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## Sources for the History of Medicine in Late Medieval England

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ources for  
the History of  
Medicine  
in Late Medieval  
England

*Selected, Introduced, and  
Translated by*

*Carole Rawcliffe*



TEAMS

Documents of Practice Series

Sources for  
the History of Medicine  
in Late Medieval England

# Documents of Practice Series

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# Sources for the History of Medicine in Late Medieval England

Selected, Introduced, and  
Translated

by

Carole Rawcliffe

Published for TEAMS  
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by

Medieval Institute Publications

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# Introduction

The material contained in this booklet derives from a wide variety of printed and manuscript sources, chosen to give some idea of the rich diversity of evidence available to the historian of English medicine and its place in society during the fourteenth, fifteenth, and early sixteenth centuries. Latin and French have been translated into modern English, while vernacular texts have been slightly modified, and obsolete or difficult words explained. Middle English has otherwise been retained to give the past an authentic voice and to emphasize the similarities as well as the differences between the experience of modern readers and that of the inhabitants of late medieval England.

The sources chosen range from popular ballads (section 14D) to sermons (section 8B), and include a considerable amount of material specifically produced for the guidance of lay men and women, anxious about their health and keen to take the most effective prophylactic measures available (section 9). In an age before all the life-saving advances of modern medicine, such as anaesthetics, antisepsis, and blood transfusion, and the investigative techniques that make accurate diagnosis possible, ideas about the cause, spread, and treatment of disease were naturally very different from our own. Two main lines of thought, which derived, respectively, from the Ancient Greeks and the fathers of the Christian Church influenced the way in which the human body and its disorders were perceived. While accepting without question that illness was the direct physical consequence of an imbalance of the four humors (section 1), most people believed that, in the long term, it must come either as retribution for sin (section 10) or as a form of “purification,” whereby God, in his mercy, offered the

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elect an opportunity to cultivate higher spiritual values through suffering (section C). Contemporary attitudes to leprosy, in particular, combined both views without any apparent sense of contradiction: on the one hand, lepers were generally held to bear the mark of either their own or their parents' sexual excesses and to be enduring condign punishment on earth, while on the other it seemed that God intended them to ascend "pure and spotless" directly to heaven, since they had already been purged of sin through "worldly adversity."

*The Ancrene Riwe*, a devotional tract for recluses who spent their lives in prayer and meditation, contains an illuminating passage about the nature of sickness and its divine purpose as they were understood in the Middle Ages. The religious, rather than the medical, aspects of disease assumed absolute priority, the health of the body taking second place to that of the soul:

God tests those he loves in the same way as the goldsmith refines gold in the furnace. The base metal vanishes completely, but the pure gold emerges truer and better than ever it was before. Sickness likewise inflicts pain and burning, but just as nothing purifies gold like fire, so nothing cleanses the soul like illness. I mean, of course, the afflictions that God sends, not other types of suffering. For many people make themselves unwell through their own foolishness or ignorance; and they, not God, are thus entirely responsible, . . . Now, the remedy against sickness visited by God is fortitude: be patient, and thank God for his favor in selecting and testing you in this way. And as regards ill-health caused by immoderation or folly, beg his mercy and forgiveness because you have through your own stupidity so damaged your body that you may no longer serve him as you ought. . . . Thus sickness brings spiritual healing, and cures the wounds of the soul, and prevents it from sustaining further damage, as it surely would had God not intervened. Sickness helps man to understand what he really is, and to know himself. He is a good master indeed who beats into man the knowledge of his own frailty, compared with the might of God, and teaches him the nature of this

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wretched world. Sickness is your goldsmith, who, in the bliss of heaven adds gilding to your crown. The more intense your suffering, so the more elaborate the goldsmith's work becomes; and the longer it lasts, the brighter shines the gold in the dusk when the martyrs gather in heaven, because of the pain you have endured on earth with a good will. Surely, there can be no greater sign of grace to you, who have deserved and earned the pains of hell, world without end, than to pass through a brief moment of woe here, today? <sup>1</sup>

The control exercised by the Church over almost all aspects of medical activity is, for example, apparent in ecclesiastical rulings that forbade the practice of surgery by senior clergy (who were not allowed to shed blood in any way) and refused all but emergency treatment to anyone who had not first confessed his or her sins and obtained absolution from a priest. Indeed, medical men were under strict instructions to insist that their patients should consult “the physician of the soul” before a cure of the body was even considered. These strictures were particularly easy to enforce in hospitals, which in England catered almost exclusively for the sick or otherwise infirm poor rather than the rich. Before gaining admittance to the hospital of St. Mary in the Newarke, Leicester, for example, paupers incapable of fending for themselves were obliged to make a full confession to the warden, who was also a priest. The hospital had been founded by Henry, earl of Lancaster, in the 1330s and was reorganized on impressive lines by his son, the first duke of Lancaster, in 1356. As was invariably the case, patients lay in the nave of a church; and the duke was particularly anxious that they should all be able “devoutly to behold the elevation of the Body of Christ” during the celebration of mass. He, of all men, was well aware of the therapeutic nature of the Eucharist upon souls afflicted with sin, having just completed his *Livre de Seyntz Medicines* (Book of Sacred Medicines), which comprises a long and extremely moving meditation on the theme of Christ the Physician.

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The idea of *Christus Medicus* (Christ as doctor/healer) derived from the writings of St. Augustine of Hippo (d. 430), where Christ's ordeal on the cross is compared to the act of a devoted physician who reassures his patient by tasting any unpleasant medicine first:

The cup of the Passion is bitter, but cures thoroughly all diseases. The cup of the Passion is bitter, but the Physician drank of it first lest the patient hesitate to drink of it. Let us drink then of this cup if it is given by him who knows what he gives, and to whom he gives. If, however, he does not want us to drink of it, let him cure us by other means, if only he cures us. Fearlessly let us put ourselves in the hands of such a great Physician, convinced beyond a doubt that he will never apply a remedy which does not benefit us.<sup>2</sup>

Augustine and successive generations of Catholic theologians further maintained that the holy medicine itself derived from Christ's body and blood (as revealed to all the faithful at the elevation of the Host) and could cure the most distempered and ulcerated soul if properly administered. Henry of Lancaster elaborates this idea, comparing himself, in spiritual terms, to one of the bruised and battered paupers in his own hospital:

Ah! Gentle Lord, Jesus Christ, I am the one, poor and bereft of goods, who is so badly injured with seven such putrefying and dangerous wounds [the seven deadly sins] that I can only wait for Death—see what an evil death!—if I do not immediately receive the comfort and aid of the good master. That is you, blessed Lord God, who is the leech and the physician, and who shelters all those who believe in you with a good heart. And since, Lord, I have so little and my wounds are so deadly, so horrible, so full of poison through the rottenness of vile, stinking filth, it is too shameful for me to speak of them, or examine them or even think about them. Ah! Gentle Lord God, how can I possibly be so bold as to show them to you?<sup>3</sup>

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From start to finish, the reader is presented with a dazzling array of medical metaphors, for although Duke Henry's sole concern lies with the fate of his immortal soul, he describes the quest for salvation in terms of a protracted (and sometimes extremely painful) course of treatment, with the Virgin Mary as his solicitous, forgiving nurse. His vivid use of terms and ideas drawn from the specialist vocabulary of the university-trained physician illustrates (as do many other texts reproduced in this booklet) the extent to which medical concepts had been absorbed into the discourse of well-educated laymen, as well as the belief that sin and disease were, to a notable extent, indistinguishable:

Most gentle Lord, I beg that it will please you to have me cut up and opened before you, my Lord and my master, in the same way as certain bodies are dissected before the surgeons in the schools at Montpellier and elsewhere. For when a man has been condemned to death he is given to them to open, to see and to recognise how and in what manner the veins, the nerves and the other bodily parts are to be found in man. Gentle Lord, observe how I am opened up before you, so that you can see quite clearly how my flesh and my veins and all my members are replete with sin. . . . And also since I am a man condemned to death for my wickedness, you can with good reason cut up and open my body rather than anyone else's and make an example out of me to others, of the tumors [apostumes] that they can see and recognise in me.<sup>4</sup>

Yet however anxious the Church may have been to foster indifference to bodily pain and stress the importance of spiritual medicine, aimed at removing the pervasive cancer of sin, it lost few opportunities to profit from the concern felt by ordinary men and women about their health by promoting cults devoted to healing. Nor did preoccupation with the joys or torments awaiting them after death prevent thousands of sick or disabled people from undertaking pilgrimages all over Europe in the hope that they

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might be spared further misery through the intercession of some kindly saint. Medieval shrines were covered with wax or metal images of arms, legs, hearts, and other diseased bodily parts (not to mention models of sick cows, horses, and oxen) presented by those who hoped for, or believed that they had already received, a miraculous cure. The tomb of Archbishop Scrope (executed 1405) in York Minster, for example, was surrounded by rods from which hung hundreds of such offerings, often made of silver, or even gold, while costly jewels and cups given by devotees of the local “saint and martyr” were displayed on rich pieces of cloth. Candles, too, burnt in profusion around such shrines, sometimes corresponding in height to the stature of the donor, or else containing a wick that, when fully extended, had been made according to specific measurements taken while a sick or injured person lay *in extremis*. The 174 “more evident and more famous” miracles attributed to Henry VI contain a lengthy description of one such case, which, in common with hundreds of others recorded throughout the medieval period, also dwells upon the powerlessness of the medical profession. In 1487, the infant son of one of the archbishop of Canterbury’s servants contracted a painful and debilitating illness:

And, so, his disease seeming now past bearing and past comfort, physicians were called in from all sides, that his parents might not let the care of him seem vain and idle: moreover, the most skilled surgeons of London were consulted, and those also who were in attendance on the archbishop himself, men of learning and repute, made diligent search and enquiry into the boy’s condition, yet nothing could they find in him but the presages of impending death. Some said he was suffering this discomfort and these incurable pains from gout, or from some paralytic trouble: others that there was nothing natural in it, nor due to any natural defect; that his weakness came from the contagious venom of some evil spirit. But all alike, deeming that he could not be healed by any man or any natural treatment, refused to bestow their pains upon him any further. . . .

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Seeing her labors all in vain, and all the remedies they had sought at such cost unavailing, so that all human help had now failed her, [his mother] knelt on the ground, like the devout soul she was, over her son's body, and called upon heaven for succor. And anon, taking a measure, which was that of a wax candle, such as those which are wont to be made rolled together after the manner of a *rotula* [a coiled up taper], she began to measure the child's body. And having great faith in the most blessed King Henry, she commended her child in Christ's name to his prayers only, making mention of no other saints at all. . . .<sup>5</sup>

At the sound of Henry's name, the child immediately gained strength, sat upright, and began to walk: a supernatural cure rendered all the more dramatic in view of the manifest inadequacy of the medical experts.

The clergy who recorded such miracles were usually involved in campaigns for the canonization of the holy man or woman whose relics lay in their possession, so they clearly had a vested interest in stressing the impotence or incompetence of physicians or surgeons. There was, too, an understandable desire to attract as many visitors as possible in order to boost the revenues of a particular shrine. Criticism of the overt commercialism of some priests, who undoubtedly exploited the fears and hopes of vulnerable pilgrims, was voiced long before the Reformation, although recourse to the saints or holy relics seems to have remained one of the first avenues explored by the sick right up to, and even beyond, the mid-sixteenth century. The seasonal nature of certain ailments, caused by lack of vitamins in the medieval winter diet, meant that many people did, indeed, recover from temporary disabilities when the pilgrimage season began in spring; and others, suffering from psychosomatic disorders or simply in need of a change of scene, genuinely found relief. We may note that Chaucer's physician (section 4A) is himself travelling as a pilgrim to Canterbury, despite his evident reluctance to study the Bible.

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The underlying assumption that illness came from God and could only be cured by him was tempered by the argument that medical expertise itself constituted a divine gift, which might be employed (in carefully regulated circumstances) without risk to the immortal soul. Christ's admonition to his followers that they should care for a variety of unfortunates, including the sick, also encouraged an acceptance of the healing arts, while at the same time providing satirists with a battery of ammunition (section 6) to use against greedy and ruthless practitioners. But, by and large, the simple fact of unremitting pain and growing desperation led most people to essay an eclectic range of treatment, which might range (depending on their incomes) from conventional medicine or surgery to the use of charms and spells, as well as an appeal to the most appropriate saint.

The important part played in therapeutics by astrology (section 2) may seem especially strange to today's students, accustomed to the highly technological and scientific aspects of modern medicine. We should remember that treatment in the Middle Ages was often dangerous, uncertain, and extremely disagreeable (section 8); that Death was always lurking around the corner waiting to seize his next victim; and that, whatever they may have been taught, devout Christians often strayed over the rather ill-defined boundary between orthodoxy and the occult. As we have already seen, the Church did its best to encourage contentment for this life and preparation for the next, but human nature persistently got in the way, struggling against mortality and attempting, with the limited means available, to fight off disease. The holistic approach favored by contemporary practitioners, who sought to keep illness at bay by advocating a healthy diet, proper exercise and the avoidance of stress, will strike a more immediate and positive response in modern readers. Reflections by the surgeon, John of Arderne, on the necessity of winning trust and



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confidence, and his penetrating insight into the delicate psychological balance of the doctor-patient relationship serve as a reminder that some aspects of healing are timeless (section 6A).

Trained professionals, who in late medieval England comprised university-educated physicians (section 4) and surgeons and barber-surgeons belonging to strictly regulated craft guilds (section 5), invariably take pride of place in our studies of medical practice. But, in fact, numbers of graduates in medicine remained embarrassingly small by continental standards, and their services were extremely expensive. As craftsmen, surgeons and barbers tended, moreover, to congregate in the larger towns, so the poor and those who lived in the country were largely thrown back on their own resources. Inevitably, the housewife assumed responsibility for the health and welfare of her family and servants, while women were also expected to undertake menial nursing duties in hospitals, either as a mark of Christian piety, irrespective of social class, or because they were desperate for work (section 14).

Surviving correspondence suggests that women from the upper and middle classes might become quite celebrated for their medical skills, at least to the extent of producing tried and tested remedies for specific ailments. Because most of these cures derived from relatively harmless animal and vegetable products, they were considerably less disagreeable than some of the aggressive preparations made up by apothecaries or surgeons. Even so, as this entertaining letter written in 1535 to Honor, Lady Lisle, reveals, the side-effects could still pose a problem:

Madame, so it is I have this night after midnight taken your medicine, for the which I heartily thank you, for it hath done me much good, and hath caused the stone to break, so that now I void much gravel. But for all that, your said medicine hath done me a little honesty, for it made me piss my bed this night, for the which my wife hath sore beaten me, and saying it is children's part to

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bepiss their bed. Ye have made me such a pissur that I dare not this day go abroad . . . and though my body be simple yet my tongue shall be ever good, and especially when it speaketh of women.<sup>6</sup>

Once, however, they overstepped the mark and began to challenge the professionals at their own game, women became a target for attack (section 7), not least because their reliance on herbal cures, possibly accompanied by the use of prayers, charms, and incantations, smacked of paganism and necromancy to those in authority. Midwives, in particular, occupied an ambivalent position in society, attracting suspicion as witches and abortionists and generally suffering as a result of their intimate connection with childbirth, which was viewed with a mixture of fear and distaste by some theologians (section 13).

The inferior status accorded to women was in part a reflection of ecclesiastical opinion, which blamed Eve for the fall of man and regarded her daughters (the entire female sex) as equally culpable for bringing sin, disease, and death upon mankind. As late as the seventeenth century, John Milton wrote in Book 11 of *Paradise Lost* about the fatal consequences following “th’inabstinence of Eve.” The vision vouchsafed to the horrified Adam as he realizes the full implications of *her* weakness shows clearly enough how sickness and suffering were blamed upon the one who offered the apple, rather than he who had eaten it:

. . . Immediately a place  
Before his eyes appeard, sad, noisom, dark  
A lazar-house it seemd, wherein were laid  
Numbers of all diseas’d, all maladies  
Of ghastly Spasm, or racking torture, qualmes  
Of heart-sick Agonie, all feavorous kinds  
Convulsions, Epilepsies, fierce Catarrhs,  
Intestin Stone and Ulcer, Colic pangs,  
Daemoniac Phrenzie, moaping Melancholie

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And Moon-struck madness, pining Atrophie,  
Marasmus, and wide-wasting Pestilence,  
Dropsies, and Asthma's, and joint-racking Rheums.  
Dire was the tossing, deep the groans, despair  
Tended the sick busiest from Couch to Couch;  
And over them triumphant Death his Dart  
Shook, but delaid to strick, though oft invoc't  
With vows, as thir chief good, and final hope.

No less formative and equally prejudicial was the medical view of women: by nature “phlegmatic,” and thus intellectually and physically disadvantaged from conception onwards; doomed by the curse of menstruation to inflict harm on man; and fated after menopause to become repositories of poison. That the female sex was inherently inferior to the male remained an axiomatic assumption on the part of the medical establishment as a whole until the end of the nineteenth century, if not later, so we can see that ideas initially derived from ancient Greece retained a tenacious hold over western thought. This is hardly surprising in view of the ubiquity of concepts and metaphors drawn from classical medical theory. Indeed, the body politic itself was held to function in exactly the same way as the human body, which was described in terms of a hierarchy of “noble” and “ignoble” parts (section 3).

Far from being an arcane and specialized area of research, the study of medical history gives us remarkable insight into the working and structure of past societies, sometimes reinforcing, sometimes modifying the conclusions reached by historians at work in other disciplines. The documents presented here serve as an introduction to the wide range of material available and provide some idea of what may be learned, not merely about the practice of medicine in the Middle Ages but also about the ways in which contemporary beliefs influenced attitudes to the human body and healing.

## Introduction

### Notes

1. *The English Text of The Ancrene Riwele*, ed. A. Zettersten, Early English Text Society [hereafter, E.E.T.S.], 274 (London, 1976), pp. 79–80.
2. R. Arbesmann, “The Concept of *Christus Medicus* in St. Augustine,” *Traditio* 10 (1954): 15.
3. *Le Livre de Seyntz Medicines*, ed. E. J. Arnould, Anglo-Norman Texts, 11 (Oxford, 1940), p. 7.
4. *Le Livre de Seyntz Medicines*, p. 86.
5. *The Miracles of King Henry VI*, ed. R. Knox and S. Leslie (London, 1923), pp. 173–74.
6. *The Lisle Letters*, ed. M. St. Clare Byrne, 5 vols. (Chicago, 1981), vol. 2, no. 399. The correspondent is Lord Edmund Howard. In 1538, Lady Lisle’s husband informed her that “your powder for the stone hath saved Highfield’s life and the boys; he made no water from Friday night till Monday noon, who prayeth heartily for you” (vol. 5, no. 1280).

# 1. The Theory of Humors

For the best part of two thousand years, the study and practice of medicine was dominated by one comprehensive theory, first advanced by the ancient Greeks and then elaborated in the work of medieval Jewish and Arab commentators. Just as they believed that the universe was made up of the four basic elements of fire (hot and dry), water (cold and wet), earth (cold and dry), and air (hot and wet), so too the Greeks argued that the body depended for its existence upon four corresponding humors; choler or yellow bile, phlegm or mucus, black bile, and blood. Medieval writers, who enthusiastically embraced the idea, derived great intellectual satisfaction from devising numerical categories into which they placed everything from the sorrows of the Virgin Mary to the deadly sins. Humoral theory lent itself particularly well to a series of analogies based upon the number four, which might include the ages of man, the seasons of the year, or times of day (Text A).

Although good health could only be achieved by maintaining a careful balance among the humors and ensuring that none grew either too powerful or too weak, a combination of heredity, age, and circumstances usually conspired to make one or two of them predominant over the others. This gave each individual his or her “complexion”: the sanguine man, replete with blood, was red-faced and cheerful, while the choleric seemed gaunt and irritable. Women (being colder and moister than men) tended as a general rule towards the slow, heavy, and phlegmatic, which at least spared them from melancholia, the gloomiest and least attractive of the four humors (Text B). So influential was the medical vocabulary used to describe the appearance and behavior of these types that we still encounter it today:

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fire	hot and dry	choler or yellow bile	choleric
water	cold and wet	phlegm or mucus	phlegmatic
earth	cold and dry	black bile	melancholic
air	hot and wet	blood	sanguine

Each particular organ of the body had its own “complexion” or humoral composition: the kidneys, for example, were manifestly sanguine, while the brain seemed cold and moist, albeit with areas of warmer matter. Certain parts, such as the spleen, lungs, liver, and gall bladder, actually served as “herbergerie” or lodgings for specific humors (Text C) and were, thus, especially vulnerable if an imbalance began to develop. Ideally, any superfluous and potentially harmful humors would be excreted in the sweat, tears, urine, and feces, as well as by sneezing, which was seen as a valuable way of clearing impurities from the head. Once, however, the body’s natural mechanism for waste disposal began to break down or proved in any way inadequate, the delicate humoral balance itself came under threat, with painful, if not fatal, consequences.

Tumors, ulcers, and other afflictions accompanied by suppuration, swelling, or discoloration of the flesh were generally blamed upon the inability of that part of the body to absorb the humoral matter provided for nourishment. The cause of external eruptions, or “apostumes” as they were commonly called, was relatively easy to determine because of the pigmentation and relative sensitivity of the affected area. It might appear red, throbbing, and sore (sanguine), yellowish and acutely painful (choleric), pale and soft (phlegmatic), or hard and dark (melancholic), depending upon the humor or combination of humors trapped beneath the skin. The physician faced a harder task when attempting to diagnose internal disorders. Most diseases of the vital organs were attributed to blockages or humoral disruptions, which, given the understanding of human physiology and the absence of effective techniques for surgical exploration, provided a convenient solution for some knotty medical problems.

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Uroscopy (the examination of urine) was one of the principal diagnostic tools employed by the medieval practitioner (as in Text D), who is often depicted in medical illuminations with his glass flask or “jordan,” earnestly studying a patient’s sample. Standard contemporary textbooks distinguished between twenty or so different “types,” depending largely on color, opacity, sediments, smell, and relative viscosity, from which it was possible to tell what had upset the humoral balance. In fact, some physicians claimed to be able to treat a patient from his or her sample alone, without a personal consultation. It was, of course, essential for the practitioner to establish his patient’s basic “complexion” before embarking on a course of treatment (Text E), since medication designed to eliminate one humor could easily kill off anyone who was deficient in that respect.

### A. The Four Elements and the Four Humors:

God made all mankynd that lyves on the erthe  
Of iiij [four] elementys, als we in bokys rede:  
Of fyre and of ayre, of watir and of erthe,  
That gendris [engenders] in us humors, als Arystotille us lers  
[teaches].  
Blod raynes in man at mydnyght, fleume in the mornyng,  
Colericus comys at none [noon], malancole in the evyng:  
And of thir iiij homers comys qualites sere [different],  
After that thai have myght in man and powere.  
Sanguine is the fyrst, the ij [second] fleumatyk;  
The iij [third] is malancole, the iiij [fourth] coleryk.  
Of these iiij humors ilk man is made,  
Bot all is noght in lyke [the same] of qualite and state:  
For iocund [jolly] and amerous and laykand [playful] the rede is and  
mery;

## The Theory of Humors

Fleschely enowhe and synghand [singing], myld and full hardy  
[brave].

The whit is slepand and slaw and redy to spit.

Als fat is his face and dull his wit.

The gul [yellow] is gyloure [a trickster], crabid and hardy;  
Quaynte and full large he is, dry and wily.

The blak is a chynche [miser], drery, and full of gyle,  
Proud and full covetus and cover [secretive] he is in wyll.

L. R. Mooney, "A Middle English Verse Compendium of  
Astrological Medicine," *Medical History* 28 (1984): 411–12.

### B. A Closer Look at the Four Humors:

Fleumaticus:

Sluggy and slowe, in spetynge muiche,

Cold and moyst, my natur ys suche;

Dull of wit, and fatt, of contraunc [countenance] strange,

Flewmatyke, this complecion may not change.

Sanguineus:

Delyberall [resolute] y am, lowyng and gladde,

Laghyng and playyng, seld full [rarely] y am sad;

Syngyng, full fayr of collour, bold to fyght,

Hote and moyst, benyng [benign], sanguine, y-hyght [called].

Colericus:

I am sad and soleyng with hewynes in thoght;

I cowet [covet] ryght muiche, leve [love] wyll y noght;

Fraudulent and suttyll, full cold and dry,

Yollowe of collour, colloryke am y.



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Malencolicus:

Ynvyws [envious], dyssevabyll, my sckyn ys roghe;  
Owtrage in exspence, hardy y-noghe;  
Suttyll and sklendyr, hote and dry,  
Of collour pale, my name ys malencolly.

*Secular Lyrics of the Fourteenth and Fifteenth Centuries*, ed. R. H. Robbins (Oxford, 1952), pp. 71–72.

### C. The Humors in the Body:

The Splen is to Malencolie  
Assigned for herbergerie [lodging]:  
    The moiste fleume with his cold  
Hath in the lunges for his hold  
Ordeined him a propre stede [suitable place],  
To duelle ther as he is bede:  
    To the Sanguin complexion  
Nature of hire inspeccion  
A propre hous hath in the livere  
For his duellinge mad deliverere:  
    The dreie [dry] Colre with his hete  
Be weie of kinde [nature] his propre sete [own place]  
Hath in the galle [gall bladder], wher he duelleth,  
So as the Philosophre telleth.  
    Nou over this is forto wite [know],  
As it is in Phisique write  
Of livere, of lunge, of galle, of splen,  
Thei alle unto the herte ben  
Servantz, and ech in his office

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Entendeth to don him service,  
As he which is chief lord above.

*The English Works of John Gower*, ed. G. C. Macaulay, 2 vols., E.E.T.S., 81–82 (Oxford, 1900, repr. 1979), vol. 82, pp. 245–46.

### D. Humoral Theory and Diagnosis:

In a mannes spleen ther ben diverse sekenessis, as stopping [blockages], and swelling, and hardnes, and neship [softness], and postem [abscesses], and wyndnes. And ethirwhilis, he is more replete of humours than he shuld be. And he may be replete and ful of thre humours, principali of malencoli, for he is ordeined to resceyue malencoli that cometh from the lyuer, right as the bladdir vndirfongith [receives] the vrin; and the [gall] bladdir that cleuith to the lyuer vndirfongith coler and galle that cometh from the lyuer; and the spleen also of fleume and of coler. If it be ful of malencoli, thes ben the tokenes: the vrin is white, and thyn, and cleer, eithir-ellis swarte [dark] yelewe, eithir blacke, of malencoly that is y-medlid therwith, the whiche also maketh the vrin thicke. And he felith ache and swelling vndir the lifte side, and moche hardnes theras the spleen lieth. And al his bodi is heuy and discolourid, and leen and feble. And he balketh [belches] soure, and his spitting is soure and keen. And his face is derke white eithir pale. And the white of him yghen ben swarte yelewe and thei ben turned from her kyndli [natural] coloure. And thei feelen moche heuynes aftir mete, and defien [digest] febeli her mete.

Of replecion of fleume the tokenes ben white vrin and thicke, eithir thyn, but not cleer; ache and hardnes vndir the lifte side, but not so grete as of malencoly. His balking is withoute sauour and his spetting also. And the pawmes of his hondis ben hoot and the soulis of his fete also. And he hath feble digestion, and that that passith

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from him is white and rennyng, ful of spume, eithir thicke with muscilages [mucus]. And the bodi is discolourid and a pale coloure and feble. And he wole be sone wery in goyng [easily exhausted] and is slowe in goyng, and more aftir mete than bifore.

Of replecion of coler, thes ben the tokenes: the vrin is of an highe colour and thynne; and swelling, and heuynes, and hardnes ther-abouten as the spleen liyth, with hete that is y-felid in the deepnes of the spleen. And his mouthe is drye and bitter, and he is thirstful. And he hath grete wille to caste [vomit]. And his face and al his bodi is of a citryn colour. And his dritte [feces] is citrin and rennyng, and othirwhilis is it thicke. And his bodi is leen and feble. And this is ful harde to been y-helid.

Nesship of the spleen cometh of flevme that renneth into his poores, that makith hem nesshe. And the token herof is that whan a man touchith the place with his hond, he shal fele al neisshe vndir his fingris, as thoughe the spleen were y-turned into humours that ben fleting and nesshe. . . . Hardenes of the spleen cometh of malencoli that is y-dried and y-hardid in the spleen. . . . Also this hardnes of the spleen cometh of viscouse fleume that is in the spleen . . . also of coler, whan the sutil moistnes vanisseth awei thorough hete, and the gretenes abideth stille and waxith hard. . . . Stopping of the spleen cometh othirwhilis of colde humours, as of flevme and of malencoli, ethirwhilis of colere. . . . Swelling of the spleen cometh of humours that fillen the spleen. . . . Wyndines of the spleen cometh of grete humours that ben y-gendrid of a feble hete. And thilke humours letten [prevent] the wynde that is in the spleen of his yssu [escape]. Eithir it cometh of humours that thorough violence dryueth wynde into the spleen. And that wynde makith the spleen greet and moche.

*Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus*, ed. F. M. Getz (Madison, Wis., 1991), pp. 231–35.

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### E. Why the Surgeon Must Understand Humoural Theory:

Take ij men that ben of oon age and lete hem ben I-woundid with a swerd or a knyf thwert over the arm in oon hour and in oon place; oon of the men is of an hoot complexioun & a moist, that other of a cold complexioun & a drie. The comoun seiyng of lewid [unlearned] men is that thei schulden bothe ben helid on o(ne) maner; but resonable surgerie I-preved [proven] techith us, that thei ne schulde not bothe be helid aftir oon maner. For he that hath an hoot complexioun, & a moist, may lightly [easily] have an hoot enpostym—that is an hoot swellynge—& that may be cause of an hoot fevere. What schalt thou thanne do? Thou must loke, whether he hath bled myche blood at his wounde, and thanne it is weel; ellis lete him blood of the contrarious [opposite] arme, or ellis of the oon same side, if strenkthe and age acorde; or ventose [cup] him on the two buttokkis, if that he be feble. And if he may not schite oones a day, helpe him therto, or with clisterie [enema], or with suppositorie.

And brynge thou the parties of the wounde togidere thorough sowynge, or with plumaciols—that ben smale pelewis [compresses]—or with bydyng, if that sewynge be nought nessessarie, and thanne worche aboute the wounde. . . . But aboute the wounde leie a medicyn defensif, of bole armonyac [clay reddened by iron oxide; amonium cholride], oile of rosis, and a litil vynegre; so that the medicyn touche the brynkis [edges] of the wounde, that humouris moun not have her cours to renne to the wounde. And we forbeden him wiyn, mylk and eiren [eggs] and fisch that engendrith myche blood. But he schal ete for his mete growel [gruel] maad of otemele, either of barli mele with almaundis; and generaliche he schal use a streit [strict] dietyng, til that he be sikir [certain] that he schal have noon hote enpostym. . . .

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The othere, of the cold complexioun, schal not be leten blood, ne ventusid [cupped], for blood schulde be kept in him, as for tresour. Forbede hem neithir wiyn ne fleisch, for the stomak that is so feble ne myghte nought engendre nessessaire mater of blood that longith to the wounde. Ne we drede nought in him the fevere, for his complexioun is nought able to resceyve the fevere. We moun fynde a medicyn maad in oon maner that worchith dyvers effectis, and he be [when it is] I-leid to dyvers complexiouns. Grene vitriol, and he be do [administered] to a man of a drie complexioun engendrith fleisch . . . in drie bodies he . . . may nought but drie the superfluytees [excess humours] that he fyndith in the wounde; and whanne tho ben y-dried, kynde [nature] engendrith fleisch. . . .

A surgian must knowe generacioun of humouris, if he wolde knowe the science and the helynge of apostymes.

*Lanfrank's "Science of Chirurgie,"* ed. R. von Fleischhacker, E.E.T.S., 102 (1894), pp. 12–15.

## 2. Man as Part of The Cosmos

In order to make sense of disease and illness with the limited scientific knowledge at their disposal, the Greeks evolved an all-embracing and eminently coherent explanation of the workings of the human body. This derived from the concept that each and every individual, being a microcosm of the universe, functioned in exactly the same way as did the universe itself, sharing the same components and responding with great sensitivity to environmental and planetary influences. None of the early Christian fathers doubted for one moment the truth of these beliefs, but because of their pagan and implicitly demonic overtones, patristic writers hastened to condemn any practices that questioned the concept of personal free will or the power of God to determine human affairs. From the twelfth century onwards, however, the widespread availability of astrological texts by Greek, Arab, and Hebrew scholars (newly translated into Latin) made possible the incorporation of what had hitherto been regarded as a morally questionable subject into the basic university curriculum. This change in the climate of opinion had tremendous repercussions upon the development of medical education, and by the fifteenth century vernacular guides to the relationship between the human body and the stars were relatively common.

In order to reach a satisfactory diagnosis, the physician ideally needed to consult horoscopes indicating the disposition of the heavens when the patient was born, as well as at the time that he fell ill; and he had also to ascertain the precise conjunction of the planets at each stage of treatment. Anyone unfortunate enough to be born under the influence of Saturn (a “murky and malicious” planet) was, for example, considered likely to suffer from dis-

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figuring skin diseases, while the moon, being wet, cold and therefore intensely “feminine,” would predispose those born when it held sway to worry, irritability, constant colds and, in extreme cases, insanity. But, just as the average practitioner possessed a comparatively basic training in theory compared with senior members of the profession, so too a specialist knowledge of astrology was confined to an elite group. Others had to derive their rudimentary understanding of the stars from simple texts that did little more than explain the bare essentials of astrology necessary for daily use.

One such text, compiled for the benefit of the York Barbers at the close of the Middle Ages (Text A), describes in very basic terms the “doctrine of the twelve signs,” or the precise correlation then believed to exist between parts of the body and signs or houses of the zodiac. The identification of each sign with specific limbs or organs was based upon the idea of shared “virtues” or characteristics: because the “entire strength” of the lion lay in his heart, Leo was thus held to preside over the chest, while the scorpion, whose sting lay in his tail, was associated with the genitals. Such a clear-cut and visually compelling physiological scheme naturally lent itself to some of the most attractive and fanciful of all medieval medical illuminations; but their purpose was extremely serious.

Only through a proper understanding of the heavens could the practitioner establish when treatment might safely be given, or even decide if the patient was actually going to survive. The presence of the moon in a particular house made it extremely dangerous to treat that part of the body, and at certain times of the year (such as the dog days of summer) all forms of medical activity posed a serious risk. This was especially the case with regard to phlebotomy, or the letting of blood, which was believed to purge the body of undesirable humors but which might only be

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undertaken when the stars were favorable. A type of medical “almanac” soon developed, informing the reader of propitious days and, conversely, days or months when it was best to avoid specific activities, often of a sexual nature, which might overheat or dissipate the humors (Text B). As we shall see, diet played an important part in medieval medicine, and foodstuffs, too, had to be consumed or shunned in accordance with the season of the year and configuration of the planets.

The idea that the fate of his patient was, to a greater or lesser extent, predetermined by the stars and thus beyond his control must have reassured the medieval practitioner, not least because it provided him with a fully comprehensive insurance policy in the event of death or mutilation. The plaintiff in the malpractice suit of 1424 (Text C) had little chance of winning his case once it transpired that his wounded thumb had begun to bleed when the moon was in Gemini (the sign of the zodiac governing the hands). Sure enough, the surgeons who treated him were acquitted, although it is worth noting that Thomas Southwell, one of the medical experts who arbitrated in the dispute, was eventually put to death as a magician for casting unfavorable horoscopes of Henry VI!

### A. Why the Practitioner Must Study Astrology:

Aries hath of manns body the hede and the face; Taurus hath of manns body the neke and the throte; Gemini hath of manns body scholders, armes and handes; Cancer hath of manns body the brest, the stomake and the longes; Leo hath of manns body the sydes, bake, stomake, leuer and longes; Virgo hath the wombe aboyffe the nauyll and the entralys and the partes abowte hyme; Libra hath the nauyll and the renys and the kydney in the partes



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abowte hym; Scorpio hathe the genytalys and the partes aboute hym; Sagittarius hath the hyppeys and the partes abowte hym; Capricornus hath the kneys and the hamys; Aquarius hath the schankes and the partes abowte hym; Pissis hathe the fette and the partes abowte hym. And therefore euery leche shall be were, and not carffe [cut] no membre yf the Mone be in the signe of the membre. . . .

Nowe yt ys to wytte what gude or herm maye betyde whene the Mone ys in any of the signes. . . . When the Mone is in Aries . . . yt ys yll and perilus to do oght tyll a manys hede, as wesche or to keme [comb] yt or to shaue, or to do ony medicyne ther to, or arise ony blode that be any maner of wyse. Or to blede at the nesse [nose], or to be lettyne outte of prisone; and to warech of [treat] sekeneise; and for to receve ony purgacione. . . . Whene the Mone ys in the Bull [Taurus] ytt ys yll and perilus for to do ony medicyne in the neke or in the throte, or to be hurte in any of thys places. . . . When the Mone ys in Gemine. . . . yt ys yll and perilus to be lattyne blode on the armys, for through a mane be stekyne [lanced] never so oft on the armes he shall not blede, bot the arme shall swell hugely and fall in grett perell or dye therof, or ellis be manyde [maimed]. For a mans blode then ys so ferfetus and so thike thore kynde [through the influence] of that signe and the Mone, that er be the watir, that the blode may not of the uayne. . . .

When the Sonne is in the Lione [Leo] the wedir ys full hote and the hete ys theke in hym selfe and then the Canyclere [dog] days. There ys a litill sterne that ys callyd a Hounde or a Doge that stondys in the Lione mouthe, and is a wondir hote sterne and dry of complexione and of kynde, (and) those days tane [take] that name. . . . Yt ys knowne welle inoghe that then regnes surfetur hote [excessive heat], and, gyfe [if] thane come to more hete sternes or hote constellacions, thane yt passes all maner of mesures and surfetur of hete. . . . And therefore of suche hettis and drughthes comes grette derth, and dethes, and batalys, and man slaghers, and

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pestelens, and mony other myscheves. And for iche Canycler dayes wer perilus in hette. Ipocrase [Hippocrates] in his boke that he callys Amphorismes [*The Aphorisms*] sayde thus: “vndir the dogys, purgacions er perilus and heuisum for defaute of humours.” Wherefore men shulde beware in Canicler tyme for all maner of thynges that lesnes a mans humours, as for blode lattyng and lynge by women, and other many maners of schedyng of his seyde, that ys his principall humoure.

Whene the mone ys in the Mayden [Virgo] . . . it ys yll to be put in prisone and to wax seke, and to wede madens, for thane thay shulde be barayne or shall have bot fewe chydir [children]. . . . Whene the mone ys in Sagittarius yt ys gude to begyne jornays towarde the est and to take medicyne to saue man in his gret nede. . . . Bot yt ys yll and perilus to clyme vpwarde or in to hillys, by ladris [ladders] or in trees, or on ony thyng ellis that vpwarde is for brekyng of his lymes. Also yt ys perilus to do ony medicynes tyll man this tyme or for to do ony thyng that fallithe to wattir. . . .

Also ther ys thre dayes in the zere that ilke [every] man shulde kepe hym fro: that ys, the last day of the Mone of Averill, the first day of the Mone of August and the last day of the Mone that ys dwellande in December. For whoso euer launs [launces] or opyns his fleche in ony of thys dayes, he shall die wythin thre days nexte eftir. And if a woman eytt of ony gosse [goose] in these days she shall dye within fourty days nexte aftir.

British Library, Dept. of MSS., Egerton 2572, fols. 56v–61v.

### B. A Medical Calendar:

In the monyeth of Jannuer, fastyng. White wyne is goode to drynke and blode [phlebotomy] to forbere. For vij days of perell bene thereynne: the first, the secund, the ferth and the vth, and the

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xth, the xvth and sixth. In the monyth of Feveryer ete no potage made of hokkes [mallow] for they bene venyme [poisonous]. And on the hand worst [wrist] on the uayne on the thowmb lett the blodde. Two days bene of peryll: the vj and the vij, and the viij is natt ryght goode. And hote mettis use. In the monyth of March, fyges and raseyns and other swete mets. And let the nat blode on the ryght arme for ech maner of fever of that yer. Ther ben foure dayes of perell: the xth, xijth, xvjth and xvijth.

In the monyth of Aprile on the xjth day let the blode on the left arme, and that yere shall nat lese his sight. And in the iij day of Aprill lett the blode, and that yere shall thou have non ach of hede. Freshe flesshe and hote mete use. In the monyth of May erly arise and erly ete and drynke. Slepe nat at noone; hote metys use. Ete nat the hede ne the fete of no beste, for her brayne wastith, and here marye [marrow] consumyth. All lyvyng thyng feyntith and febleth in this monyth. Foure dayes ther bene of perell: the vij, xv, xvj and the xxth. And let the blode on the ende of May, on the thrid day, on the v day, or the last day, on whether arme the wilt, and the shall be save from all yvelis that yere. In the monyth of Junne euery day a drawght of water is good to drynke, fastyng. Ale and mete in mesur ete and drynke; and ete letuse and sawge [sage]. For grete nede blede thu maist: vij days bene of greet perell therin.

In the monyth of July hod the [refrain] fro wymmen, for thi brayne begynnyth to gedir his humours. And latt the natt blode. Two days there bene of perill, the xv and the xix day. In the monyth of August wortes off hokkes ne of cawles [plants of mallow or cabbage] ete thou nat, ne blode latt the nat; ij days ther bene of perell, the xix and the xx day. In the monyth of Septembre all froyte ripe is goode to ete, and blode is gode to late. For who so lattith hym blode on the xvij day for the dropsy, ne for the frenesy, ne the fallyng evyll that yere he shall have no dowte.

In the monyth of October must, that nyw wyne, is good to drynke; and blode for nede to be late. On day that is of perell, that is

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the syxt day. In the monyth of Novembre com the in no bath, for then is the blode gederynge. . . . Ventuse [cup] a lyttill, for garsynge [lancing] and ventusyng is then gode to use, for than ben all the humours prest [active] and whikk [lively]. Two days ther bene of perell: the xv and the xx day. In the monyth of Decembre hote metes use; and blode for nede thou mayst latt. Thre days of perell ther bene: the xv, xvj and xvij day. Forbere then cold worts [avoid plants noted for their cold qualities], for thei bene venemous and malencolious. And who so thys lyve lode [guide to health] holdith, of his hele [health] he may be sekyr [certain].

*A Leechbook or Collection of Medical Recipes of the Fifteenth Century*, ed. W. R. Dawson (London, 1934), pp. 58–63.

### C. An Award in an Alleged Case of Medical Malpractice, 1424:

Award of Master Gilbert Kymer, doctor of Medicines and Rector of the medical men of London, John Sombreshete [Somerset], Inceptor in medicines, and Thomas Southwell, Bachelor of Medicines, surveyors of the faculty of Physic of London, John Corby, practitioner in Physics, Thomas Moresetede, esquire, one of the masters of the enfranchised art of surgery in London, William Bradwardyne, esquire, vice-master of the same, Henry Asshborne and John Forde, surgeons enfranchised in surgery, who had been chosen arbitrators in a cause pending between William Forset, complainant, and John Harwe, free surgeon, and John Dalton and simon Rolf, who had been admitted as barbers solely for the practice of surgery, as regards an alleged error of treatment of a wound in the muscles in the thumb on the right hand. The arbitrators having diligently considered and fully understood the matter, on the evidence of the parties and the sworn testimony of John Parker, a barber admitted for the practice of surgery only, and also of other trust-

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worthy persons having knowledge of the course of the aforesaid treatment, found that the complainant William Forest on 31 Jan. last past, the moon being consumed in a bloody sign, to wit, Aquarius, under a very malevolent constellation, was seriously wounded in the said muscles and on 9 Feb., the moon being in the sign of the Gemini, a great effusion of blood took place, that Simon Rolf staunched, . . . and that afterwards John Harwe with the assistance of John Dalton skilfully stopped the flow, which broke out six several times in a dangerous fashion, and that on the seventh occasion, the wounded man preferring a mutilated hand rather than death, the said John Harwe, with the consent of the patient, and for lack of other remedy, finally staunched the blood by cautery, as was proper, and thus saved his life. Accordingly the arbitrators declared that the said John Harwe, John Dalton and Simon Rolf had acted in a surgically correct manner and had made no error, and that therefore they were absolved of all charges made against them by the said William. They further imposed upon the complainant perpetual silence in this matter and, so far as possible, they restored to the defendants, who were guiltless and had been maliciously and undeservedly defamed, the full measure of their good reputation, as their merits in the case required. Futher they declared that any defect, mutilation or disfigurement of the hand was due either to the constellation aforesaid or some defect of the patient or the original nature of the wound.

*Calendar of Plea and Memoranda Rolls of the City of London, 1413–1437* (Cambridge, 1943), pp. 174–75.

### 3. The Body as a Metaphor for Society

It is easy to see why the medieval layman, haunted by the omnipresence of death and, perhaps, even more terrified of a long, incapacitating and painful illness, constantly strived to keep his warring humors under control, even if he could boast little more than a smattering of medical knowledge. And we may certainly assume that the more affluent, book-owning classes were quite well informed about the way their bodies worked (or were believed to work), not least because of the pervasiveness of ideas and terminology that went far beyond the pages of the *regimen sanitatis*. The equation of health with humoral balance and physical fitness with moderation was not lost on political commentators, who readily drew comparisons between the human body and society as a whole.

The poem quoted here (Text A) follows a long-established tradition in identifying different body parts with specific social or economic groups, starting with the prince at the head and ending, predictably enough, with farmworkers and laborers at the feet. However imaginative their anatomical conceits may have been, most medieval writers thought in strictly hierarchical terms, and all recognized that the problem of maintaining a stable balance of power in society was as tricky and as subtle as that of keeping themselves healthy. In an urban context, particularly after the upheavals of the Peasants' Revolt (1381), mayors, aldermen, and local dignitaries fought hard to defend their position at the head of a "corpus politike," utilizing the ritual of plays and festivals to reinforce this image and to remind their social inferiors of the distance between neck and feet. Neither the state nor the city could tolerate the disease of political disaffection, which had to be purged or cut away.

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Medical theory further inspired people to envisage the “body politic” in terms of class and rank because it recognized certain “noble,” “principal,” and “spiritual” organs, whose exalted function placed them in a position of authority over the rest. A combination of sensitivity and position determined the relative “nobility” of each organ: the eyes and ears, for example, were demonstrably high-ranking members of the corporeal aristocracy when compared with the lowly knees or feet, not least because of their vulnerability to pain or infection. Although their vital importance was acknowledged, the digestive tract and reproductive organs lacked the social cachet of the denizens of the upper thorax and were, indeed, separated from them by the diaphragm, just as a great landowner might seek to isolate himself from the vulgar herd (upon whose labor he depended) by walling off his grounds.

The heart owed its hegemony not just to the central, dominant position that it occupied within the body but also to the fact that it produced a life-giving substance known as *pneuma* or spirit, which was manufactured out of the air from the lungs, transported through the arteries along with blood to the base of the brain, and then transformed into those “animal spirits” (from *anima*, a comprehensive Latin word meaning either breath, life, mind, or soul), which made possible movement, thought, and sight. Sir John Fortescue (Text B) compared the mixture of blood and *pneuma* “by which the body is maintained and quickened” to the will of the people, and the nerves, or motivating force, to the law. His ideas struck a powerful blow against absolute monarchy, but most theorists relied upon medical metaphors for the conventional purpose of defending social inequality.

Bishop Russell’s ingenious argument in favor of high taxation (Text C) likens the royal court to the chief of the “principal” members, the stomach. On the face of things, a comparison between the monarch and the digestive tract might not seem the happiest or

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most pleasing of literary conventions, but the bishop was well schooled in medical theory. Another scale of values, which we may call “economic” rather than “feudal,” ordered body parts in terms of their relative usefulness. So, however ignoble they might appear, the bladder, anus, and intestines were essential for survival in a way the hands and feet, or even the eyes and ears, were not. This particular hierarchy was often headed by the stomach, in recognition of the cook’s sterling work in feeding the rich and poor alike: Russell’s words emphasize the interdependence of the king and his subjects.

### A. Verses from “The Descryvyng of Mannes Membres” (15th century):

The heued [head], I likne to a kyng,  
For he is lord souereyn of al,  
Hath foure to his gouernyng:  
Mouth and nose, and eyen with-al,  
Eryn [ears] fayre to his heryng,  
To serue the brayn is pryncypal  
Chef of counseil ymagenyng,  
To caste before, er after fai.

I lykne the nekke, moche of mygyt,  
That body and heued to-gydre knyht [bind],  
To a Justice that demeth [pronounces] ryght;  
For, thurgh it, cometh all wordis of wyt [wisdom].  
Ghif [if] a man take ordre of knyght,  
The coler [livery collar] in the nekke het [lies];  
And feloun forfete in thefte or fyght,  
The jugement in the nekke set [has his head cut off at the neck].



## The Body as a Metaphor for Society

Now I lykne mannys brest,  
To presthod in good degre,  
Most in perile, lest in rest  
For besynesse in spiritualite;  
In penaunce and in preyer prest [preoccupied];  
Meke of spirit in pouerte  
Holde hospytal [accommodation] to goddis gest,  
And fed the pore in charyte.

The shuldres and the bakebon,  
I likne to lordis of the lond;  
The armes, to knyghtes, to fende fro fon [defend from foes];  
The squyers, I likne to the hondes;  
The fyngres to yemen that byfore gon  
With bent bowes and bryght brondes [swords].  
While all thys lymes arn wel at on [pull together],  
The body, in good plyt [sound health] it stondes.

Mannys rybbes, y likne now  
Flesch and skyn in body hydes  
To men of lawe is to alow,  
That kepes in loue bothe sydes.  
Rybbes, to reson though they bow,  
So lawe doth: ofte in fauour bydes,  
Tyl ground be sought there lawe doth grow,  
Ende in charite, that no man chydes [all agree].

I likne the thies [thighs], flesch and bon,  
That beren the body quantite,  
To marchaundes, in perile ride and gon [travel],  
Bryngen wynnyng [profits], gold and fee,  
Make highe houses of lym and ston,

## The Body as a Metaphor for Society

Mayntene burgh, toun and cyte,  
Welthe and worschip in here won,  
And good houshold of gret plente.

Mannys leggis, likne y may  
To all craftes that worche with handes,  
For al the body beren thay,  
As a tre that bereth wandes [branches].  
The feet, to lykne, y wole assay [attempt],  
To alle trewe tylyers of landes [agricultural laborers],  
The plough, and all that dygge in clay;  
Alle the world on hem standes.

The toes of the mennys feet,  
Tho y likne to trewe hyne [servants]  
That trauayle [labor] bothe in drye and weet,  
In thurst, in hungere, and in pyne,  
In het, in cold, in snow and slet,  
Many highe none, er they dyne,  
And with good mete selde met [rarely];  
But after howsel [mass] they drynke no wyn.

I likne a kyngdom in good astate,  
To stalworthe man, myghty in hele [health].  
While non of his lymes other hate,  
He is myghty, with a-nother to dele.  
Yif eche of his lymes with other debate [fight],  
He waxeth syk, for flesch is frele [weak].  
His enemys wayte erly and late,  
In his febleness, on hym to stele.

*Twenty-Six Political and Other Poems*, ed. J. Kail, E.E.T.S., 124  
(1904), pp. 64–68.

## The Body as a Metaphor for Society

### **B. John Fortescue on the Body Politic:**

As in this way the physical body grows out of the embryo, regulated by one head, so the kingdom issues from the people, and exists as a body mystical, governed by one man as head. And just as in the body natural, as Aristotle said, the heart is the source of life, having in itself the blood which it transmits to all the members thereof, whereby they are quickened and live, so in the body politic the will of the people is the source of life, having in it the blood, namely political forethought for the interest of the people, which it transmits to the head and all the members of the body, by which the body is maintained and quickened.

The law, indeed, by which a group of men is made into a people, resembles the nerves of the body physical, for, just as the body is held together by the nerves, so this body mystical is bound together and united into one by the law . . . and the members and bones of this body, which signify the solid basis of truth by which the community is sustained, preserve their rights through the law, as the body natural does through the nerves. And just as the head of the body physical is unable to change its nerves, or to deny its members proper strength and due nourishment of blood, so a king who is head of a body politic is unable to change the laws of that body, or to deprive that same people of their own substance uninvited, or against their wills.

*De Laudibus Legum Anglie*, ed. and trans. S. B. Chrimes (Cambridge, 1949), pp. 31–33.

### **C. John Russell's draft sermon for Edward V's first Parliament (1483):**

The princes and lordes have the fyrst and principalle vndrestondynge and knowlege of euey gret thyng necessarye to be

## The Body as a Metaphor for Society

redressed, the lower people and commons herkenne and attende upon them. And when they agre eche to other [no] thyng can be better. That bodye ys hole and stronge whois stomake and bowels is ministered by the vtward [external] membres that that suffiseth to be wele degested; for if the fete and the hondes, whyche seme to doo most paynefulle labour for mannys lyvyng, wolde complayne ageynste the wombe [abdomen] as ageynste an idelle and slowthfulle parte of the bodye, and denye the prouysyon of syche necessarye foode as the stomake calleth for, hyt might sone happe, that faylynge the belye for lake, the guttes and intestines compressed and shut by drynesse, alle the other membres shold nedes peryshe togedyr. And therfor hyt ys vndoubted in nature that thys middelle membres of the body, that ys to sey, the stomake, the bely and partes adjoignante be not unoccupied, but hafe ryght a besy office; for when they be fedd they fede agayne, yeldyng vn to euery parte of the bodye that withoute the whyche no man may leue, that ys to wyt, in to all the uaynes blode, degested out of the best of mannys foode and repast. Whay ys the bely or where ys the wombe of thys grete publick body of Englonde but that and there where the kyng ys hym self, hys court and hys counselle? For there must be digested all maner metes, not onely servyng to commyn food but alleso . . . some tyme to medicines, such as be appropred to remedye the excesses and surfettes committed at large.

S. B. Chrimes, *English Constitutional Ideas in the Fifteenth Century* (Cambridge, 1936), p. 174–75.

## 4. The Physician

The idea that a sound medical education should begin with a course in arts subjects seems strange to modern readers who are accustomed to the highly technological and scientific training given to young doctors from the very start of their careers. In America, medicine still remains a postgraduate discipline, as was the case in the Middle Ages, when great importance was placed upon the preliminary study of the *trivium* (grammar, rhetoric, and logic) and *quadrivium* (mathematics, music, geometry, and astronomy). The close connection between art and medicine and the idea that the serious practitioner should cultivate scholarly pursuits went back to classical times. In order to understand man's place in the universe, the working of humoral theory and the effects of diet, climate, and other natural phenomena upon their patients, Greek physicians believed that it was necessary to extend their field of study far beyond the confines of the human body. "Vita brevis, ars longa" (life is short but art endures), the first and most famous of Hippocrates' aphorisms, was well known to every medical student: it equated art with science and contrasted both with the fragility of life on earth. The structure of the basic syllabus adopted by faculties of medicine throughout Europe in the later Middle Ages reflected this approach by dividing the course of study into "speculatif" and "practike" parts, concerned, respectively, with medical theory in the widest sense and its practical application. The aim was to produce graduates who were both "philosophers and technicians," able to utilize their knowledge of the world as a means of conserving and restoring health.

Significantly, all the north European universities based on the Parisian model, including Oxford and Cambridge, insisted that medical students should either possess the degree of master of arts

## The Physician

already or else devote extra time to acquiring the necessary background. The two English universities, which possessed very small faculties of medicine and produced comparatively few graduates, required a very narrow and conservative course of reading, devoted almost entirely to texts by the Greek masters Galen and Hippocrates, but, as we can see from Chaucer's account of the Physician's academic background (Text A), later works by Arab and European scholars were also available. The Physician has clearly taken his teachers' advice to heart and sets a fine example to his patients by following a dietary regime designed to preserve his own humoral balance. It is worth noting, too, that during his six or eight years of study the Physician obtained a thorough grounding in astrology, which would enable him to forecast the best time to administer medicaments and, also, the likely outcome of any course of treatment. Chaucer is at pains to stress that the Physician employs only "magyk natureel," as opposed to necromancy or other dubious practices. These were banned by the Church, but nonetheless often proved irresistible to practitioners, who easily became drawn into the political machinations of their wealthy patrons. Margaret Beaufort's medical advisor, Lewis Caerleon, actually ended up in the Tower of London because of his involvement in her conspiracy against Richard III (Text B), although he was at least allowed out from his cell at night to observe the heavens!

Chaucer slyly draws attention to the elegant robes and substantial fees that were the hallmark of the successful society doctor, a theme taken up with rather less subtlety by other social commentators. Of all the literary and artistic confrontations between Death and his unwilling victims, that featuring a rich, sleek, graduate physician in his fur-trimmed gown seemed by far the most appropriate (Text A). But even royal consultants had trouble collecting their wages, and it is important to remember that most practitioners, however eminent, experienced some problems in this respect. William Goldwyn, who had studied at Oxford and ran a

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flourishing London practice, was owed the enormous sum of £16 by one of his patients (Text C), being fobbed off from time to time with small presents, such as gifts of game for his friends. Physicians were, of course, often able to accumulate impressive collections of plate and jewels from grateful members of the royal family or the aristocracy: however, they sometimes had to resort to law to recover unpaid debts and, inevitably under the circumstances, tended to charge more than they ever expected to receive.

Medical men were either engaged by long-term contracts similar to those used by the Crown or nobility to recruit retainers, or else (as was more usually the case) undertook to cure a specific malady in return for a pre-arranged sum of money or payment in kind. Both types of agreement could easily end in acrimony, especially when the patient nursed unrealistic hopes of recovery or was vulnerable to exploitation. The case of John Clotes (Text D) reveals a sad tale of fear and self-deception on the part of the plaintiff, whose dread of being ostracized as a leper made him easy prey. Many people were prepared to pay any price and believe any promises in the hope of recovering their health, and some practitioners eagerly took advantage of them.

### A. Chaucer's "Parfit Praktisour":

With us ther was a Doctour of Phisik;  
In al this world ne was ther noon hym lik,  
To speke of phisik and of surgerye.  
For he was grounded in astronomye.  
He kepte his pacient a ful greet deel  
In houres by his magyk natureel.  
Wel koude he fortunen the ascendent [find a favorable  
ascending planet]  
Of his yimages for his pacient.

## The Physician

He knew the cause of everich maladye,  
Were it of hoot, or coold, or moyste, or drye,  
And where they engendred, and of what humour.  
He was a verray [true], parfit praktisour:  
The cause yknowe, and of his harm the roote [cause],  
Anon he yaf the sike man his boote [remedy].  
Ful redy hadde he his apothecaries  
To sende hym drogges and his letuaries [electuaries: syrups],  
For ech of hem made oother for to wynne—  
Hir frendshipe was nat newe to bigynne.  
Wel knew he the olde Esculapius [Aesculapius],  
And Deyscorides [Dioscorides], and eek Rufus [of Ephesus],  
Olde Ypocras [Hippocrates], Haly [Hali ibn el Abbas], and  
Galyen [Galen],  
Serapion, Razis [Rhazes] and Avycen [Avicenna],  
Averrois [Averroes], Damascien [Damascenus: Mesue], and  
Constantyn [the African],  
Bernard [Gordon], and Gatesden [John of Gaddesden], and  
Gilbertyn [Gilbertus Anglicus].  
Of his diete mesurable was he,  
For it was of no superfluitee,  
But of greet norissyng and digestible.  
His studie was but litel on the Bible.  
In sangwyn [red] and in pers [grey-blue] he clad was al,  
Lyned with taffata and with sendal [silk];  
And yet he was but esy of dispence [rather mean];  
He kept that he wan in pestilence.  
For gold in phisik is a cordial,  
Therefore he lovede gold in special.

*The Works of Geoffrey Chaucer*, ed. F. N. Robinson (Oxford, 1970, and Boston, 1987), p. 21.



## The Physician

### B. Not Even Physicians Are Immortal:

Dethe to the Phisician:

Maistere of phisik, whiche on yowre uryne  
So loke and gase and stare a-yenne the sunne,  
For al yowre crafte and studie of medicyne,  
Al the practik and science that ye kunne [know],  
Yowre lyves cours so ferforthe ys I-runne.  
Aeyne my myght yowre crafte mai not endure  
For al the golde that ye ther-bi have wonne;  
Good leche is he that can hym self recure.

The Phecissian answereth:

Ful longe a-gon that I un-to phesike  
Sette my witte and to my diligence,  
In speculatif and also in practike,  
To gete a name thurgh myn excellence,  
To fynde oute a-yens pestilence,  
Preservatifes to staunche hit and to fyne;  
But I dare saie shortli in sentence  
A-yens dethe is worth no medicyne.

*The Dance of Death*, ed. F. Warren, E.E.T.S., 181 (1931, repr. 1971), pp. 52–54, lines 417–32.

### C. The Physician, William Goldwyn, to Lady Stonor:

Right worschypful and to me Synguler good lady, I  
recommende me unto yow: praying yow to sende me a buck [male  
deer] a Wedynsday next commyng accordyng to the promyse that  
my Master and ye made at my laste beyng with yow. For a specyall  
frende of myn schall be maryde [married] on Thursday nexte

## The Physician

commyng, to the wyche I have promysyde a buck: wherfor I pray yow that he be not dispoyn tyd. And my service schall be the more redyer to yow at all tymys with the grace of God, wyche have yow in keypynge. . . .

Madam, I pray yow to speck to my Master for the xvj li. [£16] that ys dew unto me.

*Stonor Letters and Papers*, ed. C. L. Kingsford, Camden Society, third series, 29, 30 (1919), vol. 30, no. 274.

### D. A Patient Sues his Physician:

Write of *certiorari* to the mayor [of London], demanding that a return be made to Chancery of a confession made by John Luter, *leche* [leach=physician], Fleming, at the suit of John Clotes of Bemelond, with regard to certain jewels delivered to him under certain conditions by the said John Clotes. Dated at Westminster 15 November 1408.

Return of Drew Barentyn, mayor, as follows: On 5 Nov. last, John Clotes and John Luter, *leche*, appeared before himself and the recorder. John Clotes complained that on 26 Sept. he had delivered to the defendant fifteen stones called “*serpentyns*” of the value of 9 marks, a “*table*” [tablet] of gold of the value of 60s. and a sword of the value of 6s. 8d. which the defendant was to retain if he cured him of a disease called “*lepre*,” but he had not cured him, to his damage £20.

To this the defendant answered that it was true that John Clotes had come to him, but he had asked him to cure him of a disease in the face called “*salsefleume*” [*salsum phlegma*: salt phlegm]. He agreed to cure him so long as he was not leprous, and the plaintiff assured him he was not leprous. Then the mayor asked the defendant

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whether the plaintiff was leprous or not at the time the goods were handed over. The defendant said he knew well that the plaintiff was leprous and told him so, though the plaintiff was willing to swear he was not. Then the mayor told the defendant that he had taken the plaintiff's goods fraudulently, deceptively and injuriously. And afterwards the defendant said that though he had not cured the plaintiff of leprosy, he had taught him how to make balsam and other medicaments, so he thought he might justly keep the goods.

*Calendar of Plea and Memoranda Rolls of the City of London, 1381–1412* (Cambridge, 1932), p. 289.

### E. From Treatment to Treason at the Court of Richard III:

A plot of new conspiracy was layd at London betwixt Elyzabeth the quene, wyfe to king Edward, and Margaret [Beaufort] mother to erle Henry [the future Henry VII], in this sort: this Margaret for want of health usid th'advyse of a physition namyd Lewys, a Welshman born, who, because he was a grave man and of no smaule experience, she was wont oftentimes to conferre frely with all, and with him famylyarly to lament her adversitie. And she, being a wyse woman, after the slaughter of king Edwardes children was knowen, began to hope well of hir soones fortune, supposing that that dede wold without dowt proove for the profyt of the commonwelth, yf yt might chauce the bloode of king Henry the Sixth and of king Edward to be intermenglyd by affynytie, and so two most pernicious factions should be at once, by conjoynyng of both the howses, utterly taken away. Wherfor furthwith not neglecting so great oportuntie, as they wer consulting togythers, she utteryd to Lewys that the time was now coom when as king Edwardes eldest dowghter might be geaven in maryage to hir soon Henry, and that king

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Rycherd, accountyd of all men enemy to his countree, might easily be dejectyd from all honor and bereft the realme, and therfor prayd him to deale secretly with the quene of such affayre; for the quene also usyd his head, because he was a very learnyd physytion.

Lewys nothing lyngeryng spak with the quene, as yeat remaining in sayntuarie [sanctuary], and declaryd the matter not as delyveryd to him in charge but as devysyd of his owne heade. The quene was so well pleasyd with this devyse, that she commandyd Lewys to repare to the cowntes Margaret, who remaynyd in hir husbands howse at London, and to promyse in hir name that she wold do hir indevor to procure all hir husband king Edwardes frynds to take part with Henry hyr soon, so [on condition] that he might bee sworne to take in maryage Elyzabeth hyr dowghter, after he shalle haue gotten the realme, or els Cocyly, the yownger, yf thother showld dye before he enjoyed the same. Lewys, by and by, doing as he was commandyd, made up the matter easily betwyxt the two women, who because of his scyence becam a messenger betwene them, and was assocyat unto them in this new conspyracy against king Richerd withowt any suspytion.

*Polydore Vergil's English History*, ed. Henry Ellis, Camden Society, 29 (1844), pp. 195–96.

## 5. The Surgeon

A decree of the fourth Lateran council of 1215 forbidding clergymen of the order of subdeacon or above to engage in any activities likely to cause bloodshed was not universally observed, but it became increasingly unusual to find clerks with surgical expertise. The ideal, so often reiterated in contemporary textbooks, that the good surgeon should have received a sound medical education, was certainly respected by those laymen who now filled the gap, and many continental universities made some formal training available to them. Such was not, however, the case in England, where, with a few notable exceptions, surgeons and barbers (who might offer anything from phlebotomy to advanced surgery as well as haircutting) did not study alongside the academic elite. They acquired their training through the same rigorous system of apprenticeship adopted by all other artisan guilds; and intellectual pursuits, although encouraged, remained a largely private matter. Despite efforts, in 1423, to establish an organization where surgeons and physicians might learn and practice together, London possessed nothing remotely like the college of Saint-Cosme in Paris, which offered surgeons the opportunity to attend lectures in the faculty of medicine.

Far from resenting their status as “manual operators,” English surgeons were extremely proud of their skill as craftsmen, zealously defending their monopoly in the treatment of wounds, sores and other *external* afflictions (Text A). Given the demands made upon apprentices, this attitude seems to have been justified: boys (and occasionally girls) wishing to learn surgery contracted to serve for a minimum period of five or six years under a master, who in turn assumed responsibility for their support and education. Because of the intimate and specialized nature of their work, these youngsters

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were supposed to be personable in appearance with clean, steady hands, good eyesight, and plenty of physical strength (in an age before anaesthetics the patient had to be held still). In practice, of course, such perfect specimens were hard to come by, and in 1482 the London Barbers agreed to reject any trainees whose diseases or deformities might actually frighten people.

During the period of tutelage, the apprentice learned how to perform various operations, including phlebotomy and the removal of teeth, and was also expected to be familiar with anatomy (Text B). Although it is now impossible to tell exactly how much instruction would have been given empirically by dissection, we can be reasonably confident that the medieval surgeon had far more opportunities to examine the human cadaver than was once believed. For a start, the practice of embalming, which involved the removal of the internal organs (sometimes for burial elsewhere), was widely practiced among the upper classes, and would be performed by a local surgeon or barber with his assistants in attendance. Moreover, the bodies of convicted felons or the unidentified victims of fatal accidents were sometimes made available for group study. The early fifteenth-century author of Text C echoes his French predecessor Guy de Chauliac, who believed strongly that anatomy could be learned far better at first hand. It is important, however, to remember that dissection was used to explain and illustrate existing ideas about medicine, not to extend the frontiers of knowledge. The reverence shown by Thomas Ross (Text A) to such authorities as Avicenna and Gilbertus Anglicus testifies to the importance of tradition in surgical training: book ownership was common, and many of the more eminent practitioners boasted an impressive command of French and Latin.

Once his apprenticeship was over, the young barber or surgeon might be obliged (largely for financial reasons) to content himself with a life spent in the service of others, but his great aspiration

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would be to set himself up in business as a master himself. From the fourteenth century onwards (and far earlier in some parts of Europe) this required a license, the granting of which was strictly controlled not only by his fellow-guildsmen but also by the local authorities, who obviously had a vested interest in maintaining high standards. In London, rivalry between the barbers and surgeons, who finally settled their differences in 1492, meant that considerable demands in terms of skill, experience, and theoretical medical knowledge were made upon applicants (Text D). Throughout England the licensing system was seen as the best way of maintaining a craft monopoly and driving other practitioners (many of whom were women) off the streets. Consequently, by the end of our period, complex regulations permitting guilds of barbers and surgeons to examine and fine their rivals were in force in most large urban centers.

### **A. Thomas Ross, Master Surgeon, Defines and Defends his Craft in 1519:**

Hit restyth most principally in manuall applicacon of medicines: in stanchyng of blod, serchyng of woundes with irons and with other instrumentes, in cuttyng of the sculle in due proporcyon to the pellicules of the brayne with instrumentes of iron, cowchyng of catharactes, takyng owt bonys, sowyng of the flesshe, launchyng of bocchis [lancing boils], cuttyng of apostumes [swellings], burnyng of cankers and other lyke, setting in of joyntes and byndyng of theym with ligatures, lettyng of blod, drawyng of tethe, with other suche lyke, which restyth onely in manuall operacon, princypally with the handes of the werkman. And surgery ys in comparyson to phisik as the crafte of carpentar ys comparyd to geometrie: for lyke as the geometer consideryth causis of compasse, quadrangles, triangles and counterpeyses [counterpoises], and, as his connyng seruyth for buyldyng, a fowndour and maister of the

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carpenter; and the carpenter occupyeth hit manually to his owne profyte and of necessite profitable to man, wherfor yt ys callyd *ars mechanica*. . . .

Wherfor, yf handycrafte be necessary and of necessitee, yt be conuenient to have surgery to the helpe and profyte of man, whos helpe allonly restyth in manuall operacyon and an handycrafte, as yt apperyth euedently by the deffynycyon of yt . . . Wytnessyth Gerard, archebishoppe of York, Theodoryk, a byshoppe of Italy, Gylberte of England [Gilbertus Anglicus, fl. 1240], Guydo of Fraunce [Guy de Chauliac, fl. 1363], Auycenne, Kyng of Arabee [Avicenna, d.1037], Almansor, Kyng of Almansoris [the *Almansor* was a work by Rhazes, d. 925]; and Seynt Jerome, *presbiter cardinalis* [d. 420], sayth that Seynt Luke was of that crafte, and thes auctors be auctorisid by our mother Holy Chyrche, in whom, as yet, I haue more beleue, for theyr trowth and theyr longe contynewaunce, and in the olde and auncyant probable [proven] custumes abouesaid, then yn eny newe auctors, as alyens [foreigners] or straungers, denyng the auctors abouesaid, and forsakyng the trowth and the doctours of their owne facultie, entyndng in this reyalme of England custumably to contynewe and dwell without lycense, lawe or contradiccyon, ayenst ryght and the due order of justice.

Public Record Office, SP1/19, fols. 88–89.

### **B. The Surgeon Must Understand Anatomy:**

Euery werkman is iholden to knowe the subiecte in the whiche he wircheth, and ellis he erreth in wirchyng. But a cirurgien is a werkman of the helthe of manis body; therefore he is holden to konne the kynde of compsoficioun of it. And by this manere resoun, he is holden to konne anothomye. It is confermed by a likenes [simile], for in the same manere wircheth a blynde man in a tre as a cirurgien



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in the body when he knoweth nought anothomye. But the blynde man kyttynge the tree ofte tymes, forsothe as it were alwey, he erreth in taking uppon hym more or lasse than he schulde, therefore in the same wise a cirurgien when he can [knows] not anothomye. Suche cirurgiens beth at the liknesse of evel cokes . . . whiche kut nocht after the particles or membres, but thai foulen or renten [tear], breken or frusshe, and throwen oute.

It folweth therfore that it is nedefulle to leches, and namely to cirurgiens, to konne anothomye.

*The Cyrurgie of Guy de Chauliac*, ed. M. S. Ogden, E.E.T.S., 265 (1971), p. 27.

### C. The Value of Dissection:

Anathomie ys sowght in dobyll wyse: onn ys techynge of bokys, yf all yt be profytabyll, yet yt ys not allynges [always] so sufficient as ys the othyr maner of anathomie. For the partes of the membyrs may better be sene with eyne in ded [by dissection] than in letters wretyne onn the boke. Neuer the latter, man ys schorte [Chauliac has “the ymaginacioun is schorte in these thinges”] and slydyng away, ther for yt ys nedfull to have syght of anathomie wretyn in letters. The secund maner of anathomie and experyens is of dede mens bodys, for lechys may be experte throw syght of newly dede mennys bodys. As of them whos heddys haue be smetyne of, or hangyne, be the wyche may be made anathomie of membyrs and offyces inwarde, of the flesch and brawne and skyne, of many waynys and arterres and senewys, be the wyche dyuerse had, and many has, knowlege of the anathomie. And pryncypally in this wyse: do the body be layd onn abanke [bench], the onn parte of the body vpward, and the nethyr parte downwarde; and do make

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ther of iiij lessones [incisions], after whan the body ys opyn. . . .

And yf thow wyll serge this besely [search assiduously] in the anathomie, as yt ys wretyne her after of membrys, thow schalt know lyghtlyar [more easily] what syknes may fall in the membrys, be the wyche thow may make pronosticacyonn whethyr the syknes may be holpyne or not.

British Library, Dept. of MSS., Harley 1736, fols. 9–9v.

### **D. A Master Surgeon is Licensed to Practice in 1497:**

To all trew crysten people to whom thes present lettris shall come. Robert Halidai, Mastur of Barbours and of Surgeon Barbours of London, and William Okeley, John Knote and Thomas Dawes, Wardens of the same, gretynge: knowe ye that wher as the moste excellent Pryns in Cryst and Souereyn Lord, Edward [the fourth] by the grace of God Kyng of Ynglond and of Fraunce, Lord of Ierlond, for many profounde consideracyons, his grace movyng, hathe grauntyd the well [beloved] to hym in Cryst, the approuyd fremen of the Comminalte of Barbours and of Surgeon Barbours of the Cyte of London, the serche and ouersyght, correccion and ponyshement, examinacon and approbacion of all fremen usyng or hauntyng [practicing] the conyng [skill] of surgery and barbory, and of all maner of men foreyns [outsiders] usyng or hauntyng any particuler parte of surgery withyn the seyde Cyte or subbers [suburbs] ther of, as a bowte new woundys, olde soris and other lesyons what so euer they be; also in drawyng of teeth, ventosyng [cupping], scarificacons and suche other manwall operacions, lyke as the lettres patentes of owre seyde lege lord the Kyng ther upon made planyly may apere. We therefore, the saide Roberde, William, John and Thomas, at this tyme masturs and

## The Surgeon

wardens of the saide Felishyp, ffor the comyn profyte, weth [wealth] and relefe, socour of owr lordis the Kynges lege people, entending to prouyde men of good capasite and abill in maners and conyng, sufficiently lerned, enfourmed and labored by long experyens, and other in the seide craft of surgery, haue prayed and requyred Mastur John Smyth, doctour in phesik, instructour and examener of the seide felship, and be the same for that intent chosen and elect to entur and examynacyon for the cawses a boue saide, with divers persons whiche long tyme, withoute auctorite, haue vsed and haunted with experyens the conyng of surgery. Wheruppon, aftur dewe and dyuers monycions made in this be halue, Roberd Anson, on [one] of the seide comminalte, at the comyn hall of the same in London appered, in his propyr [own] person, the first day of August last past, submytting hym selfe to the examynacion and th'aposition [interrogation], wher and when the seide Roberd by the sayde John Smyth, in a gret audiens of many ryght well expert men in surgery and other, was openly examyned in dyuers thinges concernyng the practyse operatife and directif in the seyde crafte of surgery. And ther albe it [although] he hathe a fore this many tymys been well approuyd, yet now he is newly habelyd be the seyde doctour and felyship, and founde abyll and discrete to ocopy and use the practyse of surgery, as well a bowte new woundis, cansers, fystelis [fistulae], vlcercacions and many other disessis and dyuers. And the same Robert thus aprouyd and abelyd we haue, as an expert man in the seyde faculte, aprouyd and abeled to ocopy and practyse in the seyde faculte, in euery place, when and as ofte as hym best lyketh, we haue lycensid hym and grauntid to hym by thes presentes.

*Annals of the Barber Surgeons of London*, ed. S. Young (London, 1890), pp. 69–70.

## 6. Medical Ethics

From classical times onwards, practitioners were bound by a strict code of conduct, which dictated how they should behave towards colleagues as well as patients. The Hippocratic oath required physicians to respect their masters, pass on their knowledge free of charge to other members of the profession, help the sick to the very best of their ability, remain chaste (especially refraining from sexual exploits in the homes of patients), keep secret all information divulged in consultations, and never use their skill to cause death or bring about an abortion. Although the Greeks swore their oath to the two deities of healing, Apollo and Aesculapius, the underlying principles of the code were entirely compatible with Christian doctrine; and it became common for medieval medical writers to preface their works with a similar list of guiding principles, often illustrated with examples from personal experience.

One of the most celebrated of these introductory essays was composed in about 1376 by the English surgeon John of Arderne, whose talent as a specialist in disorders of the rectum made him both rich and famous. His advice to young practitioners combines the conventional maxims about sobriety, decency, and dedication with some fascinating insights of his own into the psychology of the patient and the need to drive a hard bargain (Text A). In an age when the physician's chief weapon must often have been his ability to inspire confidence and optimism, Arderne's emphasis upon the importance of encouraging and cheering the patient (even if this meant misleading him about the nature of the cure) probably helps to explain his own remarkable success rate. This, in turn, enabled him to charge unusually high fees, a subject upon which his optimistic belief in the forces of the free market departs somewhat from the Hippocratic ideal.

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A course of treatment at the hands of a famous society doctor could be an extremely expensive business; not only were the drugs and medicaments used likely to prove costly but also, since he customarily devoted his attention to one patient at a time, the services of the physician or surgeon did not come cheap. Such considerations carried little weight with satirists, who portrayed the stock figure of the grasping, avaricious, and generally incompetent practitioner as a social parasite. Just like the corrupt priest or crooked lawyer, he exploited the fear and suffering of vulnerable men and women, being at heart little more than a confidence trickster. Contemporary lampoons often depict the fraudulent leech gazing importantly at the glass vessel used to examine urine samples taken from his patients (Text B). Uroscopy was, as we have seen, one of the chief means of diagnosis available to the medieval physician (who had neither the knowledge nor the technology to undertake internal investigations), but it easily lent itself to jibes and ribaldry. So too did the unholy alliance between the physician and his apothecaries (noted by Chaucer in his portrait of the Physician quoted above), which apparently offered almost limitless opportunities for personal profit. As the author of Text B notes scathingly, most of this money would probably go on drink, “a bag of roots and rinds worth no more than a leek” being passed off as high-priced medication.

Poets and satirists made relentless fun of the easy patter and underhand methods employed by apothecaries and herbalists, especially when working in partnership with some greedy practitioner. But few were quite so vitriolic as Chaucer’s sometime friend John Gower, who may have borne a personal grudge against one of the many shady characters trading in Southwark, where he lived (Text C). With its riverside brothels and taverns of dubious repute, the borough would have supplied a ready market for the bizarre cosmetics and aphrodisiacs that these men also sold (perhaps with the aid of a rigged balance). The exploitation of human vanity and lust seemed, however,

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a mere peccadillo to him when compared to the cynical and often lethal deception perpetrated upon the sick, or upon those who went in fear of losing their health, by the medical profession.

Try as they might, doctors and apothecaries could hardly avoid charges of collusion. For patients with enough money, a visit from the physician meant one hefty bill for his expenses and several more for the drugs and potions prescribed. The potential for fraud was thus considerable, but in most European countries strict regulations with draconian penalties ensured that, at the top end of the market at least, apothecaries and spicers were properly trained (especially in the use of dangerous drugs), sold only high quality merchandise, and submitted their premises to regular inspection. Even so, the trade remained lucrative, and many English apothecaries were very rich indeed.

### **A. The Surgeon, John of Arderne, Proffers his Advice:**

ffirst, it bihoueth hym that wil profite in this crafte that he sette God afore euermore in all his werkis, and euermore calle mekely with hert and mouth his help; and som tyme visite of his wynnyngis [profits] poure men aftir his myght, that thai by thair prayers may gete hym grace of the holy goste. And that he be noght y-founden temerarie [reckless] or bosteful in his seyingis or in his dedes; and abstene he hym fro moche speche, and most among grete men. . . . Also be a leche noght mich laughyng ne mich playing. And als moche as he may withoute harme fle the felawshippe of knafes [scoundrels] and of vnuneste [dishonest] persones. And be he euermore occupied in thingis that biholdith to his crafte; outhir rede he, or studie he, or write or pray he; for the excercyse of bokes worshippeth a leche. ffor why [because]; he shal both byholden and he shal be more wise.

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And aboue al thise it profiteth to hym that he be founden euermore sobre; ffor dronkennes destroyeth al vertu and bringith it to not. . . . Be he content in strange places of metes and drinks ther y-founden, vsyng mesure [moderation] in al thingis. . . . Considere he noght ouer openly the lady or the doghters or other fair wymmen in gret mennes [houses], ne profre tham noght to kisse, ne touche not priuely ne apertly [secretly] thair pappes [breasts], ne thair handes, ne thair share [private parts], that he renne noght into the indignacion of the lord ne of noon of his. In as moche as he may, greue [offend] he no seruant, but gete he thair loue and thair gode wille. Abstene he hym fro harlotrie [ribaldry] als wele in wordes as in dedes in euery place: for, yif he vse hym to harlotery in priue places som tyme in opene place ther may falle to hym vnworship of yuel vsage. . . .

When seke men, forsoth, or any of tham bysyde cometh to the leche to aske help or counsel of hym, be he noght to tham ouer felle [abrupt] ne ouer homely, but mene [moderate] in beryng aftir the askyngis of the persones: to som reuerently, to som comonly. . . . Also it spedeth [is useful] that he haue semyng excusacions that he may not incline to thair askyngis without harmyng or without indignacion of som gret man or frende, or for necessarie occupacion. Or feyne he hym hurt, or for to be seke, or som other couenable [appropriate] cause by whiche he may likely be excused. . . . But avise the leche hym-self wele that he giffe no certayn [definite] answer in any cause, but [until] he se first the sikenes and the maner of it. . . . And yif he se the pacient persewe bisily the cure, than after that the state of the pacient asketh he boldly more or lesse; but euer be he warre of scarce askyngis [asking too little], ffor ouer scarce askyngis setteth at not both the markette and the thing.

Therefore for the cure of fistula in ano [anal fistulae], when it is curable, aske he competently, of a worthi man and a gret, an

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hundred marke or fourty pounde, with robes and fees of an hundred shillyng terme of lyfe by yere. . . . And take he noght lesse than an hundred shillyngis. ffor neuer in all my lyf toke I lesse than an hundred shillyng for cure of that sekenes. . . . And yif the pacientes or thair frendes or seruaunts aske by how moche tyme he hopeth to hele it, euermore lat the leche byhete [promise] the double that he supposeth to spede by half; that is yif the leche hope to hele the pacient by twenty wekes—that is the comon course of curyng—adde he so many ouer. ffor it is better that the terme be lengthed than the cure. ffor prolongacion of the cure gif-feth cause of dispairyng to the pacientes when triste to [confidence in] the leche is moste hope of helthe. And yif the pacient considere or wondre or aske why that he putte hym so long a tyme of curyng, sithe that he heled hym by the half, answeere he that it was for that the pacient was strong-herted, and suffrid wele sharp thingis . . . and feyne [pretend] he othir causes pleseable to the pacient, ffor pacientes of syche wordes are proude and delited.

Also dispose a leche hym that in clothes and othir apparlyngis be he honeste [sober], noght likkenyng hymself in apparalyng or beryng to mynistralles, but in clothing and beryng shew he the maner of clerkes [clergymen]. . . . Haue the leche also clene handes and wele shapen nailes and ciensed fro aii blaknes and filthe. And be he curtaise [polite] at lordes bordes [tables], and displesse he noght in wordes or dedes to the gestes syttyng by; here he many thingis but speke he but fewe. . . . And whan he shal speke, be the wordes short, and, als mich as he may, faire and resonable and withoute sweryng . . . yif he be founden trew in his wordes ffewe or noon shal doute in his dedes. Lere [learn] also a yong leche gode prouerbes pertenyng to his craft in counfortyng of pacientes. . . . ffor gret hert maketh a man hardy and strong to suffre sharp thingis and greuous. . . . Also it spedeth that a leche kunne talke of gode tales and of honest that may make the



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pacientes to laugh, as wele of the biblee as of other tragedies; and any othir thingis of which it is noight to charge whiles they make or induce a light hert to the pacient or the sike man. Discouer [disclose] neuer the leche vnwarly the counsellez of his pacientes, als wele of men as of wymmen, ne sette noight oon to [against] another at noight. . . .

John of Arderne, *Treatises of Fistula in Ano*, ed. D. Power, E.E.T.S., 139 (1910), pp. 4–8.

### B. A Less Exalted View of the Profession:

And yit ther is another craft that toucheth the clergie,  
That ben thise false fisiciens that helpen men to die;  
He wole wagge [shake] his urine in a vessel of glaz,  
And swereth that he is sekere than evere yit he was, and sein,  
“Dame, for faute [lack] of helpe, thin housebonde is neih [almost] slain.”

Thus he wole afraien [frighten] al that ther is inne,  
And make many a lesing [deceitful] silver for to winne.  
Ac afterward he fondeth [tries] to comforte the wif,  
And seith, “Dame, for of thin I wole holde his lyf” and lighe  
[lie];  
Thouh he wite no more than a gos [goose] wheither he wol  
live or die.

And he wole biginne to blere the wives eighe [make her weep];  
He wole aske half a pound to bien [buy] spicerie [drugs];  
The viij shillinges sholen up to [go towards] the win and the  
ale;

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And bringe rotes and rindes Bret ful a male [bag] off noht;  
Hit shal be dere on a lek [leek], whan hit is al i-wrouht  
[made].

He wole preisen hit i-nohw, and sweren, as he wer wod  
[mad],  
For the king of the lond the drink is riche and god;  
And yeve the gode man drinke a god quantite,  
And make him worsse than he was; evele mote he the that  
clerk,  
That so geteth the silver, and can noht don his werk.

He doth the wif sethe [boil] a chapoun [capon] and piece  
beof,  
Ne tit [tastes] the gode man noht therof, be him nevere so  
leof [keen];  
The best he piketh up himself, and maketh his mawe touht  
[stuffs his face];  
And yeveth the gode man soupe, the lene broth that is noht  
for seke;  
That so serveth eny man, Godes curs in his cheke!

*The Political Songs of England*, ed. T. Wright, Camden Society, 6  
(1839), p. 333.

### **C. The Unholy Alliance between the Physician and the Apothecary:**

A crooked apothecary can deceive folk well enough on his own at home, but once he's teamed up with a physician then he can trick them a hundred times over! One writes out the

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prescription and the other makes it up, yet it costs a florin to buy what's not worth a button. . . . When setting up his practice in a new city, the physician always makes a business arrangement with the spicer-apothecary. And what they get up to puts many a life at risk! Anybody who makes a habit of taking their syrups and electuaries can pretty well give up all hope of recovery, since such things fly directly in the face of Nature. The physician and the crooked apothecary really know how to scratch each other's backs: one empties your stomach as often as he can, and the other is expert at cleaning out your purse, which simply melts away! If your stomach feels heavy, one of them says he'll lighten it by removing all the excess humours; and if your wallet seems full the apothecary and his master will well and truly purge it. The healthiest digestion anyone could wish for is not proof against medications, and no purse is so long that it cannot be drained by an apothecary.

*The Complete Works of John Gower*, ed. G. C. Macaulay, 4 vols. (Oxford, 1899–1902), 1: 283–84.

## 7. Fighting for a Professional Monopoly

Although medicine aroused considerable general interest at Oxford and Cambridge during the later Middle Ages, the two faculties remained small and under-staffed. Only ninety-four individuals are known to have taken a degree in medicine or taught the subject at Oxford between 1300 and 1499, while a mere fifty-nine did so at Cambridge; a poor showing when compared with the flood of graduates then emerging from Paris, Montpellier, and the major Italian universities. This was partly because of the emphasis placed upon theological studies in England (500 doctorates were awarded in theology at Oxford during the fifteenth century alone), but other factors combined to weaken the influence of the faculties and make it difficult for them to exercise any control over the development of the medical profession.

Although many continental faculties of medicine were also quite modest in size, they managed to acquire considerable authority because of local connections with rich and powerful patrons. The latter provided a lucrative market for medical services, attracting the most able and experienced practitioners, who, in turn, added greatly to the academic reputation of any institutions at which they agreed to lecture. Neither Oxford nor Cambridge could offer much in the way of financial inducements to the ambitious young graduate, who naturally set out as soon as possible for London, the main center of wealth and patronage, never to return. It was, indeed, often difficult to provide even the most rudimentary tuition, since the system of "regency" adopted at both universities placed the main burden of teaching upon doctoral candidates who

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were expected to discharge this obligation as part of their graduate degree course. Lectures, if they actually took place at all, could prove dull and uninspired and, of course, were delivered without the benefit of much practical medical experience. The problem was compounded by a general readiness on the part of the authorities to allow exemptions from lecturing, although in many cases these merely acknowledged a *fait accompli*.

English physicians must have looked enviously across the Channel to Paris, where the faculty of medicine maintained an iron grip over the licensing and conduct of medical practitioners of all kinds, from midwives and herbalists to bone-setters. It was clearly impossible for anything along these lines to be achieved outside the walls of the two university towns (and even there the enfeebled faculties had trouble enforcing their monopoly) without outside help, although the interest in medicine shown by Henry V, who had equipped his army with a special unit of trained surgeons, evidently encouraged senior members of the profession to hope for such support. Their petition to the Parliament of 1421 (Text A) laid great stress upon the danger to the public of allowing unauthorized quacks and charlatans to ply their trade unchecked, and requested that draconian penalties should henceforth be imposed on anyone who did so. The bill was, indeed, accorded the royal assent and enrolled as a parliamentary statute, but all concerned must have been well aware that it could never be properly implemented nationwide. Recognizing that they had been over-ambitious, the petitioners wisely decided to confine their efforts to London, where they could exploit connections with the mercantile elite and the royal court to set up a regulatory body based on the Parisian model.

Detailed plans for a joint college of physicians and surgeons, with absolute control over the practice of all forms of medicine in the capital, were submitted to the mayor and aldermen just two

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years later (Text B). The latter gave their unqualified approval but then proceeded to undermine the scheme by allowing the London barbers to operate separately, unchecked by any higher authority. Many physicians, already apprehensive about the prospect of working in collaboration with surgeons (whom they regarded as their social and intellectual inferiors), were clearly not disposed to humble themselves any further by dealing with mere barbers on a professional basis. Within a matter of months the project had been abandoned, and for the best part of a century nothing was done to revive it.

A permanent institution of this kind would have given a valuable boost to academic medicine, since the founders clearly envisaged that the new “*faculte of physyk*” would be composed largely, if not exclusively, of graduates. They may well have been familiar with existing bodies in Milan, Nimes, and Bordeaux, where chartered corporations of physicians remained quite separate from the universities but accepted only members with medical degrees. In the event, however, it was left to Thomas Linacre (d. 1524), a noted humanist who had studied medicine at Padua and was, thus, well aware of the deficiencies of the English system, to give London a college reserved solely for university-trained physicians. By then the way had been smoothed by the introduction of an Act of 1512, designed to restrict the practice of surgery and physic to suitably approved persons (Text C), this time with far more telling effect.

### **A. A Petition to the Parliament of 1421 for Protective Legislation:**

Hey and most myghty Prince, noble and worthy Lordes Spirituelx and Temporelx and worshipfull Commones: for so

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moche as a man hath thre things to governe, that is to say soule, body and wordly goudes, the whiche ought and shulde ben principaly reweled by thre sciences, that ben divinite, fisyk and lawe—the soule by divinite, the body by fisyk, wordly goudes by lawe; and these conynges sholde be used and practised principaly by the most connyng men in the same sciences, and most approved in cases necessities to encrease of vertu, long lyf and goudes of fortune, to the worship of God and comyn profyt. But, worthy soveraines, as hit is knowen to youre hey discrecion, many unconnyng and unapproved in the forsayd science practiseth, and specialy in fisyk, so that in this roialme [realm] is euery man, be he never so lewed [unlearned], takyng upon hym practyse, y suffred [allowed] to use hit, to grete harme and slaughtre of many men. Where if no man practised theryn but al only connyng men and approved sufficently y lerned in art, filosofye and fisyk, as hit is kept in other londes and roialms, ther shulde many man that dyeth, for defaute of help, lyve; and no man perysh by unconnyng.

Wherfore pleseth to youre excellent wysdomes that ought, afre youre soule, have mo entendance to [more concern for] your body, for the causes above sayd, to ordeine and make in statuit [parliamentary statute], perpetually to be straitly y used and kept, that no man, of no maner estate, degre, or condicion, practyse in fisyk, from this tyme forward, bot he have long tyme y used the scoles of fisyk withynne som universitee, and be graduated in the same. That is to sey, but he be bacheler or doctour of fisyk, havynge lettres testimonyalx sufficeantz of on of those degrees of the universite in the whiche he toke his degree yn, undur payne of long emprisonement, and paynge of xl li. [£40] to the Kyng. And that no woman use the practyse of fisyk undre the same payne. And that the sherrefe of the shire make inquisicion in thaire tornes [tourns, or courts] if ther be eny that forfaiteth ayens this statuit, under a payne resonable. And theme that haz putte this statuit in

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execucion without any favour, under the same peyne. . . .

Plesith to youre hey prudence, to send warrant to all the sherrefs of Engeland that euery practysour in fysyk nought gradeuated in the same science, that wile practyse forth, be withynne on the universitees of this lond by a certeine day, that they that ben able and approved, after trewe and streyte examinacion, be receyved to theyr degree; and they that be nought able to cese fro the practyse in to [until] the tyme that they be able and approved, or never more entremette [involve themselves] therof; and therto also be iset a peyne convenient.

*Rotuli Parliamentorum*, ed. J. Strachey et al., 6 vols. (London, 1767–77), 4: 158.

### **B. A Similar Appeal of 1423 to the Mayor and Aldermen of London:**

Noble Lordes, forasmoche that the glorious konnyng of phisyk and the crafte of cirurgy er fro day to day gretlich disclaundred and sorowfully skorned, and grete parte of the peple spillide [hurt] be wreeched and presumptuous practisours in phisyk, nought knowyng the treuthe or ground of that faculte of phisyk, and be vnkonnyng wirkers in cirurgy, nought knowyng the trewe crafte of cirurgy, like it to your lordships for the disclaundre of so high a faculte of phisyk and so worthy a crafte of cirurgy to be putte away. And that mankynd be nought begiled from hennesforward be the disceites of vnkonnyng practisours in phisyk and vnkonnyng wirkers in the crafte of cirurgy withinne the boundes of your fraunches [franchises]. . . .

Please it you to ordeyne that fro hennesforward all phisicians and cirurgeans, withinne the libertees of London, practysyng in



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phisyk and wirkyng in cirurgy, as oon comminalte be oon rectour of medicyns and two surveioures of the faculte of phisyk, and two maistres of the crafte of cirurgye mowe be gouerned. . . . Also, please it you to ordeyne that no persons withinne the liberte of the Cite of London presume in eny wise to practise in phisyk olesse than he be examined and found able thereto be the rectour and two surveioures of phisyk and the holer partie of that faculte; and than admitted by the Mair and Aldermen, on peyne of Cs. [£5] to paie to the chambre of Gyldhalle for the commune proffit of the Cite. No that no persone withinne the saide liberte of London presume to wyrke in the crafte of cirurgie, olesse than he be examined and found able therto be the seide rectour in medicyns, and two maistres of the crafte of cirurgie, and the more and holer partie [great majority] of the same crafte . . . on the peyne before rehersed paiable in the same maner.

Also, please it you to ordeyne that no phisician withinne the fraunchise of London resceive no cure upon hym, desperate or dedly, bot he shewe it with alle the circumstance to the rectour of medicyns, or to oon of the surveioures of phisyk withinne two or thre dayes, that hit may for the remedy thereof, if eny be possible, be communed with alle the comminalte of phisicians; ne do nothing be way of medicyne to no paciente by the which it is lyke to hym, or doubte, that the paciente myght stande in perelle. Also, that no cirurgeon . . . resceive no cure into his hande of the whiche may folowe deth or mayme, without that he shewe it to the rectour of medicyns, if he be present in towne, and to oon of the two maistres of cirurgy withinne thre or four daies that hit may be communed with the discrete parte of the cirurgians, for saluacion of the paciente, and worship of the crafte of cirurgy.

Also, please it you to ordeyne that if eny false medicyns, or sophisticate, or made vntrewly be found to selle—by the rectour of medicyns, and the two surveioures of phisyk, and the two maisters

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of cirurgy, and two apotecharyes assigned therto—in the shoppe of eny apotechary, or elleswhere withinne the boundes of London, in euereche ouerseyinge of her medicyns, that thei be demed alwey to be caste away . . . and the apotechary, or other seller holdyng with hym suche medicyns, be punysshed by the Mair.

T. Beck, *The Cutting Edge: Early History of the Surgeons of London* (London, 1974), pp. 63–67.

### C. A Parliamentary Act of 1512, “Concerning Phesicians and Surgeons”:

Forasmoche as the science and connyng of physyke and surgerie, to the perfecte knowlege wherof bee requisite bothe grete lernyng and ripe experience, ys daily within this royalme exercised by a grete multitude of ignoraunt persones, of whom the grete partie have no maner of insight in the same, nor in any other kynde of lernyng; some also can [know] no lettres on the boke, soo far furth that common artificers [craftsmen], as smythes, wevers and women, boldely and custumably take upon them grete curis and thyngs of great difficultie, in the which they partely use socery and which crafte, partely applie such medicine unto the disease as be verey noyous [harmful], and nothyng metely [properly] therefore, to the high displeasoure of God, great infamy to the faculties, and the grevous hurte, damage and distruccion of many of the Kynge’s liege people, most specally of them that cannot descerne the uncunnyng from the cunnyng: be it therefore to the suertie and comfort of all maner people by the auctoritie of thys present Parliament enacted that noo person within the Citie of London nor within vij myles of the same take upon hym to exercise and occupie as a phisicion or surgion, except he be first

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examined, approved and admitted by the Bisshop of London or by the Dean of Poules [St. Paul's Cathedral] for the tyme beyng, callyng to hym or them iiij doctours of phisyk, and for surgerie other expert persones in that facultie. And for the first examynacion such as they shall thynk convenient; and afterward alway iiij of them that have been soo approved. Upon the payn of forfeytour for euery moneth that they doo occupie as phisicians or surgeons, not admitted nor examined after the tenour of this Acte, of v li. [£5], to be employed the oon half therof to thuse of our Sovereign Lord the Kyng, and the other half therof to any person that wyll sue for it by accion of dette, in which no wageour of lawe [compurgation] nor proteccion shalbe allowed.

And over thys, that noo person out of the seid Citie and pre-cincte of vij myles of the same, except he have been as is seid before approved in the same, take upon hym to exercise and occupie as a phisicion or surgeon in any diocesse within thys royalm but if he be first examined and approved by the bisshop of the same diocesse or, he beyng out of the diocesse, by hys vicar generall, either of them callyng to them such expert persons in the seid faculties as there discrecion shall thynk convenyent, and gyffyn ther lettres testimonials under ther sealle to hym that they shall soo approve, upon like payn to them that occupie the contrarie to this Acte.

*Statutes of the Realm*, ed. A. Luders et al., 11 vols. (London, 1810–28), vol. III, 3 Henry VIII, c. 11.

## 8. Treatment

Having talked to the patient, taken his or her pulse, conducted an external examination (so far as decency allowed), and inspected a quantity of urine, if not blood and fecal matter too, the physician was in a position to consider his diagnosis and embark upon a course of therapy. This would usually involve a combination of dietary measures and medication (often barely distinguishable from each other), accompanied by purgation in the form of laxatives, enemas, diuretics, phlebotomy, cautery (the application of red hot metal instruments to specific points on the body), fumigation, hot baths, or cupping (drawing off blood into heated vessels placed on scored or scratched skin), as seemed necessary to restore humoral equilibrium. As we have already seen, due regard had also to be paid to the influence of the heavens at each stage of treatment, but even without the added complication of horoscopes and difficult astrological calculations, considerable skill and judgement were required to devise a suitable regimen geared to the very different needs of each individual (Text A). The practitioner had to familiarize himself with the relative levels of heat, cold, dryness, or moisture inherent in all forms of medication, carefully using these qualities to counterbalance any perceived lack or excess of humors in the patient.

Drawing upon a common experience of physical suffering and a shared understanding (however limited) of how the physician sought to combat disease, late medieval preachers frequently expounded the basic tenets of Catholic dogma in terms of a long and intensive course of medical treatment. Since an invalid could only recover his strength after submitting to a strict regime of diet, exercise, drugs, and perhaps even surgery, it followed naturally

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enough that the Christian soul was unlikely to free itself from sin without first undergoing a parallel course of spiritual healing (Text B). This analogy seems particularly apt, reflecting as it does not only the diversity of contemporary medical treatment but also something of the effort and discomfort involved. Moreover, just as the humble penitent could never be entirely sure of the efficacy of his or her devotions, so the patient must often have turned desperately from one projected cure to the next, in a vain search for relief.

As texts A and B both clearly reveal, the practitioner took as much care over the *order* in which internal and external preparations were prescribed as did the priest with regard to the administration of the sacraments. His initial aim was to bolster the body's mechanisms for self-defence against wayward humors, only then proceeding to eliminate corrupt matter in a more aggressive way with purges of various kinds. Finally, restorative foodstuffs and potions would be recommended to speed convalescence and keep the humors on an even keel. Medicines were thus commonly categorized by "operation," that is, according to the effects that they produced upon the human body: within the four basic classes of warming, cooling, moistening, or drying there were scores or preparations ranging from the gentlest "lavatives" and "lubrificatives," which cleansed and soothed the skin, to "cauteratives," noted (as their name implies) for their power to burn.

In practice, of course, nobody, however learned, could systematically apply the complex, often arcane corpus of medical theory taught at the universities to a living, breathing, suffering human body. The great French surgeon Henri de Mondeville (d. ca. 1320) actually went so far as to compare the ancient classical authorities to a smelly, incontinent old dog, whose dotting owner simply cannot face the prospect of replacing with a fitter animal. But whatever reservations may have been voiced by individual

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writers, the basic tenets of Galenic medicine continued to exercise a profound effect on day to day treatment, notably where the use of purgatives was concerned. The healthy, as well as the sick, were encouraged to rid their bodies of potentially dangerous matter through the regular use of laxatives, enemas, and bloodletting. The ubiquity of laxative pills and potions in contemporary books of remedies testifies not so much to the prevalence of chronic constipation as a nervous anxiety about the dire effects that it *might* have upon the production of evil humors. Similarly, phlebotomy was seen as an essential means of preserving physical fitness, although important caveats excluded the very young or old, pregnant or menstruating women, and those of an overwhelmingly phlegmatic disposition from treatment (Text C). By the later Middle Ages, phlebotomy had largely become the preserve of barbers (and women, as we shall see below), whose training was a cause of understandable concern to the medical profession. Lanfrank's insistence that the apprentice should be taught to distinguish veins from arteries and should avoid the use of rusty instruments serves as a reminder that phlebotomy was sometimes a direct cause of death.

### A. Advice to the Physician:

To gyff conueniabull [appropriate] and trew medicyn ayens dyuerse seknes and perillus a gode ffesicyan nedes to loke welle a bowte and be full weil warra [circumspect], and full weil auysed: for nothyng lettes [prevents] more helthe of seke men than unconyng and neglygens of phisicians. Also, to hele and saue effectuelly hym nedes to know complexions of men, composicions, myxtyous and medlynke [mixtures and combinations], bouthe of members and of humours, and disposicyons of tymes, and condi-

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conse of male and ffemale and age. For one medicyn helpes in wyntur and anodur in somour, and one in the begynnyng of the euyll and anodur in the full, and an odur in passyng ther of; one in chyldehode and yn youthe, and odur in full age, and odur in thelde; one in the male kynde and odur in female kynde. And hym nedys to know causes and occasyons of euylse . . . for medcyn may neuer be securly takyn gyf the cause of the euyll is unknowen. Also, hym nedes to know complexions, uertues and wyrkynges of medcynable thynges. For (unless) he know what medsyne is symple, what componed, what colde and what hote, what wyrkysses [relieves] and amendes the body, what kepys hele, what helys seknes, what herdyth [solidifies] and constraynes [binds], what nesshes [softens] and laxis, he may neuer securly passe furthe and wyrke in medycens.

Also, therefore, hit nedes to knowe the whalytes [qualities] of erbus [herbs] and of odur medcynall thynges, and dynsite of degres—what is hote and drye, what is colde and moyste, yn what degre—yf he wil not erre in his office. And ther fore hym nedis to knowe the durynge, contrynes, symplenys, quantite and qualite of the pacyent, and his uertu, and strenght, and febulnes: for a changyng euyll that is longe duryng nedis stronge(r) medycens then an euyl that is newe and hase not longe dured. Also, symple euyll schalbe heled wyth symple medcynez. And euyl that is componde of contraries schalbe heled wyth componde medcynez: for seldom a symple medcyne helis a seknes that is componde. Also, agayns a hote cause nedys colde medcyn; and agaynes colde nedes hote medicen; and a gaynst a medyl cause nedes medyl medsyn. And, therefore, a leche and a fescion that is wise and ware, and knowes the euyll temperis, the qualite as the quantyte, and qualite of euyll axis [investigates].

Also, when he sese that the euyl comys of repleyson [repletion] he helis hit be uoydyng [expulsion] of the mater, and by

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skerise dyet [frugal diet]. And yf it come of abstynens he helis hit with replecyon. Also, when the mater is defied [digested], he uses laxatyve medsynse, that the mater that is defied may be ladde out by aconable medcyne, as by spuynge, ore by schyting or by sweyt. And, when the mater is conuenable a uoyded, he uses . . . seratyn medcynes to conford [comfort] kynde [nature] that is wery and ffeble by uiolens of strenght of medycin. And when kynde is confortid, he uses serten medycenz resumptyve and restoratyve. . . .

British Library, Dept. of MSS., Sloane, 983, fols. 92v–93v.

### B. A Course of Spiritual Medicine

Christ comes as a good physician to heal us. Christ acts like a physician in the following way. A doctor investigates the condition of the sick person and the nature of his sickness by such methods as taking his pulse and inspecting his urine. Thus when Christ visits a sinner, he first enlightens him with his grace to understand himself and his own sin, so that he may repent of his sins and shun them. . . . Second, after diagnosing the sickness he gives the sick person a diet as he requires and prescribes what he should eat and what he should avoid; this means that Christ teaches us to avoid the occasions of sin and to seek the occasions for practising the virtues. Third, after he has prescribed and worked out a diet, he gives the sick person some syrup, an electuary, or some other medicine against the sickness to expel it; that is, Christ gives him contrition of his sins, which is made from bitter herbs. . . . Fourth, when the sick person is healed, he warns him against relapsing, and teaches him how to live, so that he fosters in him a good intention to live a good life. Christ further heals us in many



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additional ways as if from physical illness: first through the sweat of contrition, which one gets by hard exercise. . . . Second, through the bloodletting of confession. . . . Third, through the diet of fasting and penance, by which according to Jerome illnesses of the body are cured. Fourth, through the plaster or ointment of devout prayer. Fifth, through draining excessive bodily fluids, which means giving alms from all our goods. . . . Sixth, through the surgical removal of evil companionship and the occasion of sin. . . . And seventh, through the cautery of charity.

*Fasciculus Morum: A Fourteenth-Century Preachers' Handbook*, ed. S. Wenzel (Philadelphia, 1989), pp. 255–57.

### C. The Benefits and Dangers of Phlebotomy:

First, a man schal be lete blood for to kepe him-silf [remain healthy]; and principali hem that etith good fleisch and drinkith good wijn, and etith metis for to engendre myche blood, and traveilith [work] but lital; and principali the while a man is yong; and also in eelde [old age] if he be much usid therto. And thou schalt lete hem blood that ben wont to have akyng in her joyntis, outhere a fevere that is clepid [called] sinocha, or the squinacie [quinsy], outhere pleureses [pleurisy]. Alle these, tofore the tyme that thei ben woned to have her passioun [reach a crisis], thou schalt lete hem blood or [before] her passioun come, that it mowe go away therwith; and this maner is clepid *previsuus*. The iij maner: whanne a man hath greet akyng in his heed withouten a fevere, or a squinantes plureses, periplumonia [pulmonary consumption], apostema calida [hot swellings] and everi sijknis that cometh of to miche blood. In alle these causis thou schalt lete him blood; and this maner is clepid *curantes*. . . .

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A man that schal be letere blood [the phlebotomist himself] schal be yong, and he schal be no child, no noon oold man, ne he schal not quake. & he schal have a good scharp sight; and loke that he kunne knowe veines, and that he kunne knowe hem from arterijs: and he schal have manie divers tool for to lete blood therwith, and they schulen be clene and cleer, and not rusti. And summe of his tool schulen be longe and summe schorte, for to peerse aftir that the veyne is greet therto.

Also, children schulen not be lete blood, but if it were greet nede, and he were so replet of blood that he schulde be achekid therwith: that thou might knowe bi the streitnes [gaspig] of his breeth and fulnes of his veynes and bi reednes of his face. Than it is necessarie that he be leten blood; but it is ful greet drede for to lete a child blood, therefore I wyle geve no counseil therto. And if it so be that he be in perel of deeth, than lete him blood. Now thou art war of this perel, do as thou seest that it is to do; and thou schalt warne the childis fadir and his modir of the perels that ben aforseid, and save thee fro blame.

Also, olde men schulen not be lete blood. And yitt summe olde men ben strenger of vertu than summe yonge men; and than thou schalt . . . not lete hem blood whanne thei arisith out of her sijknes. Also, wommen with childe schulen not be lete blood, and speciali not in the iij first monethis, ne in the laste monthe. Also, yonge men that ben white and pale, and haveth fewe heeris in her browis, and haveth smale veynes and privi [deep-set], ne ben not covenable [suitable] to be lete blood; ne man that han manie humours and litil blood, for blood that is in hem is tresour.

*Lanfrank's "Science of Chirurgie,"* ed. R. von Fleischhacker, E.E.T.S., 102 (1894), pp. 298–99.

## 9. Epidemics and How to Avoid Them

It would be hard to exaggerate the impact of the Black Death (1348–49) upon Europe. In some areas well over one-third of the population was wiped out within the space of a few weeks by the disease, which remained endemic in England for the next 150 years. Bubonic plague, the most common form of infection, was transmitted by fleas: these lived first on the blood supply of contaminated rats and then attempted to feed off humans. By regurgitating plague bacilli into the bloodstream of its new host, the flea spread the contagion, which rapidly proceeded to its target, the lymph glands. Swellings, or buboes, developed in the groin, armpit, or near the site of the original flea bite; the temperature rose dramatically; and within two to five days the victim usually died. Less common, but even more virulent, were pneumonic and septicaemic plague, which infect the lungs and bloodstream respectively and were always fatal. Nor was this the only onslaught faced by medieval men and women: repeated outbreaks of “the mure” (a lethal pulmonary disease), dysentery, typhus, measles, diphtheria, and sweating sickness posed a constant threat to survival, both in rural areas, already afflicted by malnutrition and famine, and in towns where poor sanitary conditions and cramped living quarters encouraged the spread of epidemics.

Since they obviously lacked any practical means of discovering and identifying the minute organisms that transmit disease, medieval physicians tended, on a general level, to ascribe such disasters to the hand of God or some highly inauspicious conjunction of the planets. The Black Death was, for example, attributed

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to the alarming movements of Saturn, Mars, and Jupiter in 1345 and 1347, which, it was believed, engendered particularly evil vapors, hostile to human life. The idea that infections were transported by mists and noxious inhalations (especially from decaying matter) and absorbed into the body through open pores made obvious sense in the context of contemporary medical theory, which assumed a direct connection between the weather and human health. Certainly the need to avoid “infectabl yr” is constantly reiterated in the growing body of advice manuals produced for the literate classes, who anxiously sought to protect themselves from contagion. Thomas Forestier dedicated his manual of 1485 (Text A) to Henry VII, but it was assured a wide and eager readership.

Fear of the stench and miasmas arising from slaughtered animals, stagnant water, and sewage gave rise to measures for public health that may well have helped to prevent infection, albeit for rather different reasons than those intended. Local authorities tried hard to eliminate the most obvious sources of “putrefaction,” secure in the knowledge that they were not only making urban life less disagreeable but also were cleansing the air of potentially lethal fumes. The same theory lay behind the desire to isolate lepers, whose polluted breath was said to contaminate the surrounding atmosphere and, thus, infect anyone to whom they spoke.

Individual as well as corporate measures could be taken to avoid infection, most notably by burning herbs to cleanse the air, ventilating one’s house properly, and, of course, taking preventative medicines. Theriac, an antidote against poison and general “cure-all,” shipped into England at considerable expense from Italy, was regarded as particularly beneficial (Text B), although most physicians had their own favorite preparations, designed to keep the pores shut and the body temperature down. In this regard diet played a vital part in maintaining the humoral balance: hot spices, garlic, leeks, rich sauces, red meat, “subtle

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wines,” and anything else likely to engender heat were promptly banned from the kitchen. It goes without saying that any sexual activities, especially in public bath-houses or brothels, were dismissed out of hand (Text C).

Medical practitioners, who could not honorably follow the advice given in such plague tracts and stay well away from victims, took careful precautions to wear scented clothes, have rose water sprinkled throughout the sick room, and press a sponge soaked in vinegar to their noses when they went on their rounds. Sales of scented candles, spices, sweet smelling herbs, and perfumes rocketed during the pestilence, as those who could afford to do so surrounded themselves with pleasing aromas.

### **A. The Norman Physician Thomas Forestier, on the Sweating Sickness:**

When that the celestial figures ar doying or receuyng the disposicions of the erth, then ther is grete moystenys in the ayre; and of them ther ar multiplyed stynkyng uapors, by the whiche the ayre is putrefyed. And we may say when suche fumys and uapores ar multiplyed and contynueth them hit is ayere of pestilence. For why this forsayd planettes thay dressith in the ayre yl [evil] qualytes and uenoms, the which gretely noyeth our bodyes, not only for ther quantyte, but more for ther il qualyte, though som ignorant and scornysful men do plesyth them to say the contrary. . . . But wyse lechis and astronomyers, knowyng medecyns and astronomy, that wyl saye that the bodyes byneth [on earth] ar gouenard by the bodyes aboue. And eury thing that is moued in this worlde receuyth his of the first mouer. . . . And so best and most profytable medecine to al the realme: to goo yn processions and to say prayers, and to haue of there neyghbours, and to kepe

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ther holy dayes solemnly, and to leue curses, vsurse [money lenders] and coueytesnes. . . .

The nygh causes be the stynkynges of the erthes, as it is in many places—as in depe cauys and stynkyng nye to syluer mynes and to uenoms, or ny to dede bestes, or ny to dragans or serpentes, or ny to stynkyn waters. For these be grete causes of putrefacion. And these corrupteth the ayre, and so our bodyes ar infect of that corrupt ayre. Also, the metes that be boyled in suche waters ar infectable; and stynkyn uapours ar lyft up of this places, and of suche waters; and so the ayre is corrupte. For the ayre of hym self is not putrefyed but by the admyxtion of the bodyes of the erth that ar ylle. And it happeneth to al that ill qualytees specyally be when the ayre is changed in to grete hete and moystnes. Thay inducyth putrefacion of humours, and mainly in the humours of the hert. And so commyth this pestilens, whos commyng is unknowyng as to them that dye sodenly or madley. . . .

Or els this feuer of pestilence comyth of an open cause, as. . . of stynken caryn cast on the water nye to the cytees or townes—as the boles [entrails] of bestes and of fysshes—and the corrupcon of priuys. Of this the water is corrupt, and when as mete is boyled and drynke made of this water many sikenes is gendered in mannes body. And also of the castyng of stynkyng waters and many other foule thinges in the stretes the ayre is corrupte; and of kepyng of stynkyng waters in houses or in kachyns [kitchens] long tyme. And then, in the nyght, of those thinges uapours ar lyft up in to the ayre, the whiche doth infecte the substans of the ayre, by the whiche substans of the ayre corrupte and infect men do dy sodenly. . . . When this infectabyl ayr comyth to the hert, than is the spryte and blode that is compassed in the hert ycorrupt, and so dyuers tymes they dyeth sodenly. And this sykenes comyth first with a grete swetyng and stynkyng, with reddenesse of the face and of al the body, and a contynuan thirst, with a grete hete and

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hed ache, be cause of the fumes and uapours ascendyng and pryckyn the brayne.

British Library Department of Manuscripts, Add. MS. 27582, fols. 70v–72v.

### **B. Prophylactics against the Plague:**

As much as to them is possible, it is to eschewe euery cause of putrifacion and stynking: and namely euery fleschly lust with wymmen is to be eschewed. Also, the sothern wynde, whiche wynde is naturelly infectyf. Therefore spere [close] the wyndowes ayenst the southe, and like wise . . . opene the wyndowes ayenst the north. Of the same cause euery foule stynche is to be eschewed: of stabyl, stynkyng feldys, wayes or stretes. . . . For in lyke wyse as by the swete odour of bawme [balm] the herte and the spyrites haue recreacion, so of euyl sauours they be made feble. Wherefore kepe your house that an infecte ayer entre not in, for an infecte ayer moost causeth putrifaccion in places and houses where folke slepe. Therefore lette your house be clene and make clere fyre and of wode flamyng. Lett your hous be made with fumigacion of herbes: that is to saye with leuys of baye tree. . . .

Also, it is holsom that ye wasche your mouthe, face, eyen and handes often times in the daye with rose water medled [mixed] with uynegre. . . . Also, a naturall laxe [laxative] of the bely is a grete remedy, ellys prouoke a laxe by a suppositorye craftely. Use *pipilles pestilenciales* [pills against the pestilence], for they be gode: they be in thappoticary shoppes. Also, kepe fyre allwaye in your hous, for it letteth [prevents] moche the impressions of the bodyes aboue, and clarefyeth the ayer. Also, it is proufitable as wel for hole and seke folkes to drynke tryacle [theriac]. Therefore take it ij times a daye with clere wyn . . . or with clere rose water

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or with clere ale. Take a quantite of tryacle and ij sponefull of clere wyn, or rose water, or ale, dissolue the tryacle in the cuppe and drynke it. And dyne not tyl the myddes of the daye, so that the triacle maye haue his operacion. Thenne chese a gode disshe with mete, and drynke clere wyne; and often times drinke in the daye, but not moche to gyder, for moche habondaunce of drynke putryfieth the humours.

*A Litol Boke the whiche Trayted and Reherced many Gode Things Necessaries for the . . . Pestilence* John Rylands Facsimiles, 3 (1910), pp. 4–5.

### C. John Lydgate's "Dietary and Doctrine for Pestilence":

Who will been holle & kepe hym from sekenesse  
And resiste the strok of pestilence,  
Lat hym be glad & uoide al heuynesse,  
Flee wikkyd heires [air], eschew the presence.  
Off infect placys, causyng the violence;  
Drynk good wyn, and holsom meetis take,  
Smelle swote thynges and for his deffence  
Walk in cleene heir, eschewe mystis blake.

With voide [empty] stomak outward the nat dresse [do not go  
out].  
Risynge erly, with fyr have assistance,  
Delite in gardeyns for ther gret swetnesse,  
To be weele claad do thi dilygence.  
Keep welle thi-silf from incontynence [promiscuity],  
In stiwes [stewes or brothels], bathis, no soiour that thou  
make,  
Opnyng of humours this doth gret offence,



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Walke in cleene heir, eschewe mystis blake.

Ete nat gret flessh for no greedynesse,  
And fro frutess hold thyn abstynence,  
Poletis [poultry] & chekenys for ther tendirnesse  
Ete hem with sauce, & spar nat for dispenche [expense]  
Verious, vynegre & thynfluence  
Of holsom spices, I dar vndirtake,  
The morwe [morning] sleep, callid gyldene [golden] in  
sentence,  
Gretly helpith ayeen the mystis blake.

*The Minor Poems of John Lydgate*, ed. H. N. MacCracken,  
E.E.T.S., 192 (1934, repr. 1961), p. 702.

## 10. Mental Illness

Medieval men and women maintained a highly ambivalent attitude to disease, which they believed could, on the one hand, represent a sign of divine displeasure, usually a punishment for sin or at least lack of self-control, but might, on the other hand, constitute a sign of grace. Thus, for instance, lepers were seen to be enduring retribution on earth for their own or their parents' wickedness, while at the same time enjoying an especial status among the elect, who would pass straight to heaven because they had already endured the pains of purgatory on earth. The same apparently conflicting ideas were expressed even more forcibly with regard to madness: the holy fool and the sinner possessed by demons stood at opposite ends of the same spectrum, both touched by God, albeit in very different ways. Loss of reason seemed the most terrible of afflictions, since it left man a victim to unrestrained passion and removed from him the qualities that brought him nearest to his maker. He had, quite literally, ceased to function as a rational being and, therefore, no longer appeared to be made in the image of God—unless, of course, God had granted him a foretaste of heavenly joys to come, bestowing upon him the sort of visionary delights which ordinary mortals might well mistake for lunacy. (Henry VI's apologists, who almost managed to get him canonized, argued that his recurrent bouts of insanity in the 1450s were, in fact, prolonged trances during which he was engaged in conversation with the saints.)

To contemporaries, the most extreme and spectacular form of madness was possession by devils: a sure indication that the sufferer had gone woefully astray, since the forces of evil could only gain control over people who were inherently wicked or who

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had been marked down for punishment by God. In such cases, prayer, exorcism, or an appeal to the intercessory powers of the saints (the lists of miracle “cures” performed at English shrines contain many references to demoniacs) offered the best hope of deliverance, although strict penance in the form of fasting and flagellation was considered highly beneficial. A starvation diet and regular beating formed part of the therapy recommended by physicians as a means of curing certain kinds of “natural” madness, too, since besides helping to drive out devils such an apparently harsh regime could be guaranteed to clear the head of unwanted humors and exhaust the hyperactive patient. Thomas More’s decision to beat the senses back into the head of his feeble-minded neighbor (Text D) was thus entirely in keeping with current medical theory, although we may note that the individual in question was tainted with heresy and, therefore, seemed morally suspect.

The Church and the medical profession were at one in holding most victims of mental illness responsible for their own sufferings, the former regarding sin as the principal cause of insanity, while the latter tended to blame moral weakness or inability to follow a healthy lifestyle, which in practice amounted to the same thing. Thus, a man might be disposed by planetary influences, especially the phases of the moon, *towards* instability, but ought, through strength of character, to resist such impulses. Similarly, excessive fasting (a dangerous consequence of spiritual pride, the worst sin of all), over-eating, too much sex, or lack of exercise could disturb the humoral balance, with serious consequences for the brain: in each instance the individual was clearly at fault for giving in to his or her baser instincts. Drunkenness carried a particular stigma, being itself a form of madness or denial of reason, as well as the cause of wild, uncontrolled behavior.

In practice, those men and women whose condition did not pose an immediate threat to themselves or to society either remained

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in the care of friends, families, or guardians, or were left to roam around the countryside seeking alms, “barefoot and without bread” (Text B). Langland’s eloquent plea on behalf of “God’s boys” reflects a more attractive brand of medieval piety, which saw the sick and the disorientated poor as Christ’s children, blessed and protected by him. Further up the social ladder, mentally disturbed or otherwise unstable property owners could rely upon the English legal system to protect their interests, at least to the extent of ensuring that any allegations of incapacity were properly investigated and guardians appointed where necessary. One such report (Text A) reveals a sensitive and intelligent line of questioning, which suggests that the commissioners appointed to try such cases took their duties seriously. But the fate of violent, “frenzied” patients was very different. With hardly any institutions available for the confinement of the dangerously insane (the Bedlam hospital in London was the only one in England to specialize in this area), the local community had to take whatever restraining measures seemed necessary. The woman comforted by Margery Kempe (Text C) has been chained up as much for her own protection as that of her neighbors, although the presumption that she is “evil to rule” and “out of her mind” underscores the extent of her perceived alienation from God. Significantly, under the circumstances, Margery herself was often taken for a lunatic, such was the intensity of her religious experience.

### **A. The Examination of an Alleged Imbecile at Lincoln in 1383:**

The said Emma, being caused to appear before them, was asked whence she came and said that she did not know. Being asked in what town she was she said that she was at Ely. Being asked what day that Friday was she said she did not know. Being asked how many days there were in a week, she said seven, but

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could not name them. Being asked how many husbands she had had in her time she said three, giving the name of one only and not knowing the names of the others. Being asked whether she had ever had issue by them, she said that she had had a husband with a son, but did not know his name. Being asked how many shillings there were in forty pence, she said she did not know. Being asked whether she would rather have twenty silver groats than forty pence, she said they were of the same value. They examined her in all other ways which they thought best and found that she was not of sound mind, having neither sense nor memory, nor sufficient intelligence to manage herself, her lands or her goods. As appeared by inspection, she had the face and countenance of an idiot.

*Calendar of Inquisitions Miscellaneous*, IV, No. 227 (London, 1957).

### B. Madness as a Gift from God:

And zut arn ther other beggers in hele [health], as it semeth,  
Ac hem wanteth here witt, men and women bothe,  
The whiche aren lunatik lollers [vagabonds] and leperes a-  
boute,  
And mad as the mone sitt [at the phases of the moon], more  
other lasse.  
Thei caren for no cold, ne counteth of no hete,  
And arn mevyng after the mone. Moneyles thei walke,  
With a good wil, witlees, meny wyde contreys,  
Ryght as Peter dude and Paul, save that thei preche nat,  
Ne myracles maken. Ac meny tymes hem happeth  
To prophecien of the puple, pleyinge, as hit were,  
And to oure sight, as hit semeth. Suththe [since] God hath the  
myghte

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To zeven eche a wyght wit, welthe and his hele,  
And suffreth such so gon, hit semeth, to myn inwitt  
[understanding],

Hit arn as hus aposteles, such puple, other as his privye  
disciples.

For he sente hem forth selverles [without money], in a somer  
garnement,

With-oute bred and bagge, as the bok telleth,

.....  
Barfot and bredles. Beggeeth thei of no man,  
And thauh he mete with the meyre [mayor] amyddes the  
strete,

He reverenceth hym ryght nouht, no rather than another.

.....  
Suche manere of men Matheu ous techeth  
We sholde have hem to house, and help hem when thei come;

.....  
For hit aren murye-mouthede men, mynstrales of hevене,  
And Godes boyes [servants], bordiours [jesters], as the bok  
telleth.

.....  
And alle manere mynstrales, men wot wel the sothe,  
To under-fonge [receive] hem faire [liberally] by-falleth for  
the ryche.

.....  
Ryght so, ze riche, rather ye sholde, for sothe,  
Welcomen and worsshepen and with zoure goode helpen  
Godes mynstrales, and hus messagers, and hus murye  
bordiours,

The whiche arn lunatik lollares and leperes a-boute,  
For under Godes secre seel here synnes ben ykevered  
[excused].

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William Langland, *Piers The Plowman in Three Parallel Texts*, ed. W. W. Skeat, 2 vols. (Oxford, 1886), 1: 234–37.

### **C. Margery Kempe Describes a Serious Case of Post-natal Depression:**

As the said creature (Margery herself) was in a church of Saint Margaret to say her devotions, there came a man kneeling at her back, wringing his hands and shewing tokens of great grief. She, perceiving his grief, asked him what ailed him. He said it stood right hard with him, for his wife was newly delivered of a child, and she was out of her mind. “And, dame,” he said, “she knoweth not me or any of her neighbours. She roareth and crieth so that she maketh folk evil afeared. She will both smite and bite, and therefore she is manacled on her wrists. . . .”

So she went forth with him to see the woman; and when she came into the house, as soon as the sick woman, who was alienated from her wits, saw her, she spake to her soberly and kindly and said she was right welcome to her, and she was right glad of her coming, and greatly comforted by her presence. “For ye are,” she said, “a right good woman, and I behold many fair angels about you, and therefore, I pray you, go not from me, for I am greatly comforted by you.”

And when other folk came to her, she cried and gaped as if she would have eaten them, and said that she saw many devils about them. She would not suffer them to touch her, by her own good will. She roared and cried so, both night and day, for the most part, that men would not suffer her to dwell amongst them, she was so tedious to them. Then was she taken to the furthest end of the town, into a chamber, so that the people should not hear her crying, and there was she bound, hand and foot, with chains of iron, so that she should smite nobody.

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And the said creature went to her each day, once or twice at least; and whilst she was with her, she was meek enough, and heard her speak and chat with good will, without any roaring or crying. And the said creature prayed for this woman every day, that God should, if it were His will, restore her to her wits again, and Our Lord answered in her soul and said she should fare right well. Then she was more bold to pray for her curing than she was before, and each day, weeping and sorrowing, prayed for her recovery, till God gave her her wits and her mind again. And then she was brought to church and purified as other women are, blessed may God be.

It was, as they thought that knew it, a right great miracle, for he that wrote this book had never, before that time, seen man or woman, as he thought, so far out of herself as this woman was, nor so evil to rule or to manage. And later he saw her sad and sober enough. . . .

*The Book of Margery Kempe*, ed. W. Butler-Bowdon (Oxford, 1954), pp. 262–63.

### **D. Sir Thomas More Justifies Beating as a Cure for Frenzy:**

Another was one, whyche after that he had fallen into the frantike heresydes, fell soone after into playne open fransye [frenzy] bysyde. And all be it that he had therfore ben put vppe in Bedelem, and afterwarde by betyng and correccyon gathered hys remembraunce to hym, and beganne to come agayne to hym selfe, beyng theruppon set at lyberty and walkyng about abrode [at large], hys olde fransyes beganne to fall agayn in his hed. And I was fro dyuers good holy places advertised [informed] that he used in his wanderyng aboute, to come into the chyrche, & there make many madde toyes [pranks] and tryfles, to the trouble of good



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people in the dyvyne seruyce, and specially wold he be most besy in the tyme of moste sylence, whyle the preste was at the secretes of the masse about the levacyon [the holiest part of the mass: the elevation of the host]. And yf he syed any woman knelynge at a forme [bench], yf her hed hyngge any thyngge lowe in her medytacyons, than wolde he stele behynde her, and yf he were not letted [stopped] wolde labour to lyfte up all her clothes and caste them quyte over her hed. Wheruppon I beyng advertysed of these pageauntes, and beyng sent unto and requyred by very devout relygyouse folke, to take some other order wyth hym, caused hym as he came wanderyng by my dore, to be taken by the constables and bounden to a tre in the strete byfore the whole towne, and there they stryped [beat] hym with roddys therfore tyl he waxed wery and somewhat lenger. And it appered well that hys remembraunce was good inough, save that it went about in grasyngge [grazing: wandering like an animal] tyll it was beten home. For he could than very well reherse hys fawtes hym selfe, and speke and trete very well, and promyse to do afterwarde as well. And veryly God be thanked I here none harme of hym now.

*The Apology*, ed. J. B. Trapp, *The Complete Works of St. Thomas More*, vol. 9 (New Haven, 1979), p. 118.

## 11. Charms and Magic

The danger, uncertainty, and discomfort of medieval medical treatment, as well as a widespread belief that suffering might be alleviated by God at the intercession of Christ or the Saints, meant that layfolk and practitioners alike had frequent recourse to prayers and incantations. Some practitioners, such as the French surgeon Guy de Chauliac, professed a degree of contempt for the “women, ydeotis and foles” who relied upon conjurations to cure their patients, but most medical writers included at least a few in their textbooks, and collections of domestic remedies (which survive in English in large numbers from the late fourteenth century onwards) are full of them.

The ubiquity of charms to staunch heavy bleeding (Text A) reveals how powerless surgeons were to stop hemorrhages or serious wounds. Charms are replete with images of holy blood and water: the miracle of Christ’s baptism when the river Jordan stood still (a scene usually enacted by barbers or surgeons in mystery plays), or the piercing of his side by the centurion’s spear at the crucifixion. An extract from an anonymous treatise, composed in 1392 by a London practitioner (Text B), suggests that the religious ritual that customarily preceded surgery (for obvious reasons, the patient wished to confess his sins and prepare for the next world) might include the surgeon too. Sometimes, as in difficult cases involving embedded weapons, the surgeon actually abandoned his instruments and threw himself on the mercy of heaven.

Almost all the charms employed in late medieval England were profoundly religious, calling upon the help of Christ, the Virgin, or some appropriate saint or martyr whose physical ordeal corresponded to that of the patient. Many involved the recitation of a specific number of prayers, usually the *Ave* (Hail Mary), *Pater*

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*Noster* (Our Father), and Creed, which all the faithful were expected to know and recite every Sunday in church. Often these would be intoned in multiples of three (the Trinity), five (the wounds of Christ), or seven (the joys and sorrows of the Virgin, or Christ's last words on the cross), which were themselves holy and, thus, gave added power to the words. So too did the sign of the cross, made over the patient to drive away evil and encourage the healing process. One such invocation, written on a long scroll of parchment, the length of which was based on calculations involving the presumed height of Christ, proved immensely popular right across Europe, most notably as a medical charm for use in childbirth, when it was wrapped as a "birth girdle" around the expectant mother (Text C). The Christianization of conjurations and rituals that had their origins in pagan times clearly offered a practical way for the Church to come to terms with entrenched and otherwise immovable "heathen" practices. In the early Middle Ages a good deal of "white" magic had readily been absorbed by the ecclesiastical authorities in a spirit of compromise designed to eliminate far more sinister activities. So there was a legacy of collaboration between priest and magician, which still remained strong where medicine was concerned.

However, despite such overwhelming evidence of lay piety, many churchmen were extremely concerned about the pagan aspects of resorting to latent spiritual forces, however superficially orthodox. Try as they might, the ecclesiastical courts had little success in weaning ordinary men and women from their belief in the healing power of magic and the assumption that amulets, talismans, and incantations might be used indiscriminately with spiritual impunity. The case of Richard Parkyn (Text D) provides one instance of this unending battle against lay ignorance and superstition, illustrating the rather fine line between acceptable and unacceptable practices. Parkyn evidently possessed little in the way of education, and his trusting belief in the medicinal powers of his

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angelic visitor had endangered, but not damned, his immortal soul.

A stiff lecture from the archbishop and a period of penance were clearly not enough to save those practitioners of the black arts (often female) who brazenly set themselves up in opposition to the medical profession with their spells and potions (Text E). But, as the surviving records reveal, the majority of wise-women and faith healers relied entirely upon Christian prayers and symbols, in which they maintained a stalwart (if not entirely orthodox) faith. In an age when even minor complaints could prove painful and hard to cure, and the prospect of death was never far away, men and women grasped anxiously at whatever straws came to hand. Some may well have derived far more comfort from charms or talismans than they ever did from conventional treatment, although in practice it is impossible to tell where medicine ended and ritual or magic began.

### A. Two Charms to Prevent the Loss of Blood:

First, the body houeth [ought] to aske the name of hym that bledeth. And when you wilt seie the charme, then go to the chirke [church] and seie the charme, but loke yow seie it noghte but for seke man and woman. And by gynne “*in Nomine Patris* [in the Name of the Father], when Oure Lorde was down on rode [on the cross], than come Longius theder and smote Oure Lorde to the hert side. Water and blood cam ought therof; he wiped his eighen [eyes] therwith and sawe onon aftir throught the uertu of the goode heede [godhead]. I coniure [order] the bloode that ne come oute of this cristen man or woman, *in Nomine Patris*.” Sai this charme iij tymys. . . .

Another: take and say “Crist was borne of a uirgyne and mayde; aftir the birthe and baptiste in flowe Jordane [in the river Jordan]; and as the floure flowe tho stode stille as stoon [stone],

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right so stand thou blood for the nose or wounde.” Take the bloode of the pacient: ther with wright this worde of man in his forhede “veremus +.” And ghif it of a woman “verima.” Amen.

York Minster Library, MS. XVI, E. 32, fol. 58.

### **B. A Surgeon Recommends a Charm when Medicine is not Enough:**

You schalt vndirstonden a general rule, that thou schalt neuere drawn out noon arowe ne darte ne noon that is lyk therto of no mannys body unto the tyme that he be clene schryven [has confessed his sins and received absolution] and haue disposid alle hise erthely thingis or goodis aftir the desier of his herte. And also that it be outwardly the pacientis requeste in herynge of his freendis and of othere discrete personys, and he fully putte him silf to the grace of God and to the aenture that may bifallen. . . . If that thee likith not to worche in this caas with siche manere of medicyns, thanne thou schalt doon in this wise: ffirst, it is necessarie that thou and also the pacient be clene schryven; and thanne seie thre *Pater Noster* and thre *Ave* in worschipe of the Trinite; and sithen seie, “*in Nomine Patris, etc., adiuro te per Deum verum et per agios et per askiros ut exeas inde*”; and thanne putte therto thi two medicynable fyngres un to thei touche that yren [iron], and it schal lightly come out. For this medicyne hath often tymes be proued of a knyght yclepid [called] Sir Richard Baskerville. . . .

Wellcome Historical Medical Library, Western MS. 564, fols. 75, 76v.

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### C. Relics and Charms Used in Childbirth:

This crose XV tymes metyn is the trew lenth of our Lord Ihesu Criste. And that day that thou lokes on it er beris it a-ponethe, that day sall no wekid sprete haue pouer to hurte the. . . . In batell thou shalt not be slayn, ne dy of no maner of wepyn, withouten the sacramentes of the Kirke ne thou salt not dy no sodan ne evill dede. Fire ne water salt not hurte the. And if a woman trawell of childe, take this crose and lay it one hyr wome and she shalbe hastely be delyuerede with joy withouten perell, the childe to haue Cristendom and the moder purificacion of Haly Kirk. For Seynt Cerice and Seynt Julite, his moder, desired thes of almyghty Gode, the wich He grauntede thame. This is registrede at Rome in Seynt John Laternence. . . .

And thus ys the very lenth of Cristiz naylis which most be holdyn as relekys and worshipid deuoutly with saying of v Pater Noster and v Auez and a Crede. This is the mesur of the blessyd wounde that oure Lord Ihesu Crist had in his right syde, the whiche an angell brought to Charlamayn, the nobyll emperour of Constrantyne [*sic*], wyth-in a cofer of gold, saing this in hys tityll, that who-so-euer, man or woman, hauyng this mesur on hym shall not be slayn with no swerd nor spere, nor no shot shall not hurt the, nor no man shall not ouercomme hym in batell, nor fire nor water shall not noy hym, and yf a woman be trauelyng of child that day, that she shuld haue sayn the sayd mesur, that day she shall not perysh, but the child to haue Crestendom and the modur puryfycacion, for this ys provyd. . . .

In the name of the Father + and the Son + and the Holy Ghost + Amen. Mary gave birth to Christ, Anne gave birth to Mary, Elizabeth gave birth to John the Baptist. Mary gave birth to Our Lord Jesus Christ without shame and without sorrow. In his name and through the merits of St. Mary the Virgin, his mother, and of St. John the Baptist we order you to come out, child, whether you

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are male or female, from your mother's womb, without dying or causing her death. + In the name of the Father + the Son + and the Holy Ghost. . . .

C. F. Buhler, "Prayers and Charms in Certain Middle English Scrolls," *Speculum* 39 (1964): 275, 277; T. Hunt, *Popular Medicine in Thirteenth-Century England* (Boydell and Brewer, 1990), p. 90.

### D. An Abjuration of the Use of Dubious Incantations:

Be it knowene to all peple that, before the most reuerende fadre in God, Thomas, by the grace of God Archbyshepe of York, sitting in iugement in his mane [manor] of Scroby, within his dioces of York, the xvj day of Julye, the yere of Our Lord Mlccccxxxj [1481], I, Richard Parkyn, vnlernd of the parishe of Rotherham, and in the forsaid diocese of York, haue knowlegged and confessed that by the space of vj yere and more I haue vsed charmes by thredys [threads], carectes [written characters] and prayers doon and said vppon clothis of seke folkes, with rehersal of their names. Wherby a certeyn spirit hath be accustomed to appere to me and shew and tell me the disease of seke folkes; and that spirit I haue honourd and worshiped and in hym beleued, supposyng and demyng he had been a good anghell, and my doying good and lawfull, which I know now certenly by thinformacione and instruccione of the forsaid most reuerende fadre is erroneus and agans the determinacione of Holy Church; and the said spirit to be my gostly enmye, and a wiked spirit, and haue vsed hym to the grete displeasour of God and hurt of my saule. Where fore, I haue forsaken and abiuryd my forsaid errour, and all othir that be agans the determinacione of Holy Church, and sworne vppon the Euaungelyes [the gospels of the four Evangelists] neuer to vse

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from hens forward any of the premisses, nor yeve [give] credence nor faith to theym. In witnes wherof, I haue maid with myn awne hand the signe of the crosse. All thies a forsade I knowlege a fore you by way of penaunce inioned [enjoined upon] me by my said most reuerende fadre, besechyng you to pray to God for me that I may haue foryenesse [forgiveness] of myn offensez and grace to emende my mys leuyng [ill-doing].

*English Medieval Handwriting*, ed. A. Rycraft (University of York, Borthwick Wallet, 3, rev. 1973), no. 10.

### **E. Witchcraft Offers a Greater Hope of Recovery than the Church:**

And whan I may noght have the maistrie, swich malencolie I  
take  
That I cacche the crampe, the cardiacle [heart spasm] som  
tyme,  
Or an ague in swich an angre, and som tyme a fevere  
That taketh me al a twelvemonth, til that I despise  
Lechecraft of Oure Lord and leve on [trust in] a wicche,  
And seye that no clerik ne kan—ne Crist, as I leve—  
To the Soutere [cobbler-woman] of Southwerk, or of  
Shordych Dame Emme.  
And seye that God ne Goddes word gaf me nevere boote  
[help],  
But thorgh a charme hadde I chaunce and my chefe heele.

William Langland, *The Vision of Piers Plowman*, ed. A. V. C. Schmidt (London, 1978), p. 158.



## 12. Herbals and Herbal Cures

One of the principal responsibilities of a medieval housewife was that of keeping a well-stocked kitchen garden and herber, where medicinal plants were grown for making home-produced remedies and prophylactics. Most of the knowledge acquired by these women about the cultivation and preparation of herbal cures had been handed down verbally from one generation to the next, but by the fifteenth century vernacular guides, often in verse so they could more easily be memorized, helped to explain the “virtues” or “qualities” of each plant and how it could best be used (Text A). Medical writers, trained in Galenic theory, qualified every single animal, mineral, or vegetable product employed for therapeutic purposes according to precise degrees of heat, cold, moisture, or dryness, grading each by degrees from one to four. Lettuce, for example, was held to be cold and moist in the third degree and, thus, useful as a means of cooling and soothing overheated skin, while celandine, being correspondingly hot and dry, could “dissolve and consume and draw out wicked humours.” Other more temperate herbs were often mixed together in compound remedies to modify or dilute the effect of aggressive medicaments. The herbals and recipe books compiled for ordinary domestic use during the later Middle Ages listed and categorized the most common of these “simples,” avoiding the technical terminology employed by academics. Awareness of the underlying properties, if not the precise numerical gradation of plants, was thus fairly widespread, as was a rudimentary grasp of the humoral theory that dictated when and in what way they would be administered.

Contrary to some preconceived ideas about the limitations of medieval horticulture, even a fairly modest garden could produce a profusion of medicinal plants. The Dominican friar Hugh Daniel,

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who deserves to be hailed as the father of English botany, grew over 250 herbs in his physic garden at Stepney during the later fourteenth century. His remarkable knowledge of wild and domestic flora was probably unrivalled at the time, but many of his contemporaries, especially women, must have shared this interest, acquiring a sound practical understanding of the subject. We can, indeed, infer as much from surviving collections of remedies kept by layfolk, which take for granted the ability not only to recognize a wide variety of plants but also to find substitutes when necessary. A brew widely recommended to ease the pain of wounds and bruises contained a mixture of comfrey, marigold, knapweed, yarrow, wood avens, wallwort, baynwort, clover, herb Robert, wild sage, black harehound, mouse-ear hawkweed, dock, common polipody, greater celandine, and madder, all of which it was assumed the reader would grow herself or gather from the fields and hedgerows.

The making of pills, electuaries, ointments, and other compound medicines was a complicated matter that necessitated all manner of binding agents, such as flour, wax, honey, and animal fat from the larder (Text B). The pounding, mixing, stirring, sieving, and blending required came easily enough to women used to running their own kitchens; and it is by no means unusual to find instructions for cooking meat or making soap interspersed alongside remedies for the stone, swollen feet, or hemorrhoids. It would, however, be wrong to regard this aspect of domestic life as little more than a routine task, for herbs were widely believed to possess magical as well as medicinal attributes and had to be treated with respect.

Despite attacks made in the early Middle Ages by theologians who feared and mistrusted the pagan rituals performed by herbalists and healers, these rites persisted in superficially Christianized form and still caused some concern to the ecclesiastical authorities.

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The time and manner in which plants were picked remained a matter of extreme importance, as also did the identity of the gatherer, who might have to be a child or a virgin. Written instructions for the collection of plants played safe by stressing, with pious orthodoxy, that the individual concerned should have confessed his or her sins and done appropriate penance, while also recommending that specific prayers be said at various stages by the herbalist and her patient. But even the most ostensibly devout wise-woman could face prosecution before the church courts for reciting such prayers out of context or employing dubious charms that smacked of the occult. In certain cases, these suspicions may have been justified, at least to the extent that herbal concoctions were frequently used in the (often disappointed) hope of preventing conception or inducing a miscarriage. Usually disguised on the page as cures for retention of the menses (Text C), they were strictly forbidden but nonetheless occur with predictable frequency.

### A. The Uses of Betony:

Betayn is gode to haue in mende,  
And other erbis in her kende,  
Which may helpe mankynd at nede.  
To tell her uertues it is grete nede.  
Of betayne now I wyll begynn,  
That many uertuys berith with hym:  
Betayne thes lechis say be dene [together],  
Body and soul it kepyth clene;  
Who so euer on him it doth bere  
Fro the feudr [fever] it wyll him were.

\* \* \* \* \*

Betayne enboylyd [boiled] or drye

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Jus of betayn tempered with watur of rosis clere  
Comfortyth the erys that may not here.  
Also, powdur of betayne is gode  
Madlet [mixed] with hony for uyolent blode;  
It is good for horsnes with oute lak;  
It comforyth mech the breste and stomak.  
The leuys of betayne with salt made nesch [mixed]  
Is good for woundes in the hede fresch.  
Also, betayne i-dronke or ete  
The teres of the eye it will lete [stop].  
Also, betayne sodyn [soaked], sothe to say,  
Is good for bolnyng [swelling] of the eye, in fay;  
And if it with rewe [rue] by sodyn or dight  
It doth away thikenesse of the sight.  
And yit do betayn sekyrly [definitely]  
Waste uenym [poison] in mannys body:  
Betayn sodyn [soaked] in wyn clene  
Purgith the stomak and the splene.  
Four leuys of betayn fyn,  
And ij cuppefull of olde wyn,  
And greynys of pepyr xxti [20] and seuene,  
All to gedyr growndyn euene,  
And made a drynke thur of kendelych [naturally]  
It purgyth the erys meruelouslych.  
Betayn and plantayn to gedyr thu take  
With hote watyr do it to gedyr make,  
As seyth mayster Plenious [Pliny] opynlych,  
It couertyth the feuyr cotidyan [quotidian] nobelych.  
Yf thu of uomyte wylt haue bote [need],  
Make a powdyr of betayn rote,  
And drynke it with lewke watir; y say  
That shall the delyver of filth, in fay.  
Four leuys of betayn dronkyn wyth hote wyn

## Herbals and Herbal Cures

Purgth the rewme [rheum] wele and fyn.  
The sede of betayn takyn in tyme  
Is gode for all maner uenyme.  
The poudyr with wyn, I wene,  
Makyth a womanes matrice [womb] clene;  
And who that takyth a been wyght [pill made]  
Of poudyr of betayn wele dyght [prepared],  
And ete it sone aftyr he rysith up ryfe,  
It counfortyth the stomak and uertuys gestyfe [helps digestion].  
Who that wyll do a serpent tene [capture]  
Make a rownde garland of betayn grene,  
And ther with serkyll [encircle] the serpent round a bouthe,  
And he shall neuyr on lyue com oute,  
But with her tayle sche schall her schende [destroy herself],  
Or with her teth her self rende.  
Bettyr gres may noon be founde  
In all this werld upon the grounde  
Than betayn or mynt for the stomak,  
And also for peyne and ache in the bak.

.....  
And if a man haue the toth ake,  
betayn sodyn with wyn he take,  
And kepe it in his mouth euyn and morowe,  
And it schall dryue away all the sorowe.  
Who that for trauayle or grete swynke [labor],  
Be he erly or late dronkyn of drynke,  
Fastyng he use betayne, I say,  
And he schall not be dronkyn that day!

Trinity College, Cambridge, MS. R.14.32.

## Herbals and Herbal Cures

### B. A Selection of Herbal Remedies:

For all maner of ach wher so ever itt be: take water cressen and seth [stew] heme wele and then take hem vp and wrynge oute the water and schred heme small; and take fresshe gresse [fat] and fayr shepis talow and fry it togeder; and take fair branne of whete an handfull or ij and straw it theron; and has hote as thow mayste wrap it therin; and do so ij or iij [times] and thou shall be hole.

Who so have **the cough of colde**, wasshe his fete euery eve with hote watir; and then sett hys fete soles agayne the fyre and then take garlyke and a lytell of horehown [harehound] and stamp hem togedir and enoynt the feete under the soles agayne the ffyre at evyne when thow goste to bedde.

**For the palasy and epulensie** [palsy and epilepsy]: giff hyme the wyne to drynk that sauge [sage] is soden in and make a pleister of the erbe and lay it to his pounce [pulse] eythir wrist and lat hym use the powdre of sauge both in metis and drynkes. Make sauce both of parsely and of sauge, and temper it with vynegre and kest a littell powdir of pepire [pepper], and it shall make a man have gode appetite to mete and clence the stomake.

**For the mygrayn in the hede and for the postyme [boils] and for the dropsye in the hede** this medecyn is good: take iiij peny wight of rotis of peletre of Spayn [roots of Spanish pellitory], dj peny wight of spyknarde [half a penny weight of spikenard, an aromatic ointment] and grynd hem and boyle hem in gode vynegre; and take a sawserfull of hony and v sawserfull of mustard. And [when] the licoure is boiled and cold, do [add] this to thyn hony and thi mustarde, and medle [mix] heme togedir. And use therof halve a sponfull at onys, and hold it in thy mowth as longe as thou may say ij acdys [the prayer, *Agnus Dei*], and then spitt it owt in to a vessell; and than take an other, and do thus x tymes or xij a gode while after that thou hast ete at none, and a

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littell bifor even. . . . And or thou go to bed, drynke a draught iff thou wilt in goddis name, but wasshe wele thi mouth. And use this iiij days and thou shalt be hole, or warantise [guaranteed].

**For the stomak that is encombred with fleume or malencoly:** take ij dragmes [drachms] of aloes and a dragme of mastik [mastic]. It clensith the stomak and confortith hyme if he be acoldid, eythir feble or faynt. And for colry [choler] in the stomak take a greyne of aloes with hony. It clensith the stomak and makyth hym wele . . . but aloes and mastijk shuld be stampid and soden with white wyne, and so giffen to the sik to drynk.

For akynge of teth: . . . take vynegre and tansay [tansy] and a rede onyon, salt and a fewe peper cornys [peppercorns] grondyn and boyled togeder; and streyn it; and drop a sponfull of the juse in to that side of thi mouth, and hold it longe ther in, and then spitt out. And lefe the drasse [residue] ther of betwyx the toth and the cheke all nyght.

**For to do away the web in the eyghe [conjunctivitis]:** take pympernell [burnet or pimpernel] a goode quantitee, and stamp it and wrynge the juse thorow a cloth; and take swynes grese [pork fat], and as moch of goose grese, and as moch of hennes grese, and melt all togedir. And do [add] the juse therto, and kepe it in boxis; and anynt the eyghen therwith when thou gost to bedde.

**To avoyd lecherye:** take nettill sede and bray it in a mortare [beat it in a mortar] with peper and temper it with hony or with wyne; and it shall distroy it. And iff thou will preve it, giff it to a dogge that gothe assant [on the scent], and he will forsake the biche, and she will go wode [mad].

*A Leechbook or Collection of Medical Recipes of the Fifteenth Century*, ed. W. R. Dawson (London, 1934), pp. 26, 74, 232, 192, 262–64, 24, 156, 184.

## Herbals and Herbal Cures

### C. To Induce Menstrual Bleeding (or Perhaps an Abortion):

Take the rote of marche [smallage], of the quantite of thy fynger, all grene, and larde it with the rote of pelettre of spayne [Spanish pellitory], and syth put that rote in erthe a yene a xiiij nyght or iij wokes, then take it vp and wype it clene and put it in here priuey membre, a day and a nyght, afture ward take it oute and a noynte yt with oyle of lorer [laurel] or with mete oyle and put it yn efte sonys and lete it lye tyl sche hafe hyre purgacioun: for though ther were a ded childe in here wombe it wold bringe it oute. . . . But or sche vnderfonge [before she is treated with] this supposytore, thou shalt sethe sauyn [savin: a well-known abortifacient] and myntes [mint] and puliall [wild thyme] and bay leuys yn watre and let the woman setten ouer that watre a gode whyle . . .

*The "Sekenesse of Wymmen,"* ed. M. R. Hallaert (Brussels, 1982), p. 37.



## 13. Childbirth

However jealously they may have defended their professional monopoly in other areas, medieval medical practitioners were prepared to concede that certain basic aspects of obstetrics and gynecology, as well as the general care of the sick in hospitals and nunneries, were essentially a female preserve. If only because of the dynastic and economic aspirations of their wealthier patients, physicians and surgeons retained a vested interest in the working of the female reproductive system, although their concern tended to manifest itself at a theoretical rather than a practical level; the routine business of examination, treatment, and delivery in childbirth were left, out of decency (as well as ignorance), to midwives and other knowledgeable women (Text A). The conventional reluctance of doctors to affront the modesty of their female patients, and the latter's evident fear of revealing intimate parts of their anatomy to men, which was the argument usually advanced for employing an obstetrix, has fostered the rather naive view of "women's sickness as women's business," somehow divorced from the world of academic medicine and subsidiary to it. Yet, so long as the wives and daughters of landowners and merchants were valued as breeding stock, problems related to fertility and procreation continued to exercise the profession. Provided they kept their place and accepted direction, midwives and nurses moving in the upper reaches of society posed no direct threat and were, therefore, tolerated and even encouraged.

The notion that women should have access to literature about health in general and childbirth in particular, written clearly in the vernacular for ease of comprehension, was firmly established by the mid-fifteenth century, when numerous scientific texts began to appear in simplified form for the edification of layfolk (Text B).

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Those dealing with obstetrics and gynecology relied heavily upon the writings of Soranus of Ephesus (d. ca. A.D. 129), a leading authority on the subject, who had placed great importance upon the proper education of midwives. But although authorities held him in high regard and were otherwise so vociferous in their defence of professional standards, no serious attempt was made in either late medieval or Tudor England to ensure that midwives were properly trained and examined in practical matters, or that the supply matched the demand. Perhaps the presence at confinements of experienced female friends, relatives, and well-intentioned high-born ladies with an interest in obstetrics was considered enough to keep the midwife up to scratch: but in this respect, as in so many other areas of medical activity, the English lagged far behind their continental neighbors.

Due stress was, of course, always placed upon the need to employ women of good character, who would report illegitimate births and cases of suspected infanticide. But whereas in the cities of Germany and France equal importance was placed upon the welfare of mother and child and the expertise of the midwife, in England the sole, overriding preoccupation was with morality rather than skill. In the absence of any civic or national system of licensing, the ecclesiastical authorities exercised by far the greatest influence over the practice of midwifery; and, not surprisingly, their concerns were almost entirely spiritual. They were, for example, extremely anxious that, in the event of a child being born dead or dying, the midwife should be able to discharge her *primary* responsibility and save its soul through baptism. Parish priests were required to teach the appropriate procedure, which, in desperate circumstances following the mother's death, could necessitate surgical intervention in order to christen the infant (Text C).

Concern lest the child's soul might be lost through the midwife's negligence was aggravated by the greater and more terrible

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fear that she might use, or make available to others, the flesh of an unbaptized infant for satanic purposes. So long as the belief in witchcraft persisted, midwives remained open to accusations of complicity with the devil, and for this reason alone (although clerical prejudices about women and the degrading aspects of childbirth clearly made things worse) they had to tread carefully. As we have seen, prayers, charms, and incantations were employed as a matter of routine during confinements, but even before the Reformation (when, through the efforts of Protestants such as John Bale, such practices became illegal) it was easy to overstep the accepted bounds. Bale's superstitious old crone, who dabbles in obstetrics and magic, is not quite an exponent of the black arts but may soon find herself in trouble with the church courts (Text D). Significantly, the very first English oath for midwives, introduced in 1567, placed godliness above all other qualifications and makes no mention whatsoever of practical qualifications.

### A. The Midwife, the Child, and the Nurse:

A midwif is a womman that hath craft to helpe a womman that trauaileth of childe, that sche bere and bringe forthe here childe with the lasse woo [least suffering] and sorwe. And for the childe schulde be ibore with the lasse trauaile and woo sche annoyntith and bawmeth [rubs] the modir wombe, and helpith and comfortith here in that wise. Also sche fongith [receives] the childe out of the wombe, and knettith his nauel [cuts the umbilical cord] foure ynche long. With water sche wasschith away the blood of the childe, and bawmeth hym with salt and hony to drye vp the humours and to comferte his lymes and membres, and swathith hym in clothis and cloutis. . . .

Children that come out of the wombe schulde be i-swathid [wrapped or rubbed] in rosis ipowned with [beaten into] salt, that

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here membres mowe be comfortid and deliuered and clensid of gleymy [sticky] moisture. Thanne the roof of the mouth and gomez schulde be frotid [rubbed] with a fingir iwette in hony, to clense and comforte the inner partye of the mouth, and also to excite and cense [arouse] the childes appetite with swetnes and scharpnes of the hony. And he schulde be ofte i-bathed and anynt with *oleo myrtino* [oil of myrtle] othir *rosaceo* [roses] and alle the lymes schulde ben anynt with this oyle, and namliche [especially] the lymes of the males for thaire lymes bycause of trauaile ben more hard and sad [heavy] than the lymes of females. . . .

A norse [nurse] hath the name of norischinge for sche is ordeyned to norische and to fede the childe. . . . And therefore right as the modir, so the norse is glad if the childe is glad and sory gif the childe is sory, and taketh hym vp gif he falle, and geueth him souke gif he wepith, and kisseth him gif he is stille, and gedreth his lemes togedres gif he sprauleth and castith hym abroad, and clensith and waisschith hym gif he defoulith hymself, and fedith hym with here fingres agenst his owne wille. And for he can nought speke the norse whilispith and souneth [pronounces] the wordis, to teche the more esiliche the child that can not speke. And sche vsith medicines to bringe the childe to couenable [suitable] state gif he is seeke. And heuith [lifts] hym vp now on here schuldres, now on here hondes, now on here kneen and lappe, and so sche heuith him vp and doun gif he squeketh and wepith. And sche schoueth [puts] mete in here owne mouth and maketh hit redy to the toothles childe, that he may the etheloker [more willingly] swolewe that mete and so sche fedith the childe whenne he is an-hongred and plesith the childe with whilstlinge and songes whenne he schal slepe, and swathith [wraps] him in schetis and cloutis [cloths], and rightith and strecchith out his lymes and bendith hem togedres with cradil bondis [cradle bands] to kepe and saue the childe that he be not defasid [deformed] with myscreded lymes.

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*On the Properties of Things: John Trevisa's Translation of Bartholomaeus Anglicus De Proprietatibus Rerum*, ed. M. C. Seymour, 3 vols. (Oxford, 1975–88), 1: 305, 298–99, 304.

### **B. Advice to the Midwife about Difficult Presentations:**

Whan the childe's hede aperith, as it were hedelinges [head first], and all the other partie of the chyld levith in the moder syde [inside the uterus]: the help herof is that the mydwif with her honde anynted in oyles, *id est*, in oyle of pulioll [pennyroyal] and in oyle of lilie merue [pure lily] or oyle muscelleum [of musk] and, as it nedith, that honde so anynted and put in and fourmabely dressyng [properly turning] the child with her hondes from the sides of the moder. And the orifice of the marice [opening of the uterus] so anynted well that the childe may come forth evenly. . . .

Whan the childe comyth with his feete joyntly togeder . . . the mydwif shall never have it forth whan he comyth so douneward. But when he begynnyth to come so to, the mydwif with her handes anynted and yn put shove hym up ayen and dresse hym so that he may come forth on the moste kyndely maner [natural way] that he sqwat [squash] nought his hondes in the moder sides. . . . Yf the childe's hede be so moche and so grete that he may not come forth: the mydwif than schal shove hym ayen and anynt with may butter that is fresshe, or with oyle comune [ordinary oil] the orifice, *id est*, the mouthe of the prive membre, and than the mydwifys honde put in so anynted first, and that membre made large, than brynge hym forth holding the hed of hym. . . .

She that travaylith schall be brought into a schort strayte [narrow] bedde that hath an hygh stondyng, and sche put out her hede [without the bed-head], than the mydwif havyng her hond anynted and put yn after that it is unkyndeliche [unnaturally

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positioned], and ydressed hym rightlich, and than so brynge hym forth; but the bedde that the woman schall lyggen yn schuld be made harde. . . . Yf ther were moo than oon, as it happith alday [often], and alle tho be comyng to the orifice at ones; than lete the mydwyf putte ayen oon with hyr fyngers, the whiles she hathe forth oon of the children. And than after, another, so doyng that the moder be noght repressed, nother the children mysfaren with all, as it fareth often tyme.

*Medieval Woman's Guide to Health, the First English Gynecological Handbook*, ed. B. Rowland (Kent State, 1981), pp. 122–35.

### C. How the Parish Priest Must Instruct the Midwife:

And teche the mydewyf never the later  
That heo [she] have redy clene water,  
Then bydde hyre spare for no schame,  
To folowe the chylde there at hame,  
And thaghe [though] the chylde bote half be bore  
Hed and necke and no more,  
Bydde hyre spare, never the later,  
To crystene hyt and caste on water;  
And but scho mowe [if she can only] se the hed,  
Loke scho folowe hyt for no red [irregardless];  
And yef the wommon thenne dye,  
Teche the mydwyf that scho hye  
For to vundo hyre wyth a knyf,  
And for to saue the chyldes lyf  
And hye that hyt crystened be,  
For that ys a ded of charyte.  
And yef hyre herte ther-to grylle,

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Rather thenne the chylde scholde spylle,  
Tecche hyre thenne to calle a mon  
That in that nede helpe hyre con.

John Myrc, *Instructions for Parish Priests*, ed. E. Peacock,  
E.E.T.S., 31 (1868, rev. 1902), pp. 3–4.

### **D. A Satirical View of the Midwife from John Bale's *Comedy Concernynge Thre Lawes of 1538*:**

Yea, but now ych am a she,  
And a good mydwyfe per De,  
    Yonge chylde can I charme,  
With whysperynge and whysshynge,  
With crossynge and with kyssynge,  
With blasynge and with blessynge,  
    That spretes do them no harme.

.....  
For the cowgh take Judas eare,  
With the parynge of a peare,  
And drynke them without feare  
    If ye wyll have remedy.  
Thre syppes are for the hyckock,  
And six more for the chyckock;  
Thus maye my praty pyckock  
    Recover by and by.

If ye can not slepe but slumber,  
Geve otes unto saynt Uncumber,  
And beanes in a serten number  
    Unto saynt Blase and saynt Blythe;

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Geve onyons to saynt Cutlake,  
And garlyke to saynt Cyrylake,  
If ye wyll shurne the head ake,  
    Ye shall have them at Quene hythe [Queen Hithe,  
    London].

A dramme of shepes tyrdle,  
And good saynt Frances gyrdle,  
With the hamlet of a hyrdle,  
    Are wholesom for the pyppe.  
Besydes these charmes afore,  
I have feates many more  
That I kepe styll in store  
    Whome now I over huppe [skip over].

*The Complete Plays of John Bale*, ed. P. Happe, 2 vols.  
(Woodbridge, Suffolk, 1985–86), 2: 79–82, lines 426–546.



## 14. Women and Medicine

In marked contrast to its modern counterpart, the medieval hospital served the poor rather than the rich (who expected to be treated in their own homes) and gave priority to the salvation of the soul rather than to the health of the body. Some institutions were highly selective, refusing admittance to anyone who might disrupt the atmosphere of Christian piety and devotion, while others isolated lepers, lunatics, and other “undesirables” from the rest of society. All hospitals employed women to look after the inmates: those working in larger hospitals of monastic foundation tended to be lay sisters, bound by oath to follow a life of prayer, celibacy, and absolute obedience; but even in the smaller almshouses, which sprang up during the later Middle Ages, the nurses had to be “of good conversation and repute,” prepared to buckle down to an unrewarding round of hard work. Caring for the sick poor was one of the seven charitable works enjoined by Christ upon his disciples, and for this reason preachers and the writers of devotional literature urged the faithful to found and maintain hospitals. The example of Elizabeth of Hungary (Text A) was especially potent, although in practice the fashion for rich and influential women to take up the most sordid nursing duties as a mark of piety died out long before the Reformation.

In England, where little in the way of conventional medical treatment was made available in hospitals, the main responsibilities of the nurse lay in feeding the patient, keeping him and his linen clean, and, most important of all, fetching a priest whenever one might be needed. Even so, after years of bathing and dressing wounds, laying on poultices and administering herbal cures, many of these women must have acquired a formidable amount of practical experience. In nunneries, too, sisters charged with run-

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ning the infirmary were expected to master a range of skills (Text B), which sometimes even included basic surgery. Peter Abelard (d. 1142) had, for example, advised his former mistress, Heloise, while she was abbess of the Paraclete, that nuns should be trained in phlebotomy so that it would not be necessary to call upon a male physician for this routine operation. Complaints by surgeons that blood-letting was all too frequently left to barbers and women may, indeed, have been levelled against some female religious, for we know that Augustinian sisters offered this and other medical services to layfolk in their local communities, very much as outpatients are treated today (some Lollard activists actually went so far as to suggest that they used this opportunity to teach young girls about contraception). The popular legend of Robin Hood, an implausible figure in any monastic waiting-room, casts an interesting light on the practice of phlebotomy by nuns, and the dark suspicions that it aroused (Text C).

Women were expected, as a matter of course, to look after the health and welfare of their families and dependents. Given the high cost and relative inaccessibility of professional medical treatment and the corresponding popularity of folk remedies, culled from the herb garden and kitchen, they inevitably came to play a major role as healers. The cures that they traditionally essayed were, moreover, generally less unpleasant and painful than the more radical methods favored by the professionals, although not surprisingly the latter remained contemptuous of their efforts (Text D). There were, of course, many occasions when “the medicines of ladies” proved totally inadequate, but it would be wrong to dismiss their contribution out of hand. To protect and preserve the members of her household, the medieval chatelaine had to cultivate the skills of an apothecary as well as an herbalist: quite elementary recipes might require multiple ingredients and elaborate preparations, which in turn demanded considerable expertise. Women of good family,

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such as the daughters of Sir Thomas More, took their medical studies seriously, consulting “learned men” to improve their grasp of theory. Those who could not manage Latin texts were helped by the flood of English translations that appeared in growing numbers during the later Middle Ages, often edited and simplified for the benefit of the lay reader.

If the medical profession was obliged to tolerate high-born females with an interest in physic, it showed far less restraint when dealing with wise women and female practitioners of low degree. We have already seen how graduate physicians and licensed surgeons sought to establish a monopoly, driving their less academically qualified rivals off the streets. Many women acquired their knowledge from husbands or fathers with unimpeachable credentials, but it became increasingly difficult for them to ply their trade alone, without male protection (Text D). The fear and suspicion were not, however, all on one side: as Margaret Paston remarked, she could hardly be expected to trust any London physicians after they had killed two of her closest relatives!

### **A. St. Elizabeth of Hungary Sets a Fine Example:**

In order to give shelter to pilgrims and to the homeless, she had a large house built at the foot of her lofty castle. In this house she cared for a great multitude of the sick, visiting them each day maugre the steepness of the way, ministering to their needs and exhorting them to patience. And although she was sorely distressed by the least taint of the air, she shrank not from the sores of the sick, even in the summer weather, for the love of God. She applied their remedies, cleansed their woundes with the veil of her head, and handled them with her own hands, paying no heed to the protests of her handmaidens. In this same house she caused the

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children of poor women to be fed with the utmost care, and showed herself so kindly and so humble in their regard that all called her their mother. . . .

She built a large hospital at Marburg, and there attended humbly to the needs of the poor, bathing them and covering them in their beds, and then saying joyfully to her women: "How well it is with us, that we are allowed to bathe and cover Our Lord!" And once, in caring for a one-eyed child whose body was covered with scabs, she bore him to the privy in her own arms seven times in one night, and gladly washed his soiled bed-clothing. She cared for a woman with a dreadful leprosy in the same manner, bathing her, putting her in bed, cleansing and bandaging her sores, applying her salves, cutting her finger nails, and kneeling at the sick woman's feet to loosen the laces of her shoes. She urged the sick to confess their sins and to receive the Holy Communion; and once when an old woman refused to do this, Elizabeth had her chastised with a whip and thus persuaded her.

*The Golden Legend of Jacobus de Voragine*, trans. G. Ryan and H. Ripperger (New York, 1969), pp. 681, 685.

### **B. High Nursing Standards at Syon Abbey:**

To kepyng of the seke in the fermery [infirmery] schal be depute such a suster by the abbes that dredethe God, hauyng a diligence aboute hem for hys loue, and kan skylle for to do seruyse to them, stronge and myghty to lefte them up, and lede them from place to place whan nede is, to the chirche or fermery chapel, and kan exhorte, styrre and comferte them to be confessed, and receyve the sacramentes of Holy Chirche. Ofte chaunge ther beddes and clothes, geue them medycynes, ley to ther plastres, and

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mynyster to them mete and drynke, fyre and water, and al other necessaryes, nyghte and day, as nede requyrethe. . . . Not squaymes [squeamish] to wasche them, and wype them, or auoyde them [help them relieve themselves], nor angry nor hasty, or unpacient thof [although] one haue the vomet, another the fluxe, another the frensy, whiche nowe syngethe, nowe cryethe, nowe lawghethe, nowe wepethe, nowe chydethe, nowe fryghtethe, nowe is wrothe, nowe wel apayde [contented], ffor ther be some sekenesses uexynge the seke so gretly and prouokynge them to ire that the mater drawn up to the brayne alyenthe the mendes. And therfor they owe to haue moche pacience withe suche, that they may therby gete them an euerlastyng crowne.

G. J. Aungier, *The History and Antiquities of Syon Monastery* (London, 1840), pp. 395–96.

### C. Murder by Phlebotomy at Kirklees Priory:

“I will never eate nor drinke,” Robin Hood said,  
“Nor meate will doo me noe good,  
Till I have beene att merry Churchlees,  
My vaines for to let blood.”

.....  
“The dame prior is my aunt’s daughter,  
And nie unto my kinne;  
I know shee wold me noe harme this day,  
For all the world to winne.”

.....  
Then Robin gave to dame prioresse  
Twenty pound in gold,

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And bad her spend while that wold last,  
And shee shold have more when shee wold.

And downe then came dame prioresse,  
Downe she came in that ilke,  
With a pair off blood-irons in her hands,  
Were wrapped all in silke.

“Sett a chaffing-dish to the fyer,” said dame prioresse,  
“And stripp thou up thy sleeve:”  
I hold him but an unwise man  
That will noe warning leeve.

Shee laid the blood-irons to Robin Hood’s vaine,  
Alacke, the more pitye!  
And pearct the vaine, and let out the bloode,  
That full red was to see.

And first it bled, the thicke, thicke bloode,  
And Afterwards the thinne,  
And well then wist good Robin Hoode  
Treason there was within.

*The English and Scottish Popular Ballads*, ed. Francis James Child, 5 vols. (New York, 1957), 3: 104–05.

### **D. A Female Practitioner Begs Henry IV for Help:**

Your poor petitioner, Joanna, lately the wife of William Lee, begs humbly that, because her aforesaid husband was killed on your first expedition to Wales, your said poor petitioner found

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herself continuously without any means of support from then onwards until she was reduced to going barefoot and became a penitent at the Inn [or poor-house] which is called “le Inne du Seynt Marie,” praying night and day to God and his glorious mother, Saint Mary, to preserve your royal and glorious estate. Until then, she had nothing to live off except the physic which she had learnt. May it please your exalted and very gracious lordship to grant to your said poor petitioner a letter under your great seal, so that she may venture safely around the country to practice her art, without being stopped or troubled by all those people who denigrate her because of her said art—for God and as a work of charity.

Public Record Office, SC8/231/11510.

### **E. John of Arderne is not Impressed by “the Medicines of Ladies”:**

Licum [dried leaves of honeysuckle] hath vertu [power] for to mundifie [cleanse] the filthe or the putrefaccion of the bone, and for to hele the wonde, and for to sle the cancre and the fistule. . . . It is the beste medicyne iif the fynger, forsothe, of any man have be long unheled of unwise cure, or of negligence of the pacient after that the bone is take out—As somtyme it bifell of oon that was vnder the cure of a lady by halfe a yere, after that the uppermore iuncture [joint] of the bone of the fynger was drawn out. ffor why [because]; that lady entended for to have heled hym al-oonly with drynk of Antioche and other pillules; and for cause that the naill of the fynger abode stille, she trowed therfore for to have souted the place of the fynger in whiche the bone that was drawn oute stode bifore; whiche, forsothe, might noght be, for the

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flessh and the skynne with the naile that went aboute the bone bifore war infecte and putrefacte of the bone. . . . Therefore a long tyme overpassed, when he come to me and the fynger y-sene. . . .

The arme of a certane manne biganne sodenly for to ake & prik in the bught [bend] of the arme and afterward gretly to bolne [swell] fro the shulder to the fyngers. The pacient, forsoth, hauntyng or usyng the medycines of ladies, as it war by a moneth, evermore had hymself worse. At the last he soght and asked my help. And when I biheld his arme gretly bolned, & replete of redenes & of brennyng & hardnes & akyng, ffirst I made hym ane emplastre. . . .

John of Arderne, *Treatises of Fistula in Ano*, ed. D. Power, E.E.T.S., 139 (1910), pp. 44–45, 49.



## Further Reading

C. H. Talbot, *Medicine in Medieval England* (London, 1967), and S. Rubin, *Medieval English Medicine* (Newton Abbot, 1974), remain standard works on the subject and are extremely readable, setting English practice in the wider European context. Both, however, rely largely upon printed sources and are neither as original nor as scholarly as N. G. Siraisi, whose *Medieval and Early Renaissance Medicine* (Chicago, 1990) is warmly recommended, especially to those with an interest in medical education and training. However, this book reflects the author's own specialization in Italian and academic medicine and has comparatively little to say about England, which lagged considerably behind the continent in many respects. A wealth of information about health care in England during the earlier Middle Ages may be found in E. J. Kealey, *Medieval Medicus* (Baltimore, 1981), which concentrates upon the first half of the twelfth century. Kealey paints a rather optimistic picture of the availability and effectiveness of medical resources, but at least this counteracts the relentlessly gloomy and often anachronistic approach to medieval medical history adopted by nineteenth- and early twentieth-century writers, who tended to be physicians or surgeons themselves and were thus preoccupied with the idea of "progress." R. Gottfried, *Doctors and Medicine in Medieval England* (Princeton, 1986), is marred by errors on almost every page and should not be used at all.

Our understanding of the theory and practice of medieval medicine is greatly enhanced by the survival of many illuminated texts. The best introduction to this important visual source is P. Murray Jones, *Medieval Medicine in Illuminated Manuscripts* (London, 1998), which contains a clear and comprehensive account of contemporary

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ideas and their application. Although the commentary is less informative, A. S. Lyons and R. J. Petrucelli cover most aspects of medical iconography from ancient times to the present day in their lavishly produced *Medicine: An Illustrated History* (New York, 1978). Some writing on humoral theory makes a new and potentially difficult subject virtually incomprehensible, but F. M. Getz's introduction to her edition of the pharmaceutical writings of Gilbertus Anglicus, *Healing and Society in Medieval England* (University of Wisconsin Publications in the History of Science and Medicine, no. 8, 1991), is a model of clarity. The essays collected by S. Campbell, B. Hall, and D. Klausner in *Health, Disease and Healing in Medieval Culture* (Toronto, 1992) cover a wide range of topics and source material, reflecting the rich diversity of treatment, from diet to cautery, available to the patient. So do the papers produced by L. Garcia-Ballester et al. in *Practical Medicine from Salerno to the Black Death* (Cambridge, 1994).

Although they are principally concerned with two French practitioners and their work, both L. Demaitre, *Doctor Bernard Gordon: Professor and Practitioner* (Toronto, 1980), and M. C. Pouchelle, *The Body and Surgery in the Middle Ages* (Oxford, 1990), have much to say that is of general interest. Further insights into continental practice may also be found in K. Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, 1985). No comparable study has yet been produced for England, partly because the sources are so very different and the material available far more limited. F. M. Getz's chapter on "The Faculty of Medicine before 1500," in *The History of the University of Oxford*, Volume II, *Late Medieval Oxford*, ed. J. I. Catto and R. Evans (Oxford, 1992), pp. 373–405, is essential reading for those who want to learn more about the education of physicians, as, to a lesser degree, is D. R. Leader's brief investigation of medical training in his *History of the University of Cambridge*, Volume I, *The University to 1546* (Cambridge, 1988). The papers presented in *Essays on the Life and Work of*

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*Thomas Linacre c. 1460–1524*, ed. F. Maddison, M. Pelling, and C. Webster (Oxford, 1977), most notably that by C. Webster on “Thomas Linacre and the foundation of the Royal College of Physicians” (pp. 198–222), constitute a useful starting point for readers wishing to explore the sixteenth century and also tell us more about the problems facing England’s two faculties of medicine in the later medieval period.

English surgeons and barbers are less well served, although T. Beck provides useful extracts from original documents in his otherwise rather variable monograph, *The Cutting Edge: Early History of the Surgeons of London* (London, 1974). The biographical register of *Medical Practitioners in Medieval England* compiled by C. H. Talbot and E. A. Hammond (Wellcome Historical Medical Library, London, new series, vol. 8, 1965) presents a mass of evidence about more than 1,200 specific individuals but is marred by a number of misidentifications and other errors, as well as by the omission of apothecaries and barbers. It should be used in conjunction with F. M. Getz’s additions and revisions, which appear in *Social History of Medicine* 3 (1990): 245–83. The question of medical incomes is addressed in C. Rawcliffe, “The Profits of Practice: The Wealth and Status of Medical Men in Later Medieval England,” *Social History of Medicine* 1 (1988): 61–78.

As will have become clear from the texts reproduced in this booklet, religion and magic played an important part in the healing process. R. C. Finucane examines one area of ecclesiastical influence in *Miracles and Pilgrims: Popular Beliefs in Medieval England* (London, 1977); and J. R. Guy reveals another in “The Episcopal Licensing of Physicians, Surgeons and Midwives,” *Bulletin of the History of Medicine* 56 (1982): 528–42: Essays by M. Carlin, M. Rubin, and J. Henderson in *The Hospital in History*, ed. L. Granshaw and R. Porter (London, 1989), pp. 21–39, 41–59, and 63–92 respectively, assess the relative importance of spiritual, as opposed to physical, medication in English and Italian hospitals. N. Orme and M.

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Webster's survey, *The English Hospital 1070–1570* (New Haven: Yale University Press, 1995) offers a useful introduction. C. Rawcliffe's essay in *Daily Life in the Late Middle Ages*, ed. R. H. Britnell (Stroud, 1998), examines the work of women in medieval hospitals. The highly ambivalent attitude of the church and society towards lepers is eloquently described by S. N. Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (Ithaca, 1974), while P. B. R. Doob, *Nebuchadrezzar's Children: Conventions of Madness in Middle English Literature* (New Haven, 1974), looks at the fate of the insane. A short but highly enjoyable account of the use of charms and magic in medicine may be found in R. Kieckhefer, *Magic in the Middle Ages* (Cambridge, 1990). K. Thomas's classic study, *Religion and the Decline of Magic* (London, 1984), also contains valuable material for the medievalist.

Rather like lepers and lunatics (along with whom they faced exclusion from many hospitals), women were often regarded with mixed feelings by the Church. The subject of ecclesiastical prejudice towards the female body is explored by U. Ranke-Heinemann in a polemical study, *Eunuchs for the Kingdom of Heaven: The Catholic Church and Sexuality* (London, 1990). Her views are somewhat less measured than those of D. Jacquart and C. Thomasset, whose *Sexuality and Medicine in the Middle Ages* (Princeton, 1988) presupposes a degree of historical and medical knowledge on the part of the reader but manages, even so, to entertain as well as inform. Medical ideas about male and female bodies are also investigated in T. W. Laqueur's thought-provoking book, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., 1990).

Although the care of the sick in medieval and early modern England was largely undertaken by women in the home or local community, and university trained or otherwise licensed practitioners were in fact responsible for only a limited clientele, historians have devoted a disproportionate amount of attention to the emergent medical profession at the expense of other healers. It has,

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moreover, generally been assumed that members of this profession showed little interest in “female problems,” a belief that explains the relative paucity of books about practical obstetrics and gynecology. A stimulating article by M. Green on “Women’s Medical Practice and Health Care in Medieval Europe,” *Signs* 14 (1989): 434–73 challenges such conceptions and shows how much is still to be learned about this neglected field. Unfortunately, B. Rowland’s edition of a vernacular gynecological text, *Medieval Woman’s Guide to Health* (Kent, Ohio, 1981), is misleading in some respects, not least with regard to the identity of the legendary female practitioner Trotula of Salerno. Readers are advised to consult J. F. Benton, “Trotula, Women’s Problems, and the Professionalisation of Medicine in the Middle Ages,” *Bulletin of the History of Medicine* 59 (1985): 30–53, which dispels for good some hoary myths about “dame Trot.” A more rigorous examination of the dissemination of medical knowledge among laymen and women than that offered by Rowland may be found in L. E. Voigts’s contribution to *Book Production and Publishing in Britain, 1375–1475*, ed. J. Griffiths and D. Pearsall (Cambridge, 1984), pp. 345–402.

M. E. Wiesner’s chapter on midwives in her *Working Women in Renaissance Germany* (New Brunswick, 1986), and her discussion of “Early Modern Midwifery,” in *Women and Work in Preindustrial Europe*, ed. B. A. Hanawalt (Bloomington, Indiana, 1986), pp. 94–113, show, once again, how different English practice was from that in other parts of Europe. J. Donnison’s *Midwives and Medical Men* (London, 1988) briefly explores the medieval period, and P. Biller, “Childbirth in the Middle Ages,” *History Today* 36 (1986): 42–49, provides some useful illustrations and an accessible overview of the topic. The role of women as healers is considered in two chapters of C. Rawcliffe’s *Medicine and Society in Later Medieval England* (Stroud, 1995), upon which this booklet is based.