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Bedwritten: Middle English Medicine and the Ailing Author

A Dissertation submitted in partial satisfaction  
of the requirements for the degree of

Doctor of Philosophy

in

English

by

Chelsea Rae Silva

June 2020

Dissertation Committee:

Dr. Andrea Denny-Brown, Chairperson

Dr. Heidi Brayman

Dr. John Ganim

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2020

The Dissertation of Chelsea Rae Silva is approved:

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ABSTRACT OF THE DISSERTATION

Bedwritten: Middle English Medicine and the Ailing Author

by

Chelsea Rae Silva

Doctor of Philosophy, Graduate Program in English

University of California, Riverside, June 2020

Dr. Andrea Denny-Brown, Chairperson

This dissertation explores the intersection of medical care and authorial self-representation in Middle English literature, reading canonical literary works and medical texts alongside one another to reveal the shaping influence that healthcare practices and literary production exerted on each other. Informed by medical humanities methodologies, this dissertation argues that just as popular medical texts made use of literary techniques and conventions, so too did literary authors turn to medical discourses in their efforts to communicate experiences of illness or impairment. Approaching these two practices as inextricable makes possible an exploration of medieval authorship that accounts for the entangled nature of cultural care and medical cure.

An introductory chapter provides an overview of medical practice in late medieval England, paying particular attention to the relationships between practitioners and patients

and to the texts that record popular experiences of healthcare, such as remedy collections and autobiographical accounts. Figuring the patient not simply as a collection of symptoms and diagnoses but as embedded in a particular cultural and historical network of relations, the next two chapters redefine “embodied writing” in order to account for both the body itself and for the processes of maintenance and repair that define life within it. Chapter One suggests that the devotional verse of the fifteenth-century priest John Audelay, produced while its author was blind, deaf, and bedridden, forwards a poetics marked by the incremental forms of medical care he received. Chapter Two demonstrates that Julian of Norwich’s account of her obstructed revelatory *Shewings* utilizes medical figurations of visual impairment to conceptualize alternative forms of connection to the divine.

In its second half, the dissertation reverses the paradigm that defines Chapters One and Two, exploring how medical writers drew on literary practices in their constructions of professional authority and personal experience. Genres like the almanac (Chapter Three) and the medical miscellany (Chapter Four) afforded unique spaces for literary experimentation and didactic connection. These chapters also move the dissertation into the sixteenth century in their consideration of how the transmission of medical knowledge shifted with the introduction of print.

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## Abbreviations

BL	London, British Library
Bodleian	Oxford, Bodleian Library
<i>DIMEV</i>	<i>Digital Index of Middle English Verse</i> , ed. Linne R. Mooney, Daniel W. Mosser, and Elizabeth Solopova. <a href="http://www.dimev.net/">http://www.dimev.net/</a> .
<i>DMVE</i>	<i>Dictionary of Medical Vocabulary in English, 1375-1550: Body Parts, Sicknesses, Instruments, and Medicinal Preparations</i> , ed. Juhani Norri. London: Routledge, 2016.
EETS	Early English Text Society (o.s., Original Series; e.s., Extra Series; s.s., Supplementary Series)
ESTC	English Short Title Catalogue
Huntington	San Marino, Huntington Library
<i>MED</i>	<i>Middle English Dictionary</i> , ed. Hans Kurath, Sherman M. Kuth, and Robert E. Lewis. Ann Arbor: University of Michigan Press, 1954-2001. Online edition: <a href="http://quod.lib.umich.edu/m/med/">http://quod.lib.umich.edu/m/med/</a> .
MLGB3	<i>Medieval Libraries of Great Britain</i> , ed. Richard Sharpe and James Willoughby. Oxford: Bodleian Libraries, University of Oxford, 2015. <a href="http://mlgb3.bodleian.ox.ac.uk/">http://mlgb3.bodleian.ox.ac.uk/</a> .
<i>MPME</i>	<i>The Medical Practitioners in Medieval England: A Biographical Register</i> , ed. C.H. Talbot and E.A. Hammond. London: Wellcome Historical Medical Library, 1965.
MPME Suppl.	Faye M. Getz, “[Supplement to] <i>Medical Practitioners in Medieval England</i> .” <i>Social History of Medicine</i> 3.2 (1990): 245-283.

- NIMEV* *A New Index of Middle English Verse*, ed. Julia Boffey and A. S. G. Edwards. London: British Library, 2005.
- ODNB* *Oxford Dictionary of National Biography*. Oxford: Oxford University Press, 2004. Online edition: <http://www.oxforddnb.com/>.
- OED* *Oxford English Dictionary*. Oxford: Oxford University Press, 2014. Online edition: <http://www.oed.com/>.
- Wellcome London, Wellcome Historical Medical Library
- WHMW* Monica Green, *Women's Healthcare in the Medieval West: Texts and Contexts*. Aldershot: Ashgate, 2000.

## Transcription Protocols and Editorial Principles

Original spellings have been retained, including letters (eg., *u* for *v*, *ouercome* instead of *overcome*). Thorns and yoghs have also been retained throughout. Abbreviations have been expanded silently.

< > indicate words or letters that are illegible due to effacement, damage, or erasure.

[ ] indicate my comments or reconstruction of the text.

A brief gloss on the notation of weights and measures:

M	<i>manipulus</i> (“handful”) or <i>minim</i> (“drop”)
l	pound
℥	ounce
ʒ	dram or drachm
ⷈ	scruple
ss	<i>semis</i> , or half
ana	“of each”

## Preface

This is a dissertation about health and language, two uneasy bedfellows. In writing it, I have tried to think historically—to account for the temporal distance between this moment and the medieval past, and to avoid overlaying my modern understandings of medicine and care with historical figurations of the same. But writing this dissertation has also involved navigating distances of my own creation: making the personal impersonal, and coding embodied experiences as text, as language, as academic argument.

My grandmother is not mentioned in this dissertation, though my experience of her illness saturated the years I spent writing it. She began to lose her ability to speak, a condition called primary progressive aphasia. The change was gradual. At first, she would confuse similar words or concepts, looking at a photo of a toothbrush and saying “comb.” Over time, that breakdown in communication continued; the words became hesitant and halting, and they were often spoken in the wrong order. Later, she was unable to speak full sentences but could still sign her name. Then she could no longer write or speak at all. Like many others with aphasia, her brain transformed until it was better-able to locate, parse, and produce meaning through song than through speech. She could verbalize certain well-worn phrases, such as “I love you,” as long as she was singing them. Eventually, the words stopped altogether, and medical professionals and caretakers became interpreters,

reading and then relaying her mood, emotions, comprehension, and pain. This act of translation was made more challenging by the four thousand miles separating my grandmother from my mother, who spent hours holding the landline phone in her kitchen, first waiting for my grandmother to make a sound and, later, trying to interpret her silences.

What my family learned: that pain and suffering exceed the capabilities of language; that language is unequal to the task of representation. Even for those without a neurological impairment, the distance between the experience of suffering and the linguistic articulation of it can be insurmountable. Sensations of pain, hurt, or discomfort transform when we attempt to express them. “Because the existing vocabulary for pain contains only a small handful of adjectives, one passes through direct descriptions very quickly,” writes Elaine Scarry. “[One] almost immediately encounters an ‘as if’ structure: it feels as if...; it is as though....”<sup>1</sup> Later accounts of pain, which we might assume to be easier to verbalize with the dulling distance of time, result in the same warping; narratives of ill health, called pathographies, often take the form of a mythic narrative in which the sufferer’s actual experience is translated into a recognizable story about overcoming odds.

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<sup>1</sup> *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), 15.

There is a nearly irreconcilable distance between the lived experience of dis/ease and the communication of it. The following pages trace the way that some medieval medical and literary writers attempted to bridge that distance. Like my mother before me, I have found myself interpreting silences where evidence has not survived, and sound where it has.

## Introduction

*Almyzty God, as liketh his goodnesse,  
Visiteþ folke alday, as men may se,  
With los of good and bodily sikenesse,  
And amonge oþir, he forʒat not me.<sup>1</sup>*

In Thomas Hoccleve's "My Compleinte," the speaker—also a poet named Thomas—describes being stricken with a mental illness that became the subject of much public discussion.<sup>2</sup> "Howe it wiþ me stood was in euery mannes mouþe," he reports (45). Gossip, he writes, continues to circulate even five years after the return of his health. Many of his friends refuse to believe that he has been fully reconciled with his wits, warily searching for signs that he has once again become "brainseke" (129). This social surveillance exerts a

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<sup>1</sup> "My Compleinte," 36-39. All quotations of Hoccleve, unless otherwise noted, are from "*My Compleinte*" and *Other Poems*, ed. Roger Ellis (Exeter: University of Exeter Press, 2001). Line numbers are included in parentheses.

<sup>2</sup> I follow the convention used by David Watt and others in referring to the narrator of the text as "Thomas" and its actual author as "Hoccleve." Scholarly discourse about Hoccleve's construction of his narrator persona throughout the *Series*, the verse sequence prefaced by the "Compleinte" and "Dialogus cum amico," has been plentiful; see J. A. Burrow's "Autobiographical Poetry in the Middle Ages: The Case of Thomas Hoccleve," *Proceedings of the British Academy* 68 (1982): 389-412; David Lawton's "Dullness and the Fifteenth Century," *ELH*, 54.4 (1987): 761-799; A. C. Spearing, *Medieval Autographies: The "I" of the Text* (Notre Dame: University of Notre Dame Press, 2013); Robert Edwards, *Invention and Authorship in Medieval England* (Ohio State University Press, 2017); and Laurie Atkinson, "'Why þat yee meeued been / can I nat knowe': Autobiography, Convention, and Discerning Doublesse in Thomas Hoccleve's *The Series*," *Neophilologus* 101.3 (2017): 479-494. On the way Hoccleve's narrator in the "Compleinte" and "Dialogus" functions in relation to the other works contained in the *Series*, see Vickie Larsen and John Pendell, "Thomas Hoccleve's *Series* and English Verse in Early Fifteenth-Century London," *Philological Quarterly* 97.4 (2018): 499-514. See also Watt's *The Making of Thomas Hoccleve's Series* (Liverpool: Liverpool University Press, 2013), 5-6.

powerful influence over his wellbeing, causing him to become ill all over again with what he describes as a “þou3tful maladie” (21).<sup>3</sup> The grief he feels over his ostracization makes his heart swollen, sore, and feverish, “nowe frosty colde, nowe fryr hoot,” as if infected; he feels lifeless and has trouble sleeping (154). Thomas concludes his “Compleinte” with the pronouncement that in writing and publishing this account of his second illness, he will purge himself of it:

Farwel my sorowe, I caste it to the cok.  
With pacience I hensforþe thinke vnpike  
Of suche þou3tful dissese and woo the lok,  
And let hem out that han me made to sike.<sup>4</sup>

The speaker experiences two iterations of healing: what he calls his “chastisyng” and subsequent cure by God-the-physician, and his self-diagnosis and planned treatment by means of poetic expression five years later.<sup>5</sup> Literary production is figured as a kind of purgative by which Thomas might cleanse himself of physically harmful thoughts and emotions. But his production of the “Compleinte” and “Dialogus cum amico,” which follows it, also witnesses the watchful popular gaze to which Thomas’s body is subjected.

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<sup>3</sup> On Hoccleve and *melancholia*, see Jamie McKinstry, “Heaviness: illness, metaphor, opportunity,” *postmedieval* 8.2 (2017): 170-178, at 175.

<sup>4</sup> 386-89.

<sup>5</sup> When Thomas’s friend warns him that publishing the “Compleinte” will damage his recovering reputation, Thomas responds that “Of Goddis strook howe so it peise or weie, / Ou3t no man to þinke reproof or shame. / His chastisinge hurtij no mannes name” (“Dialogus” 54-56).

These acts of visual diagnosis, as well as the anxiety and frustration that Thomas experiences in response, reflect his engagement in the assessment of bodily health, a practice undertaken not only by learned physicians but by lay practitioners and everyday people. In publishing an account of his illness, Hoccleve's speaker participates in this popular shaping of healthcare; he assumes the authority of the physician-author, disseminating information about his own ill health and, in doing so, undertaking his own cure. In this way Hoccleve signals that illness and medical care are not only intellectual but also literary concerns, and that authors did not only write about health, but from within it.<sup>6</sup>

This dissertation is about the entanglement of healthcare and literary production in late medieval England. Its title, "Bedwritten," refers particularly to the experience of reading and writing about the body while existing within one marked by its immobility, discomfort, illness, or impairment. As my use of Hoccleve suggests, however, not all authors treated here will be bedbound, though many, including the writers discussed in the first and second chapters, are confined to sickbeds for at least a portion of their lives. These two chapters present case studies in which canonical literary works by John Audelay and Julian of Norwich respectively are recontextualized through comparatively lesser-known

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<sup>6</sup> On Hoccleve's scribal production of the text, see Rory Critten's *Author, Scribe and Book in Late Medieval English Literature* (Cambridge: DS Brewer, 2018), 36-75.

medical texts, particularly those which deal with visual impairment. Attending to the material realities of fourteenth- and fifteenth-century healthcare, I argue, illuminates the startling frequency with which medieval authors' lives and works were shaped by medical practices and discourses. Chapters Three and Four reverse that paradigm, focusing on the latent literariness of two little-known medicalized manuscript genres and their authors. The physician's folding almanac (and its early print counterpart) and the autobiographical medical collection, I demonstrate, engage with literariness in ways that reveal the extent to which practical writers made use of literary techniques in their construction of authorial identity.

The texts explored in this dissertation were, for the most part, either produced or in circulation between 1300 and 1600. These three centuries mark a critical period in English history defined not only by an evolving literary culture but also by the explosive translation of medical writing. This phase has traditionally been studied from a macroscopic perspective that maps the transition from Latin to English, following Linda Ehsam Voigts' landmark 1989 study on vernacular scientific and medical texts.<sup>7</sup> Prior to Voigts' survey, the breakdown between learned, Latin textual tradition and its emergent English counterpart

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<sup>7</sup> "Scientific and Medical Books," in *Book Production and Publishing in Britain 1375-1475*, ed. Jeremy Griffiths and Derek Pearsall (Cambridge: Cambridge University Press, 1989), 345-402.

had frequently been located in the sixteenth century and attributed to the impact of the printing press. Voigts' work revealed a more prevalent use of the vernacular in late medieval writing than was previously assumed, demonstrating that English medical writings were circulating even earlier, throughout the fifteenth century. Other than remedy books, the production of scientific and medical texts in English appears to have been nonexistent in the years before 1375; from 1375 to 1450, however, English was increasingly used to communicate medical knowledge via genres such as uroscopies, astrological prognostications, surgical treatises, and dietaries.<sup>8</sup> The introduction of the press in 1473 meant that these English works and their successors circulated more widely than ever before. My project takes Voigts' survey as a starting point, studying these materials for their impact on medieval concepts of illness and wellness and foregrounding the microexperiences that occur on an individual, material level.

My goal in this dissertation is to demonstrate two points: first, that literature produced by ailing authors was shaped by the textual medical discourse in which these writers were embedded; and second, that medical texts themselves were often understood as

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<sup>8</sup> Voigts, "Scientific and Medical Books," 352.

literary objects, capable of not only communicating knowledge but of utilizing form, tone, and rhetoric to elicit affective and engaged responses from their readers.

### **Health humanities and disability studies**

In many ways, this dissertation is a response to the recent call in a landmark essay by Julia Kristeva, Marie Rose Moro, John Ødemark, and Eivind Engebretsen for the medical humanities to account for the mutually constitutive nature of biomedicine and culture. Biomedicine, characterized by its emphasis on cure, its status as a ‘hard’ science, and its extratemporal existence, has traditionally been opposed to the practical art of care, which is considered ‘soft’ in nature and cultural in origin, and which exists within what Kristeva et al. call “biographical time”: that is, within the lived interactions between patients and practitioners. Though recent work in the field has evolved to account for the entanglement of these two areas, doing so responsibly requires “more than the mere application of perspectives *from* the humanities *on* medicine and healthcare.”<sup>9</sup> Rather, medical humanities should be understood as “*a cross-disciplinary and cross-cultural space for a bidirectional critical interrogation of both biomedicine (simplistic reductions of life to biology) and the humanities*

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<sup>9</sup> Kristeva, J., Marie Rose Moro, John Ødemark, and Eivind Engebretsen, “Cultural Crossings of Care: An Appeal to the Medical Humanities,” *Medical Humanities* 44 (2018): 55-58, at 56. Emphasis original.

*(simplistic reductions of suffering and health injustice to cultural relativism).*” In other words, rather than a reparative supplement to the increasingly dehumanized practice of biomedicine, the medical humanities should seek to reconsider “grounding assumptions about what the humanities are, as well as how they can interact with biomedicine in research, in the production and use of evidence, as well as in the practical art of care.”<sup>10</sup>

This proposed destabilization of evidential hierarchies makes the entanglement of science and culture not simply an ontological issue, but an epistemological question as well: what kinds of sources ‘count’ in the study of health, and what kinds of knowledge can they provide?

Thinking about health as a process rather than a state can be tricky; after all, we often feel quite acutely the difference between being ‘healthy’ and being ‘unwell,’ particularly when we are suddenly deprived of physical functionality: when our relationship to our own bodies changes abruptly. Myriad accounts of this shift exist in the form of disability narratives, sometimes called pathographies, which are discussed below. But that same jarring change is often triggered by more mundane situations: when a cold, for

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<sup>10</sup> Kristeva et al., “Cultural Crossings,” 55. On alternatives to figuring the critical medical humanities as a supplement to bioscience, see Alan Bleakley, Robert Marshall, and Rainer Brömer, “Toward an Aesthetic Medicine: Developing a Core Medical Humanities Undergraduate Curriculum,” *Journal of Medical Humanities* 27 (2006): 197-213.

example, compromises our ability to breathe through our nose, or when a broken leg makes us suddenly aware of the number of stairs in our home. This stark shift creates the conditions for pathologization, the relationship between health (figured as a definitive state of being outside of time) and illness (a privation of that state).

In resisting this partitioning of health and illness, and cultural and biomedical epistemologies, my dissertation shifts regularly between literary works and their medical counterparts, demonstrating that the division between these types of texts—and subsequent assumptions about what can be done with them—is of less use to scholars than understanding them as entwined textual traditions. There is, in other words, excellent reason to read literature as medicine, and medicine as literature. Historicist scholars including Michael Solomon, Julie Orlemanski, and Virginia Langum have considered the impact of medicine on writing and reading in the Middle Ages. Others, including Elaine Scarry and Kristeva herself, have followed Eric Cassell’s foundational work in more broadly theorizing the communication of human experiences of illness, pain, and healing.<sup>11</sup> This dissertation serves as a continuation and complication of those projects, using literary and

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<sup>11</sup> *The Nature of Suffering and the Goals of Medicine* (Oxford: Oxford University Press, 1991).

medical texts to explore the extent to which acts of bodily care and maintenance shaped authorial self-representation.

In the following pages, I have endeavored to be attentive to terminological concerns, an intention made more complex by the historical nature of this project. The field of medical or health humanities emerged in the twentieth century, and the field of disability studies even more recently.<sup>12</sup> For modern scholars of medicine, “disease—what happens to the body—is understood through science.” By contrast, “illness—what the patient experiences—is understood through eliciting patient stories, and by asking questions such as, ‘What has this heart disease done to your family?’”<sup>13</sup> As useful a linguistic distinction as this may be for research on modern healthcare, medieval uses of medical terminology are marked by ambiguity, overlap, and interchangeability.<sup>14</sup> The

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<sup>12</sup> See Thomas Cole, Nathan S. Carlin, and Ronald A. Carson, eds. *Medical Humanities: An Introduction* (Cambridge: Cambridge University Press, 2015). Cole et al. suggest the foundation of the Johns Hopkins Medical School in 1893 as a potential early origin for the field, citing its concerns with the dehumanization of medical practice; medical humanities in its current form, they write, emerged in the 1960s and 1970s, with the Institute on Human Values in Medicine. See *Medical Humanities*, 4-6. Disability studies as a critical field of investigation developed even more recently, in the 1990s; Lennard J. Davis’s 1995 *Enforcing Normalcy* is often cited as one of its foundational texts.

<sup>13</sup> Cole et al., *Medical Humanities*, 9.

<sup>14</sup> See Juhani Norri, “Entrances and Exits in English Medical Vocabulary: 1400-1500,” in *Medical and Scientific Writing in Late Medieval English*, ed. Päivi Pahta and Irma Taavitsainen (Cambridge: Cambridge University Press, 2004): 100-143. See also Deborah Thorpe’s “‘I Haue Ben Crised and Besy’: Illness and Resilience in the Fifteenth-Century Stonor Letters,” *The Mediaeval Journal* 5.2 (2015): 85-108, and Nancy G. Siraisi’s *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 117.

*Middle English Dictionary*, for example, notes that ‘disease’ could refer both to bodily sickness or to the patient’s experience of that sickness: their discomfort, pain, or *dis-ease*. The fluid terminological field of medieval medical discourse reflects the fact that the division between illness, impairment, and disability was at times unclear during the medieval period itself, when seemingly temporary issues such as eye strain might turn out to be the beginning stages of total visual impairment and, on the other hand, seemingly permanent conditions (such as, perhaps, the narrator’s initial illness in Hoccleve’s “Compleinte,”) could be miraculously cured. As Irina Metzler has suggested, the dominant distinction between illness and impairment maintained that the former was dynamic—constantly changing and evolving, for better or worse—while the latter was static, a permanent and typically unchangeable condition. Metzler explains that

the [medieval] impaired body was neither sick nor healthy, since according to medical thinking the course of an illness was to either improve, in which the patient was deemed healthy, or to take a turn for the worse, resulting in the death of the patient. The disabled person fits neither model, since the functional loss renders a body not truly ‘healthy,’ yet the disabled person never recovers that loss. They are forever stuck in-between the two states proposed by the Hippocratic model.<sup>15</sup>

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<sup>15</sup> *A Social History of Disability in the Middle Ages* (New York: Routledge, 2013), 6.

This is not to say that impairment and illness did not coexist in the same bodies. John Audelay, the subject of this dissertation's first chapter, refers to himself not only as deaf and blind but also of ill health. And the translator and author Stephen Scrope included, in a 1452 schedule of grievances sent to John Fastolf, a reference to the long "sekenesses" that disqualified him for military service, "whereby I am disfigured in my persone and shall be whylest I lyve."<sup>16</sup> As this example suggests, the medieval relationship between illness, impairment, disability, disfigurement, and infirmity was a slippery one, and only grows more complex when we consider the inclusion of the elderly and the 'debilitated,' a term which, like 'weak' or 'impotent,' might refer to a lack of physical ability or to a lack of economic ability due to poverty.<sup>17</sup>

The central terminological distinction I maintain throughout this dissertation is the difference between the word 'impairment,' generally used by scholars to refer to a physical condition, and the word 'disability,' which refers to the way that impairment is experienced

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<sup>16</sup> Scrope attributed his illnesses to his sale by Fastolf to Sir William Gascoigne, "thorough the wiche sale I tooke sekenesses that kept me a xiiij. or xiiij. yere swyng." See entry in the *ODNB* and also George Poulett Scrope's *History of the manor and ancient barony of Castle Combe* (London: J. B. Nichols & Son, 1852), 274 and 279.

<sup>17</sup> See Metzler, *A Social History*, 4-5. This linguistic difficulty was further complicated by attempts to "English" technical medical and surgical works which had been transmitted in Latin for centuries. On this, see Julie Orlemanski, "Jargon and the Matter of Medicine in Middle English," *Journal of Medieval and Early Modern Studies* 42.2 (2012): 396-420.

within the limitations and restrictions of a particular sociocultural context. A person with a physical impairment necessitating the use of a wheelchair, for example, might not be considered disabled in a society in which wheelchair use was the norm. I differentiate these two words according to the modern understanding of their distinct meanings, but it is important to note that their historiographical utility is rightly and frequently challenged by premodern disability scholars. Julie Singer's recent work provides just one example; exploring the way that literary texts representing blindness emphasized their subjects' other senses, she concludes that in late medieval England, "impairment is less a physiological phenomenon than a nonstandard balance of abilities."<sup>18</sup> Disability studies, as it is generally conceptualized now, has been shaped by two models: one medical, which pathologizes impairment as a deviation from a physiological norm and attempts to rectify that deviation, and the other social, which focuses on cultural representations, constructions, limitations, and interpretations of disability. The medical model has proven especially challenging to scholars of premodern disability, due in large part to Lennard J. Davis's observation that terms such as *norm*, *normal*, and *normative* only assumed their modern meaning in the

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<sup>18</sup> "Playing by Ear: Compensation, Reclamation, and Prosthesis in Fourteenth-Century Song," in *Disability in the Middle Ages*, ed. Joshua Eyster (Farnham: Ashgate, 2013): 39-52, at 40. On medieval perceptions and constructions of disability, see also Metzler's *Disability in Medieval Europe: Thinking about Physical Impairment in the High Middle Ages, c. 1100-c. 1400* (New York: Routledge, 2006).

nineteenth century.<sup>19</sup> Pathologization postdates medieval conceptions of bodily health; as Edward Wheatley has pointed out, the transformation of medicine into a professional practice had only just begun at the close of the Middle Ages, and its practice in formal settings such as monasteries and universities, as well as in lay communities, was “too decentralized to wield the institutional and discursive power that it has today.” In place of this medical model Wheatley proposes a religious model of disability, one in which visual impairment in particular was understood within a framework of biblical miraculous healing.<sup>20</sup> In the chapters that follow, I provide a number of examples that indicate that medical understandings of disability and impairment were, if not centralized, certainly widespread and the subject of both literary and medical discourses throughout the Middle Ages. These medicalized figurations of impairment were recorded, transmitted, and preserved through the textual networks that serve as this project’s archive.

### **Healthcare and its practitioners in medieval England**

In thinking through the healthcare that would have shaped writers’ daily lives, I primarily make use of texts that circulated as part of popular medicine: practical works produced in

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<sup>19</sup> *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995), 24.

<sup>20</sup> *Stumbling Blocks Before the Blind: Medieval Constructions of a Disability* (Ann Arbor: University of Michigan Press, 2010), 5-14, at 9.

or translated into English and used by lay practitioners in order to treat their communities, families, and sometimes themselves. Medieval medicine, in its ‘highest’ form, was the domain of university-educated physicians largely concerned with what we might now term internal medicine—the adjustment and maintenance of bodily health through dietary prescriptions, rather than procedures such as surgery. The learned physician’s work was, in other words, largely preventative in nature. These men operated within universities and royal courts and were frequently employed by nobles, though their services could also be purchased by wealthy commoners.

It was quite possible—and indeed necessary—for the average medieval person to receive medical care without resorting to a costly university-trained physician.<sup>21</sup> Particularly in the context of comparatively flourishing medical programs in European universities, neither Oxford nor Cambridge prioritized the study of medicine, with the result that very few of their graduates were certified physicians.<sup>22</sup> Even taking into account that many must

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<sup>21</sup> See Faye Marie Getz’s *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998), 85-92; on English dietaries, see Christopher Bonfield, “The First Instrument of Medicine: Diet and Regimens of Health in Late Medieval England,” in *A Verray Parfit Praktisour: Essays Presented to Carole Rawcliffe*, ed. Linda Clark and Elizabeth Danbury (Rochester: Boydell and Brewer, 2017), 99-119.

<sup>22</sup> Padua, which granted four medical degrees in 1407, eight in 1434, and nine in 1450, provides a clear counterexample to the relative scarcity of English medical accreditation. Nancy G. Siraisi has posited that these numbers suggest a medical student body approaching 100 in 1450 (out of a total of 800 enrolled students). Nine medical degrees were granted that year, out of a total of 93, indicating that medical instruction accounted for about ten percent of the university’s activity. See Siraisi, *Medieval and Early Renaissance Medicine*, 64. At Oxford, on the other hand, only 94 individuals taught medicine or were awarded

have obtained some level of university education, if not a degree, Faye Marie Getz has shown that fewer than one percent of all recorded students at Oxford left any record of medical study.<sup>23</sup> Vastly more prevalent and accessible were everyday practitioners, including midwives, toothdrawers, apothecaries, infirmarers, leeches, phlebotomists, surgeons, barber-surgeons, and oculists, among many others. Surgeons, barber-surgeons, and apothecaries were generally trained through apprenticeship systems, but some practitioners received no formalized training of any kind. In other words, though systems for formal medical education existed and produced trained practitioners in medieval England, the work of medicine was undertaken most often by their innumerable lay counterparts. As Getz points out, “serfs, knights, saints, cardinals, sisters, brothers, and even criminals” all could be, and were, called healers.<sup>24</sup> University education was not required to claim the title

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a degree in the subject from 1300 to 1499, though the university granted 500 doctorates in theology in the 1300s alone. Medical numbers were even lower at Cambridge. See *Sources for the History of Medicine in Late Medieval England*, ed. Carole Rawcliffe (Kalamazoo: Medieval Institute Publications, 1995), 60.

<sup>23</sup> Getz notes that “a medical degree was not required for a practitioner to serve as a physician to an elite patron, which must have diminished the numbers of men willing to endure the lengthy process of certification. This did not necessarily mean that a physician without a medical degree had never studied medicine in a university, but only that he had not completed formal requirements for a degree.” See *Medicine in the English Middle Ages*, 69, as well as Getz, “The Faculty of Medicine before 1500,” in *The History of the University of Oxford, II: Late Medieval Oxford*, ed. J. I. Catto and T. A. R. Evans (Oxford: Oxford University Press, 1992), 373–405. This relative lack of structured institutional regulation led to tensions between what we might consider the three ‘classes’ of English practitioners: physicians trained in universities, surgeons and apothecaries trained through apprenticeships, and lay healers with no formal training at all. Vern Bullough’s *The Development of Medicine as a Profession: The Contribution of the Medieval University to Modern Medicine* (Basel: Karger, 1966) remains the authoritative text on the professionalization of Western medieval healthcare.

<sup>24</sup> MPME Suppl., 245.

of physician; when not referred to by their specialties, these people were frequently called *physicus* or *medicus*, or in some cases *practicus*, meaning simply ‘practitioner.’

Many held other jobs in addition to their medical work. Before the Fourth Lateran Council forbade members of the clergy from practicing surgery in 1215, the majority of medical practitioners operated from within religious houses, which provided care for the poor and ill.<sup>25</sup> One particularly vivid example of this early overlap between spiritual and physical caretaking is provided by Thomas of Northwick, a monk of Evesham Abbey.

Thomas’s character and medical knowledge spurred grateful patients to donate money to the abbey, eventually enabling the construction of its church tower.<sup>26</sup> Secular practitioners, too, took on additional roles. Part-time practitioner John Crophill worked as the bailiff of Wix Priory in Essex from 1455 to 1480, collecting rent and working as an ale-taster for the

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<sup>25</sup> Canon 18 forbade clerics from practicing cautery or incision, effectively shutting them out from surgical practice entirely. They continued to provide medical care to their surrounding communities until the Dissolution in the sixteenth century, employing secular medical practitioners including surgeons and apothecaries when necessary. See “Twelfth Ecumenical Council: Lateran IV 1215,” Internet Medieval Sourcebook, ed. Paul Halsall (New York: Fordham University, 2006). Much work has been done on the formation and function of medieval hospitals; see, for example, Nicholas Orme and Margaret Webster, *The English Hospital* (New Haven: Yale University Press, 1995); Peregrine Horden’s *Hospitals and Healing from Late Antiquity to the Later Middle Ages* (Aldershot: Ashgate, 2008); and Carole Rawcliffe’s *Medicine for the Soul: The Life, Death, and Resurrection of an English Medieval Hospital* (Gloucester: Sutton Publishing, 1999).

<sup>26</sup> When Thomas was expelled for opposing the house’s abbot in 1206, thirty monks fled with him, and the company was successful in escaping despite an armed party sent to retrieve them. *MPME*, 353. The *MPME*’s reliance on legal records means that much of the biographical information it provides about secular practitioners involves criminal activity of some kind, whether undertaken by the practitioner, a patient, or another party.

manor there.<sup>27</sup> The surgeon John Bradmore was arrested multiple times for coining false money, a crime which likely made use of the metalworking skills he more legally employed in making surgical instruments.<sup>28</sup> One fourteenth-century physician in West Derby was fined for brewing and selling ale against the assize.<sup>29</sup> And one London barber sued another man in 1320 as part of his role as a keeper of the Cornhill poultry market.<sup>30</sup>

The majority of medical practitioners were Christian; Edward I's 1290 Edict of Expulsion meant that during the period of time covered in this dissertation (the years between 1300 and 1600) no actively practicing Jews resided in England.<sup>31</sup> Prior to this, Jewish physicians likely represented a substantial portion of practitioners there, as elsewhere in Western Europe. Records of eighteen English Jewish practitioners remain from the close of the 1100s to the end of the 1200s, and suggest the degree to which these physicians were integrated into local Christian and Jewish communities alike.<sup>32</sup> Magister Elias of London,

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<sup>27</sup> Some of Crophill's medical records survive in BL MS Harley 1735; see Lois Ayoub's edition of the text in *John Crophill's Books* (unpublished PhD dissertation, University of Toronto, 1994).

<sup>28</sup> *MPME*, 123-4.

<sup>29</sup> *MPME*, 378.

<sup>30</sup> *MPME Suppl.*, 269; see also *Annals of the Barber-Surgeons*, ed. Sidney Young (London: Blades, East & Blades, 1890), 26.

<sup>31</sup> See Robin R. Mundill's *England's Jewish Solution: Experiment and Expulsion, 1262-1290* (Cambridge: Cambridge University Press, 1998).

<sup>32</sup> See Cecil Roth, "The Qualification of Jewish Physicians in the Middle Ages," *Speculum* 28.4 (1953): 834-43. See also Joseph Shatzmiller's *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994), particularly 100-107. While Jews were disproportionately represented in the medical profession, they were also disproportionally persecuted within its legislative framework; as Michael R. McVaugh has noted

for example, was simultaneously a writer on Jewish law, a wealthy businessman, and “a highly esteemed physician in Gentile circles.”<sup>33</sup> Isaac of Norwich (c. 1266) was both a physician and a rabbi; his son Solomon went on to become a physician after him.<sup>34</sup> And William Newburgh’s chronicle includes an account of a Jewish physician present at the 1190 massacre of Lynn, described as “friendly with and honoured by the Christians, for the sake both of his art and of his own modesty.” Decrying the massacre of his people, the unnamed physician was seized and put to death by the mob.<sup>35</sup> These men were barred from attending universities, though this mattered somewhat less in continental Europe, where a Jewish physician seeking accreditation could undertake external study before sitting the licensing

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about the Crown of Aragon, “the rare accusations of incompetence or bad practice that have survived... are leveled, proportionally, far more often against Jews than Christians.” See McVaugh, *Medicine Before the Plague: Practitioners and their Patients in the Crown of Aragon 1285-1345* (Cambridge: Cambridge University Press, 1993), 186. Shatzmiller’s study of contemporary documentation from Manosque in southern France similarly reveals that two-thirds of incompetence suits were leveled against Jews. See his *Médecine et justice en Provence médiévale* (Université de Provence: Aix-en-Provence, 1989), 27. Though relatively little documentation remains from England on the subject, we must assume from the increasing antisemitic violence during the thirteenth century that Jewish practitioners were at much the same disadvantage, despite their reputation for learnedness.

<sup>33</sup> Roth, “The Qualification of Jewish Physicians,” 837. See also Roth, “Elijah of London: The Most Illustrious English Jew of the Middle Ages,” *Transactions of the Jewish Historical Society of England* 15 (1946): 29-62.

<sup>34</sup> Solomon (*MPME*, 95) is mentioned in a Norwich document from 1266 in which his herb garden—possibly the earliest known private herb garden in England—is observed to form the south boundary of a parcel of land being sold by a rabbi to a man called John Butte. See *MPME*, 326 for Isaac.

<sup>35</sup> *The Jews of Angevin England: Documents and Records from Latin and Hebrew Sources*, ed. Joseph Jacobs (London: David Nutt, 1893), 113-15.

exam to obtain certification.<sup>36</sup> There, as in England (which did not enforce serious licensing requirements until much later, a matter discussed below), Jewish knowledge of medical practice would have been transmitted through one-on-one instruction.

Although they too were forbidden from receiving university training in England, women also practiced medicine and practiced it formally, not only in ‘amateur’ contexts within the home, and not only among other women.<sup>37</sup> Like male clergy, nuns were responsible for the care of a wide range of sick patients in hospitals and religious houses. Fifteenth-century nuns in the infirmary at Syon Abbey were expected to be diligent, skillful, and strong enough to move the sick from place to place; to convince their patients to confess and receive the sacraments; to change their linens and clothes and clean their bodies; to apply plasters and medications; to provide food, drink, “and al other necessaryes, nyghte and day, as nede requyrethe”; and to have the forbearance and patience to deal with difficult patients, even in hectic situations in which one might “haue the vomet, another the fluxe, another the frensy.”<sup>38</sup> Secular practitioners were also engaged in the practice of

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<sup>36</sup> Though examining committees were often comprised of Christian doctors, this was not always the case. In Aragon, for example, a 1363 law decreed that “Jewish and Saracen physicians should be examined by physicians of their own law or sect, if any are available. See Shatzmiller’s *Jews, Medicine and Medieval Society*, 14-45, at 17.

<sup>37</sup> Though no records of female Jewish practitioners survive from England, their presence throughout Europe is attested to elsewhere; see, for example, Harry Friedenwald’s *The Jews and Medicine* (Baltimore: Johns Hopkins University Press, 1944), 217-20.

<sup>38</sup> G. J. Aungier, *The History and Antiquities of Syon Monastery* (Nichols and Son: London, 1840), 395-96.

public care. Margery, a leech in Worcester, was cited for a number of minor crimes including allowing her cow to stray into a lord's fields and woods; gathering nuts in the same lord's domain; and six years later, collecting firewood in the same. Margery's interaction with her community must have been both substantial and generally positive, despite these offenses. In 1302, villagers from nearby towns brought Roger Oldrich to court for having thrown Margery into a river in an attempt to ascertain whether or not she was a witch. Oldrich lost the case, suggesting that local support for Margery and her practice was considerable.<sup>39</sup> Woman practitioners are also included in records that demonstrate the extent to which medicine was a family affair. Katherine, the daughter of a London surgeon, is herself identified as *la surgiene* in a 1286 quitclaim issued to her brother (William, also a surgeon). Matilda, a practitioner in thirteenth-century Herefordshire identified as *medica*, was joined by her brother John and sister Solicita in medical practice. And husband-and-wife physician team Thomas and Pernell de Rasyn, of Sidmouth in Devon, were sued for malpractice and subsequently pardoned in 1350.<sup>40</sup>

These women are, however, in the minority. The biographical register compiled by C.H. Talbot and E.A. Hammond includes documentation from eight centuries of English

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<sup>39</sup> *MPME*, 209.

<sup>40</sup> *MPME*, 200, 241.

practitioners, and only eleven of these records belong to women.<sup>41</sup> As Monica Green and others have pointed out, this lack of documentation is a common issue in studies of women's history, and in no way proves that medieval Englishwomen were not engaged in the practice of medicine. Instead, the paucity of evidence suggests that whatever form their practice took was not one generally recorded by the kinds of documentation that have survived, such as court records and guild statutes.<sup>42</sup> This is due in part to the fact that the popular regard that saved Margery from an accusation of witchcraft did not often extend to the opinions of male physicians and surgeons, who generally treated "the medicines of

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<sup>41</sup> Monica Green's survey of scholarship on woman healers in medieval England and Europe remains the most comprehensive, and some conclusions are repeated here. Here I include, on Green's suggestion (*WHMW* 45), the eight women originally included in Talbot and Hammond's register, as well as the sisters Solicita and Matilda mentioned above (and included in Getz's later *MPME* supplement, 277) and Euphemia (d. 1257) the abbess of Wherell, who is described by Edward J. Kealey as "an active physician." See Kealey, "England's Earliest Women Doctors," *Journal of the History of Medicine and the Allied Sciences* 40.4 (1985): 473-77. Kealey elsewhere admits that while woman healers certainly existed in later years, no earlier records have been recovered that attest to their presence in Norman England. See *Medieval Medicus: A Social History of Anglo-Norman Medicine* (Baltimore: Johns Hopkins University Press, 1981), 35. The situation is not much better in France; Ernest Wickersheimer and Danielle Jacquart, searching French records produced between the twelfth and fifteenth centuries, found only 127 women out of 7,647 total practitioners, or 1.7%. See *Le milieu médical en France du XIIe au XV siècle: En annexe 2e supplément au "Dictionnaire" d'Ernest Wickersheimer* (Geneva: Librairie Droz, 1981). As Green has recommended (*WHMW* 45, 112), this final number includes the six additional female practitioners that Jacquart includes in her appendix C. Female practitioners in Italy and Germany have been substantially more visible; one survey of medicine in Naples from 1273-1410 found twenty-four licensed female surgeons, thirteen of whom were specifically qualified to practice on women. See Raffaele Calvanico's *Fonti per la storia della medicina e della chirurgia per il regno di Napoli nel periodo angioino (a. 1273-1410)* (Naples: L'Arte Tipografica, 1962). And Walter Schönfeld has identified records of fifteen woman practitioners, many of whom were Jewish, in fifteenth-century Frankfurt am Main. Several of these women specialized in ocular diseases. See *Frauen in der abendländischen Heilkunde vom klassischen Altertum bis zum Ausgang des 19. Jahrhunderts* (Stuttgart: Ferdinand Enke, 1947).

<sup>42</sup> *WHMW*, xiii.

ladies,” as John Arderne put it, as lesser than their formalized practices.<sup>43</sup> We do have documentary evidence of women interacting with medical manuscripts, although establishing just what that interaction comprised (ownership? readership? use?) is notoriously difficult.<sup>44</sup> Green cautions against assuming that written texts were the only way medical knowledge was communicated, concluding that it would be “erroneous to assume, without evidence, that women would have viewed medical books as the principal or most appropriate way to acquire, preserve, and pass on medical knowledge, or that women's command of medical literature was in any way expected or valorized by society at large.”<sup>45</sup> This does not, of course, mean that female medical activity itself was universally understood as problematic, merely that the extant manuscripts and records from which historians have reconstructed medieval healthcare are not wholly representative of its lived experience, and may not have played a central part in women's practice.

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<sup>43</sup> *Treatises of Fistula in Ano, Haemorrhoids, and Clysters*, ed. D'Arcy Power, EETS o.s. 139 (London: Kegan Paul, Trench, Trübner & Co., 1910), 44.

<sup>44</sup> See Mooney, “Manuscript Evidence for the Use of Medieval English Scientific & Utilitarian Texts,” in *Interstices: Studies in Late Middle English and Anglo-Latin Texts in Honour of A.G. Rigg*, ed. Richard Firth Green and Linne R. Mooney (University of Toronto Press, 2004): 184-202.

<sup>45</sup> *WHMW*, “Women and the Gendering of Medical Literacy,” 5.

## Between patient and practitioner

Lay practitioners employed their medical experience and comparatively limited book learning to treat more workaday clients than the wealthy patrons of learned physicians. For some practitioners, that might have meant a stable medical practice or an itinerant one; others may have had patients who were predominantly family and friends. This variation, combined with the intensely personal nature of bodily infirmity, meant that relationships between patient and practitioner commonly exceeded the confines of a simple business transaction. Writing around 1325, the Italian physician Alberto de Zancaris noted as much, observing that

the physician shows the patient three faces: divine, diabolical, and human. Divine when the patient is suffering from his illness and begs his physician to return him to health; diabolical when, recovered, the erstwhile patient flees his unpaid physician like the devil himself; and human when the patient has finally paid his bill and can acknowledge him as his master and friend.<sup>46</sup>

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<sup>46</sup> In McVaugh, "Bedside Manners in the Middle Ages," *Bulletin of the History of Medicine* 71.2 (1997): 201-224, at 220. In at least one case, the devilish practitioner who pursued his patient did not wait to be voluntarily paid: London surgeon John of Cornhill (*MPME*, 137) was accused by Alice of Stockynge in 1320 not only of rendering her ailing feet incurable through misapplied medications, but also of forcing entry into her home and making off with a number of household goods including a blanket, sheets, and a surcoat, the value of which Alice judged to be in excess of a hundred marks (around £66). John denied all charges and a jury ruled in Alice's favor, though it did find that her goods had only been worth one mark. She was nonetheless awarded £30.16.8 in damages.

Practitioners needed to gain the trust of their patients in order to make accurate diagnoses and to encourage the patient to comply with the prescribed treatment. And surgeons and barber-surgeons in particular needed to maintain that trust throughout dangerous procedures during which a patient's panicked movements might prove fatal.

