speculum Historiale*, and its examples of moral women.²⁷ Aiken supports her claims by locating the herbs listed in the 'Nun's Priest's Tale' in two chapters of the *Speculum*, and points to Vincent's discussion of the influences of red cholera and melancholy on dreams, and its resemblance to Pertolete's description.²⁸ As with the medical compendia, Vincent's work, with its extended quotations and passages from a diverse range of medical authorities, would seem to offer a reader such as Chaucer a neat array of scholastic information from which to draw.

Another candidate for informing Chaucer's medical engagement must be Bartholomaeus Anglicus's *De proprietatibus rerum*, one of the most popular encyclopedic works across Europe in the later Middle Ages. Bartholomaeus, a Franciscan who taught at Paris, cited a range of writings throughout his work including the canonical medical works of Constantinus Affricanus, Gerard of Cremona's (c.1114-1187) translations of Galen's works, the *Aphorisms* of Hippocrates and Arabic authors

²⁷ *The Legend of Good Women*, RC, G, 307. For the corresponding section in the *Speculum* see, Vincent de Beauvais, *Speculum historiale*, in *Speculum quadruplex sive Speculum maius: naturale, doctrinale, morale, historiale*, 4 vols. (Douai, 1624; repr. Graz: Akademische Druck, 1964), Bk 6, 108-122. The Wife of Bath's lines of the virtues of poverty (III, 1995-2000) have also been sourced to the *Historiale*. See note in RC, p.874. See Vincent de Beauvais, *Speculum Historiale*, Bk 10, p.71.

²⁸ Aiken, 'Vincent of Beauvais', pp.281 and 283-4.

such as Ibn Sīnā and Haly Abbas.²⁹ The popularity of this work is manifested in its frequent presence in manuscript collections throughout Europe; twenty three manuscript versions of it are extant in England.³⁰ In 1372, a French translation by Jean Corbechon (*fl. c.1370*) was commissioned by Charles V (1338-80) of France, followed by Trevisa's Middle English translation (1397).³¹ Although Chaucer makes no reference to the work in his writings, it is probable that he would have had some knowledge of it, either in its Latin or French version.³² There is much in the work that resonates with Chaucer's employment of medical registers: it outlines humoral theory and its effects on a person's behavior and disposition, knowledge that is employed throughout Chaucer's corpus; Bartholomaeus's description of melancholy, its black quality and the dread of death it inspires, is echoed in the *Book of the Duchess's* description of the Black Knight (16-29), as well as that of mania in the 'Knight's Tale' (I, 1373-1376);³³ Chaucer's allusions to

²⁹ Taavitsainen, 'Transferring Classical Discourse Conventions into the Vernacular', in *Medical and Scientific Writing*, ed. by Irma Taavitsainen and Päivi Pahta, pp.37-72 (pp.59-61).

³⁰ Peter Brown, *Optical Space*, p.78.

³¹ See Sue Ellen Holbrook, 'The Properties of Things and Textual Power: Illustrating the French Translation of *De proprietatibus rerum* and a Latin Precursor', in *Patrons, Authors and Workshops: Books and Book Production in Paris around 1400*, ed. by Godfried Croenen and Peter Ainsworth (Louvain: Peeters, 2006), pp.367-404.

³² The French royal commissioning of the text demonstrates its popularity in court circles, and Chaucer could have come across the text either in England or on his diplomatic visits to France in the late 1370s. See Pearsall, *The Life of Geoffrey Chaucer: A Critical Biography* (Oxford: Blackwell, 1992), pp.105-6.

³³ See Bartholomaeus Anglicus, *Properties of Things*, Bk. 4, Ch. 11, pp.159-162.

medical theory in the ‘Knight’s Tale’, comprising a reference to the ‘celle fantastik’ (I, 1376), one of the three chambers of the brain in medieval medical theory, and the ‘vertu expulsif’ (I, 2742-2760), denoting, in this context, the body’s predisposition to expel corrupt blood, are paralleled by their treatment in the *Properties of Things*.³⁴ More importantly, the range of reference in the encyclopedic text, the panorama it presents of a world defined by order, coherence and layered patterns of overlapping skeins, chimes with Chaucer’s heterogeneous employment of medical languages. As Helen Rodnite Lemay says, referring to another medieval encyclopedist, Albertus Magnus (c.1206-1280), ‘encyclopedists give a sweeping view of the world, including God and the angels in their purview. They draw indiscriminately from theological, philosophical and medical sources and have no sense of writing within a specific discipline’.³⁵ Thus, the tetralogical perspective of the body (composed of four humours and linked to the four elements, seasons and phases of the moon), offered by Galenic medicine, is expanded upon in encyclopedias to encompass the four ages of man, and is situated within a more

³⁴ For the division of the brain into three chambers, see Bartholomaeus Anglicus, *Properties of Things*, Bk. 5, Ch. 3, pp.172-77; for Bartholomaeus’s definition of the expulsive virtue, see *Properties of Things*, Bk. 3, Ch. 8, p.97; for corrupt blood, see *Properties of Things*, Bk. 4, Ch. 8, pp.153-7.

³⁵ Helen Rodnite Lemay, ‘Introduction’, in *Women’s Secrets: A Translation of Pseudo-Albertus Magnus’ De Secretis Mulierum with Commentaries* (Albany, NY: State University of New York Press, 1992), pp.1-58 (p.11).

overtly Christian-informed cosmology.³⁶ Such inter-connections may be seen as informing the cross-disciplinary surge of Chaucerian medicine.³⁷

Yet the highly referential and compendious nature of late medieval medical and encyclopedic texts undermines any definitive claims of correspondence between Chaucer's employment of medical knowledge and such sources. Aiken's assertion that 'every detail of medical theory and practice not only in the 'Nun's Priest's Tale' but in the whole body of Chaucer's works [...] may be found in [Vincent's] great encyclopedia' is undermined by the fact that Vincent's writings, as with others, are compilations of a panoply of other authoritative texts.³⁸ Because a great many of Vincent's sources were in circulation in late medieval England, they cannot be easily discounted.³⁹ Chaucer's own references, in his writings, to Constantinus Africanus and

³⁶ Linda Ehrsam Voigts, 'Bodies', in *A Companion to Chaucer*, ed. by Peter Brown (Oxford and Malden, MA: Blackwell, 2002), pp.40-57 (pp.41-2).

³⁷ For discussion of the influence of such knowledge on Chaucer's writings, see Ann W. Astell, *Chaucer and the Universe of Learning* (Ithaca, NY and London: Cornell University Press, 1996), and J.D. North, *Chaucer's Universe* (Oxford: Clarendon Press, 1988).

³⁸ Aiken, 'Vincent of Beauvais', p.286.

³⁹ Robert A. Pratt suggests that Robert Holcot's (c.1290-1349) commentary on the Book of Wisdom, *Super Sapientiam Salomonis*, is the principal source for the discussion of dreams in the tale; however, he agrees with Aiken's view that the medical content of the tale was sourced from Vincent of Beauvais. See Pratt, 'Some Latin Sources on the Nonnes Preest on Dreams', *Speculum*, 52:3 (1977), 538-70 (p.546); Edward Wheatley, 'The Nun's Priest's Tale', in *Sources and Analogues of the Canterbury Tales*, ed. by

his work *De coitu*, the *Trotula* and Ibn Sīnā and his *Canon*, indicates a knowledge of some of the most prominent medical texts and writers in the canon, but these could be sourced to any number of compilations or references in other medical works.⁴⁰

Furthermore, the manuscript circulation of Vincent's work in England appears, like many such works, to have been characterized by fragmentation where only certain portions of the text were copied.⁴¹

A more productive line of enquiry is to examine more generally the kinds of books and collections in which medical information circulated, particularly amongst the

Robert M. Correale and Mary Hamel, Vol. I (Cambridge: D.S. Brewer, 2002-2005), pp.449-52 (p.452). Jake Walsh Morrissey also proposes Vincent, along with Bernard of Gordon and John of Gaddesden, as the medical sources for Chaucer's descriptions of *amor hereos*. See Morrissey, "Termes of Phisik", pp.171-81.

⁴⁰ See *Canterbury Tales*, IV, 1810-11; III, 671-85; VI, 889-90.

⁴¹ For example, the humoral information outlined in chapter thirty-two of the *Speculum doctrinale* formed part of an eleven-chapter fragment of the volume in a manuscript written in Latin in the early fourteenth century, London, BL Add MS 15583. This was owned by the Cistercian abbey of St. Mary of Camberon in Hainault, Essex. Four Latin manuscript volumes of the *Speculum historiale*, produced around the beginning of the fourteenth century, belonged to St. Augustine's monastery at Canterbury. Alternatively, Chaucer could have encountered a French translation of the *Speculum historiale* by Jean de Vignay (c.1283-c.1340). Most of the forty extant volumes of this text were made at Paris in the late fourteenth or early fifteenth centuries. See George F. Warner and Julius P. Gilson, *Catalogue of Western Manuscripts in the Old Royal and King's Collections*, 4 vols (London: British Museum, 1921), II, p.139.

classes of urban professionals and courtly esquires, in later medieval England. The figure of physician and medical writer, Roger Marchall, provides an example of the way scholastic medical knowledge could be absorbed into a non-university sphere.⁴² Marchall studied medicine at Cambridge, but moved to London where he became a physician of Edward IV and amassed much wealth through trade with London merchants, mainly ironmongers. His service for Edward IV is attested to in his inclusion as signatory to the record of the inspection of Joanna Nightingale for leprosy (discussed in chapter four of this thesis). Marchall used his wealth to acquire a considerable selection of medical and scientific works, and he seems to have commissioned a number of books from one London scribe. He donated his manuscripts to three Cambridge colleges before his death. His London career began more than fifty years after Chaucer's death. However, his linking of the academic medical world of the university with the London mercantile one (as well as the royal court) and his close involvement with the production and circulation of books provides an important perspective into the opportunities of access that were open to a reader such as Chaucer in his quotidian professional life.

This movement of books between the university, court and the professional orbit was paralleled by the heterogeneous make-up of the books themselves. Many were miscellanies that brought together a diverse array of literature including theological, devotional, medical and literary material. As reading communities emerged from

⁴² See Linda Ehrsam Voigts, 'A Doctor and his Books: The Manuscripts of Roger Marchall', in *New Science out of Old Books: Studies in Manuscripts and Early Printed Books in honour of A.I. Doyle*, ed. by R. Beadle and A. J. Piper (Aldershot: Scolar Press, 1995), pp.249-314.

professional groups, the demand for books that fulfilled a range of desires and needs, including entertainment, edification and practical knowledge, increased.⁴³ *Fachliteratur*, or practical literature, encompassing a range of technical subjects such as courtesy, equestrianism, lace-making and, most prominently, medical practice and knowledge, tended to feature heavily in such miscellanies.⁴⁴ A late fourteenth-century miscellany housed in the British Library typifies this kind of book. London, BL Royal MS 17 A III is a collection of medical and other practical literature alternating between Latin and Middle English: this small, compact volume comprises tracts on urine and phlebotomy with various medical recipes including instructions on how to make ‘blak sope’ and ‘mede’.⁴⁵ It also includes material drawn more directly from scholastic medicine including a list of the hours of the day with their corresponding humours, and Latin

⁴³ Peter Murray Jones, ‘Information and Science’, in *Fifteenth-Century Attitudes: Perceptions of Society in Late-Medieval England*, ed. by Rosemary Horrox (Cambridge and New York: Cambridge University Press, 1994), pp.97-111.

⁴⁴ Linda Ehsam Voigts, ‘Scientific and Medical Books’, in *Book Production and Publishing in Britain, 1375-1475*, ed. by Jeremy Griffiths and Derek Pearsall (Cambridge and New York: Cambridge University Press, 1989), pp.345-402 (p.347). See also Laurel Braswell, ‘The Moon and Medicine in Chaucer’s Time’, *Studies in the Age of Chaucer*, 8 (1986), 145-56. For the origins of the concept of *fachliteratur*, see Peter Assion, *Altdeutsche Fachliteratur, Grundlagen der Germanistik*, (Berlin: Schmidt, 1973), pp.55-7.

⁴⁵ London, BL Royal MS 17 A III, ff.106 and 123b.

extracts from a book of combined writings of Galen, Hippocrates and Aristotle.⁴⁶ But the manuscript also includes other practical texts such as a *nominale*, or Latin-English vocabulary of nouns, and a table of Arabic numerals.⁴⁷ Although the owner of this text is unknown, a clue may be afforded by the inclusion of an English translation of a 1365 summons calling on the Weavers of London to produce the warrant by which they claim to hold their guild. The incorporation of this document within the manuscript again suggests a link between the London mercantile world and the circulation of medical (and other practical) texts.

This miscellany also includes a lunary, a prognosticative text based on the lunar cycle, known as the *Thirty Days of the Moon*. This text, usually written as a poem with rhyming couplets (as it is here), predicts the fortunes, characteristics and physical disposition of a child born on each day of the lunar month, and associates biblical figures such as Adam and Eve, and Noah and Abraham with astrological influence.⁴⁸ However, it is addressed to practitioners and its primary function, as outlined in its prologue here, is that ‘lewise men schulden knowe hereby whanne it were good tyme to

⁴⁶ Royal MS 17 A III, f.17b. The volume also includes the same treatise on rosemary putatively commissioned by the Countess of Hainault discussed in ‘The Practitioner’ chapter in this thesis (ff.181-183b).

⁴⁷ Royal MS 17 A III, f.13.

⁴⁸ For examples see, Laurel Means, ed., *Medieval Lunar Astrology: A Collection of Representative Middle English Texts* (Lewiston, NY: Mellon, 1993). See also Irma Taavitsainen, *Middle English Lunaries: A Study of the Genre* (Helsinki,: Société Néophilologique, 1988).

leten blood and gode tyme to zeue medicyn'.⁴⁹ 'Lewide' could refer alternatively to those unlearned in Latin or non-clerical (and thus non-university trained) practitioners. The word, in this sense, might describe John Crophill (*d. c.*1485), the Essex bailiff and medical practitioner whose name, like Chaucer's or Arderne's, is not associated with any university, and who compiled a densely illustrated manuscript of medical material for his own use.⁵⁰ The volume, largely written by a professional scribe with additions in Crophill's own hand (including a list of patients he treated), begins with the *Thirty Days* poem.⁵¹ It is prefaced here with a validating prayer which embeds the lunary's prognostications within God's divine plan and endorsement of human understanding of astrology.⁵² The preface provides an ontological context, not only to the following poem, but to the complex and highly detailed tables outlining the planets, with their calendrical and numerical equivalents, as well as the volume's inclusion of texts on the humours, urine, alchemy and onomancy.

The *Thirty Days* was an immensely popular text and is found in various late medieval English manuscripts.⁵³ In a fifteenth-century manuscript held at the Wellcome library, it appears with astrological tables and calendars, again, but also with John

⁴⁹ BL Royal MS 17 A III, f.91.

⁵⁰ See J. K. Mustain, 'A Rural Medical Practitioner in Fifteenth-Century England', *Bulletin of the History of Medicine*, 46 (1972), 469–76. See also works on Crophill cited in chapter one of this thesis.

⁵¹ London, BL Harley MS 1735.

⁵² Harley MS 1735, ff.1-13v.

⁵³ Taavitsainen, *Lunaries*, pp.153-7.

Lydgate's equally popular 'Dietarie' and an itinerary of a pilgrimage to Jerusalem.⁵⁴ An ascription of the compilation to an unknown 'Richard of Lincoln' (or possibly, 'of London') in a folio of the manuscript has been recovered in recent years, following its earlier erasure, and the volume's medical content has led some to conclude that Richard was a practitioner.⁵⁵ But, as has we have seen, the presence of medical material in a miscellany does not preclude a non-medical professional ownership.⁵⁶ The convening, in the Wellcome manuscript, of the pilgrimage itinerary and Lydgate's 'Dietarie', where wellbeing is conceived of in terms of spiritual and bodily health, along with the *Thirty Days*, signifies an inclusive idea of sickness and health, and suggests an equally wide reception. Indeed, the fluid adaptability of such practical literature is shown by the way they emerge in different, overlapping combinations in miscellanies such as John Shirley's Trinity manuscript where the *Thirty Days* appears under the Lydgatian title of 'A dyetarie for man's heele', amidst that collections entertaining and edifying works.⁵⁷ Another manuscript in the British Library's Royal collection, produced in the fifteenth century, features the *Thirty Days* and charms in Middle English, along with Latin works including a commentary on Aristotle by the English philosopher Walter Burley (c.1274-

⁵⁴ London, Wellcome Historical Medical Library MS 8004.

⁵⁵ This view is reflected in the title of a recent account and translation of the pilgrimage text in the manuscript: Francis Davey, *Richard of Lincoln: A Medieval Doctor travels to Jerusalem* (Broadclyst, Exeter: Azure, 2013).

⁵⁶ Monica Green proffers instances of owners or commissioners of medical works who were not practitioners such as the Norfolk aristocrat, Sir John Paston and Suffolk lawyer, Thomas Stotewille. See Green, *Women's Healthcare*, pp.37-41.

⁵⁷ Cambridge, Trinity College, MS R.3.20, f.135.

c.1344), the devotional writings of Richard Rolle and the astrological *Kalendrium* of John Somer (d. c.1409), a text cited by Chaucer in his *Treatise on the Astrolabe*.⁵⁸

A reader like Chaucer, in the latter quarter of the fourteenth century, would have been likely to have encountered medical information bound with other practical, devotional and literary texts in such miscellanies. It is therefore appropriate to see Chaucerian medicine, with its sensitivity to medical metaphors and to medicine's moral encodings, as emerging from the blending of fields of knowledge characteristic of miscellanies. This is as much to do with the diffuse organisation of miscellanies as with the way that the interlacing of medicine, morality and Christian devotion informs the contents of specific texts included in them. The circulation of such material among coteries of urban professionals, including medical practitioners, at the fringes of (or entirely marginal to) the university, as well as within domestic households and at court, suggests that such material could be employed in disparate ways. This problematises Monica Green's claim that medical literature, in such contexts, was 'read for information rather than pleasure, moral edification, or religious enlightenment'.⁵⁹ on the contrary, the travelling of medical verses, incorporating moral and devotional themes, with religious, philosophical or literary texts strongly suggests a dissolving of the boundaries between information, edification and entertainment. It is appropriate, then, to see a reader like Chaucer sharing the same kinds of texts as medical practitioners such as John Crophill or John Arderne and locating a diversity of interests and concerns in them.

⁵⁸ London, BL Royal MS 12 E XVI. For the reference to John Somer, see *Treatise on the Astrolabe*, 'Preface', 85.

⁵⁹ Monica Green, *Women's Healthcare*, p.189.

Medical Satire and Moral Authority

As mentioned above, a critical consensus has developed which understands Chaucerian medicine overwhelmingly in terms of Chaucer's satirical expressions against medical practice. Yet an analysis of his representations of medical practitioners reveals that whilst they are invested in anti-medical satirical discourse, they are not exclusively so. Such discourse certainly was an abiding feature of depictions of medical practitioners in late medieval culture: examples range from the inclusion of a charlatan physician in the fifteenth-century miracle play, the Croxton *Play of the Sacrament*, to the variety of medical practitioners illustrated as apes and other animals, typically examining a urine flask, in illuminated manuscripts.⁶⁰ Indeed, the Italian humanist tradition that helped to develop and spread knowledge of scholastic medicine throughout Europe was not without its own criticisms of physicians, notably in Petrarch's (d.1374) polemic against the 'false rhetoric' of physicians in his *Invectiva contra medicum*, or *Invective against Medical Practitioners*.⁶¹ Such popular criticisms emerged from the specific nature of the patient-practitioner relationship involving the practitioner's specialist and privileged knowledge of the patient's ailing body, his intervention (sometimes involving the infliction of pain) in the interests of returning that body to health and his reception of

⁶⁰ See, for example, an illustration of an ape physician, with urinal jar, treating a sow in a marginal illustration for the *Romance of Alexander* in Oxford, Bodleian Library, MS Bodley 264, Part I, f.168. The physician who is called upon to cure Christina the Astonishing, discussed in chapter three of this thesis, can also be seen in terms of such satire. See also Voigts, 'Herbs and Herbal Healing', pp.107-52. The Croxton play is analysed in the conclusion of this thesis.

⁶¹ See Getz, *Medicine in the English Middle Ages*, p.87.

payment for his ‘services’. The importance of trust to this delicate synergy and the patient’s intrinsic vulnerability (and, no doubt, to some extent, fraudulent practices on the part of practitioners) resulted in accusations of self-interest and a widespread cynicism towards medical practitioners; although it is important to note that this corresponded with the successful establishment of the profession. The insistence on the importance of moral rectitude and professional integrity in the deontological sections of medical treatises may also have been partly a means of addressing the cynicism towards practitioners.

The argument of Chaucer’s condemnatory orientation towards medical practitioners focuses on the description of the Doctor of Physic in the ‘General Prologue’ of the *Canterbury Tales*, and its outline of a practitioner who has immersed himself in the study of medicine but has read little of the Bible.⁶² This emphasis on secular learning is compounded with the Physician’s other material interests: his expensive apparel and his love of gold. It is suggested that he is able to indulge in his materialism through the professional opportunities afforded by pestilence, or plague:

In sangwyn and in pers he clad was al,
Lyned with taffata and with sendal.
And yet he was but esy of dispence;
He kepte that he wan in pestilence.
For gold in phisik is a cordial,
Therefore he lovede gold in special (I, 439-44).

The last couplet here conflates the medicinal use of gold as a stimulant and the Physician’s self-serving interests. He is also described in superlative terms as unparalleled in his field: ‘In al this world ne was ther noon hym lik./ To speke of phisik and of surgerye’ (I, 412-13) Yet, the praise is undercut by its privileging of speech over

⁶² ‘General Prologue’, *The Canterbury Tales*, RC, I, 438.

practice.⁶³

These lines clearly participate in the genre of anti-medical satire. Whilst critics have debated the extent to which the passage as a whole is to be read satirically, the consensus is that Chaucer presents the Physician as well-read and knowledgeable, but employs satire to reveal his self-interested and morally dissolute characteristics.⁶⁴ Morrissey adds another dimension to this by claiming that Chaucer presents the Physician as the best according to contemporary medical standards but that he (Chaucer) ‘appears to have considered these standards [...], to be lamentably poor’.⁶⁵

⁶³ Huling Ussery has argued that this statement is meant in a non-ironic way; he reads it as meaning that if one is to speak of physic and surgery, there is none comparable to the Physician. But, I believe that the syntax is ambiguous enough to support an ironic reading. See Ussery, *Chaucer’s Physician*, p.95, and Helen Cooper, *The Canterbury Tales*, Oxford Guides to Chaucer (Oxford and New York: Oxford University Press, 1996), p.49. Marion Turner describes how terms of praise can function satirically in the ‘General Prologue’: thus the ‘wanton friar is ‘vertuous’, the corrupted Pardoner ‘gentil’, the adulterous Wife of Bath ‘a worthy womman’’. See Turner, *Chaucerian Conflict: Languages of Antagonism in late Fourteenth-Century London* (Oxford and New York: Oxford University Press, 2007) p.132.

⁶⁴ For variations of this perspective, see Margaret Hallissy, *A Companion to Chaucer’s Canterbury Tales* (Westport, CT: Greenwood Press, 1995), p.41; Curry, *Mediaeval Sciences*, pp.3-36; Ussery, *Chaucer’s Physician*, pp.91-100. Carol Rawcliffe argues that the Physician (and, by extension, medical practice) is presented in largely positive terms. See Rawcliffe, ‘Doctor of Physic’, pp.303-12.

⁶⁵ Morrissey, “‘Termes of Phisik’”, p.49.

The argument that Chaucer uses the figure of the Physician to demonstrate an inept practitioner or to attack medical practice itself persists in criticism of the 'Physician's Tale'. This is a story Chaucer took from the Roman historian Livy (59 BCE-17 CE) concerning the attempted abduction by a judge of a virgin, and her subsequent death at the hands of her father in order to protect her chastity. A great deal of criticism has focused on the reasons why Chaucer would have had the Physician tell a story that had so tenuous a relationship to his profession: one camp argues that it is a means for the Physician to advertise himself as a moral person;⁶⁶ another claims that the narrative's unevenness and moral uncertainty allows Chaucer to portray the Physician as an inept storyteller, thereby condemning him as a poor example of his profession; this view is predicated on the importance attributed to rhetoric in late medieval medical etiquette.⁶⁷

However, such criticism risks a superimposition of modern perspectives of characterisation onto late medieval writing. What emerges is either an idea of the characters in the *Canterbury Tales* having their own extra-textual autonomous existence (allowing one to propose, for instance, that Chaucer condemned the Physician), or a criticism in which narrative clues are marshalled in order to speculate on Chaucer's

⁶⁶ See Daniel Kempton, 'The "Physician's Tale": The Doctor of Physic's Diplomatic Cure', in *The Chaucer Review*, 19:1 (1984), 24-38; Kirk. L. Smith, 'False Care and the Canterbury Cure', pp.61-81; Ussery, *Chaucer's Physician*, pp.120-127.

⁶⁷ See Elaine E. Whitaker, 'John of Arderne and Chaucer's Physician', *ANQ*, 8:1 (1995), 3-8; Emerson Brown, Jr., 'What is Chaucer Doing with the Physician and His Tale?', *Philological Quarterly*, 60:2 (1981), 129-150 (p.130); Thomas B. Hanson, 'Chaucer's Physician as Storyteller and Moralizer', *The Chaucer Review*, 7:2 (1972), 132-9.

authorial intentions.⁶⁸ The debate is consequentially reduced to whether Chaucer condemned medicine or not. A more fruitful insight into the configuration of the physician may be reached by undertaking readings of the text based on the formal features of the language, the generic or discursive modalities it engages with and its inter-textual significance. This allows the identification of anti-medical discourse without having to make judgements on whether Chaucer was for or against medicine (an unanswerable question), or without foreclosing the myriad other ways in which medicine is invoked in Chaucer's corpus. Thus, in this sense, the anti-medical satire of the description of the Physician in the 'General Prologue' can be seen to blend with elements of scholastic medical discourse, exemplified by the reference to medical authorities, as well as an elucidation of the qualities of the ideal and consummate medical practitioner. The figure that emerges, then, is a textual composite of the satirical tradition and the scholastic one; from this perspective, the representation of the Physician can be seen to incorporate the privileging (and implicit questioning) of genealogies of knowledge, the tensions and correspondences between Scripture and the scholastic text, disquietude relating to the exchange of health for money and the merging of diverse fields of learning.

One of the discursive strands invoked in the 'General Prologue's' description of the physician is that of medical deontology. The outlining of his comprehensive knowledge, measurable diet and deferment to medical authorities (even if satirically imbued) evokes the kind of qualities recommended in the prefaces of medical treatises, and their insistence upon the practitioner's professional legitimacy and moral

⁶⁸ Emerson Brown Jr., for instance, states that 'Chaucer the poet obviously criticizes the Physician for his arrogance and greed'. See Brown, 'What is Chaucer Doing?', p.30.

investiture. This idea of medical practitioners exemplifying moral authority (antithetical to their satirical representations) is foregrounded in Chaucer's other extended reference to medical practitioners, in the 'Tale of Melibee'. The tale, given to Chaucer's persona, the pilgrim Geoffrey, in the *Canterbury Tales*, is a translation of the *Liber consolationis et consilii* by the Italian jurist Albertanus of Brescia (c.1193-c.1270).⁶⁹ In the tale, Melibee, whose enemies have broken into his house and attacked his wife and daughter, begins his quest for justice and redress by summoning 'a greet congregacion of folk' (VII,1003), including a group of physicians and surgeons, law advocates and other neighbours and friends.⁷⁰

When asked their opinions on how Melibee should proceed, one of the surgeons

⁶⁹ William Askins, 'The Tale of Melibee', in *Sources and Analogues*, ed. by Robert M. Correale and Mary Hamel, Vol. I, pp.321-30 (p.321). See also Angus Graham, 'Albertanus of Brescia: A Preliminary Census of Vernacular Manuscripts', *Studi Medievali*, 41 (2000), 891-924; J. Burke Severs, 'The Source of Chaucer's Melibeus', *PMLA*, 50 (1935), 92-99. The widespread popularity of Albertanus's work is evidenced by the more than three hundred extant copies of his work (thirteen contemporary English manuscripts containing Latin copies of his work are known). See Askins, 'Tale of Melibee', p.330. There is evidence that Chaucer used the text to inform the 'Manciple's' and 'Merchant's Tales' too, and scribes who copied the *Canterbury Tales* glossed all three tales with quotations from Albertano's Latin text. See Askins, 'Tale of Melibee', p.321. It is also likely that Chaucer knew the text through its French translation by a Dominican friar, Renaud de Louens (fl.1336), entitled *Le Livre de Melibee et Prudence*.

⁷⁰ This episode also features in Albertanus's text.

begins by giving a statement of their professional intent (a statement that is similar to professions often made in the prologues of surgical treatises and found in many versions of the Hippocratic Oath):⁷¹

‘Sire’, quod he, ‘as to us surgiens aperteneth that we do to every wight the beste that we kan, where as we been withholde, and to oure pacientz that we do no damage,/ wherfore it happeth many tyme and ofte that whan twey men han everich wounded oother, oon same surgien heeleth hem bothe; [...] But certes, as to the warisshynge of youre doghter, al be it so that she perilously be wounded, we shullen do so ententif bisynesse fro day to nyght that with the grace of God she shal be hool and sound as soone as is possible’ (VII, 1012-15).

This pronouncement brings together key features comprising the ideal behaviour of surgeons as advocated in late medieval deontology: the practitioners promise to proceed without favour to any party, but to be willing to provide assistance to both sides of a faction; they vow to try to help to cure the patient and to seek to avoid doing harm; their assurances that they will restore health to Melibee’s daughter accords with the deontological emphasis on the surgeon’s positive and optimistic language; finally, their invocation of God’s grace is a standard element of a surgeon’s conception of his practice and its divine basis.

After all of Melibee’s advisors have spoken, Dame Prudence, Melibee’s wife and chief advisor, characterised in the text in terms of a ‘pragmatic didacticism’, gives her judgement on the various pieces of advice Melibee has received.⁷² She condemns most of it on the basis that it encourages vengeance; but she commends the surgeons’

⁷¹ On the Hippocratic Oath, see Galvao-Sobrinho, ‘Hippocratic Ideals’, pp.438-55, and Carrick, *Medical Ethics*, pp.83-107.

⁷² Patricia DeMarco, ‘Violence, Law, and Ciceronian Ethics in Chaucer’s *Tale of Melibee*’, *Studies in the Age of Chaucer*, 30 (2008), 125-169 (p.126).

perspectives: ‘right so rede I that they been heighly and sovereynly gerdoned [rewarded] for hir noble speche’ (VII, 1271).⁷³ The surgeons are thus represented in the tale in terms of their adherence to professional standards underscored by an authoritative ethical tradition.⁷⁴ They are commended by Prudence because their practice of social harmony and equanimity arises specifically from their diligence in applying their craft. Stephen Yeager notes, in this wise, that Prudence recommends the practitioners as ‘freendes’ (VII, 1273) to Melibee because they have promised to treat their daughter, Sophie, to the best of their ability, and that this acceptance ‘explicitly links the quality of their friendship to the application of their craft’.⁷⁵ It is not that the practitioners display particular empathy to either Sophie or Melibee, but rather that their commitment

⁷³ On the importance of speech as a means of productive deliberation in the tale, see Stephen G. Moore, ‘Apply Yourself: Learning While Reading the *Tale of Melibee*’, *The Chaucer Review*, 38:1 (2003), 83-97. See also Mari Pakkala-Weckström, ‘Prudence and the Power of Persuasion: Language and Maistrie in the *Tale of Melibee*’, *The Chaucer Review*, 35:4 (2001), 399-412.

⁷⁴ Although the physicians give similar advice, they crucially add “‘that right as maladies been cured by hir contraries, right so shul men warisshe werre by vengauce”’ (VII, 1017). Prudence corrects this in her summation by countering that “‘wikkednesse is nat contrarie to wickedness [...] but certes, wikkednesse shal be warissed by goodnesse”’ (VII, 1283-89). The physicians, like Melibee and contrary to the surgeons, misunderstand the implications of their own advice. However, they are not explicitly criticised for this.

⁷⁵ Stephen Yeager, ‘Chaucer’s Prudent Poetics: Allegory, the *Tale of Melibee*, and the Frame Narrative to the *Canterbury Tales*’, *The Chaucer Review*, 48:3 (2014), 307-321 (p.310).

to their duty impels them to act in ways consistent with the evenness of justice. The language the surgeons adopt when making their promises to Melibee - ‘apperteneth’ (denoting a privilege or a duty), ‘pertinent’ (suitable) and ‘ententif bisynesse’ (diligence) – underscores this commitment. On the tale’s allegorical level, the surgeons are making a commitment to restore *sophia*, or wisdom, thereby making an implicit link between medical practice or knowledge and wisdom.⁷⁶ In a tale that advances pragmatism and prudent action, the surgeons epitomise virtuous behaviour, and the fact that they are called upon as judicial authorities implies social acceptance of their virtues in this regard.⁷⁷ The ideal perspective in which the surgeons are described in ‘Melibee’ counters arguments of the exclusivity of Chaucer’s satirical treatment of medical practitioners. It demonstrates that, even though the depiction of the Physician includes an exposition of the pecuniary and self-aggrandising orientation of medical

⁷⁶ For allegory in the tale, see Jamie Taylor, ‘Chaucer’s *Tale of Melibee* and the Failure of Allegory’, *Exemplaria*, 21:1 (2009), 83–101, and Helen Cooper, *The Structure of the Canterbury Tales* (London: Duckworth, 1983), pp.174–75.

⁷⁷ Kathleen E. Kennedy points out that ‘wise men’ were often maintained as legal counsel. See Kennedy, ‘Maintaining Love through Accord in the *Tale of Melibee*’, *The Chaucer Review*, 39:2 (2004), 165-176 (p.169). Patricia DeMarco argues that the tale offers ‘a means of satisfying the practical ends of social existence, especially the drive to satisfy honor, that is both pragmatic and ethically rigorous’. See DeMarco, ‘Violence, Law, and Ciceronian Ethics’, p.128. On pragmatics and ethics in ‘Melibee’, see David Aers, ‘Chaucer’s *Tale of Melibee*: Whose Virtues?’, in *Medieval Literature and Historical Inquiry: Essays in Honour of Derek Pearsall*, ed. by David Aers (Cambridge: D.S Brewer, 2000), pp.69–81.

practitioners, Chaucer's works also attest to the encasement of medical practice within authoritative and philosophical traditions.

Medical Theory and Philosophy

The link between medicine and philosophy is one that extended back to Hippocrates and Galen. Galen's adoption of an Aristotelian ontology in locating universal patterns in particular bodily organs or systems was fundamental to the subsequent development of a deductive, integrated medicine.⁷⁸ The theory of the non-naturals incorporated all aspects of one's being and existence within the purview of humoral theory and the overarching elemental and cosmic orders. Chaucer's employment of medical language to engage with themes such as virtuous living, happiness, fortune and sin and salvation operates in terms of such interconnections. The *Consolation of Philosophy* by the sixth-century Roman philosopher Boethius (c.480-c.524) constitutes a major source for Chaucer's literary treatment of medicine in the way that it employs medical language and concepts in promoting a stoical or moderate mode of living. The *Consolation*, translated by Chaucer as *Boece*, concerning its protagonist's dialogue with the allegorical figure of Lady Philosophy on the vagaries of fortune, consistently employs images of sickness and healing. The imprisoned or exiled Boethius meditating on his bad fortune is visited first by poetical muses who offer respite. However, their comfort is deemed false by Lady Philosophy who appears and asks,

⁷⁸ Philip J. van Eijk, 'Aristotle! What a thing for you to say!', *Galen's Engagement with Aristotle and Aristotelians*, in *Galen and the World of Knowledge*, ed. by Christopher Gill, Tim Whitmarsh and John Wilkins (Cambridge and New York: Cambridge University Press, 2009), pp.261-81.

‘Who’, quat sche, ‘hath suffred aprochen to this sike man thise comune strompettis of swich a place that men clepen the theatre? The whiche nat oonly ne asswagen nocht his sorwes with none remedies, but their wolden fedyn and norryssen hym with sweete venym’ (*Boece*, I, Prosa 1, 47-53).

Boece’s sickness is connected to his ‘sorwe’ due to the physical effects of his ageing in confinement: these include his ‘slakke skyn’ and ‘emptid body’ (I, Metrum 1, 17).

Philosophy later qualifies this by suggesting that he ‘is fallen into a litargye, whiche that is a comune seknesse to hertes that been deceyved’ (I, Prosa 2, 19-21). For Philosophy, the poetical muses will distract Boece and offer only false remedies that are ultimately harmful. Typical of the medieval deployment of medical imagery, there is slippage between the literal (Boece is sick) and the metaphorical (the muses ‘norryssen’ Boece with ‘venym’); this is consolidated subsequently when Boece refers to Philosophy as his ‘fiscien’ (I, Prosa 3, 4). Philosophy tells him that the cure she offers is that of her own muses, the ‘noteful sciences’ (I, Prosa 1, 73), and that this medicine will be administered in stages:

‘But for that many [turbacions] of affeccions han assailed the, and sorwe and ire and wepyng todrawen the diversely, as thou art now feble of thought, myghtyere remedies ne schullen nocht yit touchen the. For wyche we wol usen somdel lyghtere medicynes, so that thilke passiouns that ben waxen hard in swellyng by perturbacions flowyng into thy thought, mowen waxen esy and softe to resceyven the strengthe of a more myghty and more egre medicyne, by an esyere touchyng’ (I, Prosa 5, 68-78).

Catherine Brown Tkacz notes how this and other passage in *Boece* highlight Stoical ideas of a progressive moral sickness comprising intensifying degrees of emotional

upheaval.⁷⁹ But the language that describes the ‘passiouns’ in material terms (hardening, swelling and flowing), as well as the logic of calibrating ‘medycyne’ depending on the state of the patient, also owes much to Galenic humoral theory. Boece’s sickness can be understood in terms of the non-naturals and the concept of humoral imbalance affecting the mind and emotions. In this way, the allegorical narrative of *Boece* sustains metaphorical readings of Lady Philosophy’s ontological ‘medycyne’ as well as literal interpretations based upon medical ideas, that measured and virtuous language can itself be health-inducing. This idea of medicinale rhetoric is evoked in Philosophy’s encouragement to Boece:

‘But now is tyme that thou drynke and ataste some softe and delitable thynges, so that whanne thei ben entred withynne the, it mowe maken wey to strengere drynkes of medycines. Com now forth, therefore, the suasyoun of swetnesse rethorien’ (II, Prosa 1, 37-41).

Chaucer transmits this Boethian configuration of medicine into his wider corpus, typically employing it as proverbial wisdom and thereby enhancing its (avowed) legitimacy and authenticity.⁸⁰ This can be seen in *Troilus and Criseyde* when Pandarus exhorts Troilus to reveal the object of his affections (to enable him (Pandarus) to advise

⁷⁹ Catherine Brown Tkacz, “‘Troilus, the Syke’: Boethian Medical Imagery in Chaucer’s *Troilus and Criseyde*”, *Forum*, 24:3 (1983), 3-12 (p.4). See also E. Vernon Arnold, *Roman Stoicism: Being Lectures on the History of the Stoic Philosophy* (London: Oxford University Press, 1911), pp.238-43.

⁸⁰ See Tkacz, “‘Troilus, the Syke’”, pp.3-12; John P. McCall, ‘Five-Book Structure in Chaucer’s *Troilus*’, *Modern Language Quarterly*, 23 (1962), 297-308; William Watts, ‘*Verray Felicitee Parfit* and the Development of Chaucer’s Philosophical Language’, *The Chaucer Review*, 43:3 (2009), 260-281.

him better): ‘For whoso list have helyng of his leche, / To hym byhoveth first unwre his wownde’ (I, 857-8). Again, the same hinging between literal and figurative senses is brought into play here: Troilus is suffering from an emotional or melancholic sickness and Pandarus fulfils a similar advisory role to Lady Philosophy (though it is arguably inept and self-serving) in the text. The ‘Parson’s Tale’ also uses the image of medicine as a way of conceiving of spiritual development: ‘Certes, thanne is love the medicine that casteth out the venym of Envy fro mannes herte’ (X, 530). Chaucer’s use of such proverbs emphasises the applicability of medical knowledge and theory to variable contexts. It forms part of his employment of technical vocabularies, in treatises such as the ‘Tale of Melibee’ and the ‘Parson’s Tale’, as a means to rehearse moral and spiritual concepts. This reflects the broader incorporation of practical knowledge within literary and religious contexts.

The shared formal qualities of medical, penitential or legal treatises, with their mutual incorporation of classical and scriptural authoritative knowledge, problematise modern perspectives that would regard them as wholly discrete fields of knowledge. The ‘Tale of Melibee’, a *compilatio* made up of various scraps of classical knowledge advancing the arguments of its allegorical characters, parallels John Arderne’s preface to his treatise on anal fistula, drawing on the proverbs and maxims of a host of classical philosophers and Scripture.⁸¹ Arderne, in advising his surgeon-reader on how to placate anxious patients, draws on Philosophy’s teaching about the vagaries of Fortune to

⁸¹ A.J. Minnis argues that *compilatio* allowed medieval writers and compilers to appropriate or manipulate their sources according to their own agenda. See Minnis, *Medieval Theory of Authorship*, pp.97–101 and 191–210. For the ‘Tale of Melibee’ as *compilatio*, see Amanda Walling, “‘In Hir Tellyng Difference’: Gender, Authority, and Interpretation in the *Tale of Melibee*’, *The Chaucer Review*, 40:2 (2005), 163-181.

Boethius: ‘ffor Boecius seiþ [...], “He is noȝt worthi of þe point of swetnes that kan noȝt be lymed with greuyng of bitternes. ffor why; a strong medicine answerith to a strong sekenes”’.⁸² The corresponding passage in Chaucer’s translation of *Boece*, eliding the aphorism of the strong medicine, reads: ‘The swetnesse of mannes welefulnesse is spraynd with many bitteresses’ (II, Prosa 4, 118-9). Another proverbial reference to bitter medications in Book III of *Troilus and Criseyde* asserts the same meaning:

O, sooth is seyð, that heled for to be
 As of a fevre or other gret siknesse,
 Men moste drynke, as men may ofte se,
 Ful bittre drynke (III, 1212-15).

Such intertextual correspondences indicate the way that the same authority can be shared across romance, philosophical and surgical literature. If Boethian medicine is employed figuratively or to denote moral sickness here (and as shown above, this is not exclusively so), its use in Arderne’s treatise shows how it can be equally appropriated to apply to the surgical setting. Chaucer’s persistent engagement with medical images, knowledge and theory exemplifies medieval medicine’s amenability to the exploration of diverse themes, but also affirms its implication within the constitution of an overarching and integrated order.

Practical Medicine and Obfuscating Terminology

The diffuse nature of Chaucerian medicine reflects an exploratory and abiding engagement with the physical and spiritual potentialities of medical language, but also its attendant disconcerting implications. The iteration by Church authorities of a

⁸² Arderne, *Treatises*, p.7.

hierarchy where divine authority is privileged over medical healing was consistently beset by the ineluctable insinuation of medical discourse within a wide variety of writings. Its accessibility to the hidden recesses of the ailing body offered spiritual and moral authors ways of conceiving of the invisible soul. But the claims to authority by medical practitioners, along with their penetrating knowledge of the body, could simultaneously provoke caution and suspicion. This reaches its intensification in the imbalances central to the medical encounter, bringing together the knowing expert and the suffering, submissive subject.⁸³ Julie Orlemanski argues that the ambivalence towards medical practice was related to the way that the explosion of medical treatises in late medieval England carried ‘a broad literate recognition of the possibilities of language to make the contingent substance of one’s own and others’ bodies legible and manipulable’.⁸⁴ However, the technological articulation of the medical subject is itself rhetorically constituted, as this thesis argues.⁸⁵ The presence of poetical or rhetorical qualities in practical writings, or *fachliteratur*, reconstitutes such works beyond their ostensible utilitarian function.⁸⁶ A literary author such as Chaucer provides an interesting point of reflection on the relation between literary qualities and practical writing: this is not just because he wrote a quintessential example of this genre, A

⁸³ Julie Orlemanski, ‘Physiognomy and Otiose Practicality’, *Exemplaria*, 23:2 (2011), 194–218 (p.201).

⁸⁴ Orlemanski, ‘Physiognomy’, p.200.

⁸⁵ See the analysis of John Arderne’s use of rhetoric in chapter one and the exploration of enunciations of the institutional subject in chapter three.

⁸⁶ Lisa H. Cooper makes this argument in ‘The Poetics of Practicality’, in *Oxford Twenty-First Century Approaches to Literature: Middle English*, ed. by Paul Strohm (Oxford and New York: Oxford University Press, 2007), pp.491-505.

Treatise on the Astrolabe, but moreover because his writings in general absorb many of the elements of practical literature. Chaucer's incorporation of medical discourse is not just characterised by transmission; he also probes its authoritative and absolutist rhetoric. This feature offers a more nuanced way to understand the place of anti-medical satire within Chaucer's oeuvre, by conceiving of it not as a dismissal of medicine or medical practitioners but as emerging from a literary engagement with both the power and fallibility of medical language.

Some of the disturbing elements of medical discourse are investigated in the Physician-Pardoner link in Fragment VI of the *Canterbury Tales*. The link features the reaction of the Host, Harry Baillie, to the 'Physician's Tale'. He mockingly appropriates the pathos of the tale and employs it to describe his own response:⁸⁷

[...] I kan nat speke in terme;
 But wel I woot thou doost myn herte to erme,
 That I almoost have caught a cardynacle.
 By corpus bones! but I have triacle,
 Or elles a draughte of moyste and corny ale,
 Or but I heere anon a myrie tale,
 Myn herte is lost for pitee of this mayde (VI, 311-317).

The hyperbolic nature of the Host's response to the daughter's death in the tale, with his mention of heart pains, his swearing and his attempts at self-treatment, relates specifically to the Physician's profession, and makes an implicit link between his role as practitioner and his ability to convey an appropriate narrative. In contrast to the modern critical preoccupation with the unevenness or non-edifying aspects of the tale (referred

⁸⁷ See Angus Fletcher, 'The Sentencing of Virginia in the "Physician's Tale"', in *The Chaucer Review*, 34:3 (2000), 300-308. Fletcher discusses the tension between the Host's authority and responsibility for determining the *sententia*, or meaning, of the text and informal modes of reading which conflict with the Host's.

to above), it is its elements of pathos and melancholy that Harry Baillie addresses here. Certainly, the passage achieves comic affect through his paralipsis followed by his attempt to use medical terminology foundering (perhaps intentionally) on the malapropism ‘cardynacle’, a term that would usually be ‘cardiacle’, a heart disorder. Jake Walsh Morrissey points to the Host’s attempt to use terminology as a literary reflection of the circulation of scholastic knowledge in vernacular medical works, and Harry’s identification of possible remedies, a treacle and ale, for his putative condition does add to the representation of a character with some familiarity of curative strategies.⁸⁸ But the inclusion of the malapropism also registers the overlapping of religious (‘cardinal’) and medical (‘cardiacle’) languages, thus suggesting that Harry cannot be quite sure which epistemic field the term he employs belongs in. This confusion works, then, as a comic instance of the kind of discursive intertwining regularly practiced by Chaucer in his writings. The conflation draws attention to the language of medicine, and to the fact that it comprises a vocabulary through which one may order subjective experience and identify internal conditions and their treatment. The circulation of medical literature such as health regimens allowed for just such self-diagnosis and it is telling that the Host’s response to his affected illness is to suggest various treatments. Nonetheless, his negation and halting articulation of such ‘termes’ underlines the way that medical language could also instigate uncertainty by its application of nebulous terminology to the experiences and sensations of suffering and pain. Such concerns can also be seen in the more general terms of late medieval theories

⁸⁸ Morrissey, “‘Termes of Phisik’”, pp.76-80. For the widespread dissemination of medical information, see Jones, ‘Information and Science’, p.110.

of language decline and ‘the Ovidian association of plain speaking and innocent discourse with the Golden Age, and of rhetorical artifice with the decadent present’.⁸⁹

Another dimension can thus be added to Chaucer’s satirical engagement with medicine: it reflects this ambivalence of the desire for a language that could fix, order and identify the experiences of illness and suffering and a suspicion of, and an ensuing attempt to distance, its rhetorical, artificial nature. This ambivalence is suggested in the Host’s reference to the Physician in terms of the instruments of his trade:

I pray to God so save thy gentil cors,
And eek thyne uryngals and thy jurdones,
Thyn ypocras, and eek thy galiones,
And every boyste ful of thy letuarie;
God blesse hem, and oure lady Seinte Marie!
So moot I theen, thou art a propre man,
And lyk a prelat (VI, 304-310).

The listing of the materials used by and associated with medical practitioners emphasises medicine in terms of its applicability. It provides a practical complement to the ‘General Prologue’s’ convening of medical authorities, underlining medical theory and learning. Indeed, this symmetry is made explicit with the retention of Hippocrates and Galen in this list, this time as, respectively, a medicine and a jar. In this sense, the instruments might work as signifiers of expertise and knowledgeable authority. But, in tandem with the general tone of mockery and playfulness in this passage, Harry hints instead at their inadequacy. Despite the onset of his supposed ‘cardynacle’, the instruments, like the Physician’s employment of a dispiriting tale, index the limitations and emptiness of medical knowledge rather than their curative power. This resonates

⁸⁹ John M. Fyler, *Language and the Declining World in Chaucer, Dante, and Jean de Meun* (Cambridge and New York: Cambridge University Press, 2010), p.156.

with the foregrounding of urinals in myriad late medieval images lampooning medical practitioners;⁹⁰ although as both Huling Ussery and Lorraine Baird have noted the urinal could just as often be a symbol of physicians' skill and knowledge.⁹¹ Although the mocking tone evident in the Host's list serves to undermine the use of these instruments, their incorporation in his extended swear and his invocation to God and Mary to protect them recasts them as sacred-like objects. That God should be prayed to in order to protect the materials that allow the Physician to diagnose and treat illnesses suggests (however flippantly) a connection, as well as a tension, between the Physician's remedial efforts and divine intervention. Similarly, the suggestion by the Host that the Physician is 'lyk a prelat' alludes to the shared characteristics between medical and religious healers, characteristics emphasised by so many medical writers to bolster their authority.⁹²

⁹⁰ Some illustrations of Reynard the Fox in late medieval manuscripts portrayed him as a physician tricking others by examining their urine and thereby demonstrating knowledge he does not possess. See Elaine C. Block and Kenneth Varty, 'Choir-Stall Carvings of Reynard and Other Foxes', in *Reynard the Fox: Social Engagement and Cultural Metamorphoses in the Beast Epic from the Middle Ages to the Present*, ed. by Kenneth Varty (Oxford and New York: Berghahn, 2000), pp.125-62. Uroscopy is also lampooned in the Croxton *Play of the Sacrament*, studied in the following chapter.

⁹¹ See Ussery, *Chaucer's Physician*, p.116, and Lorraine T. Baird, 'The Physician's "urynals and jurdones": Urine and Uroscopy in Medieval Medicine and Literature', in *Fifteenth-Century Studies*, ed. by R. Mermier and Edelgard E. DuBruck, Vol. II (Ann Arbor, Michigan, 1979), pp.1-8 (p.1).

⁹² Although many university-trained physicians in England were clerics, Chaucer's Physician is not explicitly presented as one. The gradual secularisation of medical

The (derisive) implication that the Physician's materials are both redundant and invested with sacred-like powers links them with the Pardoner's relics, the teller of the following tale in the fragment. Chaucer's description of the Pardoner in the 'General Prologue', unlike that of the Physician, carries the unambiguous declaration of his deceitful use of his dubious relics:

For in his male he hadde a pilwe-beer,
Which that he seyde was Oure Lady veyl;
He seyde he hadde a gobet of the seyl
That Seint Peter hadde, whan that he wente
Upon the see, til Jhesu Crist hym hente.
He hadde a croys of latoun ful of stones,
And in a glas he hadde pigges bones (I, 694-700)

Like the Physician's containers and medicines, the Pardoner's relics are meant to help cure the sick or protect against illnesses, but they work exclusively through their association with Christ or one of the saints. The Pardoner's falsification is underlined by the ludicrous nature of some of the things he passes off for relics: he claims, for instance, that a pillow-case is the Virgin Mary's veil and masquerades pigs' bones as those of a saint. What imparts value to these relics is the speech of the Pardoner and the containers that they are placed in.⁹³ Later in the 'Pardoner's Prologue', he will explain his art of deceit: 'Thanne shewe I forth my longe cristal stones, / Ycrammed ful of cloutes and of bones' (VI, 347-348), emphasising again the discrepancy between the material or disposable rags and bones and their sacred investiture through duplicitous language.

practice over the late medieval period does not make this untypical. See Rawcliffe, 'Doctor of Physic', pp.301-3.

⁹³ See Robyn Malo, 'The Pardoner's Relics (And why they matter the most)', *The Chaucer Review*, 43:1 (2008), 82-102 (pp.88-89).

The containers that hold these items also lend them worth: the glass that holds the pigs' bones exerts a transformative effect on these otherwise useless things; the stones placed inside the cross suggest that it contains relics, and that it is made of gold rather than base 'latoun', an alloy of copper and tin.⁹⁴ The Physician's containers resemble these reliquaries in the sense that they also lend value or worth to the materials they contain. Just as the dead animal matter placed inside a glass reliquary by the Pardoner transforms its nature, the human excreta in the Physician's urinals, transforms urine from waste into a diagnostic tool that can give information on a patient's illness. The fact that one may see the bones or urine in their containers suggests that their power resides in their making visible what is usually hidden inside the body. This transformation of internal bodily viscera or dead objects into something that is visible, and yet out of immediate reach (being encased in glass), adds to their value as sacred or arcane objects. There is thus a mutual insistence on the Pardoner's relics and the Physician's instruments, as both powerful and empty: they are transformed through language (the Pardoner's deceit, the Physician's prognosis) into objects that possess power to engender bodily health. However, the satire with which they are described undercuts this power by suggesting their limited use beyond language and spectacle. These also bear similarities to those of another 'falsifier' in the *Canterbury Tales*, the Canon's Yeoman's list of alchemical instruments in his prologue are likewise given (false) potency through deceptive language.⁹⁵

⁹⁴ 'latoun, n. and adj.', *MED* <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED24786> [accessed 11 December 2014].

⁹⁵ The fact that this list includes 'urynales' (VIII, 792) underscores the shared practices between these various disciplines.

The representation of the Physician's urinals and jars, then, are textual signs that represent not so much the materials themselves, but instead constitutes them in terms of various accretions of significations. Whereas the display of such materials could often signify medical authority and expertise in late medieval culture, here, in common with other satirical treatments, they are also ambiguously associated with the questioning or lampooning of medical authority. An important aspect of the way the material-as-sign is foregrounded in this instance is its formulation through list-making. Listing offers a means of ordering and fixing knowledge as well as enabling its display.⁹⁶ Chaucer's many lists throughout his writings tend to connect this ordering with the idea of authority, although this often provides an opportunity to question that authority.⁹⁷ For example, the Physician's knowledge in the 'General Prologue' is outlined through his reading of multiple medical authority figures; yet, this authority is brought into question through supplanting it with a higher biblical authority. Moreover, it is in the poetic appropriation of the list where its order and authoritative status is most open to question and 'where the truth is unstable and always potentially conducive to infection'.⁹⁸ Therefore, whilst Chaucerian medicine registers attempts to appropriate medical

⁹⁶ Valentina Izmirlieva, *All the Names of the Lord: Lists, Mysticism, and Magic* (Chicago and London: University of Chicago Press, 2008), pp.6-7.

⁹⁷ See Lara Ruffolo, 'Literary Authority and the Lists of Chaucer's "House of Fame": Destruction and Definition through Proliferation', *The Chaucer Review*, 27:4 (1993), 325-341; Stephen A. Barney, 'Chaucer's Lists', in *The Wisdom of Poetry: Essays in Early English Literature in Honour of Morton W. Bloomfield*, Larry D. Benson and Siegfried Wenzel (Kalamazoo, MI: Medieval Institute Publications, 1982), pp.189-223.

⁹⁸ Richard Allen Shoaf, *Chaucer's Body: The Anxiety of Circulation in the Canterbury Tales* (Gainesville, FL: University of Florida Press, 2001), p.60.

knowledge and attest to its power and amenability, it also probes its all-encompassing claims through foregrounding its linguistic or rhetorical basis.

Melancholy and the Poetic Subject

I have shown that the diffuse nature of medicine in Chaucer's corpus makes it susceptible to a host of literary strategies: it is subject to satire; medical theory can be used to inform philosophical positions; it can signify authority and truth and, conversely, their instability. In this final section, I consider the employment of medical language in establishing a certain kind of poetic subject: the melancholic subject. The various uses of the noun 'melancholy' are instructive in that it connoted the substance melancholy, or black bile, a dark and dense subject and one of the four constituent bodily humours; it also referred to the mental disorder or emotional imbalance that was thought to derive from an excessive amount of this humour, and could also be used more generally to refer to sorrow or gloom.⁹⁹

Melancholy was associated with lovesickness through their shared symptoms but also because excessive lovesickness was thought to trigger melancholy. Such correspondences often led to the conflation of both conditions; however, Chaucer distinguishes them when describing Arcite's lovesickness in the 'Knight's Tale':

⁹⁹ Peter E. Portmann, 'Melancholy in the Medieval World: The Christian, Jewish and Muslim Traditions', in *Rufus of Ephesus: On Melancholy*, ed. by Peter E. Portmann (Tübingen: Mohr Siebeck, 2008), pp.179-96. See also entry for 'malencolī(e. n)', *MED* <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED26645> [accessed 11 December 2014].

And in his geere for al the world he ferde
 Nat oonly lik the loveris maladye
 Of Hereos, but rather lyk manye,
 Engendred of humour malencolik
 Biforen, in his celle fantastik (I, 1372-6).

Here, melancholy is defined in material terms, through the formation of the humour, melancholy, in the ‘celle fantastik’, the part of the brain that was thought to be responsible for the imagination.¹⁰⁰ However, both conditions are consistently referred to and conflated throughout Chaucer’s writings and translations in texts such as the ‘Knight’s Tale’, *Troilus and Criseyde*, the *Romaunt of the Rose* and the *Book of the Duchess*. They are amenable to the articulation of a particular kind of sorrowful poetic subject, one who is overcome with emotions and, as a result, is mentally or psychologically compromised.

The vague manner in which melancholy is often delineated in such texts work to instantiate it as both humoral disorder and subject position; the sufferer is one who is sick in body and in spirit, and often the cure is performed through the agency of language. This is true of its representation in the *Book of the Duchess*. The text begins with a description of the narrator’s eight-year long melancholy before proceeding to recount a dream-vision where the narrator meets an equally melancholic ‘man in blak’ mourning the death of his wife, White. The dreamer’s melancholy is mainly described

¹⁰⁰ John M. Hill focuses on this difference between lovesickness and melancholy in Chaucer in ‘The “Book of the Duchess”, Melancholy, and That Eight-Year Sickness’, *The Chaucer Review*, 9:1 (1974), 35-50 (p.37). It is important to bear in mind the rhetorical functioning of this statement in the ‘Knight’s Tale’ rather than seeing it as necessarily reflecting Chaucer’s view.

in terms of insomnia and is accompanied by a fear of death, which, he says, has ‘sleyn my spirit of quyknesse’ (26). The vague nature of his condition is alluded to by his admission of perplexity regarding its cause:

Myselven can not telle why
The sothe; but trewly, as I gesse,
I holde hit be a sicknesse
That I have suffred this eight yeer;
And yet my boote is never the ner,
For there is phisicien but oon
That may me hele; but that is don (34-40).

Although the narrator has opened the poem stating with certainty that he is affected by melancholy, here he displays uncertainty as to whether it can be accorded the status of an illness. All he knows is that he has no ‘boote’, or remedy, and, mysteriously, that there is only one physician who could cure it. His confusion over whether he is sick suggests that ‘phisicien’ may be meant metaphorically: the physician-trope is often used in romance narratives to describe the beloved of the sufferer (later in this narrative White is described as the Black Knight’s ‘lyves leche’ (920)) and so there may be an implication of this here;¹⁰¹ it might also refer to God. More importantly, the lack of specificity informs the general opacity attending the description of melancholy here.

When the narrator finally sleeps, he experiences a dream where he eventually encounters the ‘man in blak’ mourning over the death of his wife.¹⁰² The focus moves

¹⁰¹ John M. Hill speculates that the narrator’s physician is ‘sleep’ but there is nothing conclusively in the text to suggest this. See Hill, “‘Book of the Duchess’”, p.43.

¹⁰² There is a good deal of evidence to suggest that the text was written to commemorate the death of Blanche, Duchess of Lancaster and wife of John of Gaunt. See Colin Wilcockson, ‘Introduction to the *Book of the Duchess*’, *RC*, pp.329-30 (p.329).

from the narrator's own melancholy to the knight's story as it 'displaces the dreamer's narration of himself and relieves his self-absorption'.¹⁰³ Again, the Black Knight is not given a nominal medical condition although, following his complaint on meeting the dreamer, his mourning is described using technical, medical language:

Hys sorwful hert gan faste faynte
 And his spirites wexen dede;
 The blood was fled for pure drede
 Doun to hys herte, to make hym warm -
 For wel hyt feled the herte had harm [...]
 For hyt ys membre principal
 Of the body; and that made al
 Hys hewe chaunge and wexe grene
 And pale, for ther noo blood ys sene
 In no maner lym of hys (488-99).

Adin E. Lears notes how this humoral description of melancholy connects the knight with the dreamer and that the knight's 'interior currents seem to feed into his flood of words, as if his 'complaynte' were merely another form of fluid in his body's fungible economy of humors'.¹⁰⁴ The intermingling of language and humoral fluids allows the narrator to hinge between the dramatic flux taking place within the body and its outer appearance manifested in the knight's pale complexion. But despite the technical knowledge employed in this description, the Knight refutes medicine and other healing

¹⁰³ Nancy Ciccone, 'The Chamber, the Man in Black, and the Structure of Chaucer's *Book of the Duchess*', *The Chaucer Review*, 44:2 (2009), 205-223 (p.209).

¹⁰⁴ Adin Esther Lears, 'Something from Nothing: Melancholy, Gossip, and Chaucer's Poetics of Idling in the *Book of the Duchess*', *The Chaucer Review*, 48:2 (2013), 205-221 (p.211).

strategies when the dreamer suggests that telling his sorrows might help relieve his heart:

Nought al the remedyes of Ovyde,
 Ne Orpheus, god of melodye,
 Ne Dedalus with his playes slye;
 Ne hele me may no phisicien,
 Nought Ypocras ne Galyen (569-72)

The black knight's condition is both defined through recourse to medical definitions and, conversely, through a negation of medicine as a healing enterprise. Medicine proffers a language in which melancholic sorrow can be elucidated and attached to the sufferer's subjectivity. The rendering visible of the internal body through humoral language informs this subjectivity as much as the incapacity of the greatest medical healers. This vague condition thus outlines the sufferer's relationship with the world in terms of oppositions where laughter is turned to weeping, 'glade thoghtes to hevynesse' (601) and 'hele ys turned into seknesse' (607).

The technical vocabulary of humoral theory that enables the delineation of the suffering subject here is aided by the vague description of *melancholia*, hinging between a physical sickness and a mental or spiritual condition. It is the diffuse nature of medical language that makes it amenable to such literary employment in Chaucer's text. I have shown how the susceptibility of medical language to metaphorisation and moralisation contribute to its diverse usages. This can be seen in 'Adam Scriveyn' in the way that the diseased body is figured as a means of imagining the misrepresentation of language and textual defacement. I have also shown its adoption in elucidating a range of philosophical themes by the applicability of its tenets as 'truisms' pertaining to life in general. Whilst medical satire is certainly a feature of Chaucerian medicine, this is part of a wider engagement with the physical, philosophical and spiritual potentialities of

medical language. Therefore, whilst it signifies medical authority, practical knowledge and a quasi-religious healing potential, it can simultaneously symbolise rhetorical emptiness and restorative failure. Chaucer identifies in medical language a sensitivity to the metaphorical potential and performative efficacy of practical and technical writing; this informs his literary appropriation of medical language both in terms of gesturing towards its fallibility, its edifying orientation and its health-inducing claims.

Conclusion

This thesis has identified a malleable and fecund medical register at work across a variety of Middle English writings. Medical language could supply metaphors to elucidate a variety of different concepts, philosophical and religious, or it could be employed to navigate between metaphorical tenor and vehicle to blur the distinction between illness and sin, the body and the soul. It provided a terminology that was geared towards articulating a total knowledge of the body, inside and outside, that proved germane to religious efforts to detail and illuminate the workings of the soul, particularly in its relationship to the body. It could signal technical proficiency and suggest a semantic stability overlaid with social or political authority. Such a medical register was liable to be mobilised in the construction and delineation of subjective states and identities; it lent itself to a poetics of care and charity as well as of distancing, disgust and exclusion.

Yet the cultural absorption of medical discourse was itself the subject of tensions. We have seen how the Fourth Lateran Council, in its proclamation of injunctions betraying suspicions of medical practitioners, was itself susceptible to the allure of medical imagery in furnishing its arguments. A similar dynamic tension, between incorporating medical discourse and subverting it, is evident in the fifteenth-century miracle play, the Croxton *Play of the Sacrament*. This drama concerns a group of Jews who subject the Eucharistic Host to an array of ‘trials’ in an attempt to disprove its divine nature. This vivid and markedly anti-Jewish text can thus be seen as an attempt to authenticate through violent and comic performance the real presence of Christ in the Host. Although it is set in the kingdom of Aragon, it is thought to have been written in East Anglia to be performed in various places including Bury St. Edmunds. It is extant

in just one mid-sixteenth-century manuscript, although it is likely that the play was written in the later fifteenth century, at some point after 1461, the year in which it is set.¹ The Jews, having intercepted the Host, ‘subject it to a symbolic second Passion’² by stealing, stabbing and nailing it to a post before finally placing it in an oven; this eventually shatters to reveal an image of Christ ‘with woundys bledyng’, as the stage directions stipulate.³ During the course of these symbolic tortures the hand of Jonathas, the group’s leader, sticks to the Host, and the efforts of the others to free him result in its severance.⁴ He is eventually healed by Christ but not before the Jews repent, accept

¹ The Croxton referred to in the title is mentioned in the play’s banns included in the text. Its location in southern Norfolk near Bury St. Edmunds is indicated by the reference in the play to ‘Babwell’, a neighboring town. See Norman Davis, ‘The Play of the Sacrament’, in *Non-Cycle Plays and Fragments*, ed. by Norman Davis, EETS s.s.1 (London: Published for Early English Text Society by Oxford University Press, 1970), pp.lxxxiv-lxxxv.

² Greg Walker, ‘Introduction’, in ‘Croxton, *The Play of the Sacrament*’, in *Medieval Drama: An Anthology*, ed. by Greg Walker (Oxford: Blackwell, 2000), pp.213-14 (p.213).

³ *Play of the Sacrament*, in *Medieval Drama*, ed. by Greg Walker, pp.214-33 (p.228); citations of the play are by line number in the main text. On the European tradition of host desecration narratives, see Miri Rubin, ‘Desecration of the Host, the Birth of an Accusation’, in *Christianity and Judaism: Papers read at the 1991 Summer Meeting and the 1992 Winter Meeting of the Ecclesiastical History Society*, ed. by Diana Wood (Oxford: Blackwell, 1992), pp.169-85.

⁴ On the significance of the Jew’s hand in late medieval culture, see Bale, *Feeling Persecuted*, pp.90-117.

the doctrine of Eucharistic transubstantiation and convert to Christianity.⁵ This narrative arc is paralleled by the theatrical performance of the ‘new’ Passion as the host is tortured and re-crucified, to emerge embodied as the suffering man of sorrows forgiving his torturers and offering redemption from sin.

Halfway through the play, this series of events is halted for a comic interlude featuring the appearance of a physician, Master Brundyche and his wise-cracking servant, Colle. This scene, immediately following the amputation of Jonathas’s hand, portrays Brundyche as an inept and self-serving physician who offers to heal Jonathas but is refused. The scene, in this way, does not appear to offer narrative progress or resolution but instead lampoons some of the perceived negative traits of late medieval medical practitioners. The relationship of this scene to the wider play has been the subject of a good deal of critical discussion. Until quite recently, a consensus endured which viewed it as an interpolation, a later addition to the play based on stock characters in folk plays, which bore little relation to the theological themes explored in the main narrative.⁶ But there has also been an alternative insistence by some on the connections between both.⁷ Victor Scherb, in particular, argues that the interlude is both,

⁵ The doctrine of transubstantiation asserts the real presence of Christ in the bread that is blessed during the sacrament of the Eucharist.

⁶ Hardin Craig, one of the first critics to propose the interpolation theory, cites the shift in stanzaic form which characterises the scene as well as the absence of it from the Banns as evidence. See Craig, *English Religious Drama of the Middle Ages* (Oxford: Clarendon, 1955), pp.326–27. However, it should be noted that the Banns also omit the pivotal sequence involving the sticking of Jonathas’s hand to the host, demonstrating that they are not to be read as a comprehensive outline of the plot. Others argue that the interpolation is carried over from Mummers’ fertility plays featuring the stock character

a knowledgeable parody and a refutation of fifteenth-century rural medical practice in favour of the divine physician [...]. While the subject of medicine *per*

of a bumbling, comic doctor arriving to revive a dead knight. See Davis, 'The Play of the Sacrament', p.lxxv. Greg Walker argues that it establishes 'a comic counterpoint to the more serious matter that it interrupts'. See Walker, 'Introduction', p.214. For similar perspectives see Elisabeth Dutton, 'The Croxton *Play of the Sacrament*', in *The Oxford Handbook of Tudor Drama*, ed. by Thomas Betteridge and Greg Walker (Oxford: Oxford University Press, 2012), pp.55-71 (p.58), and Darryll Grantley, 'Saints' Plays', in *The Cambridge Companion to Medieval English Theatre*, ed. by Richard Beadle (Cambridge and New York: Cambridge University Press, 1994), pp.265-89 (p.284).

⁷ David Lawton and John T. Sebastian both argue that the metrically complex verses through which Brundyche and Colle are represented suggest more of an affinity with the European genre of estates satire than with folk plays. See John T. Sebastian, 'Introduction', in *Croxton Play of the Sacrament*, ed. by John T. Sebastian (Kalamazoo, MI: Medieval Institute Publications, 2012) <https://www.lib.rochester.edu/camelot/teams/sjcspint.htm> [accessed 11 August 2014], and David Lawton, 'Sacrilege and Theatricality: the Croxton *Play of the Sacrament*', *Journal of Medieval and Early Modern Studies*, 33:2 (2003), 281-309 (p.292). Lawton cites the Arras plays of the twelfth and thirteenth centuries, notably Alan de la Halle's *Jeu de la Feuillée*, as examples of the representation of practitioners in metrically sophisticated drama.

se is only incidental to the main theme of the play, the dramatist skilfully integrates the opposed motifs of spiritual and physical healing.⁸

Scherb sees the interlude, then, as offering a different, subordinated idea of healing than the divine, soteriological one the wider play is concerned with. Whilst this perspective rightly identifies the way the playwright seeks to establish a hierarchy between divine and secular healing through the inclusion of the physician scene, it overlooks the wider play's incorporation of a medical register in its references to healing and salvation. The focus of this thesis on the productive character of medical language in late medieval English writings allows an identification of the way that medicine, through its shared vocabulary with Christian salvational discourse, is integral to the primary concerns of the *Play of the Sacrament*. This is particularly so in terms of the way medicine is implicated in the play's general concern about the performative efficacy of sacramental language.

⁸ Victor I. Scherb, 'The Earthly and Divine Physicians: *Christus Medicus* in the Croxton *Play of the Sacrament*', in *The Body and the Text: Comparative Essays in Literature and Medicine*, ed. by Bruce Clarke and Wendell Aycock (Lubbock: Texas Tech University Press, 1990), pp.161-71 (p.162). The contrast between the earthly and divine physicians in the play was first made by Sister Nicholas Maltman in 'Meaning and Art in the Croxton *Play of the Sacrament*', *Journal of English Literary History*, 41:2 (1974), 149-64. For similar views, see Richard L. Homan, 'Devotional Themes in the Violence and Humour of the *Play of the Sacrament*', *Comparative Drama*, 20:4 (1986-7), 327-340 (pp.328 and 332-4); Steven F. Kruger, 'The Bodies of Jews in the Late Middle Ages', in *The Idea of Medieval Literature: New Essays on Chaucer and Medieval Culture in Honor of Donald R. Howard*, ed. by James M. Dean and Christian K. Zacher (Newark and London: University of Delaware Press, 1992), pp.301-23 (p.314).

The configuration of medical practice in terms of ambiguous, vacillating language is a marked feature of the medical interlude. The effectiveness of Colle's jibes at the expense of his master, Brundyche, incorporates a variety of puns and wordplay.⁹ The comedy of the scene gains impetus from the split between Brundyche's literal-minded understanding of Colle's language and the audience's appreciation of its equivocal poise. For instance, Colle introduces his master in a fittingly superlative mode as 'þe most famous phesy[cy]an þat ever sawe uryne' (455-6), but undercuts it by the follow-up statement implying Brundyche's blindness saying that he 'Can gyff a jud[g]yment aryght; / As he þat hathe noon eyn' (459-60). The implicit criticism of medical practice is extended when Colle, at Brundyche's request, proclaims the doctor's skills to the audience.

All manar off men þat have any syknes,
 To Master Brentberecly loke þat yow redresse!
 What dysease or syknesse þat ever ye have,
 He wyll never leve yow tyll ye be in yow[r] grave.
 Who hat þe canker, þe collyke, or þe laxe,
 The tercyan, þe quartan, or þe brynny[n]g axs;
 For wormys, for gnawyng, gryndy[n]g in þe wombe or in þe boldyro;
 All maner red eyn, bleryd eyn, and þe myegrym also;
 For hedache, bonache, and therto þe tothache;
 The colt-evyll, and þe brostyn men he wyll undertak,
 All tho þat [have] þe poose, þe sneke, or þe tyseke.
 Thowh a man w[e]re ryght heyle, he coud soon make hym seke! (528-39).

⁹ Robert Weimann connects Colle in this play with other underlings or servants in mystery plays whose comic punning serves to introduce confusion and comic power inversions. See Weimann, *Shakespeare and the Popular Tradition in the Theater: Studies in the Social Dimension of Dramatic Form and Function* (Baltimore: Johns Hopkins University Press, 1978), pp.138-9.

Colle's proclamation here is again imbued with satire, undercutting the claim of Brundyche's diligence by the suggestion that he will never leave his patients until they are dead and that he can make healthy people sick. The salient rhythmic triplets, consistent rhyming and heavy aureation of the speech also suggest a medical practice based upon rhetoric.¹⁰ The taxonomic delineation of genera of illnesses and listing of body parts is part of a performative display of knowledge and learning that, in the context of Brundyche's implied inadequacies, suggests empty bluster.¹¹

Yet the hierarchy that the playwright seeks to institute through the medical interlude is disturbed by the way that some medical references are seen as indistinguishable from spiritual ones. This reflects an apprehension, evident in the play, concerning the way that language, particularly the language of healing, is susceptible to indeterminacy and prevarication. When Brundyche arrives on stage, Colle asks him about one of his patients:

Colle: But master, I pray yow, how dothe yowr pa[c]yent
That ye had last under yowr medycament?

¹⁰ Linda Ehrsam Voigts's recent identification of a rare text of fifteenth-century banns proclaiming the abilities of an itinerant medical practitioner (possibly in the Norfolk area) strongly resembles Colle's proclamation in its use of repetition and comprehensive listing of ailments and cures. See Voigts, 'Fifteenth-Century English Banns Advertising the Services of an Itinerant Doctor', in *Between Text and Patient*, ed. by Florence Eliza Glaze and Brian K. Nance (Florence: SISMEL, 2011), pp.245-77. The text is in London, BL Harley MS 2390. ff.105-106v.

¹¹ On Colle's listing of medical ingredients drawn from contemporary medical literature, see Scherb, 'Earthly and Divine Physicians', p.166.

Master Brundyche: I waraunt she never fele anoyntment.

Colle: Why, ys she in hyr grave?

Master Brundyche: I have gyven hyr a drynke made full well
Wyth scamoly and with oxennell,
Letwyce, sawge, and pympernelle.

Colle: Nay, than she ys full save! (501-8)

The stichomythic question-and-answer format heightens the comedy here as Colle's fast-paced punning has the effect of setting up and deflating Brundyche's pretensions to knowledge and expertise. In one sense, this again serves to undermine medical healing: Colle implies that Brundyche's medicinal herbs have only succeeded in killing his patient. Yet the punning is rendered effective by the spiritual resonances of the language employed in the passage. Brundyche answers Colle's question by affirming that his patient never felt 'anoyntment'. Greg Walker, in his edited version of the play, glosses 'anoyntment' as annoyance or pain, and so interprets Brundyche's line as indicating that his patient has not felt pain as a result of the treatment.¹² But the various meanings of the noun 'anoyntment' also include a medical unguent, embalming oil and the administration of the sacrament of extreme unction.¹³ Colle's answer, 'Why, ys she in hyr grave?', is thus a provocative reinterpretation of Brundyche's answer, exploiting the sacramental associations of 'anoyntment'. Brundyche continues unperturbed listing the ingredients of a medical purgative he has given her.¹⁴ This prompts Colle's further

¹² Walker, ed., *Play of the Sacrament*, p.225, see gloss for l. 503.

¹³ 'enoyntment'. n', *MED*. <http://quod.lib.umich.edu/cgi/m/mec/med-idx?type=id&id=MED13928> [accessed 25 September 2014].

¹⁴ Linda Voigts argues that this mixture of ingredients is 'certainly a purgative'. See Voigts, 'Fifteenth-Century English Banns', p.270.

ambiguous response, 'she ys full save', which works both as a satirical confirmation of the putative success of Brundyche's treatment and a reference to the state of the (inferred) dead patient's soul. The latter meaning is given added force by the suggestion that Brundyche's purgative has itself worked as a form of spiritual purgation resulting in the soul's salvation.

This dialogue signifies something more than a mere comic satire against medical practice and the spiritual blindness of its practitioners: it registers an uneasy overlaying of medical and religious discourse, where the practice of anointing someone refers to both the secular medical enterprise of treating the living and the sacramental one of caring for the souls of the dead. This discursive interlacing is the point where the medical interlude connects most forcefully with the concerns of the wider play. The main action, predicated on the inversion of the Eucharistic ritual, is an exploration of the divine potency of the words said by the priest in performing it, and attempts to present what happens when this privileged language is subject to ridicule or critique. The overlapping between the medical and the spiritual in the play, whilst employed to affirm a hierarchy that privileges the spiritual, also works to inform the play's concerns of the debasing of liturgical language. If sacramental terms such as 'anoyntment' are subject to multiple significations, as made explicit in Colle's speech, the exclusivity and spiritual efficacy of such language is called into question.

Indeed, this questioning is brought to bear directly on liturgical language earlier in the play when the Christian merchant Aristorius is tasked with obtaining the Eucharistic host for Jonathas. He accomplishes this by offering the priest, Sir Isoder, a meal, in

order to distract him and induce somnolence.¹⁵ Aristorius charges his clerk to obtain the bread and wine for the supper. The clerk replies:

Syr, here ys a drawte of Romney Red;
 Ther ys no better in Aragon,
 And a lofe of lyght bred;
 It ys holesom, as sayeth þe fesycyon (260-3).

For Scherb, this episode registers a disjuncture between the sacramental and the material as it is based upon a contrast between ‘the efficacy of the unblessed bread and wine that, despite their supposed medicinal qualities, will produce only drunkenness and sloth, and the sacramental feast that truly will produce spiritual health’.¹⁶

Yet there is again a more fundamental overlap between sacramental and medical language, which grates against the play’s hierarchical distinction between medical and Christian healing. The inversion of the sacrament in this passage is instituted through the appropriation of its materials towards enabling the theft and debasement of the host. The transformative potency of the sacramental bread and wine is invoked not to effect the presence of Christ, but to achieve instead the bathetic object of encouraging Sir Isoder’s lethargy and drunkenness. This hinging between the spiritual and the material is exemplified by the reference to the ‘fesycyon’. In one sense the sacramental framework informing this passage (and the wider play) would suggest that it refers to

¹⁵ This scene itself is an inversion of the ‘Last Supper’ of Christ and the Apostles, the Eucharistic meal celebrated in the liturgy.

¹⁶ Scherb, ‘Earthly and Divine Physicians’, p.164.

the *Christus medicus*;¹⁷ but the immediate context of the reference, insisting upon the capability of the bread and wine to engender physical change, calls up the advisory role of physicians of outlining correct diet and lifestyle in medical regimens. The crucial point is that the ambiguity concerning who the ‘fesycyon’ is (as well as the use of the adjective ‘holesom’ connoting both physical and spiritual wellbeing) *instructs* the Eucharistic parody taking place in this scene. The bread and wine signify both the sacramental economy *and* the physical alteration produced through medical intervention, cynically deployed by Aristorius in this scene, and this is made possible through the existence of a shared referential framework that medical and spiritual discourse have in common.

The very censure of medical practice in the play, through its presentation of Colle’s wordplay and Brundyche’s myopia, as well as the rhetorical display of knowledge in Colle’s recitation of Brundyche’s expertise, is riveted to apprehensions of the integrated relationship between medical and spiritual language. This subtle tension may be indicated when, at the end of Colle’s proclamation, he mentions that Brundyche can be found in a coal-shed ‘a lytyll besyde Babwell Myll’ (541). Much has been made of this reference as it helps to further locate the play in Bury St. Edmunds where Babwell Mill was situated. Gail McMurray Gibson proposes that, for the play’s contemporary East Anglian audience, the reference to Babwell Mill would have been associated with St. Saviour’s hospital, a well-known institution situated nearby that housed sick and infirm patients. She goes on:

¹⁷ John T. Sebastian, in glossing the term in his edition of the play, speculates that the term might refer to the *Christus medicus* tradition. See note for l.342 in Sebastian, ed., *Croxton Play*.

For the local and knowing audience, the play's reference to a doctor near Babwell Mill would have evoked the name of the actual hospital there, the hospital of St. Saviour, even as the play exists to affirm the true physician. It will be St. Saviour himself, the crucified saviour of mankind, who will finally [...] heal Jonathas' hand.¹⁸

But if Babwell Mill, and the corresponding image of the physician residing in its vicinity, would evoke, for the audience, the *Christus medicus*, it also situates this image in the shadow of a degraded language: the name is yet another example of Colle's punning allowing him to connect Brundyche's temporary residence with a suggestion that he is a babbling fool. The implication is affirmed a few lines later as Jonathas, in rejecting Brundyche's attempt to heal his severed hand, says to both, 'Avoyde, fealows, I love not yowr bable!' (570).

In this context, 'bable' signifies the meaninglessness and empty rhetoric with which Brundyche and Colle, and, by implication, medical practitioners, are associated in the play; this shows its impetus to assert a univocal meaning over the semantic proliferation that the wordplay and use of medical terminology in the interlude triggers. But, as the shifting between medical and sacramental registers in the wider play reveals, such multiplicity is often inscribed in the language itself. Indeed, this thesis has charted how a late medieval appropriation of a technical discourse, that could give voice to internal states and subjective experience, could be tempered by ambivalence and suspicion towards its signifying efficacy; this is illustrated in the above reading of the *Play of the Sacrament* as well as in the epistemic uncertainty brought about through the Host's satirically faltering attempts in using medical terminology in the *Canterbury Tales*.¹⁹ The Host's confusion between religious and medical terms is evidence of the

¹⁸ Gibson, *The Theater of Devotion*, p.38.

¹⁹ *The Canterbury Tales*, RC, VI, 311-317.

heterogeneous quality of medical language in the late medieval English vernacular. Although the hierarchical relationship between religious authorities and medical practitioners may have sometimes been taut, it was characterised, at a linguistic level, by integration.

It acquired potency through the blending of the technical, Latinate vocabulary inherited from the scholastic European tradition (articulating disease types, medical equipment and anatomical and humoral theories) with morally inflected and spiritually resonant terms such as 'helthe', 'patient', 'cure', 'ille', and 'disease'. We have seen in these pages how, in the case of the patient, the Christian qualities of submission and fortitude exemplified in the word were embedded in its widespread use to denote the medical subject from the fourteenth century onwards. This discursive interweaving worked, then, to locate medical scholasticism, as it manifested itself in the English vernacular, within a spiritual framework, whilst it furnished religious and literary writers with a technical language that could 'embody' moral, theological and philosophical concepts. The fact that the above examples of spiritually resonant medical words retain their currency (and popular usage) in today's medical vocabularies is continuing testament to how firmly and seamlessly spiritual valences were incorporated within a mainstream medical register. Indeed, I suggest that this entrenchment is one reason why discussions of the relationship between medicine and religion amongst historians of medicine have rarely probed the etymologies of these keywords, a deficiency which this thesis has sought to address.

The set of concepts and knowledge offered to Middle English writers by scholastic medicine proved highly amenable to metaphorisation. Of course the practice of employing medical metaphors as a means to convey abstruse Christian concepts had a long history before the Middle Ages. But, in the late medieval English context, it

became a pervasive and intricately developed trope as writers made liberal and often complex use of this highly schematised body of knowledge. Judith Anderson's assessment that metaphorical language is 'a constructive force in the historical development of cultural meaning' is a useful way to conceive of how medical metaphors gave definition to representations of both medicine and Christianity in late medieval England.²⁰ In this sense, religious practices, like confession, and doctrines, such as those of salvation and sin, can be seen as being inflected through images of medical practice and procedures. By earthing religious ideas in the ailing body, they could be rendered more immediate and more evocative of the quotidian lives of devotees. In a culture that privileged the assimilation of ideas through material, tactile and emotional engagement, the recourse to medical imagery by religious authors would have been opportune. Additionally, the appropriation of scholastic medical language could itself signify authority and erudition. The magnitude of religious texts incorporating such imagery thus reveals how medical language was a constitutive force in the articulation of Christian ideas.

But medicine also accretes meaning in such metaphorical encounters: its knowledge and its techniques are validated as it is brought into alignment with core Christian concepts. I have shown the knotted legacies underlining John of Arderne's use of metaphors in his surgical writings. Arderne employs the medical metaphors that had become a staple of confessional discourse, but he (re)applies them to the medical context. This allows him to assume the authority of the priest, counselling his apprehensive patient before the surgical procedure. He thus adopts a rhetorical mode

²⁰ Judith Anderson, *Translating Investments: Metaphor and the Dynamic of Cultural Change in Tudor-Stuart England* (New York: Fordham University Press, 2005), p.2.

that incorporates medical imagery to explicate religious practices as a means of legitimising his own surgical practice. The result is a collapsed metaphor where vehicle and tenor are no longer distinguishable, and where the medical process slips between exemplifying soteriological principles and being advanced itself as a means to salvation. Yet this metaphorical gliding between signifier and referent is not exclusive to a surgical text such as Arderne's: it is an abiding feature of the use of medical metaphors in a variety of religious texts. I have discussed how it is employed in leprosy descriptions where leprous skin serves both as a symbol and a manifestation of sin. The collapsed metaphor can indicate ruptures in the medical-religious translation, by, for instance, undermining the divine hierarchy the metaphor is meant to engender, but it can in other instances, such as in Arderne's case, thicken the overlap between the two fields.

The appeal to metaphor to bolster the claims to authority by medical practitioners forms part of a wider enterprise involving the construction of the medical subject. In chapter two, I have detailed the way that the Middle English translation of Benventus Grapheus's treatise on ophthalmology describes the subject in terms of passivity and recumbence in contrast to the agency and governance of the surgeon. The appeal to authority by the medical practitioner is here predicated on an assimilation of his role with that of the priest. The practitioner assumes a technical, arcane knowledge of the internal body as the priest does of the soul, and his efficacy, as with the priest's, is based upon the subject's absolute submission to his authority and expertise. Again, in accordance with the dynamics inherent in many medical metaphors, the subject is articulated in terms of a causal relationship between the opposite states of physical suffering and spiritual bliss. The medical subject is typically delineated as an aristocratic male occupying a vulnerable status (through the social reversal of obedience to a lowly practitioner as well as by virtue of his physical ailment) charged with the

possibilities of spiritual as well as physical wellbeing. This *rapprochement* of physical discomfiture and spiritual bliss is a feature of other types of subject too including lovesick knights in romance literature and devotees in mystical writings. The high degree of correspondence between representations of these medical, spiritual and literary subjects should encourage us not to see the medical-religious interaction in terms of linear influence but as mutually generative.

The movement from physical abasement to spiritual virtue germane to the medical subject, as well as the configuration of this in terms of the healer's agency, raises the question of the role of power and authority within medical discourse. Today these issues are often framed in terms of 'medicalisation' as medicine becomes implicated in the state's tendencies to regulate the lives and bodies of its subjects. Yet as we have seen in the chapter on healing spaces, many of the features associated with medicalisation today, particularly the Foucauldian idea of the assertions of a 'normative subjectivity', are evident in late medieval writings and images. It is important to stress that such features emerge in terms of a cultural imaginary and not at the level of actual historical practices. They are particularly apparent in representations of healing spaces in monastic customaries and rules, outlining the practices pertaining to the infirmary and its inmates. Such directives, for instance the one drawn up for Syon Abbey in Isleworth in the fifteenth century, outline the medical and spiritual care to be given to the patients. Yet the imperative to care for the sick is accompanied by descriptions of rituals marking their departure from the monastic community for the infirmary (as well as their re-entry to that community); such rituals constitute the subject as both physically and morally deviant. The infirmary is thus as much an exclusionary zone as one associated with the precepts of care, and the patient's re-entry into the community is as much an expression of spiritual progress as it is a signifier of the restoration of physical health. The

translation of this dynamics of medical and spiritual healing to the prison and purgatory reveals how the dissemination of medical language across the wider culture is paralleled by an institutional imaginary that accommodates itself to a variety of contexts.

The identification of late medieval English culture as one imbued with a medical poetics is most clearly seen in the intertwining of medical discourse with literary culture. Its pervasiveness across such a variety of genres indicates the importance of this poetics to the development of English literary language. The diverse and culturally resonant images accompanying Arderne's works, along with the identification of a non-surgical readership for them, attest to their close proximity to literary culture. Chaucer's engagement with medical language encapsulates the incorporation of this new English medical vocabulary as a feature of literary discourse. Chaucerian medicine ranges over a variety of modes: it questions the place of medical practitioners in late medieval society, it represents the Boethian idea of language as health inducing (a concern of Arderne's too), and it probes the metaphorical and symbolic significance of medical terms. This heterogeneous approach to medicine is reflected in the circulation of medical material in the fourteenth and fifteenth centuries where scholastic material travelled with popular 'folk' remedies, often interspersed with other *fachliteratur* and various genres, including romance and devotional texts. This tradition places a literary figure such as Chaucer alongside a surgical author such as Arderne. Likewise, Chaucerian medicine reflects the fluid and multi-faceted nature of medical discourse in late medieval England.

The productive relationship between medical language and spiritual, moral and literary discourse is evinced in the wide amount of Middle English literature that employs medical images, concepts and knowledge. This thesis has ranged over a significant amount of such material encompassing romance literature, saints' lives,

monastic customaries, visionary literature, sermons, medical treatises, public records, manuscript illustrations, carvings and stained-glass images. In doing so it has borne witness to the integrated quality of medical, religious and literary languages in late medieval culture, and to their mutually sustaining characteristics. It has identified how medical knowledge and learning provided a pliable register that could be marshalled by writers engaging with a spectrum of themes and ideas including moral instruction, philosophy, mysticism, discipline, regulation, social satire and spiritual exemplarity. It has shown how late medieval English culture is to be understood as one suffused with a medical poetics that could shape representations of the subject, make visible the internal body and soul and chart the synaptic relationship between the physical and the spiritual, the ailing and the healthy body.

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