The importance of patient trust and confidence to medieval medicine had been tacitly acknowledged in 1215, when Lateran IV decreed that a physician send for a priest, or 'physician of the soul,' before beginning to treat a patient. The spiritual cause being cured, the physical treatment might be more efficacious. But the same canon also notes that by calling for a cleric *prior* to beginning his work, the physician would forestall the potentially fatal dip in morale that might occur should he pause mid-treatment to call for a priest. This emphasis on the critical importance of patient morale is made more explicit in the numerous secular guides which advise practitioners about how to proceed in their interactions with patients. The fourteenth-century surgeon Guy de Chauliac, for example, recommends distracting a patient during traumatic medical procedures. "If a patient is hemorrhaging," he writes,

tell him to keep his eyes shut, or carry him into a dark room so that he cannot see the blood flowing, cannot even look at red things that might make him think of

blood; keep telling him that it isn't flowing any longer, or if it is, that it's good for him that it's still flowing.<sup>47</sup>

As this passage suggests, the practice of medicine sometimes entailed a fair amount of performance on the part of the practitioner.<sup>48</sup> When that performance was unsuccessful—when the practitioner failed to adequately secure the patient's obedience and trust—medical relationships soured quickly. One illustrative example will serve here: in 1433 the York leech Matthew Rutherford was sued for the extraordinary amount of forty pounds by the Prior of Guisborough and his canon for mistreatment of the canon's injured leg. In response, the defendant asserted that his recalcitrant patient had not only insisted on continuing an unwholesome diet but had actually thrown away the medicines Rutherford prescribed.<sup>49</sup>

Then, too, there were performances of competency that worked even when it would have been better for the patient if they had not. These involved convincing patients of greater medical capability than a practitioner actually possessed, and often resulted in the

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<sup>47</sup> In McVaugh, "Bedside Manners," 219. Christopher Bonfield notes that the renowned English surgeon John Arderne says something similar, observing that cheering and comforting words from a surgeon bolstered a patient's ability to withstand the trauma of surgery. See "The First Instrument of Medicine," 119, n. 140.

<sup>48</sup> Or perhaps on the part of a public performer or reader; one fifteenth-century banns advertising an itinerant physician concludes with the statement, "I telle 3ow nou3th alle his heste scyensses it were to longg to spekyng off." On this manuscript (BL Harley MS 2390), see Linda Ehram Voigts, "Fifteenth Century English Banns Advertising the Services of an Itinerant Doctor," in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. Florence Eliza Glaze and Brian K. Nance (Firenze: Sismel, 2011), 245-277, at 267.

<sup>49</sup> *MPME*, 213-14.

worsening of the patient's condition or, in some cases, the patient's death.<sup>50</sup> Physicians found guilty of fraud or malpractice generally paid damages to the offended patient or to surviving family members; in some extreme cases, they were imprisoned.<sup>51</sup> One particularly remarkable example is provided by Roger Clerk of Wandsworth, who in May of 1382 was sued by the Londoner Roger atte Hacche. The plaintiff declared that Clerk had come to his home and, upon seeing his wife Johanna lying indisposed with a fever, claimed to be knowledgeable and experienced in the art of medicine. In return for a partial payment of

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<sup>50</sup> These suits were not only brought by injured patients but by other surgeons seeking to regulate practice and prevent public mistrust of surgery; in 1415, one such complaint resulted in the election of surgeons Simon Rolf (*MPME*, 325-6) and Richard Wellys (*MPME*, 283-4) to

well and faithfully to watch over and oversee all manner of barbers practising the art of surgery... to maintain and observe the rules and ordinances of the craft or practice aforesaid; no one to spare, for love, favour, gain, or hate; diligently without concealment to present unto the Chamberlain of the said city, for the time being, such defaults as they might find; at all times, when duly required thereto, well and faithfully to examine wounds, bruises, hurts, and other infirmities, without asking anything for their trouble.

Unsurprisingly, many of their colleagues took issue with this edict, and eventually the city published a further declaration that all barbers—some of whom, the proclamation noted, were “more in dread of loss or payment of money than amenable to the dictates of honesty or a safe conscience”—must present their patients for inspection within three days of treatment or pay a fine of 6s. 8d. See H. T. Riley, *Memorials of London and London Life* (London: Longmans, Green, and Co., 1868), 206-7. Somewhat ironically, Simon Rolf himself was sued for malpractice in 1424. He and the other defendants were acquitted by a medical committee of arbitration headed by the well-known physician Gilbert Kymer (*MPME*, 61), which announced that the surgeons had been “maliciously and undeservedly defamed.” An account of the case can be found in Rawcliffe, *Sources for the History of Medicine*, 28-9.

<sup>51</sup> In 1310, for example, Master John of Curnbull was sued following his failure to heal a patient's leg. He was found guilty and forced to pay a hefty fine of thirty pounds. Some decades earlier, two other English physicians were imprisoned after being found guilty in a malpractice suit that determined they had provided fatal doses of medication to two different patients. See Schatzmiller, *Jews, Medicine, and Medieval Society*, 80 and 182, n5; none of these physicians are included in *MPME*.

twelve pence, Clerk provided the couple with “an old parchment, cut or scratched across, being the leaf of a certain book.” Wrapping the parchment in a golden cloth, Clerk asserted that if it were placed around Johanna’s neck, it would heal her. The promised healing never occurred and the same parchment was presented to the court as evidence. Asked to clearly identify the virtue of the parchment, Clerk, who had attended the hearing in person, claimed that it had a healing prayer against fevers inscribed on it, and recited the prayer himself: “Anima Christi, sanctifica me; Corpus Christi, salva me; in isanguis Christi, nebria me; cum bonus Christus tu, lava me.” When the parchment was examined, however, the court discovered that the aforesaid words were nowhere to be found and, moreover, that Clerk himself was illiterate. In order that no other innocent citizens be misled about his qualifications, it was decided that Clerk “should be led through the middle of the City, with trumpets and pipes, he riding on a horse without a saddle, the said parchment and a whetstone, for his lies, being hung about his neck, an urinal also being hung before him, and another urinal on his back.” “Urinal” presumably refers to a jordan, the flask intended to hold the urine physicians examined during the process of diagnosis. Such objects hung around Clerk’s neck would have clearly signaled his pretension to the role of physician.<sup>52</sup>

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<sup>52</sup> *Annals*, 37-38. The whetstone would have marked him out as a liar more generally, in allusion to the idiom to *lie for the whetstone*. The phrase originated in early accounts of a lying contest in which the superior liar was rewarded with a whetstone either as the spoils of an ongoing property dispute or as an award object with

As the case of Roger and Johanna suggests, quackery was of real concern in medieval England and in London particularly, where the availability of medical care was higher than in more rural areas, and where legal regulations could theoretically be enforced with more ease. Much critique of medical malpractice emerged from physicians and surgeons themselves, whose livelihoods suffered from the popular mistrust of medicine engendered by their unqualified counterparts. One petition submitted to Parliament in 1421 pointed out that untrained and unqualified practitioners were directly responsible for the “grete harm and slaughtre” of many of the city’s inhabitants. The same petition presented a solution to the issue, recommending 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, havyng lettres testimonyalx sufficeantz of on of those degrees of the universite in whiche he toke his degree yn, undur peyne of long emprisonement, and paynge of xl li. [£40] to the Kyng.<sup>53</sup>

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which to ‘sharpen his wits.’ Richard Hill’s commonplace book, for example, includes a verse lying contest with the refrain “I will haue the whetston and I may” (*DIMEV* 2256). The stone was used to identify liars in legal and punitive contexts as early as 1364. See Joel B. Smith, “Lying for the Whetstone: A Saying and its Links with Folk Life and Tradition,” *Folk Life: Journal of Ethnological Studies* 42.1 (2003): 54-60.

<sup>53</sup> Rawcliffe, *Sources for the History of Medicine*, 63. See also Justin Colson and Robert Ralley, “Medical Practice, Urban Politics and Patronage: The London ‘Commonalty’ of Physicians and Surgeons of the 1420s,” *The English Historical Review* 130.546 (2015): 1102-1131.

A number of similar appeals followed this one, suggesting that regulation and restriction of medical practice proved difficult to enact. Eventually, a Parliamentary act was passed in 1512, at last restricting the practice of surgery and physic to those who had been “first examined, approved and admitted” by the Bishop of London or by the Dean of St. Paul’s Cathedral. This act was explicit about which kinds of practitioners were deemed especially damaging to the health of the city: those who were ignorant to the point of illiteracy yet pretended to medical experience and learning. These individuals, the act argues,

common artificers, as smythes, wevers and women, boldely and custumably take upon them grete curis and thyngys of great difficultie, in the which they partely use socery and which crafte, partely applie such medicine unto the disease as be verey noyous, and nothyng metely therfore, to the high displeasoure of God, great infamy of many of the Kynge’s liege people, most specally of them that cannot descerne the uncunnyng from the cunnyng.<sup>54</sup>

Worth noting is the distinction the text makes between types of medical practice and the qualifications needed for each. The issue, in other words, was not that “smythes, wevers and women” were practicing the healing arts, but that they were attempting to effect “grete curis” beyond their knowledge, and in so doing, damaging the citizens of the realm by turning to sorcery and hazardous treatments.

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<sup>54</sup> Rawcliffe, *Sources for the History of Medicine*, 66-7.

Unlike its predecessors, this 1512 act was effective at limiting ‘professional’ medical practice within London, likely because the founding of the Royal College of Physicians by Thomas Linacre a few years later provided a source of practitioners who were legally qualified not only to practice medicine themselves, but to assess its practice by others. This is not to say that quackery had vanished from early modern England; this was certainly not the case, as innumerable contemporary sources attest. But there was an increasing sense of professionalization within English medical practice, so that by the sixteenth century—the period discussed in the final two chapters of this dissertation—practitioners whose work had previously been considered somewhat less prestigious than that of physicians, such as anatomists and surgeons, were lobbying for their place within the halls of learned medicine. The Italian anatomist Andreas Vesalius is the most cited example of the ascending surgeon, but in England, a similar sensibility began to gain strength as professional lines between different types of practitioners became more firmly drawn.<sup>55</sup> At the same time, the increased accessibility of healthcare texts heightened existing questions about the location of medical authority and the dangers of uninformed medical practice. The press, and the early printed medical texts it produced, brought with it a new popular capacity for ‘self-

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<sup>55</sup> The mass of professional medical practitioners eventually crystalized into three groups: surgeons (the product of the 1540 merging of the Company of Barbers and the Guild of Surgeons), apothecaries, and physicians.

care.’ But even as these texts—including herbals, regimens, plague treatises, and almanacs—allowed more people than ever before to take their health into their own hands, they also enabled new kinds of textual networks between practitioners and their patients.

### **Collecting English medicine**

The late medieval licensing restrictions described above had a limited sphere of influence. In rural areas, local and itinerant practitioners were largely free to disregard the increasing regulation of their craft. And the more everyday kind of healing practiced within families and smaller community groups—the mixing-up of a cold remedy for a sick child, for instance, or the recommendation of a diet intended to mitigate a friend’s choleric temperament—would have gone on much as it had before, even within London itself. Without direct access to university knowledge, these healers would have relied largely on personal experience and instruction, and on the manuscripts in which medical knowledge was recorded. In medieval England, any dichotomy between university medicine and its more popular counterpart was less a hard line and more a nebulous boundary through

which texts, if not practitioners, crossed with increasing frequency.<sup>56</sup> Latin medical texts were regularly translated by members of the clergy. Likely to be literate in both languages, many had first-hand experience with healing and viewed the dissemination of practical medical texts as a charitable undertaking.<sup>57</sup> Outside of religious institutions, medicine was also translated across class boundaries by university students, as in the case of the fourteenth-century recipe collection written for Suffolk practitioner Robert Taylor by a scribe who identifies himself as Simon Wysbech, student of law at Cambridge.<sup>58</sup>

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<sup>56</sup> On the shift in the translation and production of medical works from Latin to English, see Irma Taavitsainen and Päivi Pahta, “Vernacularisation of Medical Writing in English: A Corpus-Based Study of Scholasticism,” *Early Science and Medicine* 3.2 (1998): 157-185. This shift was, for the most part, unidirectional; Latin and continental medical works were translated into English in huge numbers, but English texts were rarely themselves translated for the benefit of European audiences. In her presidential address at the 1996 congress of the Medieval Academy of America, Linda Ehrsam Voigts cautioned against understanding this period of linguistic flux as binary in nature. Observing that nearly half of the scientific and medical manuscripts produced during the fifteenth century included both Latin and English contents, she advocated for a more nuanced approach to bilingualism, one that attends to the way medieval culture “exploited the linguistic resources of two languages.” See “What’s the Word? Bilingualism in Late-Medieval England,” *Speculum* 71.4 (1996): 813-826, at 823. Despite the connotations of ‘high’ learnedness and theoretical engagement, the presence of Latin in these English manuscripts did not prevent them from being overwhelmingly practical in nature, evincing an overall epistemological shift affecting both learned and lay practitioners. This was a shift in the fundamental purpose of science: rather than regarding it as a repository of knowledge about God’s intentions for nature itself, science came to be understood as a source of information that facilitated practical and concrete results. See Peter Murray Jones, “Information and Science,” in *Fifteenth Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994): 97-111.

<sup>57</sup> See Getz, “Charity, Translation, and the Language of Medical Learning in Medieval England,” *Bulletin of the History of Medicine* 64.1 (1990): 1-17.

<sup>58</sup> Huntington MS HM 1336; for a close examination of the manuscript, see Laura Theresa Mitchell’s *Cultural Uses of Magic in Fifteenth-Century England* (unpublished PhD dissertation, University of Toronto, 2011), 166-200.

And, of course, these texts were produced and transmitted in English, by and between practitioners themselves. Some, such as BL MS Harley 4349 (a sixteenth-century manuscript discussed in Chapter Four), were produced by learned physicians for lay readers who may or may not have practiced healing outside their families and friends. Others, including Huntington MS HM 1336, were compiled for individuals we might define now as ‘professional’ medical practitioners: people who used the contents of these manuscripts in order to treat paying clients. Still other English manuscripts, such as fifteenth-century BL MS Harley 1600, were household objects that contained the accumulated knowledge of multiple generations of readers and writers. As the previous section observes, late medieval medicine was read, written, and practiced by a wide range of individuals, across a wide range of social strata, and this diversity of practitioners is reflected in their texts.

Medical collections were the most common vernacular didactic texts in late medieval England.<sup>59</sup> They are also among the most personalized records of healthcare produced at the time, containing information about the efficacy and transmission of various treatments. The genre is as heterogeneous as it is capacious. Its most prevalent inclusion is the recipe or remedy, a text which provided instructions for the making of a medicine or

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<sup>59</sup> On what these texts can tell us about medieval English literacy more broadly, see M. Claire Jones, *Vernacular Literacy in Late-Medieval England: the Example of East Anglian Medical Manuscripts* (unpublished PhD dissertation, University of Glasgow, 2000).

treatment. These texts instructed readers to take (*receipt*, often rendered as *Rx*) particular ingredients, combine them in particular ways, and either ingest the resulting medicine or apply it topically to the body. In addition to gatherings of recipes, collections often contain a number of other texts including uroscopies, dietaries, prognostications, and treatises on subjects such as humoral theory and astrology.<sup>60</sup> Surgical procedures were also described, both in long treatises and in shorter texts such as the concise instructions for treating harelip and *noli mi tangere* (subcutaneous cancer) included in BL MS Harley 4349.<sup>61</sup> Herbals were common as well, as were other reference tools such as tables of weights and measures and synonymies which allowed readers to translate terms from one language into another.<sup>62</sup> These texts were frequently intermixed. The surgical directions mentioned above, for instance, are included in a list of far less invasive treatments for various ailments. And one fourteenth-century collection includes a sprawling and well-rounded course of treatment against stomach pain that includes a poultice, two drinks, two supplemental

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<sup>60</sup> The Wise Book, for example, survives in 34 manuscripts, many of which are miscellanies with medical content. See *The Middle English 'Wise Book of Philosophy and Astronomy': A Parallel-Text Edition*, ed. Carrie Griffin (Heidelberg: Universitätsverlag Winter, 2013).

<sup>61</sup> Three of the most popular of these surgical treatises have been published by the EETS. See *Treatises of Fistula in Ano* cited above; *The Chirurgie of Guy de Chauliac*, ed. Margaret S. Ogden (o.s. 265, 1971); and *Lanfrank's Science of Chirurgie*, ed. Robert von Fleischhacker (o.s. 102, 1894). The *noli me tangere* surgical procedure is included in Appendix C of this dissertation.

<sup>62</sup> For the most widely circulated herbal in England, see G. Brodin's edition of *Agnus Castus: A Middle English Herbal* (Uppsala: Lundequistska Bokhandeln, 1950).

powders and a prescriptive diet which forbids, among other foods, veal and salted meats; fried, baked, or roasted eggs; ale and wine; milk and cheese; mackrel, herring, or pike; and garlic, leeks, onions, pepper, honey, or any hot spices.<sup>63</sup>

By far the most common element of the medieval medical miscellany is the recipe collection. It is also the most unruly component. Recipes might be cherry-picked from multiple exemplars or copied *en masse* from only one or two, or they might be sporadically added based on personal trial and experience. Oftentimes the collection itself—commonly including hundreds of recipes—represents a multi-generational project whose contributing writers had disparate agendas and needs. The recipe collection in Huntington MS HU 1051, for example, was written by thirteen people over the course of two centuries. And they are often disorderly; sizeable collections are difficult to keep track of, even for their readers and writers. The same remedy is often repeated in multiple places in the same manuscript, and many codices include retroactively added tables of contents (or tables that were penned during earlier stages of the manuscript’s compilation, and have since become out of date). Marginal glosses and notations record later readers’ attempts to corral dense blocks of text into more easily navigable lists of ailments or afflicted body parts. And even when these

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<sup>63</sup> Wellcome MS 409, ff. 66v-69r. The manuscript includes a number of owner’s marks, the earliest of which asserts, “Hosomever on me dothe loke I am John Stacys boke” (f. 145r).

collections are smaller in number, numbering only a handful of recipes, they often still resist organization; the short length of most remedies means that they are frequently interstitial, found in margins and on flyleaves. The products of these recipes are equally diverse. Completed remedies were variously intended to be eaten or drunk (in the case of supplemental powders, porridges, and electuaries) or to be applied topically (in the case of poultices, plasters, and ointments).<sup>64</sup>

The ingredients for these recipes ranged from everyday foodstuffs, such as honey, eggs, wine, and herbs, to more esoteric options—one remedy for shingles involves “þe sut

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<sup>64</sup> One kind of text conspicuously absent from this list of remedy types is the charm, which I have left off because there is no room to discuss it fully here. Charms often indicate particular areas of anxiety in medicine; those for staunching blood, for instance, suggest that patients and practitioners alike were wary of the difficulty of healing acute hemorrhages. Sometimes these ‘magical’ remedies blended easily into Christian practice; at other times, that assimilation did not happen so easily, a truth evidenced by the remedybooks in which charms have been obliterated from the parchment entirely by means of scraping, excision, or strikethroughs. An example of what ‘charming’ might have looked like in professional practice is provided by Richard Parkyn, a healer in Rotherham who legally abjured his use of magic:

I haue vsed charmes by thredys, carectes and prayers doon and said vpon clothis of seke folkes, with rehearsal 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 angell, and my doying good and lawfull, which I know now certainly... is erroneous 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.

On Parkyn, see *Sources* 95-6 and Thomas R. Forbes, “Verbal Charms in British Folk Medicine,” *Proceedings of the American Philosophical Society* 115.4 (1971): 293-316, at 296. On healing charms more generally, see Lea T. Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine* 16.3 (2003): 343-66; Catherine Rider, “Medical Magic and the Church in Thirteenth-Century England,” *Social History of Medicine* 24.1 (2011): 92-107; and Mitchell, *Cultural Uses of Magic*.

of a smethes chimney,” and another for the flux requires the rust scraped off an iron bell clapper).<sup>65</sup> Some called for more expensive ingredients such as frankincense, which might have needed to be sourced via an apothecary or merchant, but most relied on easily accessed materials that were frequently measured by the handful, the spoonful, or in relation to each other (one part wine, one part water, for example). Paratexts abound in these manuscripts; they are rarely without marginal notes, glosses, and translations, tables of contents, or running headings. Helpful comments on sourcing, pricing, and substituting ingredients are also common, as are observations about a remedy’s history and efficacy. The writer of BL Harley MS 1600 notes that one particularly involved recipe for the cure-all salve *gracia dei* was used by “hopkyn of þe fermory of killyngworth”—presumably referring to the town in northeast England—before offering a simpler alternative below, preferable because it is “of lyghter coste.”<sup>66</sup>

While modern readers might expect the theme of medical utility to provide some kind of textual coherence, it is rare to find a recipe collection without seemingly unrelated content. Immediately following the *gracia dei* recipes, Harley 1600 moves from the preservation of fruit to grafting vines. BL MS Sloane 3490 A, which includes contents

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<sup>65</sup> BL MS Harley 2389, f. 8r, and Wellcome MS 404, f. 14r, respectively.

<sup>66</sup> ff. 35v-37r.

written from the tenth to the eighteenth centuries, includes two birth announcements squeezed in above a “medison for an ague”; BL MS Additional 12195 includes a the beginning of a draft letter to the owner’s uncle; and BL MS Harley 3383 includes a scrap of parchment in which the writer records that she has been accused by another woman of stealing her poultry.<sup>67</sup> Others include directions for optical illusions, charms against thieves, and other culinary, cosmetic, agricultural, codicological, and veterinary contents. One sequence in BL MS Harley 2389 is particularly illustrative: in the span of just two folios, the writer has preserved recipes to ensure the safe delivery of a child; to remove grease stains from linen and woolen cloth; to drive spiders and flies from the chamber; to keep gnats away in the night; to remedy constipation; to remedy a hardness in womens’ breasts; to restrict hair growth; and to prevent insects from eating herbs. The same manuscript includes other remedies for bee- and wasp-stings, fly bites, dog bites, as well as instructions for keeping poultry safe from foxes, stoats, and weasels; for administering medication to children too young to receive it orally; recipes for cherry conserve, cheese, marmalade, and syrups; and a text on fishing. The intermingling of these various text types evinces a vibrant

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<sup>67</sup> The birth announcements in Sloane 3490A are on f. 83r; the draft letter in BL MS Add. 12195 has the incipit “Ry3the wyl belouyd unkyll...” and can be found on f. 121r. In BL MS Harley 3383, the parchment on which the accusation is written has been cut, and the ending lost. What remains: “<...> Anno dom[in]e the xvii day of January Agnis Dowdney / the wife of John Dowdney did say that / I did come to her henne roust & stoole <...>” (f. 72r).

and entangled medical practice that was understood as part of a broader sphere of household knowledges, rather than as a separate and specialized branch of expertise.

Both manuscript and print medical collections also frequently included literary content, perhaps the most popular of which was the verse prologue.<sup>68</sup> These typically vouched for the medical texts in the collection, often avowing their use by (or origin in) established medical authorities such as Hippocrates or Galen. One representative example from the late fourteenth century follows:

þe man þat will of lechcraft ler  
red uppon þis boke and he may ler  
many a medcyne both gude and trewe  
Tol hel sores both old and newe  
Herin er medcyns with outen fable  
To hel all sores þat er awabille  
Off swerd of knyf & of arowe  
Be þe wond wyd or narowe  
Of sper of quarell of dager & of dart  
To make hym hole of ilk a part  
So þat þe seek will do wisly  
and kep hym self from surfetry  
Be the wond neuer so deppe  
þerof þer hym take no kepe  
So þat he drynk saue or antioche  
hym þar no3t dred of þat owtrage  
Be þat on and xx days comen and goon  
he shall be hole both flessh and bon

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<sup>68</sup> On the use of verse in remedy collections, see Hannah Bower, *The Problem with Practicality: Rethinking Late Medieval English Medical Recipes, 1375-1500* (unpublished PhD dissertation, University of Oxford, 2018), 105-153.

To ryd and go in ilke a place  
Thurgh þe might of goddes grace  
þus says ypocras þe gude surgien  
An socrates and Galyen  
þei wer filosofers all thre  
þat tyme best in any contre  
In this world wer non þeir pere  
Als ferr as any man kouth here  
And practise don medcyns þurgh goddis grace  
To saue men lyues in euery place  
Crist þat made bothe est and west  
leu grace þer sauls haue gud rest  
Euermor in ioy for to be  
In heuen with þe trinite.<sup>69</sup>

In a later, sixteenth-century recipebook, a remedy for kidney or bladder stones is accompanied by the notation that “This medicine mistres elsabeth horne þat was in Edmund Hornes mother, (whose sowles our lord have mercie uppon,) did use, & helpe manye, pray for them, & for me, that learnyd it of her / and wrote this for the commmoditye of them þat nedythe it.” A moralizing poem follows, exhorting the reader to behave soberly and kindly, according to Christian precepts, and to accept what has been provided as God’s will rather than wishing for the possessions and fortune of others. “Yf thow haddest moche & after become poore,” the piece concludes, “live accordynge & be

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<sup>69</sup> *DIMEV* 5390; the transcription above is from BL MS Harley 1600, f. 3v-4r. This introductory poem was especially popular, with twenty-four manuscript witnesses. It has been published in *Political, Religious and Love Poems, from Lambeth MS 306 and other sources*, ed. Frederick James Furnivall, EETS o.s. 15 (London: Kegan Paul, Trench, Trübner & Co., 1866; repr. 1962): 286-7.

thankfull therefore.<sup>70</sup> The poem's emphasis on living in harmony with one's neighbors resonates with the kind of epistemological genealogy recorded above; medical practice—and the transmission of the knowledge that enables it—are, in the poem, contextualized within a simultaneously localized and universal Christian framework of charity and goodwill towards the needy.

Other moments of medical and literary overlap occur in the traditional medieval literary canon. The medical vernacularization described in Voigts' work took place alongside the growing acceptance of English as a suitable language for poetic and literary expression.<sup>71</sup> Poets like Chaucer and Robert Henryson penned both satirical and serious depictions of medical practice; Julian of Norwich and John Gower describe their own experiences of illness and impairment in arresting detail; and many writers make explicit use of medical forms. Chaucer's unpleasant Pardoner, for example, sneaks four separate remedies into his prologue. John Lydgate's "Dietary," which sets out a regimen for bodily and spiritual health, provides one particularly striking instance of the imbrication of these

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<sup>70</sup> *NIMEV* 4126.5; BL MS Harley 2389, ff. 57r-57v.

<sup>71</sup> On the use of medical terms in literary works, see Julie Orlemanski's *Symptomatic Subjects: Bodies, Medicine, and Causation in the Literature of Late Medieval England* (Philadelphia: University of Pennsylvania Press, 2019).

two discourses.<sup>72</sup> As Julie Orlemanski has noted, the work's circulation in both medical and literary manuscript contexts "illustrates medicine's discursive instability in fifteenth-century England, when its textual forms were available to be read and understood along alternative vectors of reception simultaneously."<sup>73</sup>

There are a number of methodological and epistemological concerns raised by using medical texts as evidence of medical practice. The most apparent of these is that—like all practical texts—most medical manuscripts depict practice not as it existed in reality but in its idealized form. Just as a culinary recipe might promise to produce dishes of a quality with the royal court's feasts, medical recipes often promise results that they seem unlikely to have delivered, or include overly expensive ingredients or complex instructions that were probably never carried out as written. In other words, medical practice might have looked very different in the world than in its textual representations and instantiations. And reading the material manuscript comes with its own issues. The ownership and transmission of a practical text does not always indicate its use; similarly, engagement with the text in the form of marginal remarks does not always indicate the actual trial of the

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<sup>72</sup> See Orlemanski, *Symptomatic Subjects*, 75-77, and "Item 31: The Dietary," in *Codex Ashmole 61: A Compilation of Popular Middle English Verse*, ed. George Shuffleton (Kalamazoo: Medieval Institute Publications, 2008).

<sup>73</sup> "Thornton's Remedies and the Practices of Medical Reading," in *Robert Thornton and His Books*, ed. Susanna Fein and Michael Johnston (York: York University Press, 2014), 252.

treatments. And while practicality appears to have been the primary motivator in late medieval medical collections, recipes and recipe collections also served a variety of purposes outside the practical, including the feeling of pride or satisfaction in the act of compiling and reading the text itself, rather than actually using it.<sup>74</sup> In short, extant manuscript evidence makes it very difficult to determine the extent to which these texts were actually *used*: the extent to which they serve as documentation of lived practice, or as textual records apart from their employment in the world. As Getz admits in her supplement to *MPME*, “I have not distinguished between medical practitioners and medical writers, because I have found it impossible to do so.”<sup>75</sup>

### **Sickly writing**

To this blurred boundary between writer and practitioner, we might also add the uncertain distinction between practitioner and patient. In many cases, they were one and the same person: an ailing reader who consulted and then enacted the healing practice described in a medical collection. In the Middle Ages, “the medical reader's identity, suspended between

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<sup>74</sup> See Lisa H. Cooper, “The Poetics of Practicality,” in *Oxford Twenty-First Century Approaches to Literature: Middle English*, ed. Paul Strohm (Oxford: Oxford University Press, 2007), and Bower, *The Problem with Practicality*.

<sup>75</sup> *MPME* Suppl., 249.

patient and authority, was unstable and dynamic.”<sup>76</sup> Perhaps the simplest and most visible indication of this overlapping identity is the language of medical remedies themselves, where instructions frequently and easily switch between addressing the treatment to the reader—“you”—and addressing it to “the patient” or “the sick.” One collection, for instance, includes a headache remedy to be applied “als oft as *þe seke* may suffre”; on the next folio, a remedy for drymouth specifies that it should be poured “into *thi* throtte as hotte as *yowe* may suffre hit.”<sup>77</sup>

‘Self-care’ in various forms has been an ongoing practice throughout history, but the years between 1300 and 1600 in England mark a period when instructions about how to care for the self became not only accessible to a broader swath of the population but, by the sixteenth century, nearly ubiquitous. By the 1500s, printed medical compendiums impressed upon their readers that collected knowledge could be complete and comprehensive—even to the point of replacing the practitioner himself. Learned practitioners unsurprisingly took issue with this. In 1566 physician and almanac-maker John Securis wrote scornfully that “[i]f Englyshe Bookes could make men cunnyng Physitions, then pouchemakers, threshers, ploughmen & coblers mought be Physitions as well as the

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<sup>76</sup> Orlemanski, “Jargon,” 399.

<sup>77</sup> BL MS Harley 1600, ff. 4v, 5r. Emphasis mine.

best, yf they can reade.”<sup>78</sup> These professional anxieties reveal social concern about the location of medical authority, and suggest the degree to which English medical texts allowed readers to care for their communities and themselves.

Reading a medical text while ill is a vastly different experience from reading while well, as anyone who has consulted WebMD while suffering from a mysterious pain can attest. In the medieval period, as it does now, medical discourse provided afflicted readers with an explanation of suffering and hope for a cure, offering a means by which to understand and make meaning from illness or impairment. “Although it is dangerous to posit a single and transhistorical response to bodily affliction,” Michael Solomon writes,

we can generalize that the onset of illness powerfully encourages the ailing subject to engage in intensive moments of self-reflection. Sickness or the threat of illness encourages the afflicted to consider the social significance of their disorders and seek answers to questions related to the ‘hows’ and ‘whys’ of their conditions. Such self-reflection necessarily forms part of the ailing subject's struggle for meaning and recuperation.<sup>79</sup>

Solomon discusses this self-reflection in the context of what he calls *sickly reading*: “a stance or approach to a text in which the ailing subject uses the reading process to create a healing

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<sup>78</sup> *A Detection and Querimonie of the daily enormities and abuses committed in physick* (London, 1566).

<sup>79</sup> Michael Solomon, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press, 2010), 8.

strategy.”<sup>80</sup> This dissertation extends Solomon’s figuration of the sickly reader to include the concept of the sickly writer who approaches the act of textual production as a healing strategy, counting literary works as among the range of texts which offered medical understandings of illness. The chapters that follow think through how experiences of bodily vulnerability and repair might have impacted not only the way medieval people read medicine, but how they wrote about it in literature and in practical medical texts. Close attention to the work of writers including Julian of Norwich and John Audelay reveals that the act of literary production was understood as part of a writing process inextricable from subjective experiences of bodily health.

Just as there are methodological concerns about approaching medical texts as sources of information about medical practice, so too are there concerns about approaching literary texts as evidence for the lived experience of illness. The first of these is the simple fact that scholars have relatively few sources of medieval autobiographical writing about illness and disability from which to work.<sup>81</sup> An additional layer of difficulty arises from the

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<sup>80</sup> *Fictions*, 9. On the act of reading as healing, see also Glending Olson’s *Literature as Recreation in the Later Middle Ages* (Ithaca: Cornell University Press, 1982).

<sup>81</sup> Metzler has observed that modern scholars are “disabled by our lack of distinct, neatly arranged bodies of sources and struggle to find materials. And as in the social model of disability, where disability is seen as a construct, so as a discipline too medievalists need to recognize that an apparent lack of sources is a construct of the rigorously mono-disciplinary school of thought prevalent until fairly recently.” See *A Social History of Disability in the Middle Ages: Cultural Considerations of Physical Impairment* (New York: Routledge, 2013), 1.

medieval tradition of using declarations of illness and infirmity as a means of rhetorical positioning. Much like the humility topos that drives Chaucer to describe himself as a mere “instrument,” servant not to Love but to her servants, and Julian of Norwich to identify herself as “a woman, lewed, febille, and freylle,” ill health and impairment could confer both authority and protection to writers.<sup>82</sup> In one of Hoccleve’s final poems, composed for Edward, Duke of York, he famously excuses any poor meter by writing, “pryde is vnto me so greet a fo / that the spectacle forbedith he me... / My sighte is hurt thurgh hir

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As she suggests there, alternative sources such as legal and theological records provide some evidence of the lived experience of disability in the Middle Ages. Wendy Turner, for example, has turned towards the records of royal servants dismissed from office for physical infirmity, and a recent dissertation by Ninon Dubourg analyzes correspondence between the Papal Chancery and clerics who petitioned for a release from their duties due to extended illness or impairment. See “*Ad obsequium divinum inhabilem*”: *La reconnaissance de la condition de personne infirme par la Chancellerie pontificale (XIIe–XIVe siècles)* (unpublished PhD dissertation, l’Université Paris Diderot, 2019).

<sup>82</sup> *Troilus and Criseyde*, in *The Riverside Chaucer*, ed. Larry D. Benson, 3<sup>rd</sup> edition (Oxford: Oxford University Press, 2008), I.10, I.15; “A Vision Showed to a Devout Woman,” in *The Writings of Julian of Norwich*, ed. Nicholas Watson and Jacqueline Jenkins (University Park: Pennsylvania State University Press), 6.36. In addition to protecting authors from critique, ill health could also be figured as the catalyst for a literary text’s production. Although generally not figured as autobiographical, a common example of this rhetorical use of sickness is the dream vision, in which the speaker describes turning to a literary text to cure himself of insomnia and goes on to produce a text himself as a result of the vision spurred by his reading—a text which then might go on to provide relief to other sleepless readers. Chaucer’s narrator in *The Book of the Duchess*, for example, claims a debilitating, eight-year sleepless “sickness,” which itself begets “melancolye” and thoughts so strange that he fears he will die. *The Book of the Duchess*, in *The Riverside Chaucer*, 23–37. The authors of dream visions frequently describe the act of recording their experience as one of healing. While the act of composition is beneficial to the writer, “[t]he finished poem—as a documentation of the dreamer’s journey to wholeness—serves as a guide for the poet’s readers who may be hoping to treat their own illnesses.” See Katherine Ann Robison, *The Path to Wholeness: The Therapeutic Potential of Bodily Writing in Late Medieval Dream Visions* (unpublished PhD dissertation, University of Minnesota, 2016), 13.

aduersitee,” he concludes.<sup>83</sup> The makar William Dunbar, to take another example, manages to compose fifteen lines of verse about a headache he suffered, despite the poem’s own lament that “My heid did yak yester nicht, / This day to mak that I na nicht.”<sup>84</sup> Dunbar’s report of a debilitating migrane produces a text that is simultaneously a poem and an excuse for not producing one.

The question, then, is this: just how truthful are medieval accounts of illness and impairment? How can scholars consider them fairly, within a context in which ill health and disability were frequently deployed for rhetorical effect? These questions are not unique to medieval studies; disability scholars and medical humanists have grappled with the idea of the pathography, the narrativization of the experience of illness or suffering, for some time. The pathography transforms the chaotic and disruptive experience of illness into a narrative that ‘makes sense,’ that carries within it a greater meaning. Pathographies mediate, translate, and relate experience,

and they do so in a way that discloses certain important mythic attitudes about illness and treatment. Mythic thinking of all kinds becomes apparent in that delicate autobiographical transition from ‘actual’ experience to written narrative,

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<sup>83</sup> “Balade to my gracious Lord of York,” in *Hoccleve’s Works: The Minor Poems*, ed. Frederick J. Furnivall, EETS e.s. 61 (London: Kegan Paul, Trench, Trübner & Co., 1892), 57-63.

<sup>84</sup> “The Headache,” in *Poems Public and Private*, ed. John Conlee (Kalamazoo: Medieval Institute Publications, 2004).

since this transition is one that constructs necessary fictions out of the building blocks of metaphor, image, archetype, and myth.<sup>85</sup>

The texts considered in the chapters that follow are not what we would now recognize as pathographies. The illness and impairment experienced by their writers is generally represented as secondary to their primary subject. Julian's sickness, for example, is the vehicle through which she experiences her revelations; John Audelay's blindness provides the material conditions under which he is able to compose his devotional poetry. But the experience and interpretation of disability and ill health saturate their literary works, just as an awareness of literary technique and convention is visible throughout the works of medical writers. It is true that the scholar is almost never in possession of records corroborating a writer's self-proclaimed status as severely ill or disabled. But it is equally if not more rare to find extant records disproving the same. In this, the pathography offers a simple answer to the question of whether or not to take accounts of illness and impairment at face value: to dismiss the attestations of suffering in these works as entirely hyperbolic or rhetorical is to dismiss lived experiences. I proceed under the principle that all scholars are constrained by what evidence has survived to the present; recognizing the social and literary

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<sup>85</sup> Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography*, 2<sup>nd</sup> edition (West Lafayette: Purdue University Press, 1999), 18.

contexts in which these texts were produced does not preclude the responsibility to explore them seriously as valuable historical records.

This dissertation focuses predominantly on forms of visual impairment, as opposed to other kinds such as deafness, mental illness, or mobility and physical impairment. In many ways, this is a result of the available sources: just as visual complaints are nearly always the most prevalent in remedybooks, so too do they crop up with frequency in literary texts. There is also the fact that writers were simply more prone to ocular complaints than others. Visual impairment is, however, rarely discussed in isolation from other kinds of impairment and illness. On her sickbed, Julian of Norwich experiences paralysis, difficulty speaking, and shortness of breath as well as obstructed sight. And John Audelay identifies himself not only as blind, but as “def to be,” and remarks on his overall ill health. In this way, experiences of sickness and impairment are overlaid with each other, both throughout the literary texts discussed in the following pages and in those pages themselves.

Similarly, although the pages that follow do not seek explicitly to explore connections between medicine and religion, the entanglement of these discourses in the

Middle Ages makes it impossible to study one without attending to the other.<sup>86</sup> Likewise, although it does not focus explicitly on the intersections of writing, gender, and healthcare, this project nonetheless engages with their overlaps; after all, many recipe collections were produced by and for women, and as authors such as Julian and Hildegard of Bingen have demonstrated, the sickbed could be a site of considerable power for women writers.<sup>87</sup>

Household books especially contain plentiful evidence of female owner-, author-, and readership, and though medieval studies has yet to make full use of these texts, the past decade has seen significant critical engagement with early modern recipes and the texts in which they survive. Scholars including Mary Fissell, Elaine Leong, Sara Penell, and Wendy Wall, among others, have utilized these texts as repositories of a culture of women's knowledge and practice, as have projects such as Columbia University's "Making and Knowing Project" and the Folger Library's "Before 'Farm to Table': Early Modern Foodways and Cultures" project. Relatively less attention has been paid to their earlier

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<sup>86</sup> See Michael Leahy, *To Speke of Phisik: Medical Discourse in Late Medieval English Culture* (unpublished PhD dissertation, Birkbeck College, University of London, 2015).

<sup>87</sup> When her attempt to leave Disibodenberg and establish her own convent was rebuffed, Hildegard, who frequently experienced periods of illness and pain associated with her own divine visions, "took to her sick bed and lay there immovable (despite even [her abbot] Kuno's efforts to lift her up himself) until she was granted the permission she was so stubbornly seeking. The moment she obtained it, she immediately got up and her health was completely restored. According to surviving accounts from witnesses, the restoration of her health was interpreted as a sign of the divine will." See Tatiana Tsakirpoulou-Summer's "Hildegard of Bingen: The Tetonc Prophetess" in *Women Writing Latin, Volume 2*, ed. Laurie J. Churchill, Phyllis R. Brown and Jane E. Jeffrey (New York: Routledge, 2002), 135.

medieval counterparts despite the fact that many of those texts originated in the Middle Ages, though recent publications by scholars including Carrie Griffin and Melissa Reynolds have engaged with the intersection of household knowledge and medieval practices of making.<sup>88</sup> While these and other components of life in medieval England are certainly discussed in the pages that follow, my primary research objective is to explore how the practice of bodily maintenance and repair influenced literary production and authorial constructions of identity and, in doing so, to account for the entangled nature of cultural care and medical cure.

This dissertation's first chapter focuses on the devotional poetry of fifteenth-century priest John Audelay. While a number of recent publications have dealt with the intersection of visual impairment and literature—including Wheatley's *Stumbling Blocks Before the Blind* and Jeremy Citrome's *The Surgeon in Middle English Literature*—this chapter is the first to approach that intersection through the lens of monastic medical culture, and to explicitly study incremental forms of care rather than singular treatments.<sup>89</sup> This chapter reads Audelay's poetry alongside the remedy collections to which he and his

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<sup>88</sup> See Griffin, *Instructional Writing in English, 1350-1650: Materiality and Meaning* (London: Routledge, 2019) and Reynolds, "‘Here is a Good Boke to Lerne’: Practical Books, the Coming of the Press, and the Search for Knowledge, ca. 1400-1560," *Journal of British Studies* 58 (2019): 259-288, at 278.

<sup>89</sup> *The Surgeon in Medieval English Literature* (New York: Palgrave Macmillan, 2007).

caretakers would have turned, revealing a shared emphasis on regimenal treatment. Remedy books commonly contained dozens of recipes for blind, bleared, dim, dark, and smarting eyes; Wellcome MS 404, for example, includes a string of eye remedies twenty-two recipes long. Eye remedies in particular often required repeated application—“at eve and at morrow” is a frequent instruction—and this emphasis on repetition is visible within the manuscripts themselves. BL Additional MS 34210, for instance, includes a typical chain of eighteen eye remedies linked by rubricated labels: “anoþer maner of medicine for þe eizen... ffor þe eizen þat þe liddes ley ouerturned byneþe... anoþer medicine for rennyng eizen...” Read alongside his final exhortation that the manuscript’s later owners “rede thys offt butt rede hit sofft” to heal their souls, Audelay’s writing both reveals the shaping power of the medical care he received during the manuscript’s compilation and advocates for gradual, durative, and “soft” forms of treatment for spiritual and medical health.

Chapter Two examines the *Shewings* of Julian of Norwich, a fourteenth-century anchorite who experienced a series of divine visions during a near-fatal illness. Visibility is troubled incessantly throughout the text, typically by an obscuring medium—gazing upon the face of Christ, for example, is compared to seeing the face of God through seawater. This chapter reads Julian’s *Shewings* alongside medical texts that described blindness not as an absence of sight but as the result of an intervening presence. Benvenutus Grapheus’ *De*

*probatissima arte oculorum*, for instance, observes that imperfections in the ocular membrane appear like “the seyd of a corne,” “the scale of a fysch,” or “a flake of snowe.” These mediating layers, including seawater and blood droplets that Julian compares to herring scales, serve not only as obstacles to Julian’s sight but as objects themselves, carrying texture, color, and distinct qualities. Julian’s anchoritic experience of the world was largely defined by the walls of her cell, which served both as an obstruction—separating her from the secular community—and as the medium through which social contact occurred. The language of mediation Julian uses to describe her divine visions is mirrored in the medical texts in circulation at the time, suggesting that her extreme illness and visual impairment offered a means of conceptualizing this unique form of visual and haptic contact.

In its second half, the dissertation shifts focus substantially, turning its attention to medical texts that have generally gone unstudied as literary objects to demonstrate that medical writers drew on literary practices in their constructions of authority and relationships to their readers. Focusing on the sixteenth-century physician Donatus Antonius de Altomare’s appropriation of literary techniques, Chapter Three demonstrates that devices such as narrative, personification, and anaphora, among others, allowed physicians to convey not only practical information but affective experiences. In doing so, it reveals the capacity of the didactic manuscript to serve as both a medical tool and as a space

for formal experimentation and interpersonal connection. Unlike the polished Latin texts that Altomare publishes, BL MS Harley 4349 articulates experiences of failure, triumph, frustration, and uncertainty, moments in medical practice that exceeded the communicative capabilities of factual description and which, instead, demanded literary expression. In a lengthy treatise on *melancholia*, for example, Altomare turns to a restless anaphoric litany of patient types in order to convey the variety of symptoms his less-experienced reader might encounter. In another entry, he wryly suggests that the practitioner weary of a patient's hypochondria prescribe something harmless, such as pomegranate juice. Altomare's descriptions illustrate the personal nature of the physician's relationship to his clients, which often exceeded transactional or professional boundaries. These notes move the manuscript beyond a rehearsal of established remedies and treatments and into a dynamic record of one physician's attempts to make sense of his own practice through literary narrative and reflection.

The dissertation's final chapter explores two very different instantiations of one medical genre, the almanac: the first, the folding manuscripts typically used by physicians in the fifteenth century, and the second, the early printed almanacs of the sixteenth century, which became associated with the increasingly literate but largely unlearned population. Despite their significant material differences, both kinds of almanac evince a deep-seated

concern about the role of texts in mediating and disseminating medical knowledge, and both draw on literary traditions in their efforts to communicate with readers. BL MS Harley 937, the sole extant folding almanac in English, borrows language from Chaucer's *Treatise on the Astrolabe* to justify its instruction of its reader's "tender wit," framing its project as one of charity and instruction. The earliest printed almanacs, however, engage with literariness in a way that elicits harsh criticism from contemporary writers, who argue that their linguistic flourishing and convoluted syntax works to exploit naïve readers. The prognostications contained within these almanacs were balanced delicately between a need to appeal to their audience—and therefore to be apprehensible and accessible—and to obfuscate: to be vague, and therefore infinitely interpretable. In the expanding print marketplace, the spread of medical misinformation could have fatal consequences. As vehicles for that misinformation, these almanacs represent a critical source for thinking through the intersection of literary production and popular healthcare, and for thinking through the increasingly anxious relationship between reader, writer, and medical text.

## Chapter One

### “Rede hit sofft”: John Audelay’s Practice of Care

In the Middle Ages, the term “blind” was capacious, denoting both complete lack of sight and lesser forms of visual impairment. Absolute blindness was generally considered beyond medical remedy, though not miraculous cure. Treatments for innumerable other ocular complaints, however, were ubiquitous in medieval leechbooks and remedy collections. In Beatrix Busse and Annette Kern-Stähler’s words, these Middle English medical texts describe visual impairment not as a total, static state, but as liminal: a “gradual process of decay or of moving towards blindness,” what they elsewhere call “blindness as a process of becoming.”<sup>1</sup>

This chapter explores how conceptualizing blindness as a dynamic movement, rather than a static state, might illuminate the relationship between late medieval medical and literary cultures. It centers on the devotional poetry of fifteenth-century priest John “the Blind” Audelay, which is preserved in Oxford, Bodleian Library MS Douce 302. Outside of this manuscript, we have only one other document with which to reconstruct

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<sup>1</sup> Beatrix Busse and Annette Kern-Stähler, “Bleary Eyes: Middle English Constructions of Visual Disabilities,” in *The Five Senses in Medieval and Early Modern England* (Leiden: Brill, 2016), 69-95, at 82 and 79.

Audelay's life: a 1417 court record that identifies him as the personal chaplain of the Lestrange family, arrested for his involvement—the extent of which remains unknown—in their assault of a knight at a London public church.<sup>2</sup> Sometime after that record was produced, Audelay went on to become the first priest of the newly established Lestrange chantry at Haughmond Abbey in Shropshire, where he composed *Douce 302* around 1426. According to his repeated assertions in that manuscript, he had also become blind, deaf, and ill.

Reading Audelay's poetry alongside his experience of impairment, I argue, reveals the shaping power of not only his blindness, but the medical care he received because of it, on his writing. The extent of Audelay's blindness is unclear, as is the state of his overall physical health during the production of the manuscript. We can, however, hazard some reasoned guesses. We can assume, for example, that his eyesight did not begin to deteriorate significantly until after 1417, as it seems unlikely that the Lestrange family

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<sup>2</sup> The attack, carried out on Easter Sunday in St. Dunstan's-in-the-East, resulted in the death of an innocent parishioner and the subsequent arrest and imprisonment of the Lestranges and their retinue, including Audelay himself. The extent of the chaplain's involvement in the assault is unknown, but he was presumably among the members of the Lestrange household who performed public penance afterwards, walking a mile through London barefoot in their shifts. For more information on the assault, see Michael Bennett's "John Audelay: Some New Evidence," *The Chaucer Review* 16.4 (1982): 344-355, and Robert Meyer-Lee's "The Vatic Penitent: John Audelay's Self-Representation," in *My Wyl and My Wrytyng: Essays on John the Blind Audelay*, ed. Susanna Fein (Kalamazoo: Western Michigan University Press, 2009), 54-85.

would have allowed a blind man to participate in the assault at St. Dunstan's. His vision appears to have deteriorated sooner, or more quickly, than his hearing, as the text identifies him as "blynd, def to be" (*Counsel of Conscience* 20, emphasis mine). That deterioration was also more likely gradual than sudden; it seems extremely unlike him to neglect the metaphorical potential in being abruptly "struck blind," an unmistakably miraculous event depicted in many theological and secular texts.<sup>3</sup> That leaves an interval of nearly a decade in which Audelay's eyesight, hearing, and overall health were declining at best and entirely compromised at worst. It is this nine-year period and, in particular, the medical care Audelay received in its duration, with which I am chiefly concerned.

In attending to this liminal state—to the process of *going blind*, rather than *being blind*—I take up Julia Kristeva's recent appeal for the critical medical humanities to fully account for the entanglement of "hard" biomedical sciences and the "soft" cultural praxis of care, discussed more fully in the introduction to this dissertation.<sup>4</sup> Reification of this divide

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<sup>3</sup> Other critics have also addressed the likelihood of gradual blindness; Jeremy Citrome, for example, writes that there is "a strong possibility" that Audelay's sight "steadily and progressively 'vanyshyd' rather than abruptly failed." See *The Surgeon in Medieval English Literature* (New York: Palgrave MacMillan, 2006), 96.

<sup>4</sup> In a recent article, Kristeva and Marie Rose Moro, John Ødemark, and Eivind Engebretsen discuss what they call the "chronotopic organization of care": the cultural pattern by which "hard" biomedical research and "soft" cultural practices of care are relegated not only to differing ontological domains (nature and culture, respectively) but also to different temporal zones. See Julia Kristeva, Marie Rose Moro, John Ødemark, and Eivind Engebretsen, "Cultural Crossings of Care: An Appeal to the Medical Humanities," *Medical Humanities* 44 (2018), 56.

risks reinforcing a system in which health is considered a definitive, atemporal state, while the art of care is considered a process embedded within (and dependent upon) biographical time and subjective interpretation. “To the definitive idea of ‘healing’ resulting in a ‘state of health,’” Kristeva writes in *Hatred and Forgiveness*, “it would perhaps be truer to appose, if not oppose, the durative idea of ‘care.’”<sup>5</sup> Taking care seriously involves understanding the process of healing as a shaping force in its own right, rather than a phase to be passed through on the way to total health. And accepting Douce 302 as the creation of an aging priest—one whose eyesight, hearing, and overall health were failing—means accepting Audelay himself as a poet invested in a process of durative care.

Audelay refers to his blindness repeatedly, a strategy which keeps the impairment at the forefront of the text while simultaneously raising questions about its legitimacy. Just how blind was Audelay? How deaf? How ill? How capable of contributing to the compilation’s structure and form? Douce 302 is a complex volume, comprised of what Susanna Fein has identified as “four genre-based mini-anthologies”:

1. *The Counsel of Conscience*, a labeled collection of various devotional texts including the long poem *Marcolf and Solomon*.
2. Salutations to five religious figures: the Virgin Mary, St. Bridget, St. Winifred, and St. Anne, and God himself.

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<sup>5</sup> Julia Kristeva, *Hatred and Forgiveness*, trans. Jeanine Herman (New York: Columbia University Press, 2012), 154.

3. Carols, numbering twenty-five, organized by subject.
4. *A Meditative Close*, which contains a number of prose and verse texts, including a concluding poem at the very end in which Audelay, to borrow Fein's words, "lays authorial claim... to its composition and compilation."<sup>6</sup>

The manuscript, which is written primarily in English and comprises 35 folios, is written in two hands, one belonging to its primary writer (Scribe A) and the other to a compiler (Scribe B) who inserts incipits, explicits, and other details. Scribe B also finished the manuscript, twice adding new texts to its end: first a commonplace Latin poem entitled *Cur mundus militat sub vana gloria* and, some time later, an original English poem by Audelay, which Fein calls his *Conclusion*.

Presumably neither scribal hand belongs to Audelay, whose self-reported impairment would preclude substantial participation in the manuscript's material production.<sup>7</sup> Nonetheless, Audelay is emphatic about his role in the volume's creation: throughout the text he identifies the poetry as his "makyng," and in the conclusion he asserts that the "boke" as a whole contains both his "wyl" and his "wrytyng." Repeated acts of naming and claims of authorship indicate that he understood the book to be his own; the "Salutation to St. Bridgit," for instance, asks readers to pray for "hom that mad this

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<sup>6</sup> Fein, *Poems and Carols* (Oxford, Bodleian Library MS Douce 302) (Kalamazoo: Medieval Institute Publications, 2009), 21.

<sup>7</sup> Fein, *My Wyl and My Wrytyng*, 24 n. 16.

mater with dewocion, / That is both blynd and def, the synful Audelay” (201-2), and the *Meditative Close* informs the reader that Audelay “made this bok by Goddus grace, / Deeff, sick, blynd, as he lay” (51-2).<sup>8</sup> This is the central, vexing paradox of Douce 302, an object that, in Rory Critten’s words, “claims to have been produced by a man who is described in its texts as someone presumably incapable of inscription.”<sup>9</sup>

Audelay’s deployment of the metaphoric potential of his impairment is more easily traced. Especially when it afflicted the clergy, blindness was often understood to be a mark of holiness that endowed its sufferer with a particular form of divine authority. Peter of Limoges’s popular *Moral Treatise of the Eye*, for example, cheerfully reassures readers that holy men rejoice when they lose the use of one or both eyes, because physical blindness leads to spiritual clarity of sight. In its insistent, penitential deployment of his impairment, Audelay’s work seems inextricable from the moral and spiritual signification of his suffering body. Many scholars, following Audelay’s example, have understood his verse to be deeply

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<sup>8</sup> Those affirmations can obscure the blurry limits of that authorship, as Julia Boffey has noted in “Audelay’s Carol Collection” in *My Wyl and My Wrytyng*, 221. Parts of Audelay’s manuscript have been adapted from other extant works, and in the carol section specifically, six have been tied to other manuscripts: five are present in other carol collections, and the sixth, “Carol 2,” appears copied onto an end leaf in Aberystwyth, NLW MS 334A, which contains the fourteenth-century prose allegory *The Abbey of the Holy Ghost*. Imprecise dating makes it difficult to know whether Audelay produced or appropriated these poems, but Audelay’s willingness to claim ownership at least suggests that he himself understood the poems in Douce 302 to be his own.

<sup>9</sup> *Author, Scribe, and Book in Late Medieval English Literature* (Cambridge: D.S. Brewer, 2019), 122.

informed by this hard-won spiritual authority. Fein calls the events of 1417 “scarring”; Michael Bennett speculates their impact to be “deeply traumatic”; and Robert Meyer-Lee, arguing that Audelay’s blindness constituted a later trauma which brought the earlier trauma of the assault to the fore, writes that Audelay’s repetitive assertions of his own impairment are “both urgent reaffirmations of his election and ineluctable repetitions of his curse.”<sup>10</sup> Edward Wheatley has observed that for many scholars, the metaphorical impact of Audelay’s ailing body seems to “outweigh” its material significance.<sup>11</sup>

This chapter provides one means of redressing this critical imbalance. Its first section briefly outlines what we know about John “the Blind” Audelay, chaplain to the Lestrange family and later priest of their chantry at Haughmond Abbey, based on the aforementioned 1417 court record and Audelay’s own manuscript of devotional poetry. It also addresses a source of evidence that has not yet been brought to bear on Audelay’s work: medical records of the lived, material experience of blindness in late medieval England. In the second section, I discuss the form of the spiritual “remede” presented in Audelay’s “Carol 2,” arguing that his didactic prescription constitutes a regimen of care rather than a singular reparative event in order to assert the efficacy of durative, long-term

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<sup>10</sup> Meyer-Lee, “The Vatic Penitent,” 79.

<sup>11</sup> Edward Wheatley, *Stumbling Blocks Before the Blind: Medieval Constructions of a Disability* (Ann Arbor: University of Michigan Press, 2010), 217.

treatment. The final section proposes that approaching the material, medical realities of Audelay's blindness as evidence rather than metaphor allows us to understand his writing as the product of a nuanced system of medieval healthcare that, particularly where ocular health was concerned, was shaped as much by continual care as it was by independent moments of trauma and treatment. Ultimately, I suggest that John Audelay's poetry offers one example of how we might productively think through late medieval health as a durative, gradual, and dynamic process, rather than a discrete destination.

### **John Audelay: chaplain, criminal**

In 1417, John Audelay was serving as the family chaplain to the Lestrangle family of Knockin, not far from the Welsh border in Shropshire. Despite the rural location of the family seat, his employer Richard Lestrangle spent considerable time in London and the surrounding towns. Born in the London parish of St. Bartholomew the Less, Lestrangle had been baptized in the same church in 1381. After the death of his father and until he attained his majority in 1404, he was the ward of a number of courtiers in and around London.<sup>12</sup> While Lestrangle was still a minor, his steward John Kynaston led his tenants in

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<sup>12</sup> Custody was originally granted by Richard II to Edward, Earl of Rutland, who granted it to Thomas, Earl of Worcester; eventually Richard ended up in the custody of Sir Nicholas Hauberk, his mother's new

the 1403 Percy rebellion. He married twice: first to Joan, alias Constance, daughter of Lord de Gray, and then to Elizabeth, the daughter of Sir Reginald Cobham of Sterborough Castle. Although he held the title of Seventh Lord Strange for fifty-two years, he held no office of real importance to the Crown, and there are no records of his involvement in any of the military engagements of Henry V or Henry VI's reigns. In 1414, Lestrangle was selected to lead a commission whose purpose was the exposure of Lollards in Shropshire, though Bennett has questioned his dedication to that charge, noting that the Lollard leader Sir John Oldcastle owned multiple estates in the Welsh borderlands and would have moved in the same social circles as the Lestranges, and further concluding that Lestrangle's "general character and connections" were suggestive of "a seditious hothead rather than a champion of order."<sup>13</sup> This assessment seems all the more likely when we consider Lestrangle's sole claim to contemporary infamy: his 1417 assault on the knight Sir John Trussell, in a public London church, on Easter Sunday.

Michael Bennett's 1982 discovery of a court document placing Audelay with the Lestrangle family that day has sharpened our understanding of the assault and of Audelay himself. Here is what we know: during Easter morning mass at St. Dunstan's-in-the-East,

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husband. See Hamon Le Strange, *Le Strange Records: A Chronicle of the early le Stranges of Norfolk and the March of Wales* (London: Longmans, Green and Co., 1916), 339.

<sup>13</sup> "Some New Evidence," 350.

a London public parish, Richard Lestrangle confronted Sir John Trussell, a knight with suspected ties to Lollardy (and with whom Lestrangle appeared to have had some sort of preexisting feud, possibly stemming from his time on the anti-Lollard commission mentioned above). Words were exchanged. Lestrangle called Trussell a knave; Trussell called Lestrangle a liar; Lestrangle fired back an insult in which he described Trussell as “a lewyd hegge knyght.” Afraid that the confrontation would escalate, parishioners separated the men and saw them back to their lodgings. Later, city aldermen extracted promises of civil behavior from both parties. Trussell returned to St. Dunstan’s at vespers that evening and was performing his devotions when Lestrangle, his wife, and a retinue of some fourteen men armed with “swords, daggers and shields, and helmets” burst back into the church and attacked him. Audelay was among that number, though it is unclear whether he was armed. Trussell, his son, and a number of servants were gravely injured, and a fishmonger named Thomas Pedwardynne was killed in the ensuing melee.

The perpetrators were apprehended, arrested, and charged accordingly. Two squires were found guilty of perpetrating the felony, while “Richard Lestrangle of Knockin, and Joan, his wife, and John Audley, chaplain” were convicted of instigating, aiding, and abetting the attack. Lestrangle remained in the Tower of London until he was able to muster 1000 marks (around £660 in the early 1400s, or £415,000 today) for bail. Upon his

release, the family was heavily fined and prescribed public penance, which required the Lord and Lady to walk the mile or so from St. Paul's to St. Dunstan's barefoot and in their shifts, trailed by their retainers. Audelay's name does not appear in records of the ecclesiastical inquest into the affair; presumably, his clerical status meant that his punishment was determined and administered separately.<sup>14</sup>

This is the story according to the legal documentation from the King's Bench. Other sources introduce variation and move beyond judicial proceedings to emphasize the social ramifications of the event. While most agree on the outcome of the assault—the death of a parishioner and the Lestrangle family's sentencing and ensuing penance—some provide a different explanation for the attack, blaming the backbiting tendencies of women. One contemporary account, recorded in William Gregory's *Chronicle of London*, asserts that the men “fylle at debate for hyr wyvys... evyn at the prechyng tyme.” The same text emphasizes the social disturbance caused by the fray, observing that Pedwardynne's death occurred when he tried to stop the fight, and that “many men were i-hurte; and therefore the chyrche was suspendyd.”<sup>15</sup> Fabian's *Chronicle* uses even stronger terms:

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<sup>14</sup> Public Record Office, KB 27/624, m. 76, in Bennett, “Some New Evidence,” 348.

<sup>15</sup> “Thomas Pedwardynne, fyschemonger, was slayne as he wolde have lettyde hem of hyr fyghtynge.” See William Gregory's *The Chronicle of London: 1403-1419*, in *The Historical Collections of a Citizen of London in the Fifteenth Century*, ed. James Gairdner (London, 1876), 103-128.

[U]pon this hygh & solemne day, by excytynge of the deuell, & yll disposicion of .ii. women, that is to meane the wyfe of the lorde Straunge, & the wife of sir John Trussel knyght, suche unkyndnesse fyll atwene theyr .ii. husbandes, that eyther wolde haue slayne other within the parysshe church of Seynt Dunstanes in the East: in partyng of which persones dyuers men were hurt & sore wounded...<sup>16</sup>

Fabian also notes that Lestrangle made “great amendes” to Pedwardynne’s widow. In doing so, he embeds the incident in a rich social network of personal connections and communal repercussions. Richard Baker’s *Chronicle*, printed in the seventeenth century, sketches a more detailed picture of the incident but similarly emphasizes the way the conflict spilled over from the directly involved parties and into the congregation as a whole, remarking that “great part-taking” occurred on both sides.<sup>17</sup> This later chronicle establishes the story’s continuing impact and its circulation in print, more than two centuries after the assault occurred. But it also cements the assault’s impact not just as a moment of shocking violence between two men, but as an act that jeopardized the spiritual sanctity of the congregation and the entire city. Lestrangle’s actions, combined with their setting and timing, constituted not just an attack against Trussell but, as William Gregory’s *Chronicle of London* reported in the fifteenth century, a “trespas ayenst Hooly Chyrche” herself.<sup>18</sup> This trespass was all the more severe because it caused the suspension of church. “A violent

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<sup>16</sup> *The New Chronicles of England and France*, ed. Henry Ellis (London, 1811), 582-3.

<sup>17</sup> *A Chronicle of the Kings of England* (London, 1670), 177.

<sup>18</sup> *The Chronicle of London: 1403-1419*, 115-16.

quarrel at high mass was reprehensible enough,” notes Bennett; “to shed blood in the church was a shocking defilement of the bride of Christ; but to violate the sanctity of the place on ‘the most sacred Sunday of the resurrection’ must have seemed as heinous an act of sacrilege as could be conceived.”<sup>19</sup>

A public offense of that magnitude demanded an equally public penance, one intended to heal the city as much as to purify the Lestrangle family. Following the assault, Baker continues, Lestrangle and his retinue performed penance openly:

The Parson of S. Dunstons went before, after whom followed all the Lords servants in their shirts; after them went the Lord himself, bare-headed, with a wax taper in his hand; then followed the Lady, bare footed; and then last came the Archdeacon Reynold Renwood: in which order they went from Pauls, where the sentence was given, to S. Dunstans Church; where at the rehallowing thereof, the Lady filled all the vessels with water, and according to the sentence, offered to the Altar an ornament of the value of ten pounds; and the Lord, a Pixe of silver, of five pounds.<sup>20</sup>

Audelay would have been among the group that walked from St. Paul’s to Dunstan’s that May Day. Sometime in the following years, he left the direct employ of Richard Lestrangle, taking a position as first priest of the newly endowed Lestrangle family chantry at Haughmond Abbey, some fourteen miles southeast of Knockin. Richard Lestrangle

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<sup>19</sup> “Some New Evidence,” 347.

<sup>20</sup> *A Chronicle of the Kings of England*, 177-78.

continued in his role as Seventh Baron Strange for another 32 years, producing a heir by his second wife, Elizabeth, before his death in 1449.

Now to John Audelay. The chaplain's history is deeply entangled with that of his employer, and may reach back even further than his position as Richard Lestrangle's chaplain. Audelay, whose name is also spelled "Awdelay," "Awdlay," "Audley," and "Audlay" throughout Douce 302, was likely related to one of the families of the town of Audley, located less than 35 miles northeast of Knockin, the Lestrangle family seat. The potential for a connection with the baronial Audleys of Heighley is especially exciting, though little material evidence exists of such an affiliation.<sup>21</sup> What does exist, however, is a lengthy and knotty history in which the Lestrangle family and the families of Audley were closely entwined. Some examples follow.

The *Gesta fulconis filii warini* relates a semifictional account from 1201 in which John Lestrangle II's men are imprisoned by the Prince of Wales after their decimation of his forces. Lestrangle appeals to the king, who sends Sir Henry de Audley with ten thousand knights to facilitate John's retaliation. As Fulk's forces number only 700, de Audley and

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<sup>21</sup> See Angus McIntosh's "Some Notes on the Text of the Middle English Poem *De Tribus Regibus Mortuis*" *RES* 28 (1977), 385-92.

Lestrangle are victorious.<sup>22</sup> The names of both men appear again in a mandate from April 1218 requiring them to conduct Welshmen through their lands to pay homage to the king on Ascension Day. In 1245, a November mandate appoints Fulk Fitz Warin, John Lestrangle III, and Henry de Audley to arbitrate a land claim dispute. In a particularly ironic twist, a patent from March 1253 directs James de Audley, John Lestrangle IV, and William Trussell—presumably an ancestor of the William Trussell that Richard Lestrangle, accompanied by Audelay, attempts to murder in St. Dunstan’s a century and a half later—to investigate a double homicide, that of William de Whitchurch and his seneschal.<sup>23</sup> Ten years later, a December 1263 patent names James de Audley and Hamon Lestrangle, already sheriff, among a selection of keepers of the peace for Salop and Staffordshire. And in 1315, the clerk Hugh de Audley sells property to Joan, widow of John Lestrangle IV.<sup>24</sup>

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<sup>22</sup> Fulk’s supposed revenge is worth mentioning. Upset about the capture of one of his knights, Sir Audulph de Bracy, Fulk employs a man named John de Rampaigne who, armed with “great skill with tambour, harp, viol, cithern and jugglery,” disguises himself as an Ethiopian minstrel, rides to Shrewsbury, entertains the king, serves Henry de Audley and his company drugged wine, and assists de Bracy in knotting together bedsheets and towels in order to effect their escape through a window. For a more detailed account see Le Strange, 68-69.

<sup>23</sup> R. W. Eyton, *Antiquities of Shropshire*, Vol. X (London: John Russell Smith, 1860), 20-21. Eyton posits that the homicide occurred in retaliation for Whitchurch’s involvement in the theft of the Abbot of Combermere’s cattle and the attack of his men. By the time of the Assizes of 1256, Whitchurch’s widow Clemencia had accused three men of the murders, a number of monks from Combermere of violent conduct, and the abbot himself for sanctioning and ordering the violence. The three murderers were found guilty; the clerics were not.

<sup>24</sup> Le Strange, 291.

My purpose in detailing these familial entanglements is not to unveil any concrete evidence of a generations-long shared history between John Audelay, chaplain, and Richard, Seventh Baron Strange; I have found none. Rather, I suggest that the involvement of an Audley in the Lestrangle family's personal affairs was not without precedent, and that it is likely, if not certain, that the relationship between the lord and his chaplain surpassed the bounds of employer-employee association. Personal attachment might have been one motivating factor in Audelay's decision to assist in—or at least be present for—Lestrangle's 1417 assault on Trussell. Daniel Thiery has noted that chaplain involvement in interfamilial violence occurred more frequently than we might expect. Unlike parish priests, who were responsible for an entire religious community and whose sinful conduct would have rendered them a spiritual liability to all their parishioners, the misbehavior of chaplains generally had fewer far-reaching consequences outside the family they served (though Audelay's involvement in the publicly sacrilegious incident at St. Dunstan's is clearly an exception to this). Thiery cites Charles Phythian-Adams' speculations that chaplains may have participated in family attacks "in order to act as intermediaries, to provide last rites to the dying, to legitimize their patron's actions, or perhaps to act as literate and eloquent

witnesses in future litigation.”<sup>25</sup> A chaplain’s status as personal employee both permitted and demanded his existence in a secular environment rather than a monastic one; this may have held particular truth in Audelay’s case, as his presence in London that Easter suggests a more metropolitan lifestyle than that of a simple country chaplain in the West Midlands. Bennett, among others, has observed that a number of themes treated in Douce 302—verses on Henry VI and on the establishment of a new convent at Sheen, for instance—indicate a broader experience than that of a “backwoods chantry priest.”<sup>26</sup>

And, of course, there is Audelay’s eventual position as priest of the Lestrange chantry in Haughmond Abbey. The establishment of a family chantry may have seemed like a particularly good idea after the events of 1417, and Audelay’s personal relationship with Lestrange would have made him a natural choice for the job, especially if his vision and health were already declining prior to his admittance into the abbey. Retirement to the position of chantry priest would have provided Audelay with a means of security and care until the end of his life.<sup>27</sup>

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<sup>25</sup> *Polluting the Sacred: Violence, Faith and the ‘Civilizing’ of Parishioners in Late Medieval England* (Leiden: Brill, 2009), 161-65.

<sup>26</sup> Bennett, 346.

<sup>27</sup> The Abbey had a history of providing sanctuary for needy clergy; a 1326 letter from Bishop Northburgh to the then-Abbot of the Abbey “sets forth the destitution of the bearer,” a formerly ordained priest who had been so mistreated by robbers “as to be utterly incapable of discharging any duties of his office. The Bishop

## Remedy, *carole*, and form

*Poems and Carols*, the title of Susanna Fein's 2009 edition of Douce 302, raises a question central to Audelay's didactic project. How does a carol differ from a poem? The term *carole* originally referred to a secular French group dance, which thirteenth-century moralist Jacques de Vitry ominously described as "a circle whose center is the Devil," noting that its dancers "all turn to the left, because all are heading towards everlasting death."<sup>28</sup> By the time of Audelay's writing, however, the carol was more likely to be understood as a popular verse form, part of the developing Middle English poetic landscape and recognizable by the remnants of its oral, dialogic call-and-response structure. The *carole's* original emphasis on movement and instruction remains in its textual incarnation, in the connections between stanza, refrain, and burden which, as Seeta Chaganti has argued, echo the cues and signals required by dancers. She notes that while the genre appears to shift from movement to language over time, it actually reflects "a less linear interweaving of traditions—dance, song, text, sacred, secular, vernacular, Latin, pastoral, liturgical."<sup>29</sup> These traces of an oral,

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advises and exhorts the Convent, in common charity, to provide necessaries for a man so circumstanced, and in common decency not to allow a clergyman to beg." See Eyton, *Antiquities*, Vol. VII, 298.

<sup>28</sup> Quoted in Robert Mullally, *The Carole: A Study of a Medieval Dance* (Farnham: Ashgate 2011), 49.

<sup>29</sup> Seeta Chaganti, "Dance in a Haunted Space: Genre, Form, and the Middle English Carol," *Exemplaria* 27.1-2 (2015): 129-49.

danced, and dialogic past distinguish the carol from other verse forms of the late Middle Ages.

Audelay's carol on the seven deadly sins is second in his sequence of twenty-five carols. "Carol 2" provides what Audelay calls a "gracious remede" for sin: a behavioral prescription that, when followed consistently, facilitates the soul's ascent to heaven after death. In many ways, the poem is representative of the section of the manuscript in which it is included, and of the didactic capacity of the carol form itself. Like de Vitry, Audelay apparently disapproved of the danced form, including "to lede karalys" among the "synys of dede" listed elsewhere in the manuscript ("Sins of the Heart" 37, 29). His choice of the poetic carol form may, then, seem an unlikely one. By the fifteenth century, however, the written carol had been coopted by the Church and was commonly employed to educational and salvific ends.<sup>30</sup> Audelay's own carols make no mention of dancing, instead explicitly referencing their written and vocalized forms; his opening request that his readers "syng these caroles in Cristemas" ("Instructions for Reading 3") is balanced by the conclusion of the final carol, in which he asks his readers to "redis this caral reverently" ("St. Francis" 74).

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<sup>30</sup> Richard Leighton Greene describes the English religious carol as "one weapon of the Church in her long struggle with the survivals of paganism and with the fondness of her people for unedifying entertainment," noting that nearly five of every seven surviving carols convey explicitly religious or morally didactic information. See *Early English Carols* (Oxford: Oxford University Press, 1935), clix, cxxxvii.

Audelay's directive is conservative, framing the reader's relationship to the carol section as one of traditional religious veneration and honor.<sup>31</sup>

In other ways, however, "Carol 2" stands apart from its more conventional counterparts. Its structure represents a unique witness to the combinatory, versatile potential of the carol form. And most importantly, as I discuss further below, its role as a "remede" serves as a reminder of the presence of the ailing body behind the manuscript, and of the wide-ranging textual network in which both body and manuscript moved.

"Carol 2" consists of five five-line stanzas: four interlocking lines followed by the repeated refrain "I say the so," a dimeter line that brings the smooth tetrameter that precedes it to an abrupt stop. The burden, also in tetrameter, is presented only once, separated from the body of the text at the head of the poem; in performance or reading it would have followed the refrain, creating a seven-line stanza:

*de septem peccatis mortalibus*

[burden]      In wele beware ore þou be woo  
                  þenke wens þou come wheder to goo<sup>32</sup>

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<sup>31</sup> Julia Boffey cautions that "the likelihood of oral performance is not to be pushed too hard," though Douce 302 did pass into the hands of Coventry minstrel William Wyatt sometime during the fifteenth century, so performance is not out of the question; see "Audelay's Carol Collection," in Fein's *My Wyl and My Wrytyng*, 219. For information on Wyatt, see Fein's "John Audelay and His Book" in the same volume.

<sup>32</sup> Bodleian MS Douce 302, f. 27v. While Fein's edition distributes the burden, my transcription leaves it undistributed for the sake of accuracy to the manuscript. Stanzas are marked in the manuscript with rubrication; accordingly, my line numbering starts at the first stanza rather than at the two-line burden preceding it. Unless otherwise noted, all other quotations of Audelay's text have been taken from Fein's *Poems and Carols*.

Foresake þi pride & þyn enuy  
 Þou schalt fynd hit fore þe best  
 Couetyse wraþ & lechory  
 3if þou wilt set þi soule in rest  
 5 I say þe so  
 Glotery slouþ al beþ acurst  
 Þai ben þe brondis in hel brenyng  
 Beware betyme or þou be lost  
 Þai bryng mon soule to euel endyng  
 10 I sai þe so  
 A3ayns pride take buxumnes  
 A3ayns wraþ take charite  
 A3ayns covetys take largenes  
 A3ayns enuy humelete  
 15 I sai þe so  
 A3ayns glotore take abstenens  
 A3ayns lechore take chastite  
 A3ayns slouþe take besenes  
 Here is a gracious remede  
 20 I say þe so  
 Fore his loue þat 3oue dere boght  
 Lerne þis lesson I 3oue pray  
 Have þis in mynd fore3ete hit no3t  
 Fore to heuen þer is no oþer way  
 25 I say þe so

The first-person refrain occupies a syntactic crossroads, forming a link between the written upper half of each stanza (to which it is connected syntactically) and the burden (to which it is connected by rhyme), and serving as a recurring vehicle for Audelay's self-insertion into the poem. Its shorter length also allows it to function as a visible marker of stanzaic division, denoting the end of each written verse as the rubrication indicates the beginning

of the next. This poetic patterning of burden and refrain recalls the verbal cues of the danced *carole*. Put another way, the instructional space of the secular dance persists, legibly, in the text.

The direct address present in “Carol 2” evinces a deep investment in convincing readers of the importance of a virtuous life, tying it closely to the tradition of pastoral care and vernacular spiritual education. The burden that follows the refrain urges readers to “þenke” and “beware,” underscoring the deadline for contemplation and dictating its subject: “good lyving” (“An Honest Bed” 43) as a necessary prerequisite to what Audelay elsewhere calls a “good endyng” (“True Living” 232). It also establishes a parallelism that resonates throughout the remainder of the poem, particularly in the juxtaposition of sins and their virtues:

A3ayns pride take buxumnes  
A3ayns wraþ take charite  
A3ayns covetys take largenes  
A3ayns enuy humelete (11-14)

The parallelism employed here emerges from the well-established didactic scheme of the seven vices and virtues. These comprised the foundation for both parochial and clerical education, and are seen perhaps most famously in the fourteenth-century Franciscan *Fasciculus morum*, a guide to pastoral care that outlined the various forms of each deadly sin

and provided an equally in-depth outline of correspondent virtues.<sup>33</sup> The list of beneficial qualities in “Carol 2” is evocative of (though not identical to) the Seven Christian Virtues. As in the *Fasciculus morum*, particular qualities are prescribed for the curing or prevention of particular sins. The pairings are contraries, positioned “a3ayns” each other: lust is treated with chastity, sloth with labor, wrath with charity. Taken as a whole, the prescription provides a behavioral regimen that will grant the patient admittance to heaven.

Remedy, however, is not only the subject of the poem; it also provides its structuring form. For all their variety, medical recipes follow a surprisingly consistent pattern, first identifying the ailment to be cured (‘against x’ or ‘for x’) before instructing the reader to ‘take’ the ingredient or ingredients that will heal them. One fifteenth-century remedy “ffor rennyng eizen,” for example, advises its reader to “take a rede cole lef & do yt on the white of an ey & lei hit to þin eizen whanne þou gost to bedde.”<sup>34</sup> Complexity of instruction varies widely, even within individual recipes. One, against a web (cloudy membrane) in the eye, demands its reader take particular care in obtaining the correct ingredients—“take strawberys noþer to ripe ne to grene & put hem into a lynene cloþ neyþer to ðykke ne to ðynne”—but then fails to specify amounts, advising only that the

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<sup>33</sup> See Siegfried Wenzel’s edition of *Fasciculus morum: A Fourteenth-Century Preacher’s Handbook* (University Park: Pennsylvania State University Press, 1989).

<sup>34</sup> BL Add. MS 34210, f. 6r.

reader use “a quantite” of red wine, “a quantitie” of white, and later deposit “a lite” of the final mixture to a feather for application to the eye.<sup>35</sup> Another, this time for a pearl (a membrane, blemish, or tumor on the eye) provides even simpler instructions, advising its reader to “take the cockell [*Lolium temulentum*, commonly called darnel] and chewe hit yn thy mouþe and the juys þerof and put hit yn thyn yen an eue & amorowe.”<sup>36</sup> This adaptable form affords a straightforward and temporally linear mode of instruction. Like other kinds of recipes, medical remedies are imperative in tone and grammar, instructing their readers to “take,” “put,” “mix,” “chewe,” etc. In doing so, they utilize a unidirectional form of instruction that depends on a degree of shared contextual knowledge. In other words, although they lack the well-defined dialogic structure of the carol, recipes move beyond simple formulae and into the realm of practical didactic literature.

In medical recipes, that imperative instructional tone is cemented in the efficacy phrase, an authoritative statement which asserts the remedy’s usefulness to the reader. The most well-known of these is *probatum est*: “it is proven.” Efficacy phrases, called tag phrases in non-medical recipes, denote the end of the recipe on a crowded manuscript page where

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<sup>35</sup> Wellcome MS 405, f. 20r.

<sup>36</sup> Wellcome MS 409, f. 5r.

the text of one might easily run into that of another.<sup>37</sup> These phrases work as a form of closure, both visual and textual, in much the same way as a carol's refrain marks the close of each written stanza. They also allow space for their scribe to enter into an otherwise impersonal list of remedies; though *probatum est* is passive, it serves as a reminder of the presence of a writer who used the remedy and evaluated its usefulness. Other efficacy statements reassure their readers in more intimate terms. One remedy against the web, for example, promises that it will "sawe þe eye syȝt on warantise."<sup>38</sup> In Audelay's carol, that affirmation of efficacy is frequently couched in unmistakably personal, insistent language: "I sai þe so," he promises. In doing so, Audelay identifies himself as the source of authoritative instruction, as the priest whose training in matters of spiritual health qualifies him to prescribe divine medication to members of his community. The burden-and-stanza form of the late medieval carol, then, is surprisingly well-suited to an intersection with the form of the medical remedy. Its rhymed, interlocking verses permit the systematic conceptual linkages so common in recipes; its dimeter refrain, an authorial interjection, facilitates an authoritative assertion of the proven success of the treatment; and its burden provides a repeated reminder of the importance of timeliness in applying that treatment.

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<sup>37</sup> See Claire Jones, "Formula and Formulation: 'Efficacy Phrases' in Medieval English Medical Manuscripts," *Neuphilologische Mitteilungen* 99.2 (1998): 199-209.

<sup>38</sup> Wellcome MS 405, f. 5or.

In this way, “Carol 2” recalls the emphasis on spiritual healing that characterizes Douce 302, as when Audelay describes Saint Anne as “oure soulis leche” in “Carol 16,” and writes that Christ’s crucifixion was “fore our hele” in the “Prayer for Pardon after the Levitation” (3, 6). “Carol 2” does so, however, not through the supplicatory prayers of an ailing man in need of holy intercession, as is often the case elsewhere in the manuscript. Instead, the language of the carol is couched in the authority of the physician. Audelay assumes the role of teacher and medical authority, admonishing his readers to “lerne this lesson” and “forgete hit noght”; he prescribes the remedy to his readers, rather than pleading for it himself. The figure of the medical practitioner as spiritual healer was a well-established metaphor made popular by the Augustinian figuration of *Christus medicus*, which identified Christ as divine physician and healer of souls. In the later Middle Ages that metaphor evolved to include what Jeremy Citrome has called the surgeon-priest, a figure who explicitly employed singular acts of bodily repair as a metaphor for the acts of confession and penance. Some of Audelay’s writing bears the traces of this figure; he makes an appearance, for example, in an extended metaphor in the alliterative poem *Marcolf and Solomon*. The poem, located in the first unit of the manuscript, presents a wide-ranging critique of corruption within the church in the tradition of Langland’s *Piers Plowman*. In encouraging readers to adhere to the tenets of their faith, Audelay writes:

Dredles, uche dedly sinne Y declare a wounde,  
That when the Fynd hath focht with youe, and hath the maystré,  
Then most ye seche a surgoun yif ye wyl be save and sound,  
That con sothlé serche your sore and make youe hole. (897-900)

In “declaring”—discovering and diagnosing—the wound, Audelay places himself squarely in the role of the surgeon-priest, sought out once the damage has already occurred. In the next stanza, Audelay continues the metaphor, noting that contrition and confession comprise the “salve” (901) that ultimately heals the wound after the surgeon’s “serche” (900).

But other parts of Douce 302, among them “Carol 2,” suggest an alternative emphasis to that reparative work described in *Marcolf and Solomon*: namely, the efficacy of long-term, durative forms of treatment. “Seven Bleedings of Christ,” for example, also identifies itself as “remedy” against the deadly sins (2). The poem takes the form of a lengthy prayer structured around the Arma Christi, and concludes with instructions to recite fifteen Paternosters and fifteen Ave Marias. The reader who repeats the prayer “Everé day in the yere,” and teaches it to others, “schal be sekyr of heven blis” (117, 135). In the nearby “Prayer on Christ’s Passion,” Audelay promises that “Wele is him that wil and may / Say this oreson everé day” (37-8). And “Seven Words of Christ on the Cross” makes a similar guarantee at its close:

Welle is him that wil and may  
Worchip these wordis everé day  
    With devocion.  
Ful secur then may he be,  
Yif he be in love and charyté,  
    Hath playn remysson. (109-114)

The recitation of these poems promotes a devout temperament that lessens the propensity to sin throughout one's life. As Audelay specifies in "Seven Words," the reader-speaker needs to *mean* the words, worshipping them "with devocion" rather than repeating them by rote. It is both intention and consistency that makes these prayers useful as long-term efforts to improve the health of the soul.

While "Carol 2" does not include directions for everyday recitation, it, too, seeks to promote the development of a penitential nature. Its description of good living provides a regimen to be carried out over the course of the reader's life. In other words, it is not daily recitation of the carol that grants remission of sins, but daily enactment of the treatment it prescribes. Each ingredient—chastity, charity, humility, etc.—is a quality that requires ongoing, conscious engagement, assessment, and maintenance. The durative form of care espoused by "Carol 2" is administered "in wele" (in worldly wealth or, alternatively, in a state of well-being, welfare, or prosperity) in order to prevent the patient's eternal spiritual

“woo.”<sup>39</sup> What Audelay defines as a “remede” corrects and adjusts on a comparatively small scale in order to forestall more serious injuries. It demands a vigilant eye on the state of the soul and defense against the behaviors and impulses that draw men into sin, and its successful deployment is a matter of duration, not intensity. This depiction of long-term remedy emphasizes the acts of bodily and spiritual care that defined day-to-day life, and the everyday acts of personal maintenance in which the priest was embedded, both in his pastoral care for others and in his care for himself.

### **Regimens of care**

Audelay’s deployment of the spiritual connotation of his impairment occurs seemingly at the expense of any substantial engagement with its material experience. This is, perhaps, unsurprising. As a chaplain and then a chantry priest, at the onset of his blindness Audelay may have been better-versed in the spiritual metaphorization of bodily impairment than in its realities. His references to his experience of blindness as a physical impairment are limited. Far more frequent are his deployments of its spiritual signification: he describes his blindness—and perhaps his ill health as a whole—as a “gracious vesetyng” on five separate

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<sup>39</sup> *MED*, s.v. “wele (n.),” 1a and 2a.

occasions throughout the *Counsel of Conscience*, identifying it as a signifier of God's chastisement and his own spiritual election.<sup>40</sup>

In addition to this attention to the metaphorical and spiritual potential of his own impairment, the general motif of ill health and attendant medical care is present throughout the text. For example, Audelay devotes a significant number of lines—a carol and a salutation in English, and Latin prayers in both verse and prose—to St. Winifred, whose shrine was near Shewsbury and who was known to heal “blynd and crokid” men (“St. Winifred Carol,” 110). The imagery of weeping eyes runs throughout both the carol and salutation; Audelay asks readers to “Redis this carol reverently, / Fore I hit mad with wepyng ye. / Mi name hit is the Blynd Awdlay,” lines that are repeated nearly verbatim at the close of Carol 24, to St. Francis. Both carol and salutation tell the story of Winifred's decapitation and subsequent restoration, including the healing well that springs up where her head rested before it was reattached to her body by her uncle. “Ther was moné a wepyng ye,” Audelay writes in the salutation, amongst those who witnessed Beuto's miraculous healing of her beheaded corpse (24). In the carol, Winifred is the physician—Audelay refers to her as “our soulis leche” (165)—while in the salutation she is figured as

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<sup>40</sup> For a list of images of blindness and seeing in Douce 302, see Fein, “Good Ends in the Audelay Manuscript,” *The Yearbook of English Studies* 33 (2003): 97-119, 101 n. 12.

the remedy, “our medecyne to be” (3). Here, and throughout the text, Audelay seems to be primarily concerned with the metaphorical potential of experiences of illness and healing, rather than with their medicalized realities. His work appears, in many ways, to be a model example of David Mitchell and Sharon Snyder’s claim that disability, when represented in literature, often takes the form of an “opportunistic metaphorical device.”<sup>41</sup> The resulting shift between registers of meaning renders Audelay’s own body liminal, nearly invisible except as a sign of something else.

The remainder of this chapter re-centers Audelay’s body, first by discussing the material realities of Audelay’s life as he gradually became wholly blind, and, second, by thinking through the ways in which those conditions would have shaped his poetry. In doing so, it resists what Bridget Whearty has identified as a critical pattern that favors a diagnostic approach to the diseases endured by medieval characters, transforming them into “human-shaped [collections] of debated signs” while neglecting to consider what those diseases might mean for the character as an embodied, suffering individual.<sup>42</sup> The entanglement of biological life with cultural life is a central tenet of the critical medical

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<sup>41</sup> *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor: University of Michigan Press, 2000), 47.

<sup>42</sup> Bridget Whearty, “The Leper on the Road to Canterbury: The Summoner, Digital Manuscripts, and Possible Futures,” *Medievalia* 36/37 (2015/2016): 225-6.

humanities, which insists that patients be understood not as solely “diseases and bodies” but as “whole persons in contexts and in relations.”<sup>43</sup> Privileging that entanglement becomes particularly important in considerations of the Middle Ages, when the divide between science and faith was nearly nonexistent. Indeed, in his discussion of medieval blindness, Edward Wheatley has argued that the omnipotent figure of *Christus medicus*, always superior to his mortal counterparts, necessarily subsumed any medical model of disability within a more influential religious model. “Above all,” Wheatley claims, “the medical model seems inapplicable to this study because medical options for the visually impaired were very limited: cataract removal was a possibility at certain times and places in medieval Europe, but no other treatments resulted in similarly consistent success.”<sup>44</sup>

Wheatley’s formulation of blindness as a fixed state rather than a process necessarily omits extensive medieval traditions of preventative and durative medical care, which I examine in detail below. And while the reduction of patients to the signification of their bodies is something to be avoided, I contend that attention to the experience of those bodies is absolutely crucial. Put differently: while reducing the suffering body to biomedical data is harmful, to ignore that body entirely is equally damaging. In the words of Anne

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<sup>43</sup> See *Medical Humanities: An Introduction*, ed. Thomas R. Cole, Nathan S. Carlin, and Ronald A. Carson (Cambridge: Cambridge University Press, 2015), 8.

<sup>44</sup> *Stumbling Blocks*, 9.

Whitehead and Angela Woods, understanding the entangled nature of health involves accounting for “the body as it suffers, bears and is transfigured by illness; the irreducibly subjective experience of embodiment.”<sup>45</sup> Accepting the medical context in which Audelay lived as its own source of evidence, rather than solely a vehicle for metaphor, suggests a nuanced system of medieval healthcare, one in which large-scale traumas and treatments were accompanied by continual, daily acts of care.

There were innumerable causes for blindness in the Middle Ages. Old age was chief among the natural culprits. As the body aged, medical rhetoric claimed, the spirits within it cooled, often to a dangerous degree. This was a particular concern for ocular health, as conditions like cataracts and rheumy eyes were attributed to a superabundance of phlegm, which was cold and wet in quality. In addition to these qualities, phlegm was also frequently described as weighty—when Audelay observes in Carol 24 that “blyndnes is a hevê thyng,” his meaning may be literal as well as figurative (7). A monastic lifestyle was understood as especially dangerous to ocular health. Overly rich foods, often consumed in wealthy monasteries, were believed to produce an abundance of blood, which led to an overproduction of semen, which contaminated the blood and led to an increase in sexual

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<sup>45</sup> *The Edinburgh Companion to the Critical Medical Humanities*, ed. Anne Whitehead and Angela Woods (Edinburgh: Edinburgh University Press, 2016), 16.

desire; when sated, the release of the semen drained the brain, as well as the eyes.<sup>46</sup> Diet and aging, however, were just one of many elements of daily life that were thought to endanger ocular function. The *Regimen sanitatis* lists bathing, wine, beauty, winds, pepper, garlic, onions, weeping, beans, the sun, intercourse, and laboring by a smoky fire—among others—as hurtful to the eyes.<sup>47</sup> The domestic space of the home was generally ill-ventilated, smoky, and dark; outside, gazing at the sun, exposure to air pollution from blacksmiths’ forges, or exposure to chemicals like lime could damage the eyes.<sup>48</sup> This litany underscores the quantity and variety of perceived environmental ocular dangers present in late medieval England.

The wide range of medieval causes of ocular impairment was matched by the variety of its cures and treatments. Audelay’s belief in the divine origin of his blindness would not have precluded a serious attempt to delay its development. While God was responsible for both the frailty of the body and for any illness or injury that befell it, he also provided

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<sup>46</sup> See Joy Hawkins, *The Blind in Later Medieval England: Medical, Social and Religious Responses* (unpublished PhD dissertation, University of East Anglia, 2011), 126-7.

<sup>47</sup> “Balnea, vina, Venus, ventus, piper, allia, fumus, / Porri cum caepis, lens, fletus, faba, sinapis, / Sol, coitus, ignis, labor, ictus, acumina pulvis, / Ista nocent oculis, sed vigilare magis.” John Harrington’s 1607 English translation is available alongside the Latin in *The School of Salerno: Regimen sanitatis salerni* (Salerno: Ente provinciale per il turismo, 1959), 64-65.

<sup>48</sup> See Hawkins, 69-89 and, on the impact of lime, Mark P. O’Toole’s “Disability and the Suppression of Historical Identity” in *Disability in the Middle Ages: Reconsiderations and Reverberations*, ed. Joshua Eyler (Farnham: Ashgate, 2013).

mankind with medicinal ingredients to alleviate their suffering and the knowledge to make use of them. The Lorsch Leechbook, for example, describes Jesus's healing of a blind man by spitting on the earth and smearing the mud across his eyes before noting that

It is no wonder that the Lord restored the sight of the blind man by daubing with earth, for he ordains that medicine (*medela*) come from [the earth] for all mortals. As was said by a certain wise man, "The Lord created medicines from the earth [Ecclus. 38:4]." So it is fitting that at God's dispensation, man, who is formed of earth, should receive relief of his infirmity from the earth. For the earth brings forth nothing without cause, but all by necessity... For this reason, no one should spurn earthly medicine where he knows that it will do him good and not inflict harm, when holy men have not condemned it."<sup>49</sup>

Any medical relief that Audelay received during the production of the manuscript remains unknown to us. He makes no mention of any hope for a medical cure and rarely refers to his impairment as a concrete, lived reality. One striking exception is Carol 24, on Dread of Death, the refrain of which—*Timor mortis conturbat me*, "fear of death troubles me"—may reveal something about Audelay's mental state in his final years of life (6).

But although he does not mention medical care in his poetry, Audelay must have undergone some form of treatment, as his role as chantry priest entitled him to healthcare provided by Haughmond's infirmary ("Audelay's Conclusion" 49-50). His move from

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<sup>49</sup> "A Monastic Defense of Medicine against Rigorist Critics: The Lorsch Leechbook," in *Medieval Medicine: A Reader*, ed. Faith Wallis (Toronto: University of Toronto Press, 2010), 83.

personal chaplain to chantry priest may indicate that his vision had already begun to fail before he left the employ of the Lestrangle family; Haughmond Abbey was located just fifteen miles southeast of Knockin, and its infirmary would have provided myriad opportunities for contact with both secular and monastic medical practice. Another opportunity for treatment emerged from Haughmond's close ties to the Hospital of St. John the Evangelist in Oswestry. Located five miles north of Knockin and twenty miles northwest of Haughmond Abbey, St. John's had been annexed to the abbey since 1217. Haughmond was obliged to supply the hospital with a chantry priest and, in return, would have drawn on the hospital's medical expertise and resources to supplement its own infirmary.<sup>50</sup>

While any attempt to detail life at Haughmond during Audelay's lifetime is hampered by the loss of the abbey's fifteenth-century cartulary records, archaeological excavations and studies of other contemporary religious houses can provide some

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<sup>50</sup> The first named chantry priest of St. John's Hospital was John Rodenhurste, a former chaplain who took the position in 1338. He was given a life-lease to the hospital and its adjoining crofts, and in addition to maintaining a chantry, was also required to provide a daily service, repair the house, chapel, and dovecote, and provide lodging for visiting clerics from Haughmond, indicating that there was an expectation of close contact between the two institutions. On the connection between St. John's and Haughmond, see Eyton, *Antiquities*, Vol. X, 344-53, and M. J. Angold et al., *A History of the County of Shropshire*, Vol. 2 (London: Victoria County History, 1973), 104-105.

information.<sup>51</sup> Haughmond was founded as a priory between 1130 and 1138 and had grown into an abbey by 1155, benefitting from the patronage of many of Shropshire's prominent families, including the Lestranges of Knockin. By the time of the Dissolution in 1541, Haughmond contained an Abbot and twelve canons.<sup>52</sup> The abbey's infirmary has been the subject of some debate. The earliest archaeological reports of its ruins, published in 1909, identify one of the largest chambers as the infirmary hall; if true, the room would have been nearly 3,000 square feet in size and well-lit by a number of large windows, one of which took up nearly the entirety of the room's western wall. Audelay's residency within the infirmary was unlikely to have been a hardship. Private rooms in monastic infirmaries were often coveted spaces, and were commonly well-decorated. The infirmary parlors at Westminster Abbey, for example, boasted "hangings of red and green worsted, and blue cushions patterned with tree foliage and birds of flight."<sup>53</sup> At Haughmond, though spacious, the hall was likely somewhat less opulent, divided into four separate bays and abutted by a chamber that might have housed the abbey's infirmarer. More recent

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<sup>51</sup> On the establishment of the monastery, see Eyton, "The Monasteries of Shropshire: Their Origin and Founders—Haughmond Abbey," *Archaeological Journal* 13.1 (1856): 145-153.

<sup>52</sup> See *Transactions of the Shropshire Archaeological and Natural History Society*, Vol. VII (Oswestry: Woodall, Minshall, Thomas and Co., 1908), i-iv.

<sup>53</sup> See Barbara Harvey, *Living and Dying in England 1100-1540: The Monastic Experience* (Oxford: Oxford University Press, 1993), 89-92.

archaeological reports assert that, though the abbey's infirmary certainly existed—and is attested to in multiple surviving documents—it cannot be reliably identified among the ruins that remain.<sup>54</sup>

Regardless of its location, like most infirmaries, Haughmond's would have not only served the temporarily indisposed but also provided long-term care for members of the monastic community who were no longer able to carry out their duties; only half of its total space would have served the transient sick, while the rest was retained for long-term residents.<sup>55</sup> This would have included Audelay, whose blindness and ill health would have eventually forced him to retire from his position as chantry priest. Scriptural prohibitions barred blind clergy from administering the sacraments; the book of Leviticus, for instance, forbade a man who was blear-eyed or had a pearl in his eye from administering the

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<sup>54</sup> The earliest archaeological survey of Haughmond Abbey is detailed in W. H. St. John Hope and Harold Brakspear, "Haughmond Abbey, Shropshire," *Archaeological Journal* 66.1 (1909): 281-310. For later findings, see Trevor Pearson, Stewart Ainsworth, and Graham Brown's survey for English Heritage, "Haughmond Abbey, Shropshire" (Swindon: English Heritage, 2003) and, most recently, Jeffrey J. West and Nicholas Palmer, *Haughmond Abbey: An Archaeological Excavation of a Twelfth-Century Cloister* (Swindon: English Heritage, 2014).

<sup>55</sup> See Harvey, *Living and Dying*, 89. Because clerical appointments were lifelong, aging clergy could not simply be remanded into familial custody; as Joel Rosenthal puts it, "The old could not be turned out to someone else's pasture." This left the Church responsible for the end-of-life care of its administrators. See Rosenthal's *Old Age in Late Medieval England* (Philadelphia: University of Pennsylvania Press, 1996), 107-112, at 107.

eucharist.<sup>56</sup> A number of practical concerns existed as well. Spilling the Eucharistic wine, or dropping the Host, set into motion an exhaustive procedure of cleansing and purifying that would have been time-consuming and inconvenient if it happened consistently, and dropping either at the moment of transubstantiation was punishable by excommunication.<sup>57</sup>

The likelihood that Audelay's retirement from his position as chantry priest would have been followed by a relocation to Haughmond's infirmary is, therefore, quite high. It is also very possible that his move to the infirmary enabled his poetry; in the epilogue to the *Counsel of Conscience*, he observes that God, who has rendered him "blynd, def to be," has also given him the "wil, wit, tyme, and space" to write (20, 19).

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<sup>56</sup> A man may not take the Eucharist, nor approach a minister, *si caecus fuerit, si claudus, si parvo vel grandi, vel torto naso, si fracto pede, si manu, si gibbus, si lippus, si albuginem habens in oculo, si jugem scabiem, si impetiginem in corpore, vel herniosus*. (Lev 21:20 LV). The variety of ways in which these scriptural prohibitions were interpreted—and the extent to which they were followed—has been a matter of much discussion amongst historians of canon law and disability. See, for example, Monica H. Green, Kathleen Walker-Meikle, and Wolfgang P. Müller, "Diagnosis of a 'Plague' Image: A Digital Cautionary Tale," *The Medieval Globe* 1 (2014): 309-326. In many cases, ailing or impaired clerics might be provided with a coadjutor who could assist in carrying out their duties. In the case of John Audelay, we may safely assume, I think, that even if his declining vision did not at first demand his retirement, his claims of severe ill health would have made it a necessity.

<sup>57</sup> In the late Middle Ages, charitable provision was frequently provided for clergy who could no longer carry out their charge, by both their "home" institutions and by external almshouses and hospitals. St. Giles in Norwich provides one example of the latter: the hospital was founded in 1249 "principally to minister the necessaries of life to priests of the diocese of Norwich, who, broken down with age, or destitute of bodily strength, or labouring under continual disease, cannot celebrate divine service." By 1340, the house was overfull and in desperate need of additional assistance in order to continue caring for its patients. See Rotha Mary Clay, *The Medieval Hospitals of England* (London: Methuen & Co., 1909), 24. On scriptural prohibitions about blindness, see Hawkins, *The Blind in Later Medieval England*, 173-75.

How long Audelay remained in the infirmary before his death, and the duration of time that elapsed before his vision was lost entirely, is difficult—perhaps impossible—to ascertain. Macular degeneration, glaucoma, and cataracts were all common ailments in the late Middle Ages, and depending on severity could develop over the course of multiple years before total blindness occurred. Both cataracts and macular degeneration generally progress slowly, affecting the central vision and causing ‘blind spots’ in straight-ahead sight. Glaucoma, however, affects the peripheral or side vision first, before moving inwards to impact direct lines of sight. Untreated, the patient experiences anywhere between three to fifteen years of progressively tunneling vision before eyesight is lost completely. Whatever Audelay’s ailment, by the time of Douce 302’s production in 1426, it had advanced far enough that he, and presumably others, recognized himself as blind.

As the severity of his impairment grew, Audelay and his caretakers at Haughmond would have turned to medical texts, supplemented by their own experiential knowledge of potential cures. There were few medical cures for absolute blindness, though a small number survive in remedy collections; Donatus Antonius de Altomare, the physician whose later medical collection is discussed in this dissertation’s final chapter, records one electuary

“for one that was blind,” for example.<sup>58</sup> Vastly more common were medications for partial or developing blindness. Because fully formed cataracts came about through both physical obstruction (the petrified ocular fluid that has hardened within the eye) and through humoral imbalance, they could be treated through both medicine and surgery. Developing cataracts, however, along with most other ocular ailments, were treated exclusively with medications such as salves, drinks, and eyedrops. One fifteenth-century leechbook, for instance, instructs readers in the production of a poultice “ffor to makyn þyn y3en clere.”<sup>59</sup> These recipes and the books that contained them would have been present throughout Audelay’s care, whether in the possession of Haughmond’s library or owned by the secular physicians, surgeons, and apothecaries who worked closely with its infirmarer. The abbey’s collection, though now largely lost, was apparently substantial; a note from 1518 observes that the library (*bybliotheca*) required repair. What few texts can be traced back to the abbey include a graduale and works by Isidore of Seville, Petrus Comestor, Aelred of Rievaulx, and Hugh of Fouilloy—and, for a short time at least, Douce 302, which contains a note stating that it was compiled *ad exemplum aliorum in monasterio de Haghmon*.<sup>60</sup> That

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<sup>58</sup> BL MS Harley 4349, f. 194r.

<sup>59</sup> Huntington MS HM 1336, f. 19r.

<sup>60</sup> On Haughmond’s library, see M. J. Angold et al., *A History of the County of Shropshire*, 62–70. For a full account of its surviving texts, see N.R. Ker, *Medieval Libraries of Great Britain: A List of Surviving Books* (London: Offices of the Royal Historical Society, 1964), 96, and the 1987 supplement by Andrew G. Watson,

Haughmond's library would have also included medical books is almost certain. Monastic libraries were supplemented by external contributions, many of which were medical in nature; St. Augustine's Abbey in Canterbury, for example, owned no fewer than twelve copies of the Salernitan *Ars medicinae* from eight different named donors.

By the end of his life, and surely by the end of the manuscript, Audelay would have experienced a regimen of monastic healthcare intended to treat or mitigate his illness and impairment. That care would have been carried out under the auspices of Haughmond's infirmary, shaped by—and now visible through—the textual resources at its disposal. The healing process with which Audelay was most personally familiar was one in which gradual corrections and adjustments were the norm, rather than invasive, large-scale operations. Within this healthcare framework, and particularly within remedies for degenerating eyesight, it was frequency and consistency of treatment, not intensity, which were directly related to efficacy.

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39. The extant manuscripts attributable to Haughmond, all but one of which bear an *ex libris* inscription, are as follows. In the British Library: Add. 37785 (Isidore of Seville, *De summo bono*; Alcuin, *De sapientia*, etc.); Harley 622 (*graduale*); Harley 1712 (sermons). In the Bodleian Library: Bodley 188 (Hugh of Fouillo, *De claustro anime*); University College 77 (*Matheus et Lucas glo.*); Lat. th. d. 40 (Aelred of Rievaulx's *Speculum caritatis*). Shrewsbury, Shrewsbury School XXX (*graduale* without an *ex libris*). The MLGB<sub>3</sub> adds Spalding, Gentlemen's Society MS B.96 (*biblia*), a facsimile of which is available in *Transactions of the Shropshire Archaeological and Natural History Society*, Vol. IX (Oswestry: Woodall, Minshall, Thomas and Co., 1909), 363-66. Douce 302's dedication to the monks of Haughmond occurs in the colophon to the *Counsel of Conscience*.

Weakening eyes were often treated first with an adjusted dietetic regimen in an attempt to balance the body's humors. In the *Chirurgia parva*, for example, Lanfranc of Milan assures his readers that mild eye issues are "sone sesed" with a temperate diet and the application of an egg white to the eye.<sup>61</sup> Popular vernacular dietaries like the Salernitan *Regimen sanitatis* and the *Dietary of Queen Isabella* include a more specific enumeration of non-naturals, or elements not innate to the human body, from which to abstain in the name of ocular health: lentils, pepper, mustard, beans, garlic, onions, milk, and wine are to be avoided, as are intemperate behaviors like too much bathing, too much (or too little) rest, long labor amid dust and smoke, excessive lacrimation and bloodletting, and, of particular importance to monastic and secular scribes alike, "to behold moche on newe bokys."<sup>62</sup> The dietetic adjustment described above might have been accompanied by more overtly medicinal additions in the form of daily drinks and powders intended to strengthen the eyesight. One fifteenth-century leechbook, for example, recommends that its readers

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<sup>61</sup> This transcription is from Wellcome MS 397, f. 32r. The EETS edition of Lanfranc's text, drawn from Bodleian MS Ashmole 1396, specifies that the treatment "wole make coold his i3e & do away þe akyngne." See *Lanfrank's 'Science of cirurgie'*, ed. Robert von Fleischhacker, EETS o.s. 102 (London: Kegan Paul, Trench, Trübner & Co., 1894), 242.

<sup>62</sup> Huntington MS HM 1336, f. 28v. On *The Dietary of Queen Isabella* in particular, see W. L. Braekman, *Studies on Alchemy, Diet, Medecine [sic] and Prognostication in Middle English* (Brussels: UFSAL, 1986), 43-82; on the *regimen sanitatis* as a genre, see Wallis, *Medieval Medicine*, 485-523, and Christopher Bonfield's "The First Instrument of Medicine: Diet and Regimens of Health in Late Medieval England," in *'A Verray Parfit Praktisour': Essays presented to Carole Rawcliffe* (London: Boydell and Brewer, 2017), 99-119.

“dryncke euery daye ruwe and use hit yn thyn mete and hit shall make the haue clere sight and feire.”<sup>63</sup> During his time in Haughmond’s infirmary, Audelay would have been subject to many of these dietary changes. While monks in good health were expected to consume a relatively uniform diet, admission to the infirmary was accompanied by what Barbara Harvey calls a “sensitivity to individual need,” and meals were often tailored to the particular ailments and humoral complexions of patients. In Westminster Abbey, for example, an infirmarer might consult with a secular physician or apothecary on the correct diet for a patient, obtaining the approval of the abbot or the prior before making adjustments.<sup>64</sup>

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<sup>63</sup> Wellcome MS 409, f. 5v.

<sup>64</sup> While monastic healthcare was overseen by an infirmarer, the process of care itself was deeply embedded in secular medical practice. Lateran Council IV had forbidden the clergy, previously the chief source of medical care in medieval England, from administering treatment that involved cutting or cauterizing the body. The edict promoted the growing secularization of medicine, and by the time John Audelay entered Haughmond Abbey, the presence of secular practitioners would have been a defining element of the care he received. The infirmarer was advised by a secular physician, who would have received a *corrody*—one physician attending Westminster Abbey received a generous one that included both wine and *flans*—or, in later years, fees and livery in exchange for his services. The physician generally took charge of diagnosis and prescription, while the implementation of that treatment was left to others. Uncomplicated medicines might have been prepared by the infirmarer and an assisting secular clerk or layman; if the medicine was too complex or the infirmarer too busy, the job may have been passed along to an apothecary, who either prepared the medicine elsewhere or, more likely, prepared it in the infirmary itself with ingredients found in the abbey’s garden. Monasteries also employed surgeons who, paid on a case-by-case basis, would have worked under the guidance of the physician and taken charge of medical treatments or procedures applied to the body externally. This would have included large-scale surgeries that involved incision and cauterization, but also smaller-scale external treatments like plasters and ointments. See Harvey, *Living and Dying*, 92-93.

These daily acts of assessment and adjustment would also have involved remedies, particularly as Audelay's vision worsened. Because monks were especially susceptible to eye strain and other sight-related complaints, Haughmond's herb garden would have included a number of medicinal plants used in eye remedies, and its infirmarer would have been well-versed in the preparation of ointments, salves, and poultices that promised to repair, or at least slow, ocular degeneration.<sup>65</sup> Following the list of eye-related dangers related above, the *Regimen sanitatis* notes that fennel, vervain, rose, celandine, and rue relieve the pressure of foggy eyes (*subveniunt oculis dira calgine pressis*) when used as eyewash at the first sign of deteriorating vision. One fifteenth-century manuscript, for example, offers the following two remedies:

Nyme hony & þe rows of an oynone & do yt yn þe yze þat þe spot ys ynne  
Nyme whyt gynger & bete yt to poudyr & seþe yt longe yn whyt wyn & þanne do  
yt yn a clene basyn & lete yt stonde þerynne tyl yt be grene & þanne do yt yn a  
vessel of glas & do yt yn þyn yzen whanne nede ys.<sup>66</sup>

[Take honey and the rose of an onion and [place] it in the eye that the spot is in.

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<sup>65</sup> The most popular herbs used in eye remedies were rue and fennel, which had hot and dry qualities that counteracted overly wet or cold eyes. In addition to medicinal herbs, the abbey also would have had access to honey, a common ingredient in eye salves; a charter from 1155 notes that Haughmond was entitled to at least half of all honey produced by the beehives in the woods beyond it. See Eyton, *Antiquities*, Vol. X, 61. Monks were especially vulnerable to eye complaints for a number of reasons, including their overrich diets, sexual desires, and the considerable time they spent examining and reproducing religious texts. On monastic eye strain, see Hawkins, 127; on monastic gardens, see "The Plan of St. Gall" in Wallis, *Medieval Medicine*, 94-97.

<sup>66</sup> Huntington MS HM 1336, f. 27r.

Take white ginger and beat it to powder and seethe it long in white wine, and then put it in a clean basin and let it stand therein until it be green, and then put it in a glass vessel and put in in your eyes when needed.]

When prepared correctly, these ingredients—honey and onion, ginger and white wine—promised to heal a “perle” in a man’s eye: a cataract, film, spot, or tumor on the organ’s surface.<sup>67</sup>

Like dietaries and regimens of health, these remedies also emphasized the connection between regular, attentive care and efficacy against ocular ailments. While some recipes found in leechbooks are intended to treat particular complaints, like the pearl, hawe, or web (all issues with the transparent membranes that cover the eye) others are for nonspecific ocular degeneration, like dimming or blurring of the sight. These more generalized remedies are especially likely to emphasize the importance of consistent, recurring treatment. One instructs a patient who “may nat wel y see” to “smere þyn y3en a lytyl þerwith whenne þou gost to bedde wyt a feþyr & do so ofte & for soþyn yt wele þe helyn.” Many include some variation on the promise that nightly application “whanne þou gost to slepe” will render the eyes “hole.”<sup>68</sup> The same emphasis on frequency of application is repeated in a similar recipe “ffor þe sigzt,” which assures its readers that if they apply the

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<sup>67</sup> *DMVE*, s.v. “pearl.”

<sup>68</sup> Huntington MS HM 1336, ff. 20r, 28r.

tincture “oft... without dowte þou shalt haue hele.” A few folios later, a recipe for eye drops advises its reader to apply the liquid “euery day.”<sup>69</sup> And seven ocular remedies in Wellcome MS 405 specify that they should be administered twice daily, “an eue & amorowe.”

In addition to encouraging repetition in their application, these recipes are also characterized by repetition within their manuscripts. They are frequently doubly redundant: it is not uncommon for the same recipe to appear in multiple places in a single manuscript, and, even more regularly, for a manuscript to include multiple recipes for the same ailment. The first redundancy generally seems like a copying or organizational error, but the second suggests a number of significant uses. The inclusion of multiple remedies for the same complaint facilitates personalized treatment based on individual complexion; it also affords adjustment over time, from mild or temperate medications to more aggressive ones, or simply from one ineffective remedy to a more promising alternative. While these alternate remedies are sometimes scattered throughout the manuscript, they also often form a collected grouping, or string, of remedies addressing a particular complaint. The visual impact of these sequences is especially marked when they are accompanied by the common pattern of rubrication in recipe collections, in which the ailment to be treated—or a

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<sup>69</sup> Wellcome MS 397, ff. 45r, 47v-48r.

capitulum marking it—is penned in red ink, and instructions and assurances follow in black or brown ink. Unlike modern cookbooks, late medieval recipe collections often move from one recipe to the next with no line break, particularly when their scribes were pressed for space. Optional, too, is an entirely blank line separating one recipe from the next. Instead, recipes commonly unspool across the entirety of the folio with very little white space. The effect is that of a dense square of dark text interspersed with red-labeled ailments. In many manuscripts, these rubrications appear to string themselves out down the page, chain-like and nearly rhythmic in their repetition: *For the eyes... another for the same... another, another, another, another.* Wellcome MS 404, for example, includes a chain of eye remedies twenty-two recipes long.<sup>70</sup>

My intention in describing these patterns of repetition is not to present the image of a redundant, overstuffed medical canon. Rather, the recurrence in these texts points towards a vibrant medical culture of observation, evaluation, and modification. Though often predicated on repetition and duration of use, treatments were not static. They changed with the progression of the disease (as one remedy failed and the next, perhaps more aggressive treatment was pursued), of the seasons, and of the patient's age (both of

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<sup>70</sup> Nearly every recipe collection of substantial length includes at least one recipe sequence; the longest sequences are generally those treating eye complaints. Wellcome MS 409 has a sequence 19 remedies in length, for example; BL Add. MS 34210 has a sequence eighteen remedies long.

which dictated dietary and bloodletting practices). They demanded vigilance—on the part of both patient and medical practitioner—and participation in the process of bodily adjustment. Audelay’s experience with incremental care was, then, present in nearly every facet of his treatment: in the adjusted dietetic regimen that he would have experienced at each meal; in the drinks and powders that may have supplemented those meals; in the salves, poultices, and drops that were applied daily to his eyes; and in the texts that housed those remedies and formally emphasized the connection between physical wellbeing and ongoing engagement with the body. It is therefore not surprising to find that emphasis on durative care present in his poetry, as well.

Poems such as “Carol 2” present overt evidence of the incremental forms of healthcare that structured Audelay’s life in Haughmond Abbey, and a similar cultural emphasis on the process of ongoing care is also visible in Audelay’s manuscript. As a material object, Douce 302 is the result of a continual process of compilation, correction, and adjustment; Fein argues that it was created in three phases, involving input from at least two scribes and, of course, from Audelay himself.<sup>71</sup> Its continuously extended conclusion, while it does provide closure to the text, actually represents what Fein calls “a

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<sup>71</sup> Fein, *Poems and Carols*, 4-5.

long process of concluding” (108). Upon its completion, responsibility for textual engagement shifted to its audience, allowing the manuscript itself to function as remedy and regimen: to be consumed, gradually and repeatedly, for the betterment of its reader. This emphasis on active reading is underscored by Audelay’s innumerable urgings that his reader approach the text mindfully. In “Carol 2” Audelay pauses in his description of his spiritual regimen to instruct the reader to “forgete hit noght”; in the *Counsel of Conscience*, he advises the reader to “Remembyr you redely when ye red—ther may ye wyle wyt!” (212). Most strikingly, the manuscript’s *Meditative Close* instructs the reader to “rede thys offt butt rede hit sofft,” in order to “se / What fruyte cometh of thy body” (“Instructions for Reading 4”). The term “sofft,” while denoting gentleness and agreeableness, also describes a slow, unhurried pace. A “soft medicine” was mild in quality and gradual in operation; a “soft disease” was mild and treatable; a “soft death” was gentle, easy, and painless.<sup>72</sup>

The presence of the term suggests that Audelay understood the act of engaged, devotional reading as a part of maintaining physical health. Indeed, his description of the manuscript affirms its power as an object that, when read mindfully, actually enables both hearing and sight:

Here may ye here now hwat ye be.

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<sup>72</sup> *MED*, s.v. “softe (adj.),” 3, 8a, 8b.

Here may ye cnow hwat ys this worlde.  
Here may ye boothe here and se  
Only in God ys all comforde. (“Audelay’s Conclusion” 1-4)

It is the practice of reading Douce 302—in particular, engaging with it both *frequently* and *softly*—that yields curative knowledge and, thus, physical and spiritual wellbeing. The reader’s relationship to the manuscript’s contents is, then, a form of *ruminatio*, the process by which the text is not only read but internalized and understood, taken into the body. In Michael Jeanneret’s words, “the reader-eater takes possession of the object being read, assimilates this foreign body and makes it part of his own being”; in Mary Carruthers’ terms, *ruminatio* entails “turning the text onto and into one’s self.”<sup>73</sup> She maintains that “digestion should be considered another basic functional model for the complementary activities of reading and composition, collection and recollection.”<sup>74</sup> In this sense, the gradual but frequent ingestion of Audelay’s poetry would have served as the consumption of a remedy, a recipe intended to be received into the body and, in turn, to transform it.

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<sup>73</sup> Michael Jeanneret, *A Feast of Words: Banquets and Table Talk in the Renaissance* (Chicago: University of Chicago Press, 1991), 129. See also Mary Carruthers, *The Book of Memory* (Cambridge: Cambridge University Press, 2008), 205. There are innumerable instances of the process of reading described as one of digestion. One example emerges from Hugh of Fouilloy, who wrote in his 12<sup>th</sup> century *De claustro animae*—a text owned by Haughmond Abbey—that “we devour and digest the book, when we read the words of God” (iv.33, quoted in Carruthers, 209).

<sup>74</sup> Carruthers, *The Book of Memory*, 207.

To be clear, I do not suggest that Audelay's entire poetic sensibility is defined by repetitious, regimenal medicine. There are plenty of poems within the text that rely on other medical conceits, like surgery, and some which contain no discernable references to bodily health at all. But I do want to suggest that Audelay's work provides one path through which we might be able to answer Kristeva's call to understand health as a practice embedded in time, rather than an atemporal state. The insistence of repetition within the remedy and regimen forms, and within Audelay's reading practice, underscores the medical valences of his poetry and the literary valences of his medical care. As he underwent a process of incremental treatment intended to delay the deterioration of his vision, Audelay also advocated for the act of reading "softly": a literary treatment that was just as durative in nature as its medical counterpart. Reading literary and medical forms of care through each other reveals not only the shaping power each exerted on the other, but the critical necessity of recognizing both forms as mutually constitutive. In other words, considering Audelay's treatments together—those he received and those he prescribed—allows us to conceptualize not only blindness as "a process of becoming," as Busse and Kern-Stähler have suggested, but health itself as a restless practice enacted through thousands of small, soft, and repeated acts.

## Chapter Two

### “Betwix my God and me”: Visual Mediation in the *Shewings* of Julian of Norwich

On May 8, 1373, at the age of thirty, Julian of Norwich fell deathly ill. She had prayed, she explains, for sickness “so herde as to the death... myselfe wening that I should die, and that all creatures might suppose the same that saw me” (2.18-19).<sup>1</sup> A number of visitors were present at her bedside, including her mother, a curate, and his child assistant. Julian received her final rites on the fourth evening, but her body lingered for an additional two days before, on the seventh night, she understood—“in my reason and be the feeling of my paines”—that death was imminent (3.12-13). On the eighth day of her illness, she lost feeling in the lower half of her body and required assistance to sit up in bed. By the time the curate arrived, she recounts, “I had set up my eyen and might not speake” (3.18). The cross was held before her face, at which point, Julian writes, “my sight began to faile and it was alle darke aboute me in the chamber as if it had ben night, save in the image of the crosse, wherein held a comon light, and I wiste not how” (3.24-26).<sup>2</sup> Outside of that focal

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<sup>1</sup> The *Shewings* of Julian of Norwich (51.61-62). All quotations of the *Shewings* are from the long text of *The Writings of Julian of Norwich*, ed. Nicholas Watson and Jacqueline Jenkins (University Park: Pennsylvania State University Press, 2006) unless otherwise noted.

<sup>2</sup> Compare this focus on the cross with the experience of Aechte Willems, a nun from Delft who had previously been known to make contact with the souls of the deceased. “On her deathbed,” writes Koen

point (the only one available to her, as she could more easily look forward than up) things appeared ugly and distorted.<sup>3</sup> Gazing at the crucifix, she lost feeling in the rest of her body and believed that she would die soon. Instead of dying, however, Julian experienced a miracle: her pains vanished momentarily, and she felt as healthy as she had before falling ill. What occurred next was a series of visions, enumerated in the rest of her text, which depicted Christ's passion and allowed Julian to come to a deeper understanding of divinity.

After a number of these visions passed, consciousness appears to have periodically returned to Julian, along with the pain of her condition. Believing Julian to have died, her mother lifted a hand as though to close her staring eyes. "This encresed mekille my sorowe," Julian recalls. "For noughtwithstandinge alle my paines, I wolde nought hafe been letted for love that I hadde in him."<sup>4</sup> Evidently Julian's mother did not close her eyes,

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Goudriaan, "young sisters came to consult her for guidance, evidently relying on her special gift. But Aechte complained that it had forsaken her: formerly, she used to see the crucified Lord wherever she cast her eyes, but now her illness prevented her from seeing Him anymore." See "The New Devout and their Women of Authority" in *Women and Experience in Later Medieval Writing: Reading the Book of Life*, ed. Anneke B. Mulder-Bakker and Liz Herbert McAvoy (New York: Palgrave Macmillan, 2009), 25-45, at 37.

<sup>3</sup> James T. McIlwain summarizes her condition as follows:

we have a thirty year-old woman who, after one week of unspecified symptoms, developed a symmetrical, ascending paralysis affecting limbs, neck, and trunk. Her complaints also signal abnormalities of visual and oculomotor function. She experienced shortness of breath, difficulty speaking, pains of unspecified type and location and, possibly, tinnitus. At one point in the illness she may have had a sore throat associated with fever, a sense of strangling and a foul odor. Her mental state was altered from time to time during the illness, but she apparently retained vivid memories of what occupied her mind during these episodes.

See "The 'Bodelye Syeknes' of Julian of Norwich," *Medical History* 10.3 (1984): 167-180, at 172.

<sup>4</sup> This detail is only present in the short text; see *The Writings of Julian of Norwich* 10.28-29.

because her visions continued uninterrupted: a series of revelations, or *shewings*, which Julian recorded and interpreted first in a shorter work written soon after her illness, and then in a longer text written twenty or so years later. These visions were communicated to Julian in three ways: “by bodily sight, and by word formede in my understanding, and by gostely sight” (4.24-25).<sup>5</sup> It is the first of these with which this chapter is primarily concerned, and which has formed the basis of a number of critical studies of Julian’s account, which are discussed in further detail below. But unlike much scholarship on Julian’s physical sight, this chapter is not concerned with the subjects of her visions. Instead, it focuses on the objects and materials that consistently obscure those subjects from her view: on the obstacles, rather than on what those obstacles obstruct. Close attention to Julian’s use of medical figurations of visual impairment, I suggest, offers new understandings of the way that ‘bad vision’ might offer alternative forms of connection to God.

Julian’s bodily vision—her apprehension through her physical eyesight, rather than divinely bestowed images or concepts—is troubled throughout the text, as Julian continually struggles to see *more*: more clearly, more thoroughly, and for a longer time.

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<sup>5</sup> The division of seeing into three forms is characteristic of medieval theology. In *De Genesi ad litteram*, Augustine, for example, also identifies three kinds of vision—corporeal, intellectual, and spiritual—and pronounces corporeal to be the lowest.

Unlike the hands of her mother, which threaten to block Julian's sight entirely, the other forms of visual and material obstruction in the text are partial, blurring, obscuring, and muddling the scenes on which Julian gazes. Watching Christ's face during her first vision, for example, Julian notes that she sees

halfe the face, beginning at the ere, overyede with drye blood till it beclosed into the mid face. And after that the other halfe beclosed on the same wise, and therewhiles it vanished in this party, even as it cam. This saw I bodely, swemly, and darkely, and I desired mor bodely light to have seen more clerly. (10.4-9)

The *Shewings* portray visual epistemology as fundamentally flawed in comparison with its spiritual counterpart. Julian's yearning for "mor bodely light" in the passage above is repeated often throughout her text, evincing her frustration with the limitations of mortal vision. This chapter takes that conceptualization as a starting point for study, rather than as a conclusion about the role of bodily sight in the text, asking how visual mis-perception functions within the space of revelatory vision. What other forms of perception are facilitated by insufficient, partial, or frustrated sight? I contend, here, that turning to medieval medical figurations of sight provides one way to understand 'bad vision' not as the frustrated end-point of the pursuit of full knowledge of God, but as the material condition that necessitates and enables that pursuit. Like the slow-moving blood described above, the various obstructions that trouble Julian's vision delimit her bodily sight and, in so doing,

mediate her experience of the divine. In medical contexts, these obstructions are frequently figured as material intermediaries such as membranes or films between the organ of the eye and the objects of its sight, defined as much by their textural and haptic qualities as by their appearance. I argue that in the revelatory context of Julian's account, these material obstructions also collapse the distinction between vision and touch, revealing both epistemologies to rely on imperfect mediation—and, as such, to enable the pursuit of faith.

The chapter begins with a survey of the text's dual preoccupation with sight and surface, tracing the myriad acts of medical observation and assessment that occur within Julian's sickroom and within her visions. The second section explores the intervening material obstructions that obscure Julian's bodily sight, before outlining the way that medieval medical discourse frequently framed visual impairment as the presence of a distinct membrane, or obstacle, interposed between the eye and its object. Medical writers describe these intervening surfaces in two ways: by how they look, and by how they feel. The chapter's third and final section takes up this figuration of the surface as the site of an entanglement of vision and sensation to argue that in their role as mediating layers, Julian's visual obstructions offer an alternative epistemology, based not only on sight, but on hapticity, texture, and touch.

### Bad vision in the *Shewings*

The *Shewings* is a text self-consciously concerned with sight, and more particularly, with layers and recursive patterns of seeing. In many ways this is a metatextual preoccupation; the reader is privy to both Julian's recollections of the visions and to her reflective interpretations of them. This process of accretion, of accumulating intervening membranes, lenses, or layers which mediate the revelatory meaning of the *Shewings*, is made even more overt in the transition from the Short Text to the Long Text. Julian's original work was likely composed shortly following her near-death experience in 1373.<sup>6</sup> This first, shorter version of the text has a sense of immediacy that is missing from its longer counterpart, which was produced about twenty years later, following much further reflection and meditation. Although the Long Text is nearly four times the length of its predecessor, the additional material it includes does not replace or subvert the text's preexisting content; instead, it complicates or elaborates on it. As Barry Windeatt has observed, Julian's original revelations of 1373 were "understood cumulatively over time," with the result that the text itself "developed through a number of stages and layers."<sup>7</sup> This accumulative process is

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<sup>6</sup> Barry Windeatt, "Introduction," in *Revelations of Divine Love* (Oxford: Oxford University Press, 2015), xxi. On the versions and production of Julian's text, see Nicholas Watson's "The Composition of Julian of Norwich's *Revelation of Love*," *Speculum* 68.3 (1993): 637-83.

<sup>7</sup> Windeatt, *Revelations*, xxiii.

made more complex by the uncertain temporal compression of the visions themselves, which Julian believes occur over the course of two days. In the Short Text, Julian's retrospective gaze presents her reactions at the time alongside her understanding of their meaning at the time of writing. By the time of the Long Text, that telescopic view has become even further distanced, so that the work also records the interpretive insight Julian has gained in the subsequent years that elapsed between the production of each text, years which potentially also produced a number of intermediary versions of the *Shewings* which have not survived. The long text, Windeatt concludes, "retains something of the layered, interleaved structure of a private working draft."<sup>8</sup>

I focus on the interlayered production and effect of Julian's text here because of the centrality of material surfaces to the pages that follow. The reader is only one layer in this cumulative process of interpretation, a truth that is emphasized within the narrative of the text itself through recurring acts of bodily assessment. Julian's illness renders her both object and subject; on her sickbed, experiencing a series of divine visions, she repeatedly examines the bodies of Christ and Mary, while observers in her chamber attempt to read Julian's own body for indications of health. We have no indication that a physician was

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<sup>8</sup> Windeatt, *Revelations*, xxv.

present during Julian's illness, but the attendance of a learned physician as bodily interpreter was certainly not necessary. Although the intricacies of humoral theory were the domain of university-educated practitioners, the superficial signs of death would have been common knowledge.<sup>9</sup> Accurately reading the surface of the body allowed onlookers to predict the course of a given disease, and to know whether its sufferer would live or die. Common signs of death included "a sharp nose, hollow eyes, collapsed temples; the ears cold, contracted, and their lobes turned out: the skin about the forehead being rough, distended, and parched; the color of the whole face being green, black, livid, or lead-colored."<sup>10</sup> Called the Hippocratic face, this countenance was well-known throughout both learned and popular medical cultures, in part because its description was included with Hippocrates' *Book of Prognostics* in the *Articella*, the twelfth-century compendium of medical works widely used as a textbook by students of physic in the later medieval period.<sup>11</sup> In assessing the patient's face, the state of the eyes was particularly important; as

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<sup>9</sup> The physician's professional reputation was dependent on his foresight, as Hippocrates observes in the *Prognostics*. "He will manage the cure best," he advises, "who has foreseen what is to happen from the present state of matters. Thus a man will be the more esteemed to be a good physician, for he will be the better able to treat those aright who can be saved, having long anticipated everything; and by seeing and announcing beforehand those who will live and those who will die, he will thus escape censure." See *The Genuine Works of Hippocrates*, Vol. 1, trans. Francis Adams (London: The Sydenham Society, 1849), 235.

<sup>10</sup> *The Genuine Works*, 236.

<sup>11</sup> The *Articella* also included Hippocrates' *Aphorisms*, as well as works by Galen, Theophilus, and Avicenna; see Paul O. Kristeller's "Bartholomaeus, Musandinus, and Maurus of Salerno and Other Early Commentators of the 'Articella,' with a Tentative List of Texts and Manuscripts," *Italia medioevale e umanistica* 19 (1976): 57-

Guy de Chauliac notes in his *Cyurgie*, ocular symptoms could serve as an early warning of illnesses elsewhere in the body.<sup>12</sup> Patients who squinted at (or shrank back from) the light, for instance, or whose eyes watered or were uneven in size or discolored, were all in jeopardy.<sup>13</sup>

That Julian's condition was carefully monitored is certain, as her last rites were not administered until the fourth night of her illness. Her mother's motion to close Julian's eyes is also likely the result of close observation of her daughter's state: unable to shut her own eyes because of her paralysis, Julian's breathing had also evidentially become so shallow that onlookers believed it to have stopped entirely. And the commonplace nature of close reading the signs of death is evinced by Julian's own detailed, medicalized close readings of Christ's face during the crucifixion. "I saw the swete face as it were drye and blodeles with pale dying," she writes,

and sithen more deade pale, languring; and than turned more deade into blew; and sithen more browne blew, as the flesh turned more depe dede. For his passion shewde to me most properly in his blessed face, and namely in his lippes, there I

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87; Cornelius O'Boyle's *Thirteenth- and Fourteenth-Century Copies of the "Ars Medicinae": A Checklist and Contents Descriptions of the Manuscripts* (Cambridge: Cambridge Wellcome Unit for the History of Medicine and CSIC Barcelona, Department of History of Science, 1998); and Mark Jordan's "Medicine as Science in the Early Commentaries on Johannitius," *Traditio* 43 (1987): 121–45.

<sup>12</sup> *The Cyurgie of Guy de Chauliac*, ed. Margaret S. Ogden, EETS o.s. 265 (London: Kegan Paul, Trench, Trübner & Co., 1971), 437.

<sup>13</sup> Hippocrates writes: "If there be a gum upon the eyes, if they are restless, protruding, or are become very hollow, and if the countenance be squalid and dark, or the color of the whole face be changed—all these are to be reckoned bad and fatal symptoms." See *The Genuine Works*, 237.

saw these four colours—tho that were before fresh and rody, lively and liking to my sight. This was a swemfulle change, to se this depe dying. And also the nose clongen togeder and dried, to my sight, and the swete body waxid browne and blacke, alle changed and turned oute of the fair, fresh, and lively coloure of himselfe into drye dying. For that same time that oure blessed saviour died upon the rode, it was a dry, harre wind, wonder colde as to my sight. (16.1-11)

Julian's description of the gradual desiccation of Christ's body includes both the overall changes to his complexion—his skin loses its "fair, fresh, and lively coloure" and turns brown and black—and to his now-shriveled nose and discolored lips, which give particular indication of the loss of moisture over time. Her repeated use of the word "dying" underscores that the superficial changes she observes in Christ's body are tied to his mortality. In this moment, a "deep dying" is both a process of discoloration and of death itself, deep processes read on the surface of the body.

The onlookers watch Julian watch the crucifix. In the grip of her visions, Julian watches Christ's dying body with the same close, careful study to which she herself is subjected. The result is a sickroom—as it exists as both a physical space and as the dark backdrop to Julian's visions—suspended in a cycle of prognosis and diagnosis, observation and interpretation. At times, these layers of observation deepen, as when Julian sees Mary beholding God. "God shewed me in part the wisdom and the truth of [Mary's] soule," Julian recounts, "wherin I understode the reverent beholding that she beheld her God, that

is her maker, marvayling with great reverence” (4.26-29). Iterations of observation and interpretation such as these are both refractory and distancing; God reveals the image to Julian only “in part,” and as readers, we are left to understand Mary’s experience not by experiencing it ourselves, but through reading Julian’s account of her own understanding of it. Visual perception is, in other words, as much a metatextual concern as a theological one. Its centrality to the text extends beyond the revelations themselves, into the sickroom containing Julian’s body and, temporally, through the text’s revisions.

While critical opinions vary as to whether the visions emerge from her physical senses, her imagination, or some combination of both, general scholarly consensus is that Julian figures bodily sight as inferior to “ghostly” or spiritual sight, which, though imperfectly expressed through the written word, was at least conveyed clearly to Julian’s understanding.<sup>14</sup> Of ghostly sight—divine images formed in her mind, rather than physically apprehended with her eyes—she writes, “I can not ne may not shew it as openly ne as fully as I would. But I trust in our lord God almighty that he shall, of his goodnes and for your love, make you to take it more ghostely and more sweetly then I can or may

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<sup>14</sup> For an overview of scholarly debate about Julian’s sight, see Catherine Willits, “The Obfuscation of Bodily Sight in the *Showings* of Julian of Norwich,” *Journal of Literary and Cultural Disability Studies* 8.1 (2014): 81-96, at 85. Willits argues convincingly that Julian declines to provide a clear definition of the term “bodily sight,” so that its status as a distinct epistemological method is blurred.

tell it” (9.25-28). Figuring her *Shewings* as the product of not only her own writing, but of divine mediation and readerly interpretation, this passage functions simultaneously as an apology for the inadequacy of the written word (and therefore as part of the humility topos she adopts as “one who could not read a letter”) and as a reminder that Julian is only human, restricted to using bodily epistemology to communicate divine knowledge. Only through God’s grace will her spiritual visions be communicated “openly” to the reader, as they were communicated clearly to Julian; without it, the visions she describes to readers are necessarily mediated through language, their full meaning and sweetness obscured.

Julian’s acknowledgment of her reliance on faulty epistemologies—language and bodily sight, which, in the words of Suzanne Conklin Akbari, “paradoxically... [offer] us knowledge [and] at the same time [lead] us away from it”—participates in an ongoing theological figuration of language and vision as imperfect mediators. Just as Moses’ human sight is unable to apprehend God’s divine appearance, Akbari argues, language is unable to represent the totality of God’s being, so that apophasis, or description through what something is *not* like, is understood to be a more accurate means of representation than cataphasis, description through affirmative comparisons.<sup>15</sup> Like language, vision—

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<sup>15</sup> “For example,” Akbari explains, “it is better to call God ‘invisible’ rather than ‘most bright,’ because he exceeds the capacity of vision.” This apophatic figuration of God is attributed to pseudo-Dionysius’ *Celestial*

particularly in its role as a form of knowing—is also imperfectly representative, as in Paul’s first letter to the Corinthians, where mortal perception of the divine always occurs *per speculum in aenigmate*.<sup>16</sup> *Through a glass, darkly* is an apt description for the mechanism of Julian’s bodily sight, which, unlike her ghostly sight (defined by its clarity and immediacy), is nearly always obscured or unclear. Her revelations frequently include expressions of yearning and frustration. At one point, unsure about the meaning of one vision, she admits to a desire “to see more, if it were his wille, or lengar time the same” (8.21). God alone sees and understands all, Julian explains, and it is at his will that truths are shown to or hidden from mortals. Full vision, she suggests, is only possible with death and the ultimate reunion of the soul and its creator. On earth, humans must content themselves with partial vision, and partial understanding. “Whan the shewing, which is given in a time, is passed and hidde,” she writes, “than faith kepeth it, by grace of the holy goste, into our lives ende” (7.51-52). This is certainly the case with her own revelations, to which Julian returns repeatedly throughout her life, meditating on them in order to deepen her understanding of their meaning.

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*Hierarchy and Mystical Theology*. See *Seeing Through the Veil: Optical Theory and Medieval Allegory* (Toronto: University of Toronto Press, 2004), 4-5.

<sup>16</sup> 1 Cor. 13:12 LV.

The imperfection and inadequacy of human sight is, in short, a condition of mortality. For Julian, Godly vision and bodily vision are fundamentally different methods of knowing, and lead to differing interpretations of the same object. Things which appear meaningless to humans are, to God, easily understood. Even the things which God wishes to remain secret, however, he still shows “close”—partially, dimly, unclearly, imperfectly. “In which shewing,” Julian concludes, “he wille we beleve and understande that we shall see it verely in his endlesse blisse. Than oughte we to enjoy in him for alle that he sheweth and for all that he hideth” (36.24-26). Accepting the limitations of bodily sight, a form of visual impairment experienced by all Christians, is the best way to practice faith. Later, she repeats the same sentiment: “Than shalle we only enjoye in God and be welle apaide both with hiding and shewing. For I saw sothly in our lordes mening, the more we besy us to know his prevites in that or in any other thing, the ferthermore shalle we be from the knowing” (33.27-29).

This chapter contends that rather than diminishing the importance of bodily sight, Julian’s emphasis on ‘bad vision’ indicates an investment in thinking through what impaired sight might afford. In other words, Julian’s insistent return to the obstacle, discussed more fully below, signals that those obstacles are capable not only of carrying meaning, but facilitating its production. Early in the text, watching as a shifting layer of blood alternately

obscures and reveals Christ's face, she remembers: "And thus I saw him and sought him, and I had him and wanted him. *And this is and should be our comen working in this life, as to my sight*" (10.14-15, emphasis mine). This moment, I suggest, is one indication that the unclear, dissatisfying nature of mortal vision has a power of its own. To be human is to see Christ and yet still search for him: to have him, and yet still desire more. In accepting and, in fact, advocating for that fraught visual relationship to Christ, Julian offers a visual epistemology through which it is impairment that affords a means of seeking, perceiving, and understanding the divine.

### **Seawater, scales, and skin**

Two moments in Julian's text are particularly illustrative of the obstructions that characterize her bodily sight. Both occur during visions in which Julian witnesses the crucifixion of Christ. In the first revelation, her observational attention is diverted, shifting from Christ's features to the blood that drips down from the crown of thorns to partially obscure them. This descending blood becomes the object of Julian's lengthy and hyperdetailed descriptive focus, rather than Christ's face itself.

in gostely sight, I saw the bodely sight lasting of the plentuous bleding of the hede. The gret droppes of blode felle downe fro under the garlonde like pelottes, seming as it had comen oute of the veines. And in the coming oute they were browne rede,

for the blode was full thicke. And in the spreding abrode they were bright rede. And whan it came at the browes, ther they vanished. And notwithstanding the bleding continued tille many thinges were sene and understoded, nevertheles the fairhede and the livelyhede continued in the same bewty and livelines.

The plentuoushede is like to the droppes of water that falle of the evesing of an house after a grete shower of raine, that falle so thicke that no man may nomber them with no bodely wit. And for the roundhede, they were like to the scale of hering, in the spreding of the forhede. Thes thre thinges cam to my minde in the time: pelettes, for the roundhede in the coming oute of the blode; the scale of herring, for the roundhede in the spreding; the droppes of the evesing of a house, for the plentuoushede unnumerable. This shewing was quick and lively, and hidous and dredfulle, and swete and lovely. (7.9-24)

Julian watches as beads of blood cover Christ's face, flowing from where the crown of thorns has pierced his skin. The blood changes as it disperses, thick and "browne rede" where it first emerges from the vein, then "bright rede" as it thins and spreads around the brows, until it vanishes entirely. This gradated color is matched by the array of metaphors employed by Julian in her effort to communicate her perceptions: the fluid is round as pellets, outspreading like herring scales, and as innumerable as raindrops.<sup>17</sup> Julian's focus here is on the obstruction, rather than the object; Christ's face becomes the backdrop against which his blood is foregrounded and rendered in high definition.<sup>18</sup>

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<sup>17</sup> The term *pellet* referred to "(a) A spherical or circular object; a gob, lump, or piece; (b) a pellet or cannon ball of various sizes, made of metal or stone, used as a missile to be discharged from a catapult, cannon, crossbow, or other weapon." *MED*, s.v. "pelot(e (n.))"

<sup>18</sup> The clarity of her description of the blood is especially striking because of the abruptly blurred quality of the narrative itself. Julian's manner of sight is unclear, as the two forms of visual epistemology in the text blur

In the first revelation, then, the intervening medium—the blood that obscures Christ’s face—becomes the subject of Julian’s attention. The second revelation bears a distinct similarity, as Julian’s view of Christ continues to be troubled by an intermediating material. But while vision in the first showing is defined by its zoomed-in, hyperdetailed focus, vision in the second is defined by an opposite optic: the blur. A sudden distance opens between Julian and the object of her gaze. “[M]y understanding was led downe into the sea grounde,” she writes,

and ther saw I hilles and dales grene, seming as it were mosse begrowen, with wrake and gravel. Then I understode thus: that if a man or woman wher there, under the brode water, and he might have sight of God—so as God is with a man continually—he shoulde be safe in soule and body, and take no harme. And overpassing, he should have mor solace and comferte then all this worlde may or can tell. For he will that we beleve that we see him continually, thow that us thinke that it be but litle, and in this beleve he maketh us evermore to get grace. (10.16-23)

In this second revelation, it is Julian’s understanding that is guided down to the ocean floor, rather than her external senses or the physical body in which they reside. The environment in which she is suddenly immersed is cluttered: moss and seaweed have overgrown the hilly underwater landscape. The narrative of the overall vision at this

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together: “in gostely sight,” she begins, “I saw the bodely sight.” While she takes pains to clarify the particular comparative resonances between Christ’s blood and pellets, fish scales, and droplets of rain, the vision as a whole retains the liminal, ambiguous quality of its beginning. The sight is simultaneously hideous and sweet, dreadful and lovely, bodily and spiritual. As the vision itself loses clarity, it is the mediating and obscuring material that comes into focus for both Julian and the reader.

moment is also less than clear. Julian moves from gazing on the face of Christ to contemplating the experience of looking at the face of God through seawater, a form of visual distortion made all the more disorienting by the hypothetical nature of that view. If man could see God's constant presence as he sees while underwater—blurrily, indistinctly, as she herself sees in this vision—his soul would have immense comfort, Julian explains. A hazy image of God fosters faith and devotion. Nothing more than that, she seems to suggest, is necessary to experience faith fully; in fact, that hazy quality of sight is the defining factor of faith. The search, the desire to see more, is the action in which faith consists.

In both of these instances, it is the mediating material that becomes the subject of Julian's attention, description, and interpretation, rather than Christ's face, their ostensible object. Here, the seawater in which Julian's understanding is submersed, and through which men are able to discern the shape of God, functions as a material layer through which mortal views of the divine are filtered. While the blood of the first revelation invites close, detailed attention, the seawater does the opposite, introducing a liquid distance between the viewer and the object.<sup>19</sup> These obscuring layers add opacity to a sight that

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<sup>19</sup> We might place this in the same context as other texts in which liquid forms what Virginia Langum has called "a physiology for compassion," through which liquid and moisture "soften" Christian hearts: "female writers reinscribe the excess moisture and other physiological attributes disparaged by moralists as a quality

Julian would prefer to be clear; they blur, obscure, and blear the various objects of her gaze. They do, in other words, function as *impairments* to her vision. But they also serve as objects of that vision in their own right. Allowing these material layers to occupy an ontological status of their own—to think of them not solely as obstacles to be looked *through*, but also as material to be looked *at*—reveals that substances such as blood and water carry qualities including texture, size, shape, and color. The remainder of this chapter explores these intervening membranes as mediating surfaces: sites of simultaneous separation and contact, partitioning one thing from another but also functioning as the site where contact can occur.

Immediately following her interpretation of the seawater scene, Julian admits to doubt about its meaning and its validity as a revelation at all. This doubt is assuaged through the addition of another obscuring visual layer, Christ's mortal covering, which leads Julian to conclude that what she has seen is indeed significant.

This secoude shewing was so lowe and so little and so simple that my spirites were in great traveyle in the beholding: morning, dredful, and longing. For I was

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that enables their receptivity and compassion. If dryness kept the body closed and intact, the bodily instability inherent in moistness in a devotional context enabled the believer to join Christ." See Langum, "The Wounded Surgeon': Devotion, Compassion, and Metaphor in Medieval England," in *Wounds and Wound Repair in Medieval Culture*, ed. Larissa Tracy and Kelly DeVries (Leiden: Brill, 2015): 269-290, at 280; see also Elizabeth Robertson's "Medieval Medical Views of Women and Female Spirituality in the *Ancrene Wisse* and Julian of Norwich's *Showings*," in *Feminist Approaches to the Body in Medieval Literature*, ed. Lisa Lomperis and Sarah Stanbury (Philadelphia: University of Pennsylvania Press, 1993), 142-167.

sometime in a feer whether it was a shewing or none. And then diverse times our lord gave me more sight, wherby that I understode truly that it was a shewing. It was a figur and a liknes of our foule, black, dede hame which our faire, bright, blessed lord bare for our sinne. It made me to thinke of the holy vernacle of Rome, which he portrude with his owne blessed face when he was in his hard passion, wilfully going to his death, and often changing of coloure. Of the brownhead and the blackhead, rewlyhead and leenhead of this image, many marveyled how that might be... (10.25-34)

As Cristina Marie Cervone has noted, the word *hame* is related to the Old English *ham*, meaning undergarment, tunic, or covering.<sup>20</sup> In the passage above, Julian is shown a “likenes” of the “foule, black, dede hame,” the mortal body donned by Christ for the salvation of the world. That likeness reminds her of another representation of Christ’s mortality: the veronica, or vernicle, the fabric which, once pressed to Christ’s face, is stained with its image. Like the blood and seawater, the hame and the vernicle serve as layers that simultaneously obscure and facilitate mortal connections to the divine. “[B]y associating the veronica with the figure and likeness of the living Christ,” Cervone writes, “Julian further links Jesus’s skin both with cloth and with the concealment or revelation of his identity.”<sup>21</sup> This association is emphasized by Julian’s description of the vernicle, which focuses on its “reulihede and lenehede,” its piteousness and thinness, qualities which might

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<sup>20</sup> *Dictionary of Old English*, s.v. “ham.” Ed. Angus Cameron, Ashley Crandell Amos, Antonette diPaolo Healey et al. (Toronto: Dictionary of Old English Project, 2018).

<sup>21</sup> “Julian of Norwich and John Capgrave: Foule Black Dede Hame / Hame of Blyndnes,” *Journal of English and German Philology* 114.1 (2015): 88-96, at 89.

also describe the “lowe,” “little,” and “simple” revelation itself. This is one moment of many in the *Shewings* that emphasize the resonance between skin, vision, and fabric, a subject discussed further in the following section.

But the term *hame* has another meaning. The fifteenth-century *Promptorium parvulorum* defines *hame* as a “thyn skynne off an haye [egg] or oder lyke: Membranula”; in John Capgrave’s *Life of St. Katherine of Alexandria*, a “hame of blyndenesse” prevents the friar from seeing Katherine’s naked form as she bathes in preparation for her marriage to Christ.<sup>22</sup> *Hame* is one of a number of medical terms that refer to membranes or other obstructions that impair vision, and it is these medical valences of the term in which I am particularly interested. I do not suggest that Julian had any vested interest in, or academic knowledge of, medical figurations of visual impairment. Nor do I suggest that Julian’s sickbed impairment is the result of these membranous obstructions, which develop over time; the darkening and distortion of Julian’s surroundings is acute. But as John Capgrave’s use of the term *hame* suggests, nonmedical writers certainly understood the ways that these material obstructions could be used in literary and theological contexts. It is reasonable

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<sup>22</sup> “All this ilk tyme there was a hame / Of blyndenes before this ermytes yye, / For of all this werk nothing he syye” (23.1131-33). See *The Life of Saint Katherine*, ed. Karen A. Winstead (Kalamazoo: Medieval Institute Publications, 1999) and *The Promptorium parvulorum: The First English-Latin Dictionary*, ed. Anthony Lawson Mayhew, EETS e.s. 102 (London: Kegan Paul, Trench, Trübner & Co., 1908), 213. The term is not included in the *DMVE*.

that, in describing the limitations of her bodily eyesight, Julian made use of popular understandings of how bleared, blurred, watery, and otherwise impaired vision occurred.

In fact, her choice of comparative descriptors—seawater, raindrops, fish scales—suggests that this is indeed the case. Julian turns to the image of herring scales to describe the blood droplets which spread to cover Christ’s face, imagery also employed by the twelfth-century oculist Benevenuto Grassus in his description of panicles, ocular obstructions that resemble “a frakyn or the scale of a fysz” (Hunter 503, f. 41v-42r). The seawater that Julian perceives as blurring the figure of God to human sight takes on the liquid quality of a developing cataract, a watery humor which descends from the brain and congeals within the eye. Like Julian’s seawater, the cataract frequently obscures only partially; it hinders the sight, but does not always cause total blindness. Sometimes, one author writes, the cataract possesses “the color of the sea.”<sup>23</sup> In the remainder of this section I explore the way that these mediating layers were figured by oculists, surgeons, and remedybooks, arguing that a fuller account of how ‘bad vision’ worked in medical contexts reveals the extent to which Julian’s impairment provided alternative ways of perceiving and apprehending the divine. Although some terminology around visual impairment suggests

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<sup>23</sup> BL MS Harley 4349, ff. 266v-277r.

an absence—one *loses* one’s sight; one’s vision *declines*—the medieval medical language describing that impairment was frequently predicated on accretion. Both configurations exist; certainly, popular medical texts do include a plethora of remedies that utilize the language of loss (“for one who has lost his sight,” or “one whose eyes have weakened”) or more objective, descriptive terms (“for red or running eyes”).<sup>24</sup> But equally often, if not more frequently, they signal visual impairment by identifying an intermediating obstacle to sight. In medical texts, as in Julian’s works, visual impairment results in a sudden awareness of the material mediation that allows that sight to work in the first place.

Comprised of three viscous humors (albugineous, crystalline, vitreous) and seven layered membranes called coats or tunics, the eye was a delicate organ with an easily upset balance of humoral liquids. Vision is, perhaps, better described as a series of acts than as a single event: a sequence of mediations and transmissions that could fail, domino-like, when faults occurred at any point in the process. Sight occurred when a visible image passed

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<sup>24</sup> The popular *Compendium medicinae*, for example, predominantly figures visual impairment as a weakness of the ocular spirits rather than a superfluity of material. “Feblenes of si3te comeþ in meny maners,” it explains, as by sekenes of þe y3en, as Y haue tolde before; or of sekenes of þe heed, and þan it is y-holpe by helyng of þat sikenes; or of greuaunce of þe stomake, whiche may be amendid by heling of þe stomake. Oþirwhiles þe feblenes of þe i3e comeþ of feblenes of her spiritis. And here, þou muste vndirstonde þat suche spiritis ben smale bodies þat ben in a man-is y3e. And þei ben þe instrumentis þat þe si3te seeþ with; for suche spiritis resceyuen þe li3tnes of þo þingis þat a man seeþ. And þerfore whan þey ben feble, nedes þe si3t muste / be feble.

See Faye Marie Getz, *Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus* (Madison: University of Wisconsin Press, 2010), 59, ll. 6-16.

through the pupil of the eye and into the crystalline humor, also known as the lens, and was then transmitted to the brain and joined by information registered by the other four external senses, to be evaluated and stored in the mind.<sup>25</sup> Imbalanced, ocular humors could congeal into massy growths, tissues, and membranes which obstructed the patient's sight. Even hard cataracts, the subject of much discussion in medieval treatises on ocular health, were understood to result from a superfluity of watery humors which solidified within the eye.

Terminological distinctions for these material layers are generally imprecise, with the exception of cataracts (though their varieties and receptivity to treatment were subject to debate). The medical terms *web*, *hawe*, *hame*, *pin*, *prick*, *cloth*, *ungula*, and *pearl* all refer to the growth of a tissue or membrane on the eye, but the differences between them—and their ultimate outcomes, should they go untreated—are less clear, as these membranes are frequently defined in comparison to one another. The thinnest is the web, described as a film that covers the cornea. More slender than a cloth or hawe, the web resembles, as its name suggests, a cobweb.<sup>26</sup> Cloths and hawes, sometimes called unguis or nails, are thicker

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<sup>25</sup> On historical understandings of the senses, see *A Cultural History of the Senses in the Middle Ages*, ed. Richard Newhauser (London: Bloomsbury, 2014), and *The Five Senses in Medieval and Early Modern England*, ed. Annette Kern-Stähler, Beatrix Busse, and Wietse de Boer (Leiden: Brill, 2016).

<sup>26</sup> *DMVE* s.v. “web.”

but distinguished from each other less by depth and more by their size; while a cloth stretches to screen the entire cornea, the pearl (also known as a hawe or a pin, what ophthalmologists now call pinguecula) is generally restrained to the conjunctiva, the tissue which covers the sclera or white of the eye. Pearl-like—or, in the case of the pin, resembling the head of a pin, or in the case of the hawe, resembling a grain of wheat—these growths are denser and more concentrated, rarely extending further than the inside corner of the eye. Cataracts, similarly, are defined by the area of the eye that they cover; as Johannes de Vigo’s glossary notes, a cataract occurs “when a slymy humour, growen togyther lyke yse betwene the skynnes of the eyes, cornea and coniunctiua, commeth aboute the apple of the eye.”<sup>27</sup> The term *panicle* may serve as a kind of catch-all for the purposes of this chapter; though the word in its broadest meaning refers to membranes in general, in the context of visual impairment, it refers to the growth of membranes from small spots to tissues which spread across the eye. Grassus describes them in their many stages of growth as “the seyd of a corne”; “greynes or cornellys of myle”; “lyke a spotte yn the face”; “lyk a frakyn or the scale of a fysch”; and “as a flake of snowe when yt snewyth.” (Hunter 503, f. 41v-42r). But scale, communicated through factors of depth and breadth in

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<sup>27</sup> *DMVE*, s.v. “cataract.” Johannes de Vigo was an Italian surgeon in the fifteenth century. See de Vigo’s *The most excellent workes of chirurgerye. translated from the Latin by Bartholomew Traberon* (London, 1543).

relation to the organ they obscure, is only one means of depicting the quality of intervening ocular layers.

These membranous growths, the material instantiations of visual impairment, are understood as objects themselves, distinct from the eye and in possession of qualities including not only size but hue, texture, and consistency. Cataracts, for example, are variously depicted as black, blue, glassish, greenish, gypseal, margarital, reddish, silverish, wan, and white.<sup>28</sup> Many of these descriptors surpass the bounds of identification through color, and include textural details. Terms like *glassish*, for example, suggest transparency and a glossy sheen; *margarital* recalls not just the pale color of pearls but the iridescence of their nacreous outer coating; *gypseal* conjures the mineral consistency of gypsum, used throughout medieval England as a component of gesso and as the base material for Nottingham alabasters. Other ocular terms are qualified with evocative modifiers such as fatty, fleshy, sinewy, slimy, and greasy. Words like these suggest to the reader not only texture, but something of the visceral *feel* of the membrane they describe, what we might call its hapticity.

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<sup>28</sup> *DMVE*, s.v. “cataract.”

One particularly useful text for considering the tactile material of visual impairment is Benevenutus Grassus's *De probatissima arte oculorum*, a popular late twelfth-century text that circulated widely until the sixteenth century and survives today in more than thirty manuscript copies.<sup>29</sup> Four of these copies are Middle English translations of the Latin text. The treatise is comprised of three parts: prefatory material (including a prologue and brief discussion of the anatomy of the eye); ocular diseases (cataracts and diseases which arise from imbalances in each of the humors); and treatments for sudden or acute injuries. Like many other ophthalmological texts, *De probatissima* uses color arrestingly. Cataracts are

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<sup>29</sup> There are two very different recent editions of Grassus' work: L. M. Eldredge's 1996 edition (based on Glasgow, University Library MS Hunter 503) and the synoptic edition produced in 2011 by Antonio Miranda-García and Santiago González Fernández-Corugedo, which includes the Middle English translations extant in Hunterian MSS 503 and 513, Bodleian MS Ashmole 1468, and BL Sloane MS 661, as well as one Latin version (Metz, Bibliothèques-Médiatèques de Metz / Département Patrimoine, MS 176), and the sole Provençal translation (Basel, Öffentliche Bibliothek der Universität, D.II.11). Quotations are taken from the more recent synoptic edition unless noted otherwise; abbreviated shelfmarks have been included parenthetically. See *The Wonderful Art of the Eye: A Critical Edition of the Middle English Translation of his De Probatissima Arte Oculorum*, ed. L. M. Eldredge (East Lansing: Michigan State University Press, 1996), and *Benvenutus Grassus' On the well-proven art of the eye: Practica oculorum & De probatissima arte oculorum: Synoptic edition and philological studies*, ed. Antonio Miranda-García and Santiago González Fernández-Corugedo (Bern: Peter Lang, 2011). As Faith Wallis has observed, Grassus' text blurs the line between university and popular medicine. Oculists like Grassus, she writes, "were considered low-caste practitioners, and yet Grassus writes in Latin, employs the categories of Galenic physiology, pathology, and pharmacology with ease, and expects his readers to do as well." In the introduction to his edition of the text, Eldredge speculates an affiliation between Grassus and the great medical school at Salerno. These circumstances, as Wallis notes, raise "some very significant questions about the diffusion of Scholastic medical culture beyond the walls of the university, and its appropriation by practitioners who were not necessarily university-trained." See Wallis, "Benvenutus Grassus, *The Wonderful art of the eye: a critical edition of the Middle English edition...*" *Medical History* 43.4 (1998): 415-16.

compared to bright chalk or well-polished alabaster (Hunter 503, f. 10v), the whiteness of the firmament and of ashes, and the verdant green of standing lakewater (Hunter 513, f. 4r, ff. 7v-8r). But Grassus's treatise also emphasizes the necessity of haptic sensitivity for surgeons who examine, diagnose, and operate on the eye, describing its membranes not only by size and color but by *feel*. The three ocular humors are respectively described as "in kynde of felynge" like the white of an egg (albugineous); like a "freshe gumme" (crystalline); and like sodden swine's lard (vitreous) (Hunter 513, f. 3v).

Beyond the anatomy of the eye itself, this emphasis on perception through touch is concentrated particularly around the surgeon's instruments, among which Grassus counts the surgeon's own hands. In one passage, for example, Grassus impresses upon his reader the importance of "grete dyscrecion and sotyl workyng or wrythyng of the honde" in surgical procedures (Hunter 503, f. 40v). Later, instructing the surgeon in the best way to determine whether an eye is producing a corrupt humor or a clear, healthy tear, Grassus directs the reader to "puttyth your secunde fyngers ende, whych ys callyd index (the shewyng fynger)" between the nose and the tear duct in order to encourage the corrupt humor to emerge from the duct (Hunter 503, f. 52v). Here, the "showing finger" is the means of diagnosis; in provoking fluid to leave the eye, the careful press of the surgeon's

hand against the skin is the instrument by which the truth of the patient's condition is made visible.

Tactile sensibility also extended to the surgical instruments that mediated between the surgeon's hands and the organ. In treating fragments of foreign particulates that have become stuck in the eyes of craftsmen such as masons, millers, and smiths, Grassus instructs the practitioner to

Make the pacyent to sytt downe and bakwarde to ley hys hede betwene your legges. And þen doo hym shytt hys hoole eye, and after open the sore eye and wyth a nedyll of syluer deuyde the fragment from the place þat it ys on so sotelly and so discretely that yn no wyse 3e hurt not the tonycle [tunicle], but lede it so softly and so sotylly yn the maner of a barbor vpon a mans berde. And so ledyng forth the nedyll by maner of shauyng, 3e shall remoue it from the place wher it lay. (Hunter MS 503, f. 107v)

The scene he depicts here, of a surgeon bent over his patient, coaxing a fleck of stone or wood from the cornea to the sclera, is one in which the practitioner's physical sensitivity is privileged over even his sight. Grassus elsewhere describes his removal of a hawe from the eye of a patient in Lucca who had been struck in the eye with an ear of wheat: "wyth softe wyndyng of þat oon honde and sotyll rolyng it wyth the oþer honde, I drew oute the hawe" (Hunter 503, f. 58v). And cataract couching, he directs, should be accomplished by piercing the tunicle with a needle, "twynyng toward and froward with thi fyngers" (Hunter 513, f. 5v). The terms that describe the movement of the hand—twining, winding, rolling, and

leading—combined with the qualifiers of those movements—subtly, softly, discretely—indicate the need for dexterity and, more particularly, sensitivity: careful attention to the tactile sensation of the instrument and the layered surfaces of the eye. Grassus is just one of many medical writers who place emphasis on the importance of *feel*. Chauliac, to take one final example, suggests the practitioner treating an ungula to lift it “sliely”: uncover it dexterously, delicately, skillfully, and cautiously.<sup>30</sup> Experiences of visual impairment are, in these texts, figured as equally tangible and visual; surgeons, too, relied on the dual epistemologies of feeling and sight for diagnosis and treatment.

This figuration of impairment as a physical presence is evinced not only in surgical texts, but in less invasive remedies as well, which frequently describe these intervening layers and growths as dirt or unwanted matter that must be removed from the surface of the eye. One remedy in BL MS Additional 34210, for example, promises efficacy against “the gownde & fylthe of eyne”; another asserts that it will “do awei þe webbe & þe spottis” (f. 30v, f. 7r). And BL MS Harley 1600 contains a charm in which a prayer is addressed directly to the hawe: “hawe in þe name of þe fader & of þe sun & of þe holy gost þat fro þis tyme forward you neuer greue more þis egh of þis man oure lord ihesu criste if it be þi will

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<sup>30</sup> *MED*, s.v. “sleighli (adv.),” 1a, b, c.

draw out þis hawe & clens þe eghn of þi seruant als verely & als sothly as you clensid þe eghn of Toby Agios” (f. 38v). These remedies, among many others, figure visual impairment as the result of an unwanted, interposing material presence between the eye and its object. As material entities, these mediating layers are objects to be looked at, not simply looked through, just as the obstructions Julian describes in her *Shewings*. Even when the ailment itself is not medically identified as the result of a physical presence, it is often experienced as one by patients who report the sensation of a foreign object on or in the eye. Ophthalmia, for instance, swells the eyelids and inflames the eyes so that the patient cannot rest or sleep, because “yt semyth to hym þat hys eyn were ful of grauel or thornes or smoke,” recounts Grassus (Hunter 503, f. 110r).

My purpose in demonstrating the value of sensibility to ocular medicine is to make clear the way that the ocular surface functions as a medium of touch, communicating sensation to the patient, the physician or practitioner, and the hands and instruments between them. These mediating layers are both perceptive and perceptible; as one fourteenth-century treatise describes, pannicles are “senewy, strong & tow3, & mene bitwene hardnes & neischenesse, flexible, þinne & rizt sensible.”<sup>31</sup> Poised between

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<sup>31</sup> *DMVE*, s.v. “pani\*.” The term pannicle refers to both the thin membranes that surround organs and to ocular blemishes in particular. See Richard Grothé’s edition of *Le ms. Wellcome 564: deux traites de chirurgie in moyen-anglais* (unpublished PhD dissertation, University of Montreal, 1982). The term *nesche* possesses a

hardness and softness, the tissue is not only strong but “riȝt sensible,” capable of feeling something like the touch of a probing fingertip and capable of *being* sensed by that questing touch.<sup>32</sup> In the Middle Ages, visual impairment exceeded the visual; it was experienced and understood via sensation, an epistemology of ocular impairment based in tactility and sensibility as much as visual perception.

### Seeing and feeling

This chapter has, thus far, explored two premises: first, that visual impairment was frequently understood as a material intervention between the eye and its object; and second, that those intervening media were objects of sight and tactile sensation in their own right. Returning to the obstructions that characterize Julian’s vision in the *Shewings* with this enriched understanding of ‘bad vision,’ in the following pages I suggest that these intervening layers offer a pathway to divine contemplation—namely, that understanding these mediating layers as sites of both visual perception and haptic contact reveals Julian’s

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textural and textile valence, meaning “(a) Physically soft in texture; pliant or yielding, not hard or stiff; of beds: well-cushioned and comfortable to lie on; of wool, cloth, or clothing: smooth and soft to the sense of touch; of hair: soft, fine; ?comfortable [quot.: Ld.Troy]; (b) anat. & surg. of a bodily tissue, an organ, a limb, etc.: flexible; flaccid, not dense or compact; of infections: softened, running; of sores: soft, swollen; of medicines: softening, laxative.” See the *MED*, s.v. “neche (adj.),” 1a.

<sup>32</sup> *DMVE*, s.v. “pannicle”; *MED* s.v. “sensible (adj.).”

conception of impaired vision as actually enabling the practice of devotional faith, rather than impeding it. This concept runs directly counter to the many theological texts which frame ocular impairment as an indication of sinfulness.<sup>33</sup> But as I have argued above, this is not a perspective shared by Julian, who writes that the condition of partial sight—of both seeing and seeking Christ, having him and wanting him—“is and should be our comen working” (10.15). By this logic, it is the obstructions between Christians and the object of their worship that enable the practice of faith. This is evident in the trajectory of the two particular obstacles discussed earlier in the chapter. Describing her vision of Christ’s face obscured by fishscale-like drops of blood, Julian writes that “the bleding continued till many thinges were sene and understoded” (7.14-15). It is the continuance of the obstruction, not its removal, that leads to her understanding of the vision’s meaning. Similarly, when Julian admits to uncertainty about her watery second showing, God offers what she recognizes as “more sight”: not clearer vision but the likeness of the mortal hame, itself another obstructing layer between mortals and Christ’s true form. Here, too, comprehension is enabled by meditation upon a deeply imperfect mediator; she comes to

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<sup>33</sup> Passus V of Langland’s *Piers Plowman*, to take just one literary example, assigns all but one personified sin some form of impaired or obscured vision. See Virginia Langum, “Langland’s Diseased Vision.” *AVISTA Forum Journal*, 19.1/2 (2009): 42-45. For a more overtly medical example, see Peter of Limoges’ thirteenth-century *The Moral Treatise on the Eye*, ed. Richard Newhauser (Toronto: Pontifical Institute of Mediaeval Studies, 2012).

know God through what we might consider an acceptance of or a dwelling *within* impairment, rather than through its revelatory removal.

These and other impediments throughout the text suggest that rather than distancing Julian from Christ's passion, the material surfaces that comprise impaired vision offer a means of connection. In the remaining pages of this chapter, I suggest that the medical figuration of optical impairment as both a visual and tactile phenomenon indicates a link between impaired sight and the perceptible forms of connection encouraged by contemporary devotional texts. Broader theorizations of the surface in general have suggested as much—namely, that even as it reinforces the distinction between self and other, the surface simultaneously enables contact between the two. Giuliana Bruno has described this mediating form as a communicative interface, an “ever present material condition of viewing” and “an active site of exchange between subject and objects.” The surface, she concludes, “is a plane that makes possible forms of connectivity, relatedness, and exchange.”<sup>34</sup> A space of intimacy, the surface holds in and on itself a record of the affective contact between subject and object. Understood this way, the mediating layers of

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<sup>34</sup> *Surface: Matters of Aesthetics, Materiality, and Medium* (Chicago: University of Chicago Press, 2014), 3.

Julian's text become legible not only as visual obstructions, but as material that enables haptic connection.

The centrality of touch—of physical contact and connection—to medieval figurations of sight is, as I have demonstrated, evident in both theological and medical discourse. It was also a foundational consideration in optical theory, which sought to explain how visual 'contact' occurred. I have not included this discussion above for the simple reason that unlike surgical and other healing practices, optical theory was something of a niche area of study in the period; the average layperson would have very little knowledge of the subject.<sup>35</sup> Nonetheless, some—abridged—discussion of medieval optics is warranted here, because the same reliance on imperfect mediation that defines theological and anatomical understandings of vision characterizes the more philosophical and theoretical understanding of the mechanism of sight. Two proposed models of sight were prominent throughout the Middle Ages: either the subject emitted visual beams which actively drew an image of the object back into the subject (a process called extramission) or

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<sup>35</sup> Even learned practitioners such as Grassus did not generally venture beyond anatomical description and potential remedies; as Akbari has observed, a theoretical understanding of how sight operated was apparently not considered necessary for the treatment of ocular ailments. Here, again, we see the late medieval understanding of science as a source of information that produced practical and concrete results, rather than as a repository of information about the way nature operated, although this should not be taken to mean that optics was not a productive and influential field for those who pursued it. See *Seeing Through the Veil*, 32.

the opposite occurred, and the object transmitted an image of itself into the passive, receptive viewer (a process called intromission). Both models relied on the distinction of form and matter. “For the subject to know the object,” Suzanne Conklin Akbari explains, “the two must come into contact: the object must come to be, in some way, inside the subject. Since the material object cannot enter the subject, some immaterial representation of the object must take its place and enter the subject.”<sup>36</sup> This immaterial representation, located between the object and the subject, exists independently from either and is called by a variety of names, among them “form,” “impression,” and, in Aristotle’s *De anima*, the “diaphanous”: the representative imprint of an object, the site of contact between two distinct things, which allows the senses to receive “the form of sensible objects without the matter, just as the wax receives the impression of the signet ring without the iron or the gold.”<sup>37</sup> Visual epistemology is revealed to rely on the imperfect mediator of touch—on a frequently flawed and easily misinterpreted *impression* of the object (one reason why sight, despite its status as the ‘highest’ of the senses, was also the most dangerous and least trustworthy). In their reliance on an often-flawed third party, language and optics, according to Akbari, ask the same question: “does the mediator provide access to

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<sup>36</sup> *Seeing Through the Veil*, 24.

<sup>37</sup> *De anima*, in *Aristotle: On the Soul, Parva Naturalia, On Breath*, trans. W. S. Hett, Loeb Classical Library 288 (Cambridge: Harvard University Press, 1986), 2.7.418-19 and 2.12.

knowledge, or does the imperfection of its transmission make it a barrier to clear and perfect knowledge?"<sup>38</sup>

Julian's text offers a clear answer to this question—imperfect transmission yields imperfect knowledge—but also suggests that it is that very imperfection that enables the practice of faith. The *Shewings* are defined by mediating surfaces of various kinds, some of which have been discussed above: the accumulated layers of interpretation provided by Julian's reflections, interpretations, and revisions of her text, for example; the bodily surfaces which are examined for information about internal health; and the figurative medicalized membranes such as herring scales or seawater, which interpose themselves between Julian's sight and the passion of Christ. In some cases, these layers are themselves divine, pressing directly against Christians with nearly physical immediacy. Christ, Julian writes in one of the most well-known passages of her text, "is oure clothing, that for love wrappeth us and windeth us, halseth us and all becloseth us, hangeth about us for tender love, that he may never leeve us" (5.3-5). The layered enveloping of Christ's presence is mirrored by the accumulation of terms Julian uses to describe it: wrapping, embracing, and enclosing. Elsewhere, she notes that

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<sup>38</sup> Akbari, *Seeing Through the Veil*, 44.

as the body is clad in the cloth, and the flesh in the skinne, and the bones in the flesh, and the harte in the bowke, so ar we, soule and body, cladde and enclosedde in the goodnes of God. Yee, and more homely! For all these may waste and were away. The goodnesse of God is ever hole, and more nere to us without any likenes. For truly oure lover desireth that the soule cleve to him with all the mightes, and that we be evermore cleving to his goodnes. (6.35-41)

Nested within each other, the layers that comprise the body accrete; its structure is defined by these accumulated, individuated surfaces. Clothing covers skin; skin, flesh; flesh, bone. The protective surface of the body's frame covers the organ. In anatomical contexts, the *bouk* (in which, Julian tells us, the heart is clothed) is the torso or trunk, the space between the thighs and the chest. More broadly, the term refers to the total structure of a body: the holy walls of a church, the hull of a ship with its wooden frames stretched like a rib cage along its sides.<sup>39</sup> In reassuring readers of the intimacy between God's enfolding goodness and the human soul that clings to it, Julian reinforces the distinction between the two. The heart is clad in the body, but remains separate from it; the ship's cargo is held by its hull, and the ship by the ocean, but both remain distinct, bounded by concentric, permeable layers that touch but maintain their discrete objects. So with the goodness of God: divine grace remains an enwrapping layer, a site of affective contact not assimilable to the mortal soul until the body's death. Not God himself, but a conduit through which he is known—

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<sup>39</sup> *DMVE* s.v. "bouk"; *MED*, s.v. "bouk (n.)."

or, to borrow from the medical tradition, a “right sensible” layer, capable not only of being perceived but of making something else perceptible.

We often consider these clothlike layers independently of the objects they enwrap, as individuated surfaces which can be removed, like the soft webs that can be wiped off the surface of the eye, the “hard skinne” of a cataract, which can be couched, or the mortal hame sloughed off on Christ’s return to heaven. A surface is a film, a drape, a screen: something that obscures and covers and that therefore can be lifted off its object and examined or handled separately. But as Bruno and others have suggested, and as Akbari’s work on medieval optics demonstrates, thinking about these surfaces as sites of connection instead reveals their mediating position between subject and object. Even as they, separate, separate, they also serve as a conduit for affect and a site of contact. The mortal body also, of course, bears the divine within it, in the form of the *imago* of Christ. Patricia Dailey has shown that the body of the medieval mystic, rather than a single, unified unit, instead exists as a dichotomy: a material (outer, perishable) body, and a spiritual (inner, eternal) body, which bears the imprint of the divine and which reflects it outward.<sup>40</sup> “Visions,”

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<sup>40</sup> "This distinction between inner and outer persons issues from a long Hellenic and Christian tradition," Dailey explains; "in Christianity, it associates the illumination of the human heart, or inner person, with the word of the Gospel: 'You yourself are our letter written in our hearts, known and read by all men' (2 Corinthians 3:2). This written letter is destined to become a writing that manifests itself through the life or

Dailey writes, “place an emphasis on relating the inner person to the outer, helping to shape the embodiment of spiritual life from the inside out.”<sup>41</sup> While the outer body is subject to earthly time, breaking down and wearing away under the conditions of age and sickness, as Julian’s does, the inner body exists and operates within spiritual time. The two are distinct, though entwined, and remain so until the soul’s reunification with Christ, described in Paul’s second letter to the Corinthians as the moment when Christ’s life may be made manifest in the mortal body.<sup>42</sup> “Paul’s use of the subjunctive *phanerōthē*—from the verb *phaneroō*, meaning to make visible, known, manifest, clear—shows the contingent nature of this future appearing and its presently veiled state,” Dailey notes. “It is not ever fully substantialized or realized in the body, the *soma*, until the ‘face-to-face’ encounter with the divine.” It is, in other words, a promised future, one that exists outside mortal temporality: the assimilation of the Christian soul with its maker, through the removal of the dark veil that, during mortal life, mediates the two.

Confined to a mortal body, mortal senses and mortal epistemologies, Julian must rely on that dark mediating layer that occupies the space between the human and the divine

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works of the outer body and is read like a text.” See *Promised Bodies: Time, Language, and Corporeality in Medieval Women’s Mystical Texts* (New York: Columbia University Press, 2013), 10.

<sup>41</sup> *Promised Bodies*, 25.

<sup>42</sup> “Semper enim nos, qui vivimus, in mortem tradimur propter Jesum: ut et vita Jesu manifestetur in carne nostra mortali.” 2 Cor. 4:11 LV.

in order to make sense of both herself, as the enwrapped and enwrapping object, and Christ, whose love and imprint her and allow her to know God, however imperfectly. In this way, the mediating layer is not simply a visual screen but, as Katie Walter writes of skin, “a border touching—the closest you can get to someone or something else—while remaining separate, individuated.”<sup>43</sup> Underlying this figuration of the surface is the blurred epistemological border between seeing and feeling. Surfaces mediate, making things both visually and haptically perceptible.<sup>44</sup> As Dailey writes, the mystical vision is itself “a ‘touch’ of the divine; it is an act of grace that provides for ‘a little of God’ to be made manifest and interpreted.”<sup>45</sup> For Julian, who seeks above all to suffer the sensations of Christ’s passion alongside him, this slippage between what is seen and what is felt is particularly meaningful; *to shew*, in Julian’s text, is not solely a visual endeavor. Rather, to see and to feel are simultaneous and inextricable modes of knowing. She records seeing and feeling “in the same time,” both “the syte and the feling... hye and plentuous” (47.18-19). Later, explaining the symbolic resonance of the clothing in the parable of the master and servant,

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<sup>43</sup> *Reading Skin in Medieval Literature and Culture* (New York: Palgrave Macmillan, 2013), 2.

<sup>44</sup> Earlier in her sixth chapter, she describes the religious figures to which humans direct their prayers as “meanes,” or intermediaries, between God and mortals. Christ’s mother, his cross, the saints, his blood, his flesh—all of these, Julian writes, are intermediaries placed by God himself between himself and the mortals who seek him, for “God of his goodnes hath ordained meanes to helpe us full faire and fele” (6.19).

<sup>45</sup> *Promised Bodies*, 68.

Julian writes that “this was shewed in a touch” (51.33-34). The distinction between visual and haptic contact is, in other words, not as impenetrable as we might expect. In fact, Julian’s work suggests that visual apprehension, with its attendant impairment and imperfection, might itself provide a means of tactile apprehension.

Sarah McNamer, in discussing the term *behold*, has considered just such an epistemological confluence. “The close proximity of *beholding* to forms of holding or *becleping* in Julian reveals, I think, a fourteenth-century assumption that to ‘behold’ is to see empathetically because it is also ‘to hold’: to hold within the eyes,” she writes. In affective meditations on the Passion, “beholding” is something that women are particularly good at not because of any essential difference between sexes but because “the repeated practice of holding Jesus (as infant, child, then grown man) in a protective or loving way is what produces the perceptive habit of ‘beholding’ him.”<sup>46</sup> *To hold* is a tactile endeavor; to carry, to grasp, to lay one’s hands on, to enclose or contain, to cling or adhere to. *To hold*, like *to touch*, is an action of the surface, which bears on and within itself a record of contact.

This entanglement of sight and sensation is mirrored in the blurring-together of Christ’s body with Julian’s own. Julian begins by admitting, “I loked... with al my myght,”

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<sup>46</sup> *Affective Meditation and the Invention of Medieval Compassion* (Philadelphia: University of Pennsylvania Press, 2010), 136-7.

expecting to find Christ's dead body, and found him not so; then, observing his appearance on the cross, she believed that he would die soon and that the vision itself would end with him, a misperception given what happens next. Julian's troubled act of beholding—misdirected, at first, and then misinterpreted—catalyzes an affective connection between Christ and Julian. "I beholding in the same crosse, he changed in blisseful chere. The changing of his blisseful chere changed mine," she recalls (21.8-9).<sup>47</sup> Moving between Julian and the object of her devotion, affect becomes communicable across the space that divides them, registered on the face, the surface of the body, to be read and transmitted again in what we might now consider a feedback loop. This kind of interpersonal sensory resonance is a particular concern of Julian, who locates the origin of her illness in her prayer to experience Christ's agony as if it were her own: "I would that his paines were my paines, with compassion," she writes early in the text (3.38-39). Here, Christ and Julian are linked together through vision in a way that brings their bodies into affective contact. Though they are not physically touching, they share some degree of sympathetic reactivity.<sup>48</sup> It is, in

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<sup>47</sup> David Aers has written about the reflective properties of this passage in "The Humanity of Christ: Reflections on Julian of Norwich's *Revelation of Love*," in *The Powers of the Holy: Religion, Politics, and Gender in Late Medieval English Culture*, ed. Aers and Lynn Staley (University Park: Pennsylvania State University Press, 1996), 77-106, at 90. See also Marion Glasscoe's "Changing Chere and Changing Text in the Eighth Revelation of Julian of Norwich," *Medium Ævum* 66.2 (1997): 115-21.

<sup>48</sup> Virginia Langum has suggested that Julian's mirroring of Christ throughout her text draws on the medical principle of compassion, which held that certain organs were linked to each other, registering pain

other words, the sensation of touch without its physical reality; feeling and not-feeling at once, made possible through sight.<sup>49</sup>

I want to conclude on a biblical scene, one that goes undiscussed by Julian but that offers another means of thinking through touch and sight as mediated and imperfect epistemologies—and, as such, epistemologies that enable the pursuit of faith. In the well-known *Noli me tangere* scene, Mary, visiting the opened tomb, gazes upon the resurrected Christ and perceives a gardener. Jean-Luc Nancy, in his discussion of this scene, has observed that Mary's misperception—her failure to recognize Christ on sight—may be a simple matter of discernment; perhaps, as in a 1510 woodblock by Dürer, his face is shaded by a straw hat. Or perhaps, as in innumerable other depictions of this scene, he is equipped with a hat, a spade, a shovel: a kind of superficial projection of *gardener* which obscures, at first encounter, his real identity as the risen Christ. “On the other hand,” Nancy suggests,

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simultaneously. “In Julian's account of her illness and simultaneous vision of the crucified Christ, her own pain and blood mingle with Christ's bloody wounds so they are indistinguishable,” writes Langum. “They are co-passionate in material and symbolic terms.” See “The Wounded Surgeon,” 283.

<sup>49</sup> This kind of visual and haptic contact operates in direct contrast to the modern, clinical forms of observation that Foucault describes in *The Birth of the Clinic*, where he states that “the observing gaze refrains from intervening: it is silent and gestureless. Observation leaves things as they are; there is nothing hidden to it in what is given” (107). Julian's theology is antithetical, instead asserting that there is something hidden at the center of every sight (the residence of truth in the dark center of things), and that it is the act of actively searching for that thing that defines the practice of the Christian faith. See *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan (New York: Routledge, 1973), 107.

“the difficult and uncertain recognition bears the stakes of faith. It does not consist in recognizing the known but in entrusting oneself to the unknown.”<sup>50</sup>

This scene—and the myriad surfaces within Julian’s text—both evince a central argument of this chapter: that sight and touch are both devotional epistemologies which depend equally on contact (visual or haptic) and on separation. Nancy has pointed out that the essential phrase of this encounter does not mean ‘do not touch me,’ but ‘do not desire to touch me.’ *Nolo* is the negative of *volo*, *to want*.

*Noli*: do not wish it; do not even think of it. Not only don’t do it, but even if you do it (and perhaps Mary Magdalene does do it, perhaps her hand is already placed on the hand of the one she loves, or on his clothing, or on the skin of his nude body), forget it immediately. You hold nothing; you are unable to hold or retain anything, and that is precisely what you must love and know.

You want to see perfectly, to feel perfectly, to understand perfectly. You are in possession of a body; you cannot. “That is what there is of a knowledge and a love,” concludes Nancy.

“Love what escapes you. Love the one who goes. Love that he goes.”<sup>51</sup> What the medical

dimension of Julian’s text suggests is the same: that ‘bad vision’ enables devotion by

distancing and obscuring its objects, by allowing what we might consider partial, troubled,

or limited perception, and thereby sustaining the desire for more and better

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<sup>50</sup> *Noli me tangere: On the Raising of the Body*, trans. Sarah Clift, Pascale-Anne Brault, and Michael Naas (New York: Fordham University Press, 2008), 28.

<sup>51</sup> *Noli me tangere*, 37.

understanding—the action, Julian tells us, in which faith consists. Its reward is a full knowledge of God and a final rest defined by unmediated contact with him. “For to I am substantiallye aned [joined] to him I may nevere have full reste ne varray blisse,” explains Julian; “that is to saye, that I be so festenede to him that thare be right nought that is made betwyxe my God and me” (5.16-18).

Living within the means of these imperfect epistemologies, as Julian does both in her life as an anchorite and as a Christian subject, means that mortals “may do no more than seke, suffer, and trust” before God grants “the clerness of finding” with the soul’s ascension to heaven (10.58-60). Medieval medical texts offer one way of understanding the blurry, imperfect knowledge of God, providing not only evocative images such as seawater and herring scales, but a deeper figuration of the way that visual impairment engenders other mediated ways of knowing. Rather than a lack of clarity, these medical discourses suggest that the indistinctness of the divine is a matter of presence: an intervening obstacle that makes necessary the seeking described by Julian even as it offers tactile and haptic forms of connection with its object. One of Julian’s quietest conclusions in the *Shewings* is that “seking is as good as beholding,” and her turn to medical discourse suggests that this seeking is as much a material and embodied practice as a spiritual one (10.62).

## Chapter Three

### Reading Popular Healthcare in English Almanacs from 1400-1600

This chapter represents a departure from its predecessors in two ways. First, it concerns itself with overtly medical texts rather than with canonical or traditional ‘literature.’ And secondly, it moves from the fifteenth century into the sixteenth, and discusses the early history of print in England. At its heart is an exploration of the way texts invited their readers how to read: how a text’s literary and material qualities—in this case, the folding manuscript almanacs of the fifteenth century, and the printed almanacs of the sixteenth—afford a particular experience of medical knowledge and its access. The chapter first explores the folding almanacs of the late medieval period, arguing that their materiality provides an epistemological framework based on the unfolding of information. That information was often—though not always—intended for a Latin-literate physician, who used that knowledge and its material vessel to treat patients. At least one of these manuscripts, however, was intended for a lay audience; written in English, its prefatory texts and material form emphasize the generative space that opens as a ‘closed’ text begins to unfurl. The later part of this chapter centers on printed almanacs, which were intended for unlearned audiences and which, like their manuscript predecessors, provided readers with

information about the health of the body. They provide a very different image of that generative space, one equally defined by the form and act of the fold, but marked by a much more anxious relationship between reader, writer, and text. Almanac writers figured their work as a charitable opening-up of historically specialized knowledge, while their detractors maintained that the convoluted and obscure literary style of many almanacs concealed a much more sinister and pecuniary motivation. I argue that these almanacs offer a means of thinking through the complex process of textual mediation during a period in which the growing availability of information was understood as as much a danger as a benefit to the increasingly literate English population.

#### **Closed texts: manuscript almanacs in the later Middle Ages**

In early 2013, British Library MS Harley 937 was photographed, added to the library's Digitized Manuscripts site, and made available to the world. This essay argues that the manuscript was deeply concerned with accessibility even before its digitization. Written in the English vernacular, with no medical diagrams, Harley 937 appears to stubbornly resist the closed nature of its genre, ostensibly the Latin handbook traditionally called the 'physician's folding almanac.' Perhaps most tellingly, its preface utilizes an adaptation of Chaucer's popular *Treatise on the Astrolabe* to explain its intention to satisfy the desire of its

uneducated reader, who has asked to be taught “certain conclusions of the new kalender.”

As I discuss below, its instructional passages provide a step-by-step guide to navigating and utilizing its informational content. This self-conscious didacticism illuminates the gradual epistemological process of unfolding knowledge afforded not only by its folded physical form, but also by the other formal openings offered by the text. In Harley 937, the fold becomes a site of unfurling expansion, home to what Deleuze calls microperceptions: “little folds that unravel in every direction, folds in folds, over folds, following folds.”<sup>1</sup> The result is an object in continuous, restless, and provocative motion.

Harley 937’s capacity for provocation has a great deal to do with its vested interest in how formal expression provides access to knowledge—essentially, in the intersection between access and affordance. Caroline Levine defines the term *affordance* as “the potential uses or actions latent in materials and designs.”<sup>2</sup> Affordances are sometimes unanticipated or unintended, such as the armchair in one’s bedroom that affords both comfort and a gathering place for discarded clothes. In the pages that follow, I explore the way an object with a unique and provocative materiality, such as a medieval manuscript comprised of a series of folds rather than the leaves of a traditional codex, affords an especially complex

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<sup>1</sup> *The Fold*, trans. and ed. Tom Conley (Minneapolis: University of Minnesota Press, 1993), 86.

<sup>2</sup> *Forms: Whole, Rhythm, Hierarchy, Network* (Princeton: Princeton University Press, 2015), 6.

reader experience. I begin with a discussion of the physical characteristics of what I call the ‘closed text’ usually found in folded almanacs, and the critical confusion generated by the genre. I then turn to the specific example of Harley 937, describing the manuscript’s curiosity about its own layout and functionality and its use of Chaucer’s *Treatise on the Astrolabe* as both a point of access and a model for its instructional content. Harley 937 illuminates the intensely generative space that opens as ‘closed’ texts begin to unfurl, and poses challenging questions about the way we understand the transmission of knowledge from one person—and one form—to another.

Medieval folding almanacs are compact objects, both physically and conceptually. They typically consist of six to ten parchment folios, with each folio folded once shortways and two or three times longways, resulting in either six or eight panels per unfolded sheet. Each sheet is bound to its neighbors at its bottom, and labels allow the user to find the desired page without unfolding each one. Some are read from the back forward; others, from the nearest folio to the furthest. Manuscripts also vary wildly in size; the twenty-two folios of BL MS Lansdowne 331 are no longer folded but measure a diminutive 3.3 x 5.3 inches when unfolded flat, while BL MS Harley 5311 consists of only ten folios but measures an impressive 6.9 x 3.2 inches folded and 13 x 9.1 inches unfolded. The contents of these almanacs are also diverse, including a range of images, tables, and charts useful in

assisting medieval physicians as they diagnosed and treated their patients. While these almanacs were produced throughout Europe during the late Middle Ages, I am primarily concerned here with the thirty extant folding almanacs produced in England, all but two of which were written in the fifteenth century.<sup>3</sup> Twenty-nine of these thirty are written in Latin; only one, Harley 937, is written in Middle English. As the predominance of Latin suggests, in addition to the closure inherent in their folded material form, these almanacs often include textual content that appears to close off the manuscripts even further. A specific form of visual literacy is also required, as many folding almanacs contain images that would have only been legible to trained physicians. Common almanac figures such as the Vein Man, the Zodiac Man, and urine charts, for example, are mnemonic guides rather than teaching diagrams and provide minimal memory cues that draw on a user's preexisting medical knowledge.

Because of their diverse contents, folding almanacs have historically fallen under a variety of overlapping labels, including '*vade mecum*,' 'girdle book,' 'astronomical girdle

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<sup>3</sup> The two manuscripts produced in England outside the fifteenth century are Ballarat, Victoria, Fine Art Gallery MS Crouch 4, dated c. 1508, and Bodleian Library MS Rawlinson D. 938, dated c. 1348. One other unusual case is Leiden, Universiteitsbibliotheek MS Vulc. 100 C; J. P. Gumbert notes that while its calendar indicates an origin in Northern France, the meridian height it provides corresponds to the latitude of Oxford, which identifies it as "an offshoot of the English tradition." Gumbert counts sixty-three extant folding almanacs worldwide. See *Bat Books: A Catalogue of Folded Manuscripts Containing Almanacs or Other Texts* (Turnhout: Brepols, 2016), 155.

book,' 'girdle almanac,' 'belt calendar,' 'liturgical calendar,' 'medical girdle book,' and 'physician's almanac.' J.P. Gumbert has noted that one fifteenth-century French inventory refers to them as *en forme de crécelle de pestiféré* or *de claquette de ladre*, in the form of a leper's rattle or a miser's clapboard. And Gumbert himself bestows the most recent and striking of the genre's many descriptors: "I have gradually grown accustomed to calling them 'bat books,'" he writes, "because when in rest they hang upside-down all folded up, but when action is required they lift up their heads and spread their wings wide."<sup>4</sup> These descriptions all allude to the unusual material impression these manuscripts have made on medieval users and modern critics alike: a sensory, unsettling jumble of curious sounds, movements, and forms. As Alexandra Gillespie has noted, "the sharp focus on codicological form required to categorize manuscripts produces a new set of questions about them."<sup>5</sup> Many of the more traditional labels above indicate the manner in which the texts were worn and the professions of their probable owners, but accepting those labels at face value can prove reductive. As Hilary M. Carey has argued, while the use of Latin and the inclusion of specialized medical diagrams in many almanacs do point to a narrow audience, the contents of other almanacs indicate a much wider user demographic, ranging from

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<sup>4</sup> *Bat Books*, 19.

<sup>5</sup> "Are *The Canterbury Tales* a Book?" *Exemplaria* 30.1 (2018): 66-83, at 68.

skilled medical practitioners to members of the general populace.<sup>6</sup> Even if medieval folding almanacs are primarily medical in nature, they also serve as a reminder that the genre of medical texts in the fifteenth century was more varied and inclusive than we might assume.

Two manuscripts in particular appear to support the theory that folding almanacs likely had a broader audience than the term ‘physician’s almanac’ would suggest. The first of these, Harley 937, is the primary subject of the rest of this chapter. It is, at first glance, a fairly unremarkable folding almanac, composed in 1430 and lacking the spectacular mnemonic images found in many other manuscripts (although it does include eclipse illuminations, as I discuss below). This very ordinariness, in combination with its lengthy Middle English instructional passages, makes it a strong piece of evidence in the argument for the presence of non-learned audiences. The second manuscript that disrupts the idea of the professional, utilitarian folding almanac is Wellcome Library MS 8932, written between 1415 and 1420, acquired in late 2013, and digitized even more recently. The almanac remains in excellent condition and includes a beautifully illuminated Zodiac Man, plentiful gold

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<sup>6</sup> In her survey of folding almanacs, Carey cautions against the term ‘physician’s almanac,’ arguing that the range of users was more diverse than the label would indicate. See “What is the Folded Almanac? The Form and Function of a Key Manuscript Source for Astro-medical Practice in Later Medieval England,” *Social History of Medicine* 16 (2003): 481-509. On the use of the term almanac more generally, see “Almanacs,” in *Medieval Science, Technology, and Medicine: An Encyclopedia*, ed. Thomas Glick, Steven J. Livesey, and Faith Wallis (New York: Routledge, 2005): 29-31.

leaf, and five distinct colors of ink (brown, red, dark red, blue, and purple). It also boasts an intricately embroidered silk cover, possibly woven by a female owner or member of the owner's household, of such high quality that it may indicate that the almanac was meant as a prestige object and was never actually put into use.<sup>7</sup>

This emphasis on appearance over utility is not limited to Wellcome MS 8932.

Many of the specialized medical images contained in other folding almanacs include erroneous information, as Peter Murray Jones has noted. Uroscopies, which helped physicians make diagnoses based on the appearance of a patient's urine, are frequently miscolored, and indication lines like those surrounding the Vein Man often lead to incorrect captions. These common errors suggest that at least some manuscripts were more invested in their formal and material aesthetics than in the accuracy of their contents; if they were utilized by physicians, these manuscripts likely operated in a performative capacity rather than a mnemonic one. If, as Murray Jones argues, the almanacs served as "badges of authority" and reassured distrustful patients of their physician's expertise, then the act of opening the almanac enabled another form of unfolding: the opening-up of the

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<sup>7</sup> See Elma Brenner's June 2014 post on the Wellcome Library's blog (<http://blog.wellcomelibrary.org/2014/01/the-enigma-of-the-medieval-almanac/>). For more information on the fiber craft used in the cover, see textile historian Jacqui Carey's November 2015 post (<http://blog.wellcomelibrary.org/2015/11/another-enigma-reading-the-embroidered-binding-of-ms-8932/>).

ailing body to the medical practitioner's gaze.<sup>8</sup> A physician who consulted his almanac performed access to a kind of knowledge that the patient did not possess, presumably fostering trust or, at the least, a healthy respect for the physician's learnedness, which might increase the patient's likelihood of following a given treatment. The ritualized use of the almanac is also discussed in a recent essay by Karen Eileen Overbey and Jennifer Borland, who describe the folding almanac as a "participatory space of knowledge," a material object whose movement enabled an affective connection between physician and patient.<sup>9</sup>

Manuscripts such as Harley 937 and Wellcome MS 8932 are evidence of the folding almanac's variability, and proof that it can be difficult to categorize an object that seems to exist in perpetual motion. Taken as a group, these manuscripts suggest that, as Julie Orlemanski has observed, "the most effective approaches to understanding the late medieval valuation of medical knowledge...would seem to be piecemeal, examining different 'families'

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<sup>8</sup> See "Image, Word and Medicine in the Middle Ages," in *Visualizing Medieval Medicine and Natural History, 1200-1550*, ed. Jean A. Givens, Karen M. Reeds, and Alain Touwaide (Aldershot: Ashgate, 2006): 1-24, at 11. This possibility is also discussed by Julie Orlemanski in "Physiognomy and Otiose Practicality," *Exemplaria* 32.2 (2011): 194-218. For information on medieval doctor-patient relationships, see Michael R. McVaugh, "Bedside Manners in the Middle Ages," *Bulletin of the History of Medicine* 71.2 (1997): 201-224.

<sup>9</sup> Karen Overbey Eileen and Jennifer Borland, "Diagnostic Performance and Diagrammatic Manipulation in the Physician's Folding Almanacs," in *The Agency of Things in Medieval and Early Modern Art: Materials, Power and Manipulation*, ed. Grażyna Jurkowlanec, Ika Matyjaskiewicz and Zuzanna Sarnecka (New York: Routledge, 2007): 144-56, at 145.

of texts, readers and institutions.”<sup>10</sup> This examination is particularly challenging when dealing with folding almanacs, where content variance and questions about readership and utility so often frustrate scholarly efforts to identify and define the parameters of their genre. Almanacs such as Harley 937 and Wellcome MS 8932 indicate that questions about who used folding almanacs and for what purpose are more complex than they first appear. But these manuscripts also suggest that the material and linguistic forms of the almanacs themselves facilitate that complexity, affording new and varied ways of thinking through textual accessibility.

Linda Ehram Voigts’s survey of medieval scientific and medical texts also seems to support this theory. Her landmark study quantifies the explosive pattern of scientific and medical vernacularization that occurred from 1375 to 1450, arguing that the breakdown between “high, learned, Latin” culture and popular culture occurred earlier than most scholars credit, beginning in the late fourteenth century rather than the fifteenth.<sup>11</sup> While

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<sup>10</sup> See “Thornton’s Remedies and the Practices of Medical Reading,” in *Robert Thornton and His Books*, ed. Susanna Fein and Michael Johnston (York: York University Press, 2014): 235-56, at 241.

<sup>11</sup> “Scientific and Medical Books,” in *Book Production and Publishing in Britain 1375-1475*, ed. J. Griffiths and Derek Pearsall (Cambridge: Cambridge University Press, 1989), 381-83. For more information on popular access and the use of the vernacular in medieval medical texts, see Joanne Jasin’s “The Compiler’s Awareness of Audience in Medieval Medical Prose: The Example of Wellcome MS 225,” *The Journal of English and Germanic Philology* 92.4 (1993): 509-22; William Crossgrove’s “The Vernacularization of Science, Medicine, and Technology in Late Medieval Europe: Broadening Our Perspective,” *Early Science and Medicine* 5.1 (2000): 47-63; and Päivi Pahta’s “On Structures of Code-Switching in Medical Texts from Medieval England,” *Neuphilologische Mitteilungen* 104.2 (2003): 197-210. For an exploration of later early modern

the predominance of Latin in extant folding almanacs might appear to preclude their participation in this shift towards lay access, I will argue that their involvement may simply take an alternative shape, one afforded by their distinctive folding form. These manuscripts indicate that the linguistic shift noted by Voigts resonates in the physicality of objects themselves, and that preoccupation with access and affordances occurred materially as well as textually.

### **Unfolding meaning: Harley 937, Chaucer, and didactic mediation**

I turn here from a discussion of the general characteristics of folding almanacs to the didactic contents of one manuscript in particular: BL MS Harley 937, written in a tidy Bastard Anglicana hand around 1430, likely in the North Country.<sup>12</sup> While it does contain gold leaf, flourishing, and black, blue, and red ink, it would be difficult to mistake Harley 937 for a purely ornamental object. Its ten parchment folios are well-used, badly effaced in

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vernacular medical almanacs, see Louise Hill Curth, "The Medical Content of English Almanacs 1640-1700," *Journal of the History of Medicine and Allied Sciences* 60.3 (2005): 255-82.

<sup>12</sup> On dialect, see Mooney, *The Kalendarium of John Somer* (Athens: University of Georgia Press, 1998), 63. Additions by later users are rare in this manuscript; one particularly noticeable example is on f. 4v, in the middle panel of the June calendar. Apparently writing in 1431, this user marks St. Barnabus' day and the birth of Edmund Tudor. The additions appear in Latin, in a lighter-colored ink and different hand (the forked ascender of the lowercase "b" in "boneface"/Boniface makes this especially clear). A third, less legible hand appears at the very top of the November calendar and in mid-December, both on f. 6v.

some places and stained in others. Its gutters have thinned from frequent folding and are, in some cases, worn away entirely, leaving small holes between the panels. Where the creased vellum has held up, dirt has accumulated within the folds. The manuscript is enclosed in two soft leather covers, which boast none of the ornamental stitching of Wellcome 8932; its folios are average in size, measuring 5.7 x 1.8 inches folded and 11.1 x 4.7 inches unfolded. Importantly, Harley 937 also lacks any medical images. A brief outline of its contents follows.

f. 1r:	Prefatory text
ff. 1r–2v:	Explanatory text (use of calendars)
f. 2v:	Explanatory text (solar and lunar measurements)
ff. 3r–6v:	Calendar tables
ff. 7r–7v:	Explanatory text (the nature of the planets and zodiac)
ff. 8r–8v:	Lunar eclipse diagrams
ff. 8v–10r:	Solar eclipse diagrams
f. 10r:	Deconstructed eclipse diagrams

The lack of medical drawings in Harley 937 is made all the more striking by the language of its explanatory text, evidence that the primary audience for all folding almanacs may *not* have been university-trained physicians. Harley 937 is written in the vernacular, with the result that the manuscript is already partially opened: its contents are made accessible to a larger segment of the population, rather than reserved for the formally educated elite. If Latin folding almanacs were ‘closed,’ inaccessible to the average medieval reader, the use of

English identifies Harley 937 as one of myriad vernacular texts in the fourteenth and fifteenth centuries that provided lay access to specialized knowledge. Most importantly, its commitment to accessibility is reinforced by the didactic nature of its explanatory passages, which not only present information in English but actually seek to guide their untrained reader through the manuscript.

That didacticism occurs in two distinct types of explanatory writing within the manuscript. The first is purely instructional, introducing tables and charts in order to explain their function, layout, and use; these passages are dealt with in more detail below. Scholars have historically assumed that this type of explanatory writing, common in folding almanacs, was intended to remind rather than to instruct.<sup>13</sup> That assumption is brought into question, however, by the second form of explanatory writing present in Harley 937: its prefatory passage, which contains both statements of authorial intent and evidence of the manuscript's intended non-expert readership. If the use of English instructional passages signals the manuscript's metaphorical unfolding to a wider audience of readers, the content of its prefatory passage represents an even more intriguing unfurling, not least because its opening text is an adaption of Chaucer's *Treatise on the Astrolabe*. Chaucer's text, originally

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<sup>13</sup> See John E. Murdoch, *Album of Science: Antiquity and the Middle Ages* (New York: Charles Scribner's Sons, 1984).

written to instruct his young son Lewis in the use of the astrolabe, is rewritten by the almanac author to explain his intention in producing a manuscript which instructs its reader in the use of medieval calendars.

Chaucer's popular *Treatise* was composed around 1391, forty years before Harley 937. It survives (in varying levels of completion) in 32 manuscripts; with the new addition of Harley 937, that number should perhaps be updated to 33, although the adapted text is not attributed to Chaucer.<sup>14</sup> The almanac author's scrambled rewriting is far from an exact match to the *Treatise*; he may have copied from a bad exemplar, or written from memory. A comparison of the opening sections of both texts is below, Chaucer's text above and the almanac preface beneath. I have bolded the most striking moments of overlap.

Lyte Lowys my sone, I aperceyve wel by **certeyne evydences thyn abilite to lerne sciences touching nombres and proporciouns; and as wel considre I thy besy prairer in special to lerne the tretys of the Astrelabie. Than for as moche as a filosofre saith, "he wrappith him in his frend, that condescendith to the rightfulle praiers of his frende,"** therefore I yeven the a suffisant Astrolabie as for oure orizonte, compowned after the latitude of Oxenforde; upon which, by

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<sup>14</sup> All quotations from Chaucer are taken from *The Riverside Chaucer*, ed. Larry D. Benson, 3<sup>rd</sup> ed. (Oxford: Oxford University Press, 2008), unless noted otherwise; for more information on manuscripts of the *Treatise*, see Aage Brusendorff's *The Chaucer Tradition* (Oxford: Oxford University Press, 1967) and Sigmund Eisner's variorum edition (Norman: University of Oklahoma Press, 2002). For discussions of its audience, see: Christopher Cannon, *From Literacy to Literature* (Oxford: Oxford University Press, 2016) on Chaucer's grammar-school didacticism; Simon Horobin's "The Scribe of Bodleian Library MS Bodley 619 and the Circulation of Chaucer's *Treatise* on the Astrolabe," *Studies in the Age of Chaucer* 31 (2009): 109-124) on scribal transmission and circulation; and Eisner and Marijane Osborn on Chaucer's instruction of children and adults ("Chaucer as Teacher: Chaucer's *Treatise* on the Astrolabe," in *Medieval Literature for Children*, ed. Daniel T. Kline (New York: Routledge, 2003): 155-87).

mediacioun of this litel tretys, I purpose to teche the a certein nombre of conclusions aperteynyng to the same instrument. I seie a certein of conclusions, for thre causes. The first cause is this: truste wel that alle the conclusions that han be founde, or ellys possibly might be founde in so noble an instrument as is an Astrelabie ben unknowe parfitly to eny mortal man in this regioun, as I suppose. Another cause is this, that sothly in any tretis of the Astrelabie that I have seyn, there be somme conclusions that wol not in alle thinges performen her bihestes; and somme of hem ben to harde to thy tendir age of ten yeer to conceyve... Now wol I preie mekely every discret persone that redith or herith this litel tretys to have my rude endityng for excusid, and my superfluite of wordes, for two causes. The first cause is for that curious endityng and hard sentence is ful hevy at onys for such a child to lerne. And the secunde cause is this, that sothly me semeth better to writen unto a child twyes a god sentence, than he forgete it onys.<sup>15</sup> (Pro. 1-49)

My souerayne maistres certen euydens haue done me to understonde 3owre abylyte to lerne scyens partyculere, and als wele consyder I 3owre desyre in specyal to lerne a certen conclusyons of þe new kalender. I say a certen conclusyons for þis cawse: for sum of þaim profoundly to be expressyd or lerned for defawte of termes convenyent in owre moder langage, beyn to strange to a tendyr wytte to comprehende þat is not elevate be processe and cowrse of scoles. Þerfor alsmych as þe grete phylosophyr sayeth, “he wrappyth hym in hys frende þat condescendeth to þe ryztfull preyer of hys frende.” Þis cawsyth me <...> to make satisfaciyd to 3owre desire, preyng euer dyscrete persone þat þis redyth or heryth to haue my rude endytyng excusyd, and my superfluyte of wordes, for two cawses. Þe firste cawse: for so curyos and harde sentens in obscure termes is full tedyos to sych a tender wytte to conseyue. Þe secunde cawse is for sothely me semyth better to wryte and twyse teche one gode sentens þen ones forgotten.

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<sup>15</sup> Eisner notes that Cambridge, Houghton Library MS English 920 begins thusly: “my lytel sone lewes haue do me to understande.” See *A Variorum Edition*, 104. This language parallels the opening of Harley 937’s preface more closely than does the language of Bodleian MS Bodley 619, the manuscript traditionally selected as the base text for the *Treatise* (and the one used by John Reidy in the *Riverside* edition). The remainder of the prologue in English 920, however, shows no special resemblance to Harley 937.

Levyng þerfore all vayn preambles of superfluyte þat papyr fulfyllþte withowtyn fruyte, this lesone I 3yfe 3ow fyrste.<sup>16</sup>

Like Chaucer, the almanac author draws attention to his use of the “moder langage,” although the excision of “Lyte Lowys” means that the almanac’s justification for that choice is slightly murkier. Combined with the almanac author’s description of his reader’s “tender wytte,” rather than “tender age,” this may suggest that the addressee was not a child like Lewis, but an adult without Latin literacy. J.P. Gumbert, among others, reads the preface’s opening as a salutation to a female reader, the author’s “soverayne” mistress; he proposes that the author of Harley 937 may have been a professional in the household of a noblewoman, perhaps her chaplain.<sup>17</sup> The *Middle English Dictionary*, however, suggests that “maistres” could also have referred to *masters*: either men in a generalized position of authority or, more specifically, those responsible for “the formal education or training of children or youths.”<sup>18</sup> Accepting this definition changes our understanding of the opening; the almanac author names the “maistres” as the source of evidence and leaves the gender of

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<sup>16</sup> BL MS Harley 937, f. 1r. Transcription and editing are mine; punctuation has been added.

<sup>17</sup> Laurel Means has suggested that the reader was Margaret of Anjou. As Gumbert has noted, this seems unlikely, given that Margaret was not born until 1430, the year of the almanac’s composition, and therefore would have been unable to read a manuscript, even one written in English. See Means, “Ffor as moche as yche man may not haue þe astrolabe’: Popular Middle English Variations on the Computus,” *Speculum* 67.3 (1992): 595-623, and Gumbert, *Bat Books*, 158.

<sup>18</sup> *MED*, s.v. “maister (n.),” 3.

the almanac's recipient uncertain. This would support Linne R. Mooney's theory that the almanac may have been intended for the son or sons of a noble house.<sup>19</sup> Regardless of whether we read "maistres" as *mistress* or *masters*, and regardless of whether its addressee is a young child or an inquisitive woman of "tender wytte," the almanac's audience is evidently meant to be larger than its opening direct address implies. A number of scholars have argued the same for Chaucer's text, asserting that the *Treatise* itself was likely intended for a wider audience than Lewis, who may have been invoked to justify Chaucer's straightforward style.<sup>20</sup> The almanac author's omission of a named recipient, combined with his inclusion of Chaucer's request that "euer dyscrete persone" reading or hearing the tract forgive his wordiness, opens his text, like Chaucer's, to a wider audience.

The almanac author's use of the word "heryth" is curious, as instructional tracts, for all their complexity, are not obvious choices for oral performance. Nonetheless, Fred N. Robinson notes that the presence of that phrase in Chaucer's *Treatise* "implies, unless its use is purely formal, that even an educational treatise may have been read aloud."<sup>21</sup> Either the almanac author was intent on copying as much of Chaucer's text as possible, regardless

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<sup>19</sup> *The Kalendarium*, 63.

<sup>20</sup> See, for example, Karl Erik Elmquist's "An Observation on Chaucer's Astrolabe," *Modern Language Notes* 56.7 (1941): 530-4; Edgar Laird's "Chaucer and Friends: The Audience for the 'Treatise on the Astrolabe,'" *The Chaucer Review* 41.4 (2007): 439-44; Horobin, "The Scribe"; and most recently Cannon, *From Literacy*.

<sup>21</sup> *The Works of Geoffrey Chaucer*, 2<sup>nd</sup> ed. (Boston: Houghton Mifflin, 1957), 868.

of its suitability to his own project—unlikely, given his willingness to change other parts of the *Prologue*—or he did, in fact, anticipate a literate reader speaking the text aloud, perhaps to an illiterate household member who was nonetheless interested in understanding how to access the calendrical data. This second explanation seems most plausible, as the author excuses his omissions by citing the uneducated nature of his readers; “certen conclusyons,” he writes, have been omitted “for defawte of termes convenyent in owre moder langage, beyn to strange to a tendyr wytte to comprehende þat is not elevate be processe and cowrse of scoles.” The scribe’s continued use of Chaucer’s direct address is worth noting as well; both texts convey a sense of a one-on-one relationship between teacher and student, rather than that of an impersonal one-way flow of information. This didactic relationship is grounded in the communication of concrete skills required by the subjects of both the *Treatise* and Harley 937. Both texts provide their users with practical information about the world around them—a hallmark, as Murray Jones has noted, of fifteenth-century medical and scientific translations.<sup>22</sup> Despite their material differences, the two texts belong to this emergent genre.

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<sup>22</sup> “Information and Science,” in *Fifteenth Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994): 97–111, at 100.

In other words, the appearance of Chaucer's "litel tretys" in the preface to Harley 937 is not so surprising as it might seem. Moreover, its presence is a strong indication that the almanac may have been read, heard, and understood as instructive didactic literature. Both works belong to a surge of vernacular translations of informational texts that focused on practical, accessible didacticism, texts which provided readers with not only knowledge, but with actionable knowledge that could be put into practice. Both works evince a personal relationship with one specific reader but provide careful, step-by-step explanation that opens their subjects to a broad, non-professional audience. And both prefaces present their texts as instruments that afford and facilitate a transfer of knowledge from teacher to student, a process that the *Treatise* prologue calls "mediacioun."

### **Navigating the instructional landscape**

While the preface to Harley 937 identifies the intentions of its author, the dense explanatory passages that follow offer a number of narrative openings through which readers can access and even reproduce the almanac's informational content. These passages are the site of an important epistemological and metainstructional process in which the manuscript teaches the reader to read itself—both content and physical object—as an act of corporeally engaged exploration. In between recurring admonishments to "understonde 3e

wel and forȝete it not,” admonishments which also appear in Chaucer’s *Treatise*, the almanac author teaches his reader to view the calendar tables like maps, using colors, headings, columns, and rows as landmarks by which to navigate the information they contain. Here, access is afforded not only by use of the “moder langage,” but by the reader’s visual and tactile interaction with the manuscript itself. To determine the sign and degree of the moon, for example, the author directs the reader to move through the chart carefully, noting the previous moon’s degree and sign in order to ascertain its current phase and utilizing the chart’s own layout as a guide:

Holde stryȝte forth... to ȝe come ryghte under þe degre in þe secunde party of þe table in qwyche þe chonge happynd in, and marke wel qwate nowmbyr ȝe fynde þere. Þen folowe bakwarde aȝayn as þe reede lyne crokyd ledyȝt ȝow, to ȝe come under þe sygne in the qwyche þe laste chonge happynd in. And qwate sygne ȝe fynde þere wrytne, þe same is þe sygne þat þe moyne is in, and þe nowmbyr þat ȝe notyd before tellyȝt in qwate degre.<sup>23</sup>

These navigational instructions are less concerned with looking or seeing, and more concerned with movement; it is the reader—or perhaps his or her finger—which moves across the tables, rather than a disembodied gaze. That movement is guided by the explanatory text’s use of visual and graphic markers, like the “crokyd” red line described above. Combined with the instructions to “marke” various numbers and signs, these

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<sup>23</sup> BL MS Harley 937, f. 7v.

references to the almanac's *ordinatio* present a kind of roadmap that encompasses not only calendrical reading but an embodied reading practice for manuscripts in general.

That passage is followed by a description of how the writer himself uses his calendar to determine various dates and times:

Þis schall be 3owre ensample: Þe 3ere of owre lorde 1430 on þe laste day of may qwen 6 was prime, a lytyle before 9 of þe cloke, before noyne, me lyked to know þe sygne and þe degre in qwych þe moyne was in þe forsayd howre, and I lokyd in my kalender...

Then, about a dozen lines later, the author provides yet another example of himself following a more convoluted sequence of steps:

I toke 12 and foloyd str3ghte forth fro þe forsayd 9 day takyne in þe fyrste lyne, to I come str3ghte under þis nowmber 12 notyd before, and þere I fonde “n” wrtyne. Þo turne I bakwardes a3ayne to I come under þis sygne “Gemini” wryten in þe heyde of þe fyrste party of þe table, and þere I fonde “Libra”...

The example is grounded in the language of embodied motion, of turning, re-orienting, tracking, uncovering, and traveling over the lines and landmarks of the calendar tables. The movement brings to mind the physicality of the object: fingers tracing over columns and rows, slipping between leaves, leading the eye across the page, and the manipulation, rotation, and material interaction that the almanac requires.<sup>24</sup> Lisa H. Cooper has argued

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<sup>24</sup> Mary Carruthers has noted that the *ordinatio* of a text was understood as a memory aid, quoting Hugh of St. Victor's assertion that while reading, “we strive to impress on our memory... the color, shape, position, and placement of the letters, .... in what location (at the top, the middle or bottom) we saw [something]

that this attention to form, “form that is not just textual but also material and embodied,” is ubiquitous in Chaucer’s *Treatise* as well, visible in its groundedness in the acts of physical engagement required by the astrolabe.<sup>25</sup> Folding almanacs, while not traditionally considered instruments like the astrolabe, nonetheless require significantly more physical manipulation and interaction than traditional codices.<sup>26</sup> Even the process of selecting a page to consult involved flipping the almanac upright from where it likely hung, bat-like, from a belt; removing a protective slipcover; paging past the undesired folded folios; and unfolding the correct one—an unfolding that occurred both horizontally and vertically since the vellum was folded in thirds longways and in half shortways to create grids of panels that themselves contained gridded calendar tables and charts. The language of the almanac’s

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positioned, in what color we observed the trace of the letter or the ornamented surface of the parchment.” See Carruthers, *The Book of Memory: A Study of Memory in Medieval Culture* (Cambridge: Cambridge University Press, 2008), 10. The almanac author’s language indicates that that process of learning and remembering was not exclusively visual, but was also aided by physical interaction with the material manuscript.

<sup>25</sup> “Figures for ‘Gretter Knowing’: Forms in the Treatise on the Astrolabe,” in *Chaucer and the Subversion of Form*, ed. Thomas A. Prendergast and Jessica Rosenfeld (Cambridge: Cambridge University Press, 2018): 99-124, at 100. On the function and handling of an astrolabe, see “Astrolabes and Quadrants,” in *Medieval Science, Technology, and Medicine: An Encyclopedia*, ed. Thomas Glick, Steven J. Livesey, and Faith Wallis (New York: Routledge, 2005): 57-61.

<sup>26</sup> Faith Wallis has also discussed the material nature of the calendar form, noting that *computus*, the science of calculating time and creating calendars, possesses “a strong graphic orientation, and in consequence, it is indissolubly wedded to the manuscripts through which it is conveyed.” See Wallis, “Medicine in Medieval Calendar Manuscripts,” in *Manuscript Sources of Medieval Medicine: A Book of Essays*, ed. Margaret Schleissner (New York: Garland, 1995): 105-144, at 106. See also Jennifer Borland’s “Moved by Medicine: The Multisensory Experience of Handling Folding Almanacs,” in *Sensory Reflections: Traces of Experience in Medieval Artifacts*, ed. Fiona Griffiths and Kathryn Starkey (Berlin: de Gruyter, 2018): 203-224.

explanatory passages parallels this tactile experience, encouraging a hands-on exploration of the manuscript.

The one component of Harley 937 not accompanied by extensive explanation is the series of eclipse diagrams occupying the final folios of the manuscript, 8r through 10v. These too, however, draw the reader's attention to the materiality of the manuscript-as-object, to the physical processes that are central to its production and use. Each entry includes a brief section of text explaining the date of the predicted eclipse down to the second (e.g. "þe 3ere of owre lorde a 1436 after noyne of þe 16 day of Aprile at 5 of þe cloke 33 mynute 44 secunde"). Beneath each description is its accompanying diagram, a dual-colored circle depicting the moon's phase at the time of the eclipse. The diagrams are striking, standing out from the practical prose and cramped calendar tables elsewhere in the manuscript. Meticulously drawn, they feature burnished gold leaf and all three ink colors present elsewhere in the manuscript's text (blue, black, and red) as well as one possible additional shade, a coppery orange visible in the solar eclipse illustrations. Their color and detail are especially noticeable because, as has been noted, they are the only illuminations present in Harley 937. The initials of the short predictive texts above the diagrams are written simply but with more delicate, flourishing linework than the rubricated initials earlier in the manuscript, and overall the hand is also markedly more stylized, especially in

the ascenders of letters *w* and *l*. Bereft of written explanation, these images seem to stand for themselves, at least until readers reach the final panels of f. 10r. There, they are confronted by a series of four deconstructed diagrams that show the sequencing of data to be inscribed within the circle, in addition to the “diameter” (in “pointys”) of the circle and the height allocated for its accompanying text. They also serve as an exemplar for the coloring: the middle circular outline is drawn in red, and the text is presented in alternating red and black ink.

The deconstructed diagrams include utilitarian measuring marks—marks that are either faintly visible or have been carefully scraped off from the completed illuminations. The contrast between the deconstructed diagrams and the finished product is most visible in the juxtaposition of workmanlike notation and delicately applied gold leaf, the most ornate component of the manuscript. The sequential nature of the disassembled diagrams invites their interpretation as step-by-step *visual* instruction, here a more effective means of communication than textual passages. They enable and invite their own replication. Presumably the reader-owner of Harley 937 is expected to intuit their purpose, to connect the stages of the material object’s development and to anticipate his or her own

participation in its production. When these deconstructed diagrams appear in another manuscript almanac, a scribal note identifies them as *exemplum*.<sup>27</sup>

In addition to their potential for didactic use, the dismantled diagrams also serve as a reminder of the materiality of the manuscript production process. They reveal a process of construction that involves acts of measuring, spacing, and the careful partitioning and sectioning of information: the manual conversion and encoding of data into a visual object. Whether they represent the scribe's notes and reminders for the production of future almanacs or instructions to later users, they bring the materiality of the object to the forefront of the reader's understanding and experience. Perhaps most importantly, they represent another register of instruction, another instance of the manuscript training its reader in its own use. And, as the use of the vernacular opens the manuscript to a lay reader and the embodied language in its explanatory passages trains that reader to utilize its contents, these deconstructed eclipse diagrams provide a final step in its unfolding. They instruct the reader in the process of the manuscript's construction, enabling its reproduction through an echo of the scribe's own experience: ruling and dividing and

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<sup>27</sup> BL MS Harley 5311, f. 4r.

subdividing, rotating the parchment, inscribing and folding, all the while coming into skin-to-skin contact with the irreducibly material manuscript body.

What forms of access are afforded by the folding almanac's unfolding? The manuscript's physical complexity is a product of its movement; while the folios themselves are flat, their motion is expansively three-dimensional. Evidence of this movement is inscribed on the vellum itself, visible in the deep wear-marks and creases in extant manuscripts. The folding almanac-as-object foregrounds an epistemology that differs in important ways from that generated by traditional codex manuscripts, and demands an awareness of the way information is revealed that is informed by the material conditions of knowledge.

While some critics, like Caroline Levine, would likely position folding and unfolding as opposing affordances (the way a door affords privacy or visibility depending on whether it is shut or ajar), turning to Gilles Deleuze allows for a figuration of un/folding affordances as contiguous. Deleuzian folds necessarily refuse that open/closed binary, structuring all matter in unending, unravelling, labyrinthine pleats. There is no difference between folding and unfolding, Deleuze writes, because the act of unfolding results in the simple extension of a line, its absorption into the following fold, "no longer simply...tension-release, contraction-dilation, but enveloping-developing, involution-

evolution.” The ontological structure Deleuze conceptualizes here has striking resonances in the kind of epistemology facilitated by material objects, particularly in the expansion of meaning that occurs as the medieval almanac is unfolded and its contents are disclosed to its reader. The unfolding of knowledge is an ongoing, continuous, and contiguous practice. To comprehend the unfolding object is to perceive what Deleuze calls microperceptions: the “minute, obscure, confused perceptions” that comprise our larger macroperceptions. Rather than a relation of parts-to-wholes, Deleuzian microperceptions indicate an aggregation, a movement from “the *ordinary* to what is *notable* or *remarkable*.”<sup>28</sup> In other words, it is the gradual, endless process of unfolding itself which contains the swirling, eddying, doubling, limitless potentiality of matter. In material terms, we might consider the folding almanac’s physicality as affording and even necessitating the kind of microperception Deleuze describes. That epistemological process is not, however, limited to material objects. “Thanks to the unfolding structures of language,” Levine writes, we understand texts themselves as “temporally unfolding sequences,” reading letter by letter and word by word.<sup>29</sup> The material almanac and the structure of language itself share a

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<sup>28</sup> *The Fold*, 8, 87-88. Emphasis original.

<sup>29</sup> *Forms*, 30.

similar, Deleuzean affordance: a step-by-step uncovering, provocative in itself, that allows access to something remarkable.

Thinking about folding almanacs as material objects in expanding motion allows us to understand their contents in a similar way. Small but dense, these almanacs contain not just a high volume of information, but information about the movements of the universe. And of course, that pattern of informational compression-and-expansion is not limited to folding almanacs. Textual and graphic contraction were common practice across nearly all manuscript genres; specialized symbols, like those found in the Zodiac Man, are especially prevalent in medical and scientific writing, while scribal abbreviations are found in almost every manuscript. The reduction of a word ('with' or 'in,' for example), a phrase ('Jesus Christ'), or an entire text (the Pater Noster) to a number of pen strokes is fundamental to the multi-layered expansion demanded by medieval manuscripts. Those few lines of ink silently unfold to represent missing letters, complete the word, and slot in to reveal the literal meaning of the phrase/sentence or the entire concept being signified. These abbreviations facilitate a layered, if unconscious, reading praxis: the reader first must understand the concept of contraction, then the compressed information on the page, before he or she can understand the knowledge being transmitted. When examined in the context of Deleuze's theorization of the fold, those small condensed pockets of words and

information emerge as wrinkled folds themselves, pleats that must be smoothed out before the reader can undertake the greater project of comprehension.

Crucially, none of these unfurlings work if the reader is not in possession of the right key. Without knowledge of scribal abbreviations, many manuscripts are unreadable, as beginners in medieval studies soon learn. Without understanding the importance of the moon's positioning, images like the Zodiac Man are useless. What sets Harley 937 apart from its Latin counterparts is its attention to explanation—to providing its readers with the key to its own contents. Written in English, borrowing its opening text from an instructional manual written by the most famous medieval English vernacular poet, and providing its readers with visual tools to recreate its contents themselves, Harley 937 attempts to *decode*, rather than *encode*, the compressed information it contains.

### **Almanacs and health in the sixteenth century**

The literary content and complex materiality of Harley 937 shaped its instructional task in the late Middle Ages, but those same factors interacted very differently during the first century of print. The combination of dense, information-laden tables and cheap printed material meant that these later almanacs were often published with errors, and their writers' language drew strong critique from readers who felt that their literary flourishing cloaked

an alarming carelessness or outright untruth. Rather than the site of an exchange of knowledge between learned and unlearned people, the earliest printed almanacs were often understood as a locus for dangerous misinformation; rather than a charitable undertaking, they were frequently construed as selfish and at times abusive texts, composed by self-serving writers who jeopardized the lives of their readers. The remainder of this chapter focuses on these printed objects, which reveal ongoing frictions between literature and healthcare during a period of quickly growing popular literacy.

Unlike most folding manuscript almanacs, which were intended for use—whether performative, reference, or didactic—by those we might now term ‘professional’ physicians, the earliest printed almanacs were typically used by laypeople literate in English but not trained as physicians and unlikely to use the knowledge contained in the almanac to treat anyone other than themselves or their immediate family members. Because of these differences, it is necessary to provide a brief description of the major features of the earliest print almanacs, in order to demonstrate both their variability from the folding manuscripts that came before them and the extent of the heterogeneity within the genre of the print almanac itself.

The earliest surviving almanac was printed by Gutenberg in 1448, but another century passed before the genre became popular in England, where translations of almanacs

by the Laet family of Antwerp and Borchloen—John, his son Jasper, and Jasper’s sons Jasper Jr. and Alphonsus—controlled the market the first half of the sixteenth century.<sup>30</sup>

Print almanacs, unlike their manuscript predecessors, frequently included prognosticatory texts despite the risk inherent in publishing anything that smacked of the illegal practice of judicial astronomy. That the planets and stars influenced the natural world, wars, plagues, and the body was a widely accepted idea, but the extent to which those celestial bodies might influence personal fortunes (and the extent to which they could be read by men to learn the future) was a trickier question: judicial astrology was considered a dangerous pursuit, heretical because it pretended—or genuinely aspired, depending on the critic’s opinion—to the kind of knowledge only God possessed.<sup>31</sup> “Scorn was placed on astrologers

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<sup>30</sup> The earliest surviving English-authored almanac is Andrew Boorde’s *A Pronostycacyon or an Almanacke* (London, 1545). This summary of the first century of English printed almanacs owes much to Eustace F. Bosanquet, whose survey, while dated, remains the most comprehensive treatment of the subject in modern scholarship. See Bosanquet, *English Printed Almanacs and Prognostications: A Bibliographical History to the year 1600* (London: The Bibliographical Society, 1917).

<sup>31</sup> In the early twentieth century, Bosanquet proposed that the increase in the inclusion of prognostications with English almanacs around 1550 was the result of Edward VI’s repeal of Henry VIII’s first “Witchcraft Act,” which had made sorcerous offenses a felony punishable by death or the seizure of goods. Allan Chapman has disagreed, observing that the surge in English prognosticatory content mirrored a similar increase in continental publications at the time. See Bosanquet, *English Printed Almanacs*, 4, and Chapman, “Astrological Medicine,” in *Health, Medicine, and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979): 275–300, at 277. Like almanac writers, astrological practitioners frequently found themselves on the receiving end of accusations of heresy. The popularity and generality of print almanacs likely benefited astrologers, whose art was more personal and involved answering particular queries, finding lost objects, or producing nativities for clients. The case records of Simon Forman and Richard Napier provide a particularly deep archive of these kinds of services, which were probably granted further legitimacy and weight with the circulation of printed texts.

for daring to meddle with the divine plan, and for their pursuit of lucre in the name of truth,” writes Lauren Kassell. “Critics of astrology blamed astrologers for taking advantage of the superstitious beliefs and exploiting the psychological needs of the uneducated masses.”<sup>32</sup> Anti-almanac writers often complained that trust in the text’s astrological assertions caused their readers to delay visits to trained physicians, to the detriment of their health.

The Northamptonshire physician John Cotta provides a clear example of the psychological damage that medical astrology could cause. He describes a former patient who suffered from a fatal ulcer. Cotta, after examining the man, quietly informed the patient’s friends that their compatriot would not survive his illness; the same friends sought out the advice of “a famous Ephemerides-master” who visited the patient, consulted his calendar, and pronounced that if the man survived the next three or four ill-starred days, he would recover easily. The patient survived for three months, upon which time “the starres brake

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<sup>32</sup> Kassell cautions against taking these accusations at face value, noting that there is relatively little extant evidence of readers putting these prognostications into practice in any substantive way. See “Almanacs and Prognostications,” in *The Oxford History of Popular Print Culture, Vol. 1: Cheap Print in Britain and Ireland to 1660* (Oxford: Oxford University Press, 2011): 431-42, at 440. In medical contexts, judicial astronomy was primarily concerned with methods of prognosis, techniques by which a physician determined the likely outcome of a disease. “The astrological distinction between acute and chronic diseases provides a characteristic example,” writes Chapman. “[A]n acute disease was governed by the moon and so could last for only twenty-seven days, whereas, if the illness persisted, its governance shifted to the sun and it was regarded as chronic.” See “Astrological Medicine,” 280.

promise, the disease kept touch, [and] the gentleman died,” in direct contradiction of the almanac-writer’s prognosis. “How vainly then did here the Astrologer gape and gaze after vncertaine starres,” asks Cotta,

when the true knowledge of the disease, the cause and nature thereof (wherein consisteth an infallible ground) manifested the certaine issue? How foolishly and ignorantly (or shamelesly and impudently) did Astrologically simple folly or intollerable imposture, either cunningly and wittingly seeme to looke aloft for that which lay neare hand below, or simply stumble ouer so plaine truth, and tumble into so ridiculous and grosse error?<sup>33</sup>

Here Cotta recounts the most common charge leveled against medical astronomers: a tendency to look upwards at the stars, rather than downwards at the patient’s body. But he also suggests that the astronomer may be guilty of worse sins than turning to an “uncertain” science, including selfish the pursuit of fame and money. Elsewhere in the same text, he describes the work of almanac writers in far darker terms: their texts, he writes, “hook simple credulitie to worship and admire their lying reuelations, prescribe fortunes and fates, and limit the dayes and dates of mens liues and deaths vnto the darke points of their Kalendars.”

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<sup>33</sup> *A short discouerie of the vnobserved dangers of seuerall sorts of ignorant and vnconsiderate practisers of physicke in England* (London, 1612).

By Elizabeth's ascension in 1558, the volume of printed almanacs had risen even further, as had the fervor around judicial astrology. The result was an increase in governmental regulation. For most of the sixteenth century, almanacs had been produced by a wide variety of publishers. But in the last quarter of the century Richard Watkins and James Roberts received the first patent for almanacs, and from then on (from 1572 until their partnership dissolved in 1599) they were responsible for the publication of almanacs by writers including Thomas Hill, John Securis, Henry Low, and Gabriel Frende, a monopoly granted "on the understanding that they would suppress the printing of dangerous prophesies."<sup>34</sup> By the dawn of the seventeenth century, prognostications—and the ubiquitous almanacs which conveyed them—were understood to influence nearly every aspect of their reader's life. William Painter, in his supplement to William Fulke's famous 1560 *Antiprognoticon*, defines astrology as

a knowledge, wherby the practisers of it saye, that they can tell of all thyng that are not come to passe, before they come to passe, by the course & mouyng of the starres, or els to describe it more plainly, is yt knowledge by whiche the prognosticatioons be made, that tell of rayne and fayre weather, sickenes and health, warre & peace, plentie and dearthe, with suche lyke: By whiche also they cast your natiuities, tell you youre fortunes, pretende to gyue you knowledge of thinges that be lost: and last of all appoynt you dayes and tymes good or euyl, for all thynges that you haue to doo. As, for workes of phisike, to let bloud to take purgations, and al other medicins. For other coommon matters, to sow, to plant, to iourney by

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<sup>34</sup> Kassel, "Almanacs and Prognostications," 439.

lande, to iourney by water, to bye and sell, to marye, to begynne anye woorke, and fynally to attempt any thyng that men vse commonly in their lyfe to doo.

This perceived range of utility was furthered by the increasing specialization of the genre.

By the seventeenth century, readers could purchase almanacs explicitly intended for women, surgeons, farmers, sailors, merchants, and many other identities. This broadening of readership marks the biggest change from manuscript to print almanacs, from the Latin-literate elite to the English-literate masses, and from those who could afford texts produced on parchment to the middle class who could afford paper broadsheets, pamphlets, and thin booklets.<sup>35</sup>

The typical early print almanac generally sold for less than two pence, but more expensive copies could cost up to six pence. This is where any appearance of strict uniformity in the genre ends. The vast majority of these texts were hastily printed on thin paper, but this was not a total rule; at least one exists which was printed on narrow strips of vellum.<sup>36</sup> Booklet almanacs ranged in size from quarto (Leonard Digges's 1556 *Pronostication Euerlasting*) to the more common octavo and duodecimo, to sexto-decimo and even one small sixteen-leaf trigintaduomo printed in 1508 by Wynkyn de Worde, which measures

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<sup>35</sup> See Linne R. Mooney, "English Almanacks from Script to Print," in *Texts and their Contexts: Papers from the Early Book Society*, ed. John Scattergood and Julia Boffey (Dublin: Four Courts Press, 1997): 11-25, at 20.

<sup>36</sup> The anonymous almanac, printed in 1521, survives in three copies, according to the ESTC.

just 2.75 by 2 inches.<sup>37</sup> Less likely to survive—but probably equally common at the time—were the broadside almanacs, which generally measured about twelve by sixteen inches but could be folded into a pocket-sized panel booklet much like their medieval counterparts. Some of these broadsides were printed only on one side of a heavyweight paper, presumably for hanging on a wall.<sup>38</sup> This almanac form makes an appearance in Thomas Nashe’s 1592 *Pierce Penniless his Supplication to the Deuill*, in which Dame Niggardize—who cruelly keeps Gold imprisoned in the bare home she shares with Greedinesse—wears “an apron made of Almanackes out of date (such as stand upon Screenes, or on the backside of a door in a Chandlers shop).”<sup>39</sup> Like their folding manuscript predecessors, these later print almanacs registered wear and use; they, too, become props of one kind or another, serving other purposes besides the straightforward transmission of information.<sup>40</sup>

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<sup>37</sup> STC 387; see Mooney, “English Almanacks,” 18.

<sup>38</sup> Kassell observes that although few of these broadside almanacs survive today, they were evidently extremely popular; an impressive 28,000 were printed in 1664. See “Almanacs and Prognostications,” 438. Another form of almanac traditionally hung from the wall was the clogg almanac, not included above because of its lack of textual content. Still in use in parts of England in the seventeenth century, this was a square stick made from brass, wood, bone, and horn, inscribed with notches and marks denoting the dominical letters, prime, and moveable and immoveable feasts. A full account of clogg almanacs can be found in Robert Plot, *The Natural History of Staffordshire* (Oxford, 1686), 418–32.

<sup>39</sup> Although he does not discuss the almanac apron, David Landreth’s work on the reuse of material by Dame Niggardize and Greedinesse is useful here; see “With Without Money in Nashe,” in *The Age of Thomas Nashe: Text, Bodies and Trespasses of Authorship in Early Modern England*, ed. Stephen Guy-Bray, Joan Pong Linton, and Steve Mentz (Farnham: Ashgate, 2013): 135–52.

<sup>40</sup> In other instances, print almanacs served both decorative and instructive purposes. Bosanquet points to the existence of two leaf fragments currently held by the British Library,

Didactic intent is an element of nearly all almanacs, which generally sought to convey a lot of information in a limited space. The exact variety of didacticism varied by almanac. In some, readers would have been presented with information in a ready-to-use format, while others—perhaps most notably the almanacs of Leonard Digges—more closely resembled Harley 937 in their focus on teaching readers how to produce astrological, medical, or calendrical knowledge for themselves.<sup>41</sup> Most were printed using moveable type which was arranged into calendar tables and prose tracts; others, however, made use of engravings and woodblocks to perform more complicated graphic feats. The narrow 1521 xylographic calendar printed on vellum, for example, was partially filled in by hand and features pictographic representations of the saints rather than written-out feast days; another, printed from a copper engraving, dizzyingly utilizes hundreds of circles hand-filled with prickmarks indicating the amount of darkness in each given day.<sup>42</sup> These visual representations made almanacs accessible even to less-literate consumers. As these examples

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all the letters are very large, the smallest being an inch in height; they are very irregularly printed, and appear to have been either stamped or stencilled on to the paper, and as far as can be seen on one side only... For what purpose this Almanack or Kalendar was intended does not appear to be known, but it may be suggested that these leaves were intended to be stuck on a door or wall, like the battledore, and were used for the purpose of teaching pupils the Kalendar.

See *English Printed Almanacs*, 13.

<sup>41</sup> See, for example, Digges's *A prognostication of right good effect* (London, 1555, with following editions published under the title *A Prognostication Euerlasting*).

<sup>42</sup> 1591; STC 403.

suggest, the range of almanacs available to readers was wide and diverse. Indeed, as Kassell has noted, any limitations in purchase options came not from what had been printed, but from the individual seller's stock, depending on "whether one bought an almanac from a London or a local bookseller, another shop, or a hawker; in the 1630s a Durham parson sold them from the communion table."<sup>43</sup>

I have gone into some depth in my description of the formal variety of the print almanac genre in part to emphasize how the mediation of the press dictated the didactic strategies these objects offered. While not impossible to accomplish with moveable type, the panels and folds that comprised manuscript folding almanacs were impractical to reproduce, especially when the more common print form—that of the booklet or codex—also allowed for the inclusion of a plethora of other texts such as lists of fairs, highways, dates of law terms, chronologies, prognostications, poetry, and medical information. As I hope I have shown, the distance between manuscript and print almanacs is a vast one—vast enough, perhaps, that the two may seem entirely distinct from each other, rather than temporal variations of the same genre.

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<sup>43</sup> "Almanacs and Prognostications," 437.

Why, then, examine these two genres together? The ethos of material and conceptual expansion that allows the manuscript folding almanac to function as a signal of medical authority and as a didactic tool becomes, in the sixteenth-century print almanac, primarily semantic and literary in nature. In other words, the centrality of the fold continues even when it is no longer a defining material feature of the almanac. Instead, the codex form of many print almanacs afforded a much different series of folds, in the shape of overly convoluted, obscure, and elaborate language that conferred authority to almanac writers even as it drew criticism from their detractors. Often disparaged as ‘bad literature’—by both contemporary and modern critics—these texts reveal that the act of didactic un/folding could be just as harmful as it was instructive. It is the medical content in these almanacs which made them especially dangerous for unwary readers who, critics claimed, were easily drawn in by ‘learned’ prose and therefore placed their health in the hands of untrustworthy writers. It is to that same medical content that I turn now.

### **Medicine in the printed English almanac**

Leonard Digges’ 1555 *Prognostication of right good effect* continually emphasizes its intention to “[open] dyuers wayes [of producing knowledge] bothe for the learned and vnlearned.”

The image of opening, or unfolding, is ubiquitous throughout the text: Digges promises to

“open up” the means of determining the age of the moon, the construction and use of a dial to calculate the exact hour of nightfall, the movements of planets and their aspects, the meteorological significance of rainbows, and, perhaps most pointedly, the “rasshe foolishenes” of those who disparage the astronomical and mathematical sciences. Digges’ almanac—which, despite its ostensible “perpetual” or “everlasting” nature, saw many editions—is unique in its focus on instructing readers in the *production* of information, rather than in the information itself. Nearly all print almanacs, however, promised to teach their readers meaningful and useful knowledge that would allow them to manage and predict their own health. The specifics of that knowledge, and the didactic means by which it was opened up, are the subject of this section.

Xylographic images of the Zodiac Man had been included in printed almanacs from the beginning. These woodcuts were often accompanied by an explanatory guide, either in the form of a table that explained which parts of the body were ruled by which astrological signs, or a versified explanation of the same. Buckminster’s 1567 almanac, for instance, includes the following instructive verse:

Of mannes body the Ram doth rule, the hed & eke the face  
The Bull in necke and throte likewise, hath his abiding place  
The twins the arms, alone do yuide, & are therwith content  
To haue the stomacke and the brest, is Cancers whole intent  
To haue the harte Leo striueth, and will not be denide:

No more than Virgo will, to raigne, in the bealy and side.  
The raines, nauell, and buttocks eke, Libra loueth to haue:  
And Scorpio the secrete partes, do still desire and craue.  
The thies to Sagittarius, of right doe appertaine:  
So do the knees to Capricorne, of this I am certaine.  
To rule the legs Aquarius, doeth thinke hymself moste mete:  
And Pisces nothing couetous, contentes hym with the fete.<sup>44</sup>

The cardinal rule of phlebotomy dictated that one never let blood from the body part associated with one's sign when the moon was in that sign. Bleeding from the arm while the moon was in Gemini, for example, was never advisable, but was especially hazardous for patients born under the same sign. Poems such as Buckminster's reinforced the information communicated by the Zodiac Man diagrams; they warned their readers, who presumably could be relied upon to know their own birthdays or at least their birth signs, which parts of the body would be most dangerous to their personal health.

Almanacs also frequently included other forms of medical information, including guides describing which forms of treatment were most effective at particular times. The English translation of Italian doctor Antonius de Montulmo's 1555 almanac, for example, advises purging by drinks when the moon is in Scorpio and by pills when it is in Pisces. Forecasts of likely diseases in the coming year were often included in the longer

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<sup>44</sup> Buckminster, *A new Almanacke and Prognostication* (London, 1567).

prognosticatory texts towards the back of the almanac. De Montulmo's, for instance, announces that the various planetary alignments portend that "men shall haue infirmities in their shyne bones, secrete places, and Belies, and these diseases shall happen most vpon boyes, and olde women about the age of .lx. and upon the learned sort of men also."<sup>45</sup> The cumulative effect of these various kinds of information was one of empowerment: someone who possessed an almanac possessed a tool by which they could predict and manage their own health for the coming months. While an almanac could not perform the work of the physician, phlebotomist, or apothecary, it had the potential to exert a powerful influence over when and how readers chose to consult one.

The social distinction between those who wrote almanacs and those who read them meant that the texts operated as a point of connection between the general populace and more elite, learned cultures.<sup>46</sup> De Montulmo was far from the only professional physician to produce an almanac. In fact, the majority of almanac writers practiced medicine in some form, and many boasted university qualifications.<sup>47</sup> Anthony Askham held a bachelor's

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<sup>45</sup> De Montulmo, *An Almanacke and prognostication* (London, 1555).

<sup>46</sup> See Capp, *Astrology and the Popular Press: English Almanacs 1500-1800* (London: Faber & Faber, 1979), 283, and Mary E. Fissell, "Readers, Texts, and Contexts: Vernacular Medical Works in Early Modern England," in *The Popularization of Medicine 1650-1850*, ed. Roy Porter (London: Routledge, 1992): 72-96, at 72.

<sup>47</sup> Chapman suggests that anywhere between a third and a half of writers who produced an almanac before 1640 identified themselves as medical professionals or students, with varying levels of formal education. See "Astrological Medicine," 285.

degree in medicine from Cambridge, identified himself as “physician and priest,” and published an herbal; John Securis also received formalized medical education at the University of Paris and later at Oxford, and wrote a number of small medical tracts outside his almanac work.<sup>48</sup> And Elis Bomelius, who received his MD from Cambridge, worked as an unlicensed physician in London until he was arrested for unlawful practice in 1567—perhaps not coincidentally the same year he published his first almanac, which might have provided an alternative revenue stream.<sup>49</sup> But while they must have lent some authority to writers’ claims, these formal qualifications were also subject to mockery—one satirist identified himself as a “student in asse-tronomy”—or, worse, were taken as proof that the compiler knew better than to ascribe bodily health entirely to heavenly movements, and was therefore endangering the lives of readers for profit.<sup>50</sup>

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<sup>48</sup> See Askham, *A Litle Herball of the Properties of Herbes* (London, 1550), and, on his degree, Askham’s entry in the ODNB; on Securis’s credentials, see Bosanquet, *English Printed Almanacks*, 38.

<sup>49</sup> By 1570 he had moved to Russia and gained the patronage of Ivan IV, but by 1574 he had been imprisoned for conspiring against the rulers of Poland and Sweden. See Bosanquet, *English Printed Almanacks*, 40, and Bomelius’s entry in the ODNB.

<sup>50</sup> See Adam Foulweather, *A wonderfull, strange and miraculous, astrologicall prognostication* (London, 1591). The text has been popularly—but not conclusively—attributed to Thomas Nashe. William Painter writes that “the moste parte of Astrologians ar by profession phisitions, whiche yf they be in dede as they professe, and haue learnyng accordyng to their degree (which I doubt not but they haue) they knowe assuredly, that the causes of sycknes and helth hang nothyng vppon mouyng of the celestiall bodies. The more shame is it for them, yf they stiffely and stoutely maynteyn and defende that which they know to be moste vayne and false.” See Painter’s supplement to his translation of Fulke’s *Antiprognosticon*.

Almanac authors, perhaps attempting to avoid the accusations described above or perhaps simply wary of the security of their own livelihoods, were careful in their disclaimers: almanacs could not replace the trained physician. “If Englyshe Bookes could make men cunning Physitions,” Securis wrote in 1566, “then pouchemakers, threshers, ploughmen & coblers mought be Physitions as well as the best, yf they can reade.”<sup>51</sup> These disclaimers took a variety of forms. Thomas Buckminster’s almanac for the following year includes the rather ominous warning on its cover to “Honour the Phisicion for necessities sake.”<sup>52</sup> Gabriel Frende, in 1589, wrote that the medical information in his almanac is intended so that any readers “feelyng themselues sicke, shoulde in tyme resort to the learned Phisition.”<sup>53</sup> And Securis prefaces his 1568 almanac not only with a medical disclaimer appropriate to his role as a physician—advising readers to consult a “good Physcion” for medical concerns that “passest the grosse knowledge of the common

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<sup>51</sup> *A Detection and Querimonie of the daily enormities and abuses committed in physick* (London, 1566). Securis has very strong feelings on the subject of books as replacement for university training:

Then wer it a great foly for vs to bestow so much labor and study all our lyfe tyme in the scholes and vniuersities, to breake oure braynes in readyng so many authours, to be at the lectures of so many learned menne, yea and the greatest follye of all were, to procede in any degree in the Uniuersities with our great coste & charges, when a syr John lackelatin a pedler, a weauer, and oftentimes a presumptuous woman, shall take upon them (yea and are permytted) to mynyster Medicine to all menne, in euery place, and at all tymes. *O tempora, O mores, O Deum immortalem*, To what purpose haue the universities ben erected & founded in tymes paste?

In fact, the tract itself is dedicated to “the Two most famous vniuersities Oxford and Cambridge.”

<sup>52</sup> Buckminster, *A new almanacke and prognostication* (London, 1567).

<sup>53</sup> Frende, *A briefe and playne Prognostication* (London, 1589).

Chirurgions”—but also with a heartfelt defense of the astrologer’s trade. When events fail to come to pass according to prognostication, he explains, it is because “Gods euerlastyng decre and pleasure our unperfecte and not sufficient knowledge. Sometymes our negligence and ouersyght and dyuerse tymes our to hasty and rash setting fourth of our doyngs, befor they bee wel examined and tried.”<sup>54</sup> Despite these attempted disclaimers, almanacs and their authors became the subject of considerable critique.

Anti-almanac rhetoric took three approaches, all of which focused predominantly on the genre’s prognosticatory content.<sup>55</sup> The first figured the prognostications as grievous sins, luring readers away from their devout contemplation of God and into the postlapsarian pursuit of unauthorized knowledge. A second approach condemned almanacs for inducing confusion and anxiety amongst the population, focusing particularly on the contradictory nature of almanacs published by different authors. The third tack involved revealing the almanacs—and their writers—to be frauds, engaged in a literary version of the kind of confidence tricks that Thomas Dekker would go on to describe so exhaustively in the seventeenth century. It is this third route in which I am most interested and which, I

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<sup>54</sup> Securis, *A new almanack and prognostication* (London, 1568).

<sup>55</sup> The calendar tables included in almanacs rarely came under attack, except when they incorporated weather predictions. More common were critiques of these ‘safe’ components that described them as camouflage for the more damning contents. Fulke’s *Antiprognoticon*, for example, observes that “vnder the pretexte and colour of Astronomye, thys auguration or diuination hathe bene cloked.”

suggest, demonstrates that the intersection of medical knowledge and ‘literariness’ could be understood as a disingenuous and dangerous combination in the blossoming print marketplace.

It is true that some of the danger of almanacs emerged from honest mistakes. Many errors found in almanacs originated in the production process, partially because of the drive to produce new material rather than to rely solely on continued circulation of old material. Previously, authors and publishers had highlighted the established nature of traditional medical and astrological sources to denote the usefulness and efficacy of a text’s contents. In the sixteenth century, however, a new model emerged that privileged fresh, updated, or corrected content, or ‘secret’ information brought to light. Novelty, in other words, became “a benefit rather than a detriment to the authority of a practical text.”<sup>56</sup> In almanacs, at least, writers and publishers were seemingly in accordance about this development early on; the number of surviving annual almanacs produced before 1601 is far greater than the number of perpetual almanacs, and the texts themselves played a major role in reinforcing

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<sup>56</sup> Melissa Reynolds, “‘Here is a Good Boke to Lerne’: Practical Books, the Coming of the Press, and the Search for Knowledge, ca. 1400-1560,” *Journal of British Studies* 58 (2019): 259-288, at 277. Many almanacs placed special emphasis on their status as correctives to erroneous knowledge; one writer, for example, assures his dedicatee that “I haue not attempted this, as a newe fangle, and louer of nouelties (the which I haue alwayes hated) but as a furtherer of the trueth, which I alwayes haue loued.” See J. D., *A Triple Almanacke* (London, 1591), attributed to either John Dade or, less likely, John Dee.

this new idea of animate knowledge—knowledge that, rather than being static, could be dynamic and changeable.<sup>57</sup> Their annual nature meant that these almanacs only needed to be of high enough quality to survive the year; at its close, the reader would generally discard the text and purchase a new one. What followed was a combination of factors which, taken together, invited mistakes and misprintings: a far greater number of new almanacs being published each year than those being revised and reissued; materially complex, crowded tables and charts full of numbers and symbols; and an overall understanding of the product as cheap and ephemeral, and therefore not worth the investment of high-quality production. It is not surprising to find that in some cases, the blame for error is laid at the feet of compilers, printers, and publishers who are implicated in the ethics of conscientious medical practice. Jasper Laet’s almanac for 1545, for instance, corrects a defect in some other almanacs “printed at Norenborow & els where, & here translated into English, (whose autours can nat calculate the quadrate aspecte of the son and moon),” warning that a missing lunar phase in the ephemerides has occasioned a miscalculation of more than

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<sup>57</sup> A search for “almana\*” in the ESTC produces 454 titles before 1600, 133 of which are not proper almanacs—Askham’s herbal, for instance, does include the word ‘almanack’ in its title but otherwise does not contain any of the genre’s features. Of the 321 remaining records, 268 (83.5%) are annual almanacs; 29 (9%) identify themselves as perpetual in nature (primarily authored by Leonard Digges and the pseudonymous Erra Pater); and 24 (7.5%) are calculated for a span of years (primarily authored by Philip Moore and Richard Grafton).

twenty-eight hours and a misplacing of the first quarter of the moon in a number of other texts. “By these fautes and errynges may every man know what maysters & practysers have the very scyence or not,” the text continues. “For whan the prynter hath done amysse, do they lykewyse, not knowynge how to amende ought.”<sup>58</sup>

As that passage suggests, almanac authors found the blame laid at their feet more often than printers. This blame took two forms. In the first, well-intentioned writers with substandard printers or printing practices compromised the accuracy of a printed text. In the second, ill-intentioned or carelessly ignorant writers produced poor materials before the printer was even involved. Much like the physicians and surgeons who petitioned Parliament in the fifteenth century for increased regulation of London medical practice, concern about bad astrological practice was frequently a product of an author’s anxiety about his own livelihood. When “a wyse man telleth them the treuthe, the people wyll not beleue hym,” Jasper Laet lamented in 1534. “Wherefore [he] that wyll tell of the that is to come, he must knowe his own fo[r]tune] as well as another mannys.”<sup>59</sup> So many inaccurate prognostications are in circulation that when an honest and learned practitioner adds his

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<sup>58</sup> A similar issue had occurred ten years earlier, when Laet warned that some almanacs marked incorrect days to be beneficial for laxative medications. “Ye shall nat ensue no such information nor suffre no purgaction to be giuen,” he cautions, “whan the Mone & Jupiter be conioyned togyder, as they shal be upon the 4 forenamed dayes.” See *The Almanacke of Maister Jaspar Laet* (London, 1535).

<sup>59</sup> *An almanack and pronostication* (London, 1534). Title interpolated from 1543 edition; see STC 471.7.

own, he is often subjected to the same kinds of backlash as those who pretend to wisdom without possessing it. Worse, the erroneous prognostications muddied the waters, causing confusion amongst readers and imperiling those too naïve to discern which writers were trustworthy and which were only pretending to legitimacy. Nashe's *Pierce Penniless* conveys this perspective most clearly of all: "Alas poore latynlesse Authors," he says sadly. "They are so simple they knowe not what they doe."<sup>60</sup>

There is no evidence that readers found these contradictory contents particularly troublesome or, indeed, that they were overly concerned about accuracy at all.<sup>61</sup> The three-column comparison between prognostications by Low, Buckminster, and Securis provided in Nicholas Allen's 1569 pamphlet *The Astronomers Game, or a game for three whetstones played by two Masters of Art and a Doctor* proved a particularly "devastating" form of satire, as Bernard Capp has noted, but there is no indication that it or other antiprognosticatory texts had any real influence on the number of almanacs produced and purchased each year.<sup>62</sup>

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<sup>60</sup> *Pierce Penilesse His Supplication to the Devil* (London, 1592).

<sup>61</sup> Rossell Hope Robbins has suggested that readers may not have taken late medieval prognostications particularly seriously, either; see "English Almanacks of the Fifteenth Century," *Philological Quarterly* 18 (1939): 321-31.

<sup>62</sup> Capp, *Astrology*, 32. The pamphlet's preface slyly claims to provide readers with multiple prognosticatory options, in the hope that "one of them will, may, or would hit right: for vnhappy it is of so many boltes shot, none light neere the mark." See F. P. Wilson, "Some English Mock-Prognostications," *The Library*, 19.1 (1932): 6-43, at 22. This text appears to have eluded the ESTC; the singular surviving copy is held by Corpus Christi, Oxford. See Bosanquet, *English Printed Almanacks*, 37, and Don Cameron Allen, *The Star-Crossed*

Regardless of how concerned the average almanac reader was about the spread of misinformation, many other writers evinced anxiety about not only the perceived irresponsibility of almanac writers, but also about the dangerously gullible public who read and acted upon their words. With the increase in literacy rates during the sixteenth century, what we might term ‘bad reading’ came to be understood as a serious and widespread form of error.<sup>63</sup> Authors were still held accountable for the contents of their

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*Renaissance: The Quarrel about Astrology and its Influence in England* (New York: Octagon Books, 1941, repr. 1966), 117; on whetstones and lying, see note 52 in the introduction to this dissertation.

<sup>63</sup> It is difficult, if not impossible, to know the exact extent of popular literacy in sixteenth-century England. While some surviving texts bemoan a largely illiterate population, others paint a very different picture, one in which widespread literacy was becoming the norm. As David Cressy has observed, “from beginning to end the evidence of contemporary reportage is contradictory, contaminated by the bias and interest of its authors.” He ultimately concludes that rather than any focused image of literacy, what historical evidence yields is “a vague and confusing blur.” See *Literacy and the Social Order: Reading and Writing in Tudor and Stuart England* (Cambridge: Cambridge University Press, 1980), 44-45. Cressy’s projected English literacy rates for the period between 1510 and 1730—30% of men and only 10% of women—rest on the analysis of signatures (which Cressy uses as evidence of literacy) and marks (used as evidence of its absence), a dichotomous methodology contested by later scholars: “[e]ven as this methodology reduces literacy and illiteracy to a simple binary, the documents upon which it depends omit much of the information necessary for understanding the roles of class and gender in the distribution of early modern literacy.” See Heidi Brayman Hackel, *Reading Material in Early Modern England: Print, Gender, and Literacy* (Cambridge: Cambridge University Press, 2005), 56. Scholarly tendency to assume an equivalency between the skills of reading and writing—in other words, to assume that if a person could read, she must also be able to write—has also skewed historical analysis of literacy rates. Because the beginning stages of instruction in literacy did not include writing, it is almost certain that many more people could read than were capable of leaving signatures or annotations of their own. For more nuanced readings of early modern literacy, see Keith Thomas, “The Meaning of Literacy in Early Modern England,” in *The Written Word: Literacy in Transition*, ed. Gert Baumann (Oxford: Oxford University Press, 1986): 97-131, and, on women’s literacy in particular, Brayman Hackel, *Reading Material*; Frances E. Dolan, “Reading, Writing, and Other Crimes,” in *Feminist Readings of Early Modern Culture: Emerging Subjects*, ed. Valerie Traub, M. Lindsay Caplan, and Dymphna Callaghan (Cambridge: Cambridge University Press, 1996): 142-67; and Margaret Ferguson, *Dido’s Daughters: Literacy, Gender, and Empire in Early Modern England and France* (Chicago: University of Chicago Press, 2003).

writing. But the proliferation of printed material meant that they could begin to have extended, accessible, and meaningful conversations with a widespread readership about the act of knowledge production in which both were engaged. This shift resulted in a more collaborative and negotiable form of meaning-making that was ongoing and dialogic, and that allowed the complex relationship between author and reader to develop further than ever before.<sup>64</sup> As Adrian Johns has argued, early modern English print culture was characterized not by fixity, standardization, and assumptions of veracity, as Elizabeth Eisenstein claimed in 1980, but by credit and negotiations of credulity. “Far from fixing certainty and truth,” he writes, “print dissolved them.”<sup>65</sup> I have already discussed the ways

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<sup>64</sup> Jason Peacey’s work on the English Revolution has discussed this extensively. “It has been suggested,” he writes,

that the print revolution actually generated uncertainty, and that contemporaries had profound problems with the ‘credit’ and ‘credibility’ of print... It has even been argued that the period witnessed a ‘crisis of truth-telling’, not least in the realm of news and current affairs, as readers were confronted with conflicting claims about everything from specific battles to the legal and historical foundations of the constitution and the causes of the Civil Wars.

Peacey’s work challenges this reading, arguing that readers developed methods of coping with the sudden information overload and attendant crises of authority, cultivating the ability to “respond in a critical and analytical fashion” to the influx of publicly available reading material. In other words, while contemporary authors and audiences were continually warned about the public’s credulity, the reality was not quite so dire; “behind this thrilling rhetoric,” writes Peacey, “there lurked recognition that truth might be elusive, but not entirely beyond reach, and that the rivers of cheap print could be navigated to some effect if consumers became skeptical and critical readers.” See *Print and Public Politics in the English Revolution* (Cambridge: Cambridge University Press, 2013), 93–100.

<sup>65</sup> *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998), 172. See also Elizabeth Eisenstein, *The Printing Press as an Agent of Change: Communications and Cultural Transformations in Early-Modern Europe, Vols. I and II* (Cambridge: Cambridge University Press, 1980).

in which annual almanacs were particularly well-suited to a developing epistemology characterized by variability and debate. In the context of these early printed almanacs, anxieties about this epistemological instability played out not only in the almanacs themselves, but in texts that sought to disillusion readers and to make them aware of the danger of taking prognosticatory writing seriously.

### **“Dark and double”: literary craft and deceptive language**

Nashe’s satiric account of “poore latynlesse Authors” aside, the majority of admonitory texts figure almanac writers as all too linguistically deft, manipulators who used equivocal language, poetic phrases, and stylistic embellishment to deceive their readers.

Prognostications balanced carefully between the need to appeal to their audience—and therefore to be apprehensible—and the need to obfuscate: to be vague and therefore infinitely interpretable. William Fulke’s 1560 *Antiprognoticon*, one of the earliest and most popular English tracts to take issue with the language of printed almanacs, compares this equivocation to the shrouding effect of darkness:

But oure craftye Nostrodamus, that coulde wrappe hys prophesyes in suche darke wryncles of obscuritye that no man could pyke out of them, either sence or vnderstandyng certayn. Without doubte he hath herde of the oracles of Appollo, whiche the deuyll at Delphos, gaue out of an ydoll to them that asked counsel, whiche were obscure, double, and suche as myght chance bothe waies. The same

maner of foreshewyng in darke and double riddles our prognosticatours, as it were receiued of the heathenyshe prophets do obserue and keepe vnto this day for not only Nostrodamus telleth thyngs darkly and doubtfully, but diuers others: yea many of our countrey men, as Cunyngham, a man otherwise bothe lerned and honest, Hyll, Lou, Vaghan, and not longe ago Askham, with sixe hundred more of that sort.

Here, the fold returns in a more sinister form: still a didactic medium, but one marked by an almost criminal intent to obscure, even as it appears to teach plainly. The “wrynkles” that Fulke describes enfold and shroud the true sense of the almanac’s prognostications until it ceases to exist entirely; their restless and continual motion is here presented as something duplicitous that affords a dangerous multiplicity of interpretations, “suche as myght chance bothe waies.” The elaborate sentences become so semantically unstable that they can mean anything at all. Dark and double, these folds cloak the meaninglessness—and, Fulke implies, the heretical nature—of the almanac’s contents. If the fifteenth-century manuscript almanac unfolded its material to readers, the sixteenth-century print almanac described by Fulke carries that ethos of expansion to its logical, if chaotic, end: the semantic, rhetorical, and syntactic equivocation of the prognostications produced so many disparate meanings that they became functionally meaningless. The “superfluity of words” for which Chaucer and the writer of Harley 937 apologize is not, in its sixteenth-century form, mere “crude enditing.” Instead, it is—to the minds of detractors such as Fulke—a

purposeful and sinister dishonesty. This is to say that while Capp is likely correct in his assertion that that “the [historical] appeal of the almanac did not lie in any literary value,” he may well have understated the matter.<sup>66</sup> It is in fact the very literariness of the almanac—its linguistic, stylistic, and poetic expansiveness—that made it such a treacherous object to the untrained user. Early print almanacs may serve as easy examples of ‘bad literature,’ home to clumsy verse, overwrought sentences, and an excessively ornate style, but they were also understood by contemporaries as ‘bad literature’ of a very different kind: texts that made profit and reputation for their writers at the expense of the health and wellbeing of their readers.<sup>67</sup>

The writers who produced these slippery texts were not, to Fulke’s mind, simple or ignorant but in fact *too* skillful, or “crafty,” in shaping English words to accomplish their ends. William Perkins’ 1585 *Fovre Great Lyers, Striuing who shall win the siluer Whetstone*, inspired by Allen’s pamphlet comparing the predictions of Low, Buckminster, and Securis,

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<sup>66</sup> Capp provides a number of examples of modern critical judgment of the aesthetic of almanac prose and verse; his own assessment of almanac literature can be summarized by the following sentences: “Many [almanac writers], perhaps regrettably, yielded to a temptation to write poetry, usually pastoral verses on the changing seasons. The results ranged from competent to abysmal.” See *Astrology*, 23, 34.

<sup>67</sup> Capp has argued convincingly that by the seventeenth century, “the badness of almanac-verse was, literally, proverbial,” referring to William Lilly’s *Some Further Remarks upon Mr. Gadbury’s Defense of Scorpio* (London, 1676), which includes the proverb, “as bad a rhymers as an almanac-maker.” See *Astrology*, 225.

condemns almanac writers through a comparison to the misdirection and sleight-of-hand more often attributed to illusionists:

A jugler which taketh upon hym to doe straunge things must use manie sleightes, least if the stander by shall see his trickes of ligierdemayne he be descried, and all his former cunning turned to his shame. Our Prognosticatours understanding this, haue thought it conuenient to use in their kind some trickes of deceiuing Juglers... First publishing their predictions in thy behalfe, they use such absurde, unknowne, and insolent wordes, as (I thinke) neuer the lyke were red or hard amongst us in England.

In the almanac-maker's hands, the illusionist's gestural flourishes are transposed into rhetorical embellishments; the audience's wonder emerges not in response to the appearance of magic, but from a feigned mysterious origin. Perkins proceeds to produce examples of fanciful astrological language, objectionable presumably because of its convoluted syntax ("A Prognostication Astrologically calculated for the pole areticke and for such a cittie whose longitude and latitude is thus"); its invention of terms ("Mercurialistes, Jouialistes, Martialistes, Hiemal Solstice Æstual, Verual, Autumual"); its verbosity ("Capricorne in qualitie colde and drie, melancholie, in taste bitter, nocturnall foeminine, meridionall, of the earthly trigon"); and its purposeful exoticism ("Names of straunge authors [including] Proclus, Alchindus, Messahala, Zael, Albohazen Haly, Albumacer, Alubater, Guido, Bonetus, Hispaleusis, Firmius, Abraham, Auenezra, Trismegistus, with many other wondrous Doctors hauing a great deale of smale learnyng,

and beeing farre borne as in Caldea, Persia, Arabia, Iury”). The accumulated weight of this stylistic ornamentation, Perkins claims, frequently bedazzles its reader. “You wilt saye what meanes all this?” he writes.

Here is great learning no doubt, it passeth my capacitie: who woulde not haue an Almanacke, if it wer for nothing but for this, to see and heare how profounde oure Prognosticatours are? Thou far deceiuest thyself: for they perceiuing well that their deceits and lies may bee soon espied, haue inuented straunge tearmes to colour them, and to cast a miste before thine eyes that thou mayst not see their naughtie dealing. For any manne the more true and honest he thinketh his matter, the more desirous is he to speake plainly to the understanding of all.<sup>68</sup>

Perkins’ description of a misty veil echoes Fulke’s condemnation of the way almanac rhetoric worked to diffuse meaning, rather than to convey it clearly. The “straunge tearmes” convey a sense of mysticism that reinforces the supposed learnedness of their writer, while at the same time obstructing readers’ attempts to grasp that knowledge for themselves.<sup>69</sup>

In this performance of scholastic authority, the language Perkins describes is similar to the striking—if erroneous—diagrams of fifteenth-century manuscript almanacs, which visually signaled a practitioner’s knowledge at the expense of transmitting that knowledge accurately. Because they would have primarily been used by learned physicians, however, the aesthetic ornamentation of the folding manuscript almanac does not directly impede

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<sup>68</sup> Perkins, *Fovre Great Lyers, Striuing who shall win the siluer Whetstone* (London, 1585).

<sup>69</sup> This obscurity likely only increased the appeal of the almanac for some readers; Painter, in his supplement to the *Antiprognoticon*, admits to having been at first “seduced” by the astrologers’ claims.

the diagnostic process so much as function adjacent to that process (and perhaps even enable it, through the trust that might be engendered by consulting an ‘elite’ object in front of the client). That is, given the presumed aims of the physician’s folding almanac—the examination and diagnosis of the patient—and the education of its user, visual and material embellishment likely added another sort of flourish to the experience of knowledge without undermining its goal.

For the everyday reader of the sixteenth-century print almanac, the impact of aesthetic excess would have been very different, and it is to this aesthetic excess that Perkins addresses much of his condemnatory text. What follows in *Fovre Great Lyers* is an exercise in close reading by which Perkins teaches his readers how to correctly interpret their almanacs, moving page by page in the typical order of the printed almanac in a manner not unlike the Harley 937 author’s embodied guidance. “Now follow their manifold untruths, and most false rules,” he instructs, beginning with the Zodiac Man. His project, as he moves through each part of the almanac to expose its various illogics, mistruths, and heresies, is one of uncovering or of ‘straightening out’: good reading, Perkins suggests, strips an almanac of its rhetorical embellishments and untangles its convoluted sentences in

order to make the truth of its content evident.<sup>70</sup> The grand and learned terminology of the almanac is, in Perkins' exegesis, rendered simple and comic. "Whereas they call it an Anatomy," he writes of the Zodiac Man, "me thinketh, it is a butcherly Anatomy: nay that of the butchers is far better, for they ioyne head & appurtenaunce together: these men being sparing give Ares the head, Leo and Cancer the hart & longes." Even carrion crows divide a corpse fairly, he continues, "but in the division of mans body, signes play foule playe, for Capricorne hath got nothyng but a paire of knees."

Perkins is one of many detractors who seized on the educated nature of the almanac writer as a mode of critique. Jonson's 1615 masque *Mercury Vindicated from the Alchemists*, performed before James I, provides a recipe for prognosticators:

Then another is a Fencer i' the Mathematicks, or the Towns cunning-man, a creature of art too; a supposed Secretary to the Stars; but, indeed, a kind of lying Intelligencer from those parts. His materials, if I be not deceived, were juyce of Almanacks, extraction of Ephemerides, scales of the Globe, filings of Figures, dust o'the twelve Houses, conserve of Questions, salt of Confederacy, a pound of Adventure, a grain of Skill, and a drop of Truth.

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<sup>70</sup> The thoughtful reading encouraged by Perkins had its own medical, bodily powers, as Jenny Richards has shown. Writing about medical works in the broader context of university disputations and debates, she notes that taking wisdom into the body in early modern England involved not simple absorption, but mastication: "[i]t is to be chewed in the mind." Active engagement with the text involved not only the mind, but the digestive processes of the reader, in the assessment and retention of knowledge. "Thoughtful reading is practical; it affects the body," Richards concludes. See "Useful Books: Reading Vernacular Regimens in Sixteenth-Century England," *Journal of the History of Ideas* 73.2 (2012): 247-271, at 265 and 249.

The ingredients Jonson conceives as necessary to the astrologer's trade emphasize its ties to magic and alchemy and allude to concerns about the heretical nature of judicial astrology. But the recipe form also reinforces the connection between the human body and celestial bodies—in other words, the connection between those who healed the body and those who interpreted the stars that influenced it. Indeed, it was this close tie between the prognosticator and the physician that made early printed almanacs so dangerous. The almanac's capacity to harm resulted directly from its proclaimed capacity to heal. This was the source of the goodwill upon which almanac writers seized in their efforts to defend themselves from critics such as Fulke, Painter, and Perkins.

Not all almanac authors were guilty of the linguistic and syntactic crimes of which Fulke accused Nostradamus in his *Antiprognosticon*. The most common defenses made equal use of straightforward language and the rhetoric of charity, not unlike the *Treatise on the Astrolabe's* earlier invocation of Socrates, who advised that doing good for one's friends was a laudable practice. In almanacs, these attestations of charitable intention abound. In his 1567 almanac, Thomas Buckminster points out that the man “that maketh a feaste or banquet, dooeth it not chiefly for hymself, to please & satisfie his owne mynde and appetite, but rather theirs, who shall bee present thereat.” He continues:

Even so I, not for myne owne use or pleasure, haue gathered these rules and necessarie instructions, contened in this little volume: wherein nothyng is, but suche as I am perfecte in, and practised with. But I haue taken these paines for thy behoufe, and in thy behalf that shalt reade it. I beseech thee therefore, take it in as good parte as it is ment & doen, and vse it to none other ende & purpose but such as I hau composed and gathred it for, that is to saie, to profite, and not to disprofite thee, namely to learn <...>hee thynges, whereby thou maiest not onely auoide sicknesse but preserue and maintaine healthe, not onely eschewe danger, but continewe in safetie, not onely auoide perill, but abide in prosperitie...<sup>71</sup>

This is a multi-tiered defense. Buckminster advocates for the veracity of his writing, claiming that the almanac contains only knowledge he is “perfecte in, and practised with”; he categorizes his motivations as charitable, rather than self-serving; and he identifies his work as produced with goodwill for the instruction, health, and safety of his readers. A final riposte is provided by the language with which he expresses those intentions; his syntax is uncomplicated and his diction is plain. Four years later, his 1571 almanac continues the argument, contending that

No man ought to hyde & kepe secrete those benefites whiche may profite & further others: for, *Celata musica, non est musica*, Hyd musicke, is no musicke: nor hyd cunnyng is no cunnyng. Wherefore lyke as heretofore diuers yeres I haue disclosed unto thee such necessarye rules and instructions, as beyng well used may greatly profite thee: so have I also at this tyme not kept secrete the same. But yf thy body happen to be brought lowe or weake through sicknes, I have shewed thee when thou mayest most effectually and best restore and comfort it agayne: when

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<sup>71</sup> Buckminster, *A new Almanacke and Prognostication* (London, 1567).

thou mayest best stop laxes, rewmes, and flyxes, thynges most peryllous and noysome to mankynde: howe thou mayest avoyde sicknes, and preserve health.<sup>72</sup>

His charitable motivation has transformed into a moral imperative; to withhold helpful information, Buckminster reasons, is almost the same as actively causing harm, just as a physician's withheld treatment might ultimately cause the death of a sick man.

In their own way, these prefatory statements work as a counterpart to the texts of almanac critics such as Perkins, who sought to expose almanacs as fraudulent by teaching readers to “follow” his explications. Shadowing Perkins' movement through the almanac, the reader learns to read suspiciously and critically. The prefatory materials of almanacs similarly instruct their readers in how to approach the text, by following the charitable spirit that authors claimed produced the work in the first place. Understanding print almanacs as objects animated by continual acts of interpretation, navigation, and negotiation—that is, as objects in motion—reveals the shaping influence these texts exerted on print literacy, and medical literacy more broadly. At stake in these negotiations was not only the physical wellbeing of the reader but the semantic stability of language itself.

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<sup>72</sup> Buckminster, *A newe almanacke and prognostication* (London, 1571).

## Chapter Four

### Literary Thinking in the Medical Collection of Donatus Antonius de Altomare

My subject in this final chapter is British Library MS Harley 4349, an English medical collection written predominantly by a Neapolitan physician in the mid-sixteenth century. Expanding the dissertation beyond geographic and linguistic borders, this chapter represents the first substantial study of Harley 4349, and its form diverges from those which have preceded it. In addition to the most evident difference—its focus on a wide-ranging medical collection, rather than on a canonical literary text produced by an ailing author—I also move freely throughout its pages, rather than holding up just one of its many diverse texts as representational of the whole, in order to explore not only its medical content but its narrative components as well. In its use of techniques traditionally considered ‘literary’ in nature, Harley 4349 productively complicates our assumptions about what literary authorship looked like, and about which tools medical writers might make their own. It also suggests that the care and maintenance of the body involved a multimodal epistemology, as much a literary concern as a medical practice.

The manuscript depicts medicine not as a theory-based science founded on citationality and textual authority, as its author’s printed works might suggest. Instead,

Harley 4349 bears witness to an intensely personal, affective, and socially embedded practice, one that was shared not only between practitioner and patient, but between networks of practitioners themselves. This chapter's first section explores the career and published works of Donato Antonio de Altomare, the Neapolitan physician who composed portions of Harley 4349, and provides an overview of the manuscript itself. Its second section examines the manuscript's investments in both practical utility—the reader's ability to utilize the manuscript in order to learn—and literary engagement. In the final section, I explore the entangled layers of text that structure Altomare's narrative of a poisoning at the abbey of St. Sofia.

### **The manuscript and its authors**

British Library MS Harley 4349 is a large manuscript; written on chancery paper in quarto format, it measures 19 x 15.2 cm and includes 272 folios. While the majority of its contents are in English, Latin appears occasionally, most often in the names of ingredients (*granatorum* instead of 'pomegranate,' for instance). Interlinear English translations for Latin phrases are frequent, both for common words (*fiat*, 'make,' for example) and less-common terms (*cariium cancrorum*, 'flesh of crabfish,' for example). Most of these interlinear additions appear to represent the reading efforts of later owners.

Harley 4349 likely represents an assembled and heavily edited collection of Altomare's treatment records and case notes, intended for an English female reader. A number of the longer texts included in the manuscript were published by other medical writers, including the cosmetic recipes towards its conclusion (published in Giambattista della Porta's 1589 *Magiae naturalis*, and likely provided to della Porta by Altomare himself) and portions of the treatise on poison that follows Altomare's eyewitness account of a poisoning (which are found amongst the hundreds of physician's notes solicited, compiled, and published by Johannes Schenck in the 1580s).<sup>1</sup>

It is unclear whether these portions of the manuscript were written by Altomare himself, or by an Italian scribe who copied or translated it from an exemplar. In other words, the question remains whether Harley 4349 is an autograph manuscript of the text, or a later copy. I am inclined to believe that the manuscript represents a copy of Altomare's text, as many of the interpretive marginal remarks appear to be written in the same hand as the main texts to which they refer. In a recipe to restrain the growth of the breasts, for instance, the original ingredient *omphacitis galla* is accompanied by a marginal note in the same hand that reads "I thinke it signifieth unripe galls" (f. 259v).<sup>2</sup> Altomare was unlikely

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<sup>1</sup> On these, see Appendix C.

<sup>2</sup> On the use of oak-galls in medicine, see Dioscorides, *De materia medica*, trans. Lily Y. Beck, 3<sup>rd</sup> ed. (Hildesheim: Georg Olms Verlag, 2017), 77.

to be confused by ingredients demanded by his own recipes, and even less likely to be troubled by Latin, whereas a copyist might well have been unsure about an exemplar's meaning. On the other hand, this is the only known manuscript in which Altomare's work survives; we have no other handwriting samples against which to compare it, and therefore cannot rule out the real possibility that Altomare was indeed both its author and its scribe. What is certain is that Altomare's original text was produced sometime between 1553, the year of the St. Sofia poisoning, and 1566, the year of his death. This dating runs contrary to the production date asserted by the manuscript's own flyleaf, a complication discussed further below.

The wide-ranging recipe collection occupies approximately two-thirds of the manuscript. The remaining third is comprised of a number of other texts, including surgical procedures, longform treatises, and other miscellaneous medical information such as dosage guides and astrologically significant crisis days, used by physicians for diagnostic and prognostic calculations. These contents are not sorted according to any rigid organizational system. While some remedies for the same ailment are grouped together and the longer texts are located at the back of the codex, the ordering of those groups appears arbitrary. A rough outline of its grouped contents is below; the spaces between the listed

folios (for example, folios 8v-10v) are filled with miscellaneous remedies not clearly grouped by ailment. Texts included in Appendix C of this dissertation are denoted with an asterisk.

1r-4v	Table of contents
5r-8r	Miscellaneous charms
11r-12v	Dosage guides
42v-46r	Gynecological and obstetric remedies
54r-67r	Apostemes (head, breast, bladder, kidney)
67v-70r	Ulcers
77r-79v	Fevers
84r-86v	Sneezing
96r-104v	Kidney and bladder stones; incontinence
105r-105v	surgical procedure for <i>noli me tangere</i> (subcutaneous cancer)*
111v-113r	Dropsy and timpanites
113v-118r	Fluxes
118v-126v	Fevers in adults and children
127r-128v	Interpretation and reconciliation of texts on diet
129r-131r	Crisis days; prognostication; role of the physician in treatment
134r-141v	Plague (phlebotomy and theriac)
148r-155r	Conception; childbirth; women's health
164r-169v	Asthma and pulmonary issues
171v-173r	Stomach winds
175r	The virtues of bathing
186r-188r	The pox
190r-194r	Eye remedies
223r-248r	Longform medical treatises (angina; <i>melancholia</i> *; pleurisy; stomach pain)
250r-258r	St. Sofia poisoning account*
258v-261v	Cosmetic recipes*
262r-262v	Crisis days*
262v-266r	Cosmetic recipes*
266v-271r	Longform cataract treatise, incl. surgical procedure for couching*

The manuscript is a compilation, and represents the scribal work of a number of authors. Much of the recipe collection is written in one hand—called Hand #1 from here on out—which makes frequent reference to Italian medical practice (f. 204r, for example, records the price of theriac in Italy). The collection also includes later, supplemental additions from a number of other writers, many of whom refer to particular English cases and treatments. A more formal hand (Hand #2) is used for the longer texts, beginning with the treatise on angina and continuing to the end of the manuscript. The formality of this second hand, combined with the number of paleographical features it shares with the first hand, makes it difficult to know with any certainty whether these two hands belonged to separate scribes, one scribe at two distinct moments of writing, or simply one scribe with two very discrete scripts: one more suited for the wide spacing used throughout the recipe collection, and another that allowed for a more efficient use of space in prose texts. It is likely that the collection and the longform treatises were, if not inscribed in Harley 4349 by Altomare himself, authored by him, and for that reason, I refer to Altomare as the primary author of the texts in the manuscript, in accordance with its flyleaf.

In addition to containing a wealth of information about medical theory, treatments, and procedures, Harley 4349 also serves as a record of the social networks that defined sixteenth-century healthcare in its description of patients, practitioners, and others whose

movements bring them into contact with the manuscript's authors. While the majority of medieval and early modern remedies are objective in tone, simply advising their reader to take *x* ingredient against *y* ailment, a number of those contained in Harley 4349 are narrative in nature, making use of a diverse cast of characters including a Scottish merchant, a blacksmith, noblemen and -women, a number of children from 14 months to 14 years of age, a beggar, and various contemporary physicians and surgeons from both Italy and England.<sup>3</sup> In one typical example, Altomare describes treating “a woman which was sick of a longe feuer”: “she had the cough and did hauck much had he was let blood on the vaine axillaris & using oximiell often times: & agarico mad up in past & was mad well” (f. 110r). Other cases are accompanied by more personal notes. A later writer records the successful treatment of a patient whose hemorrhoids “made him so mellencholy & sad & heauy that hee loked for death oft sone” (f. 214v). And earlier in the manuscript, Altomare describes a medicinal wine made for a woman suffering from severe abdominal pain, writing that “when thes wine was prepared it did yeeld of it selfe such a sauour & sweete smelle

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<sup>3</sup> Near the close of the manuscript, that cast expands to include a long list of figures connected to the abbey of St. Sofia in Benevento, including the Benedictine Leonardo Vairo; Altomare's own father (Donatus Antonius the elder) and two brothers (Angelus and Julius); a lawyer; an abbot; and a number of dissatisfied monks, one of whom also occupies the role of assassin. The St. Sofia account is discussed in further detail later in this chapter. While medical practitioners are frequently identified by name—particularly those who were well-known or professional—Vairo is the only named patient in the text, presumably due to his own fame.

that they that weare ther said it was muske (f. 90v). The manuscript includes both successful and unsuccessful cases, as well as admissions of inadequacy and confusion. One example is provided by a particularly vexing case:

I was with a certaine scotish marchant who had a feuer by fits. Neuerthelesse if he toke on clyster he was in a swound untill it was voided. If he had one suppository the same thing happned. If he had a purgation it was so likewys. If a vaine ware opened he was in a swound I know not how I ought to proceede with him.

Immediately beneath, a different and somewhat exasperated hand suggests giving the patient a vomit of wild ginger leaves, “as is shewed in many places of this booke” (f. 79v).

These detailed records are not predominant in the manuscript; perhaps only forty or so of its hundreds of remedies include concrete data about the patients for whom they were prescribed, while the rest simply record instructions for preparation. This is to say that the physician’s focus is chiefly on the medicines and treatments themselves, rather than on the specifics of their particular employments. Because of this concentration, I hesitate to identify the manuscript as a casebook, which Lauren Kassell has defined as a “serial [record] of practice.”<sup>4</sup> There is, too, a lack of any apparent regular or chronological ordering of the cases Altomare does include. This does not mean that Altomare did not

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<sup>4</sup> See “Casebooks in Early Modern England: Medicine, Astrology, and Written Records,” *Bulletin of the History of Medicine* 88 (2014): 959–625, at 600.

keep other records of his work; in fact, I am certain that he did, given the details that are copied into Harley 4349. But Altomare's intention in producing this collection was didactic, a goal not often advanced by the traditional English casebook. Kassell has identified forty-seven sets of manuscript casebooks produced in England between 1450 and 1700, thirty-six of which are medical in nature, while the remaining eleven are astrological.<sup>5</sup> The best-known are those produced by Simon Forman and his student Richard Napier between 1596 and 1634; while these do include biographical details about patients, and some information about the personal lives of their authors, the intention is record-keeping, rather than instruction. As Kassell puts it, "the richness of this material is matched by its inaccessibility," both to modern readers and, presumably, to most contemporary readers as well.<sup>6</sup> The cases present in Harley 4349 are, on the other hand, formulated to aid the reader, not to act as a comprehensive career record for their writer. In the example above, Altomare identifies the sex and symptoms of the patient (woman, durative fever accompanied by cough and severe aching) and moves quickly to the successful cure

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<sup>5</sup> Kassell, "Casebooks," 600.

<sup>6</sup> About half of the casebooks Kassell identifies are written in Latin, and half in English. Some include writing in both languages. The horological records of Forman and Napier, "written in rushed handwriting and cryptic notation," are especially inaccessible ("Casebooks," 598). For information on Forman and Napier, see *The casebooks of Simon Forman and Richard Napier, 1596–1634: a digital edition*, ed. Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues and Natalie Kaoukji, at <https://casebooks.lib.cam.ac.uk>.

(bloodletting along the inside upper arm; agaric, a medicinal fungus; and oxymel, a medicine made of herbs, honey, and vinegar). Nothing about the case, nor the cure, is particularly unusual; instead, it functions as an example for the reader to follow, should she be confronted with a similar patient.

Though a quantitatively small part of the text, these case details are far from insignificant. Their presence distinguishes Harley 4349 from its more objective counterpart, the remedybook, the vast majority of which contain recipes without significant reference to particular cases or to the experience of administering care.<sup>7</sup> They indicate the manuscript's origins in sixteenth-century Italian medical culture, which increasingly turned to epistemic genres such as the *curationes* and *observatione* in its communication of knowledge.<sup>8</sup> This use of storytelling as a vehicle for knowledge is characteristic of Italian medicine. As Gianna Pomata has noted, narrative text-types “give a literary form to intellectual endeavor,”

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<sup>7</sup> I exclude, in this assessment, personal affirmations of efficacy (such as “proved by me”) and the occasional name associated with a remedy (“Master Butler’s cure for ague”); these provide valuable evidence of the practice and circulation of medical knowledge in England, but do not speak to the kind of detailed, record-based didacticism with which Harley 4349 is concerned.

<sup>8</sup> To be clear, Harley 4349 does not fit perfectly into those genres, either. *Curationes* often work as a kind of self-promotional advertisement for the physician’s efficacy, but both the relatively private manuscript form and Altomare’s admissions of failure (discussed further below) suggest that he was not overly concerned with promoting himself as an infallible physician. *Observationes* foreground the physician’s monitoring of the natural course of a disease, focusing more on symptom than cure and frequently concluding with the patient’s death, but despite his description of a number of “failed” cases, Altomare is primarily invested in the theory and practice of treatment, rather than of disease.

providing “a framework for gathering, describing, and organizing the raw materials of experience.”<sup>9</sup> In sixteenth-century Italy, medical practitioners increasingly began to keep meticulous case records, both for their own use and for didactic purposes. Relatively few were printed; many practitioners, Pomata writes, likely viewed these notes as “practical knowledge of minor significance, to be transmitted orally to students—useful enough in itself, but unworthy of the dignity (and effort) of publication.”<sup>10</sup> Johannes Schenck’s printed *Observationes medicae, rarae, novae, admirabiles et monstrosae* (1584-97) is an exception, and includes case records sent to him from at least seventy-one physicians, including Altomare himself.<sup>11</sup> Schenck’s reliance on this vast body of manuscript case records suggests that printed volumes of *observationes* and *curationes* are, in Pomata’s words, “just the tip of the iceberg.”<sup>12</sup>

Harley 4349 provides new English evidence of that emergent impulse to collect and disseminate personal experiences of medical practice. The occasional (and presumably accidental) repetition of treatments suggests that the manuscript is a compilation of

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<sup>9</sup> “Sharing Cases: The Observationes in Early Modern Medicine,” *Early Science and Medicine* 15.3 (2010): 193-236, at 197.

<sup>10</sup> Pomata, “Sharing Cases,” 211-212.

<sup>11</sup> See n2 in Appendix C. “Donat. Ant. ab Altomari” is also included in the *catalogus auctorum* of Schenck’s earlier work *Observationes medicae de capite humano* (Basel, 1520).

<sup>12</sup> Pomata, “Sharing Cases,” 221.

preexisting notes, copied—and perhaps translated from Latin into English—into one volume by Altomare over a period of time. In the thirteen years between 1553 and his death around 1566, Altomare published four new works, one of which, his *Omnia opera*, served as a collected edition of his previous texts. The publication of these volumes might well have provided Altomare with incentive to organize a career's worth of notes. Like Schenck's *Observationes*, Harley 4349 also testifies to the development of scholarly epistemic networks that spanned geographic and even linguistic borders. Unlike Schenck's text, which depicts a horizontal relationship between equally educated practitioners, however, the manuscript's description of particular diagnoses and courses of treatment are didactic in tone, evidentially intended to provide information to a less educated reader than Altomare himself.

The use of direct address throughout the text is a clear indication of this instructional intent. In treating syphilis, for example, one later writer decrees that “when you haue layd [the patient] in his bead you must haue 3 or 4 bottles with hott watter & lay them to his fett & betwix his shouldre” (f. 10r). Later, Altomare cautions that while curing the internal workings of the plague “thou must be careful to comfort the hart as well inwardly as outwardly,” (f. 137r) and suggests employing “cleansing medicens as I taught you for the bubo” (f. 141r). Many of these instructions have a decidedly personal inflection; one remedy, for instance, is prefaced by Altomare's assurance that “I should commend thee if

thou doe thuse” (f. 138v). These moments of personal communication are balanced by occasional instructions towards general good practice: “a wise phisition ought to vary his medicen,” Altomare advises at one point, “as a horseman his lance” (f. 119r). That the manuscript was intended for a less-educated reader is also suggested its infrequent use of Latin outside of ingredient lists, and by the inclusion of a table containing the notation for various weights and measures, knowledge of which would have been necessary in order to understand the composition of the remedies he outlines in the text.<sup>13</sup>

These case records are historiographically useful because they depict the complex reality of sixteenth-century medical practice, rather than the idealized version presented by many other remedy collections. The texts document struggles, failures, surprises, improvisations, and adjustments based on necessity and happenstance. In one example, after acknowledging Hippocrates’ instructions that a patient experiencing a tertian fever should not be given any medicine until the fourth fit, Altomare, “having gotten the same Day good and light medicines” and presumably having achieved success in prescribing them,

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<sup>13</sup> Whether Altomare fully expected his reader to make use of all of the information in the text is unclear, particularly given the likelihood that that reader was female. The final text in the manuscript is a practical guide to cataract couching. In addition to providing evidence for the changing status of surgery—contemporary Italian anatomists such as Andreas Vesalius championed the surgical arts as equal in honor and prestige to the internal medicine practiced by physicians—the presence of this surgical text alongside theoretical texts raises questions about what types of medicine a woman might be expected to practice in the sixteenth century.

gives his blessing for the reader to do so as well (f. 120r). Elsewhere, he records the emotional toll of failed treatments and admits to being stymied and frustrated by troublesome patients.<sup>14</sup> Altomare's patients become the objects of his diagnostic gaze and eventually of his medical care. But their appearance in the text is also marked by Altomare's own affective reaction to their conditions. At one point, the physician interrupts an otherwise clinical catalogue of fevers to recall the unsuccessful treatment of a three-year-old child: "when he was in the fever together with a shaking, he did so shake and cried wonderfully; within one day he died" (f. 119v).

This candor is, I contend, enabled by the manuscript form of Altomare's text. As Silvia de Renzi has observed, scholarly consideration of early modern medical practice has long rested on the production of printed materials, both symptom and cause of the field's traditional privileging of learned, academic physicians.<sup>15</sup> Harley 4349 complicates any idea of a rigid hierarchy of medical mediums, and offers the opportunity to explore what kinds of

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<sup>14</sup> John of Arderne provides one English example of this discussion of personal medical failure. In *Fistula in ano*, he admits to underestimating the power of arsenic in treatment "in þe bigynnyng of my practizing, when I knew no3t þe violence of þam," and recounts at length the efforts he went to in correcting his mistake and saving his patient's life. See *Treatises of Fistula in Ano, Haemorrhoids, and Clysters*, ed. D'Arcy Power, EETS o.s. 139 (London: Kegan Paul, Trench, Trübner & Co., 1910), 83-85.

<sup>15</sup> See "A Career in Manuscripts: Genres and Purposes of a Physician's Writing in Rome, 1600-1630," *Italian Studies* 66.2 (2011): 234-48.

communication different material forms offered early modern practitioners.<sup>16</sup> Intimate and personal compared to printed medical texts, manuscripts such as Harley 4349 afforded a measure of vulnerability that could have endangered a physician's professional reputation if published in print. Particularly if the manuscript was primarily intended for one particular reader, which appears to be the case, Altomare would have been at liberty to produce not an idealized, self-promotional medical text, but a forthright and at times reflective didactic text supplemented by his own personal records. The result is a manuscript that transmits not only useful information about *how* to practice medicine, but also a description of the affective and communal nature of that practice.

Like patients, medical practitioners also appear throughout the text, offering guidance on which Altomare draws regularly. He recounts anatomist Antonio Maria Canani's counsel for treating a noblewoman's troubling skin condition, for example, before noting a different practitioner's conflicting suggestion (f. 14r). These brief notations refer to the circulation of *consilia*, often-epistolary texts in which physicians offered each other advice on particular diseases, cases, patients, and treatments. *Consilia*, a central element of

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<sup>16</sup> De Renzi writes, "Evidence that print could be just one of the options to build one's profile as a respected physician comes from Rome, where, although printers had been quick to take advantage of the rising demand for medical knowledge, of the eighteen physicians who served as *protomedico*—head of the college of physicians—between 1600 and 1630, only four published in print." See "A Career," 234.

learned medical practice since the late Middle Ages, remained popular—and largely in manuscript form—well into the seventeenth century. Their presence in Altomare’s text indicates its imbrication in a complex network of other popular medical manuscript forms which circulated widely, including *consilia*, lecture notes, and other text-types. Though Altomare himself did publish extensively, likely a consequence of his status as professor in Naples, the presence of this fair copy manuscript indicate his familiarity with the negotiation of material form, content, and audience. Print was useful for many things, such as setting out a physician’s credentials, publicizing his ability, advertising work to a broader network beyond immediate peers. But particularly in academic publishing, print was understood as an arena in which to engage in scholarly discourse: something present in Harley 4349, but far from its primary concern. Instead, the contents of the manuscript suggest a familiar and personal practice, one that was as based in experience as it was in university-taught theory.

Many of the practitioners who appear in Harley 4349, like Canani, are well-educated and well-known, demonstrating Altomare’s embeddedness in the complex network of Italian medical culture. Many others, however, are lay practitioners—or not practitioners at all, as in the case of one blacksmith who cures himself of the plague. “I have seene a certaine smith,” Altomare writes, “who with burning tenaculi [tongs] did cauterize a bubo

being in the inguen [groin] & he escaped free wherfore if you please use it in stronge bodies” (f. 139r). Here, the efficacy of the blacksmith’s self-treatment leads to Altomare’s endorsement—another example in which the particulars of a case become subordinate to their usefulness to the reader. A similar sensibility defines Altomare’s description of “unskilled” or “unlearned” practitioners who nonetheless manage to effect successful treatments. Near the beginning of the text Altomare writes that the root of cyclamen, or sowbread, mitigates issues of the spleen; this treatment “is much used at Rome and in Neapolis,” he observes, “and it is a great secret for with this roote a certeine unskilfull phisition healed a noble man who had this disease a longe tyme (f. 19r).<sup>17</sup> Similarly, he elsewhere describes a plague cure administered by “a certaine unlearned surgeon yet a great practitioner,” and goes on to provide instructions for producing the cure itself (f. 138r). Altomare’s admission and inclusion of other treatments (rather than an exclusive focus on his own successes) suggests an investment with a cure’s functionality rather than serious concern about who administers it.

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<sup>17</sup> Many of Altomare’s accounts of particular “unskilled” practitioners, like the ones above, indicate their efficacy. As a body of practitioners, however, their efforts frequently do more harm than good. The manuscript, for example, provides a remedy for throat ulcers that are worsened “by reason of ointment ministred by unskilfull Phisitions,” cautioning that mistreated patients have lost their uvulae (f. 170r).

As mentioned above, Harley 4349 contains more than these brief case records; its longer texts—including the treatise on cataract couching, account of poisoning at St. Sofia, longform tracts on melancholia, pleurisy, angina, and stomach pain, and cosmetic recipes—are the sites of more theoretical and literarily minded engagement with medical writing. These are discussed in further detail below. For now, I turn to the authorship and provenance of Harley 4349.

The manuscript includes a large statement of provenance, written in flourished brown ink on the front flyleaf, which follows.

T. Nonne  
Ex dono prudentissime atque  
peritissime femine domine  
Susanne Fontainblew  
The booke was written by Donatus  
Antonius the younger in the  
yeare of our Lord Christ one  
thousand five hundred and tenn  
in which yeare he was Pryor  
of the Great Abby or Monastery  
of Bury St Edmonds in Suff[olk]

It seems unlikely that the manuscript ever formed part of Bury St. Edmund's library, as it does not bear the abbey's characteristic pressmark.<sup>18</sup> But the name of its author does allow

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<sup>18</sup> The manuscript is not, for example, included in MLGB<sub>3</sub>, or in Ker's *Medieval Libraries*; Watson's 1987 supplement rejects its inclusion in M. R. James's *On the Abbey of S. Edmund at Bury*. See Watson, 7, and James, 68.

for considerably more exploration. Unlike lesser-known physicians of his time, Donato Antonio de Altomare has left behind a significant textual footprint. Born in Naples, he became a renowned medical practitioner in Italy, publishing five printed texts on a range of medical subjects before his death in 1566. He had at least one son, Giovanni, who was also a physician and who added material to the 1574 Venetian edition of his father's *Omnia opera*.

Altomare was well-regarded by other Neapolitan physicians, contributing to lively debates against followers of Paracelsus and engaging, in his work as a professor of medicine at the University of Naples and in his written works, with both traditional medical practices and the emerging fields of anatomy and physiology. He convened an academy known as the Altomare in his home, where members practiced and discussed traditional medicine and philosophical sciences.<sup>19</sup> Harley 4349 evinces this depth of study, referring easily to dozens of established medical sources including Aristotle, Ibn Sīnā (Avicenna), Cato, Dioscorides, Galen, Hippocrates, Ibn Masawaih (Mesue), Paul of Aegina, Pliny, Quintus Curtius Rufus, Al-Razi (Rhazes), and Thaddeus Florentinus. Many of Altomare's printed works focus on the interpretation of medical theories, leading biographer Alberto Merola to conclude that the physician evinced "a greater attachment to texts than an interest in direct

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<sup>19</sup> Camillo Minieri-Riccio, *Archivio Storico per le Province Napoletane*, Vol. IV (Naples: Società di storia patria, 1879), 167.

investigations.”<sup>20</sup> This attachment, however, was neither uncritical nor particularly dogmatic. In Noel Brann’s words, much of Altomare’s writing in fact demonstrates “that a given physician could well demonstrate familiarity with the speculations of the philosophers without committing to them.”<sup>21</sup> Altomare asserts this facility with the works of traditional medical authorities in Harley 4349, at one point reconciling the seemingly contradictory views of Galen and Hippocrates on the distinction between sharp and continual diseases (f. 262v), and, at another, explaining why Dioscorides should be believed above Avicenna on the subject of herbology. The latter lacked knowledge of the Greek physicians, writes Altomare; “therefore it is no merveile that hee did erre aboute a matter belonging to herbes” (f. 86v). Altomare’s academy quickly drew the envy of his rivals, and sometime after 1558 he was called before the courts to defend himself from accusations of heresy. By the time he had cleared himself of charges and returned to Naples in 1560, the academy had been forced to disband; he spent the remainder of his life reviewing his previous works, and died between the years 1562 and 1568.<sup>22</sup>

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<sup>20</sup> “Sono a questo proposito sintomatici gli scritti raccolti sotto il titolo di *Trium guaesitorum nondum in Galeni doctrina dilucidatorum*, nei quali l’A. fa anche sfoggio di una notevole conoscenza della filosofia greca, e specialmente il *Quod functiones principes iuxta Galeni decreta anima non cerebri in finibus sed in ipsius corpore exercent*, dove l’A. mostra un maggiore attaccamento ai testi piuttosto che un interesse alle indagini dirette.” See the *Dizionario Biografico degli Italiani*, Vol. 2 (1960). Translation mine.

<sup>21</sup> *The Debate Over the Origin of Genius During the Italian Renaissance* (Leiden: Brill, 2002), 389.

<sup>22</sup> Minieri-Riccio, 167.

Altomare's work found significant English readership. One heavily annotated copy of his 1565 *Omnia opera* was donated by the physician John Bayly to Oxford's New College Library in 1602; others found their way to Merton (1597), St. John's (1602), and Jesus (1620).<sup>23</sup> Thomas Sydenham mentions Altomare amongst physicians who encourage bleeding during the plague.<sup>24</sup> And in 1749 the physician Ralph Thicknesse quotes Altomare—"a Physician and Philosopher of Naples, in great Fame about the Year 1558"—at length on the production of manna, or gum, from ash trees.<sup>25</sup> Perhaps the most notable of Altomare's later readers is Robert Burton, whose *Anatomy of Melancholy* contains nearly forty mentions of Altomare's work, particularly around his treatment of melancholy. "Whether [*melancholia*] be a cause or an effect, a disease or symptom, let Donatus Altomarus and [Hippolito] Salvianus decide; I will not contend about it," Burton concludes one discussion. Later he includes Altomare in a list of physicians who "still inculcate, *dare requiem naturae*, to give nature rest"—to "leave off [treatment] now and then" in order to

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<sup>23</sup> William Poole, "New College Library Benefactors' Book 1601-1610: An Edition," *New College Notes* 9 (2018): 1-25.

<sup>24</sup> John Pechey, *The Whole Works of that Excellent Practical Physician, Dr. Thomas Sydenham* (London, 1712). Guy Meynell has observed that Sydenham's text is likely quoting the Dutch anatomist Isbrand van Diemerbroeck's *Tractatus de peste*, published in Arnhem in 1646. See "Sydenham, Locke and Sydenham's *De Peste Sive Febre Pestilentiali*," *Medical History* 37 (1993), 330-332.

<sup>25</sup> *Treatise on Foreign Vegetables, Containing An Account of such as are now commonly used in the Practice of Physick* (London, 1749), 281.

allow nature to go about its healing work. Still later, he mentions Altomare's "syrup, with which he calls God so solemnly to witness, he hath in his kind done many excellent cures." And in his discussion of lycanthropes, he quotes directly from Altomare's *De medendis*: "They lie hid most part all day and go abroad in the night, barking, howling, at graves and deserts; 'they have usually hollow eyes, scabbed legs and thighs, very dry and pale,' saith Altomarus; he gives a reason there of all the symptoms, and sets down a brief cure of them."<sup>26</sup>

Harley 4349 provides a number of new biographical details, including familial information— Altomare's father, Donatus Antonius the Elder, and two brothers, Angelo and Julius, were also physicians—and the heretofore-unknown connection to English medical and ecclesiastical practice referenced in the provenance statement above. Its account of the poisoning at St. Sofia is also unique, and provides a means of dating the manuscript. At the time of the attack, its victim Leonardo Vairo (b. 1523) was thirty; thus, the manuscript must have been produced after 1553, when Altomare was nearly fifty years old. This dating invalidates at least part of the manuscript's provenance flyleaf, which asserts its composition in 1510. (As does the simple fact of Altomare's birth around 1506. In

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<sup>26</sup> Quotations are taken from the text's 1651 edition. The same quotation on wolf-madness is referenced in Robert Bayfield's *A treatise de morborum capitis essentiis & pronosticis adorned with above three hundred choice and rare observations* (London, 1663).

1510, Altomare would have been only four years old and therefore unlikely to hold an ecclesiastical position of any kind).

There is little doubt that some of the material in Harley 4349 represents the work and words of “Donatus Antonius the Younger,” as its flyleaf claims. The St. Sofia account is, perhaps, evidence enough: the author names “Donatus Antonius” as his father, identifies two physician brothers, and speaks, throughout, in first person and with the confidence and authority of a well-respected physician near the end of a successful career. He mentions consulting with contemporaneous practitioners such as the aforementioned Maria Canani and Vittore Trincavella, a Venetian physician who succeeded Montanus as professor of medicine at Padua in 1551.<sup>27</sup> There is, too, a strong resonance between the contents of Harley 4349 and some of Altomare’s printed works; the similarity is particularly evident in the tract on melancholy, which closely mirrors the text of Altomare’s *De medendis* (1553, 1559, and 1570).

A number of questions remain, however. Though his work was published as far abroad as Lyon, I have been unable to locate any other sources placing Altomare in England. Monica Green has speculated that Harley 4349 was likely produced for a female

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<sup>27</sup> Canani was one of three physicians who were called to author Ludovico Ariosto’s sickbed and pronounced his condition to be incurable; his younger cousin Giovanni Battista Canani (1515-1579) was also a surgeon and anatomist, as well as a friend of Andreas Vesalius.

recipient, possibly the Susanna Fontainblew mentioned in the flyleaf inscription. She also suggests that the manuscript represents a draft written predominantly in the author's own hand.<sup>28</sup> If this is indeed the case, the use of the vernacular provides both evidence of Altomare's time in England and complication. Just when did he learn English? The manuscript includes a number of Italianate tells we might expect from a middle-aged writer born and raised in Italy; 'sugar,' for example, is rendered *zucari* throughout, rather than the Latin *saccharo*, and the same slippage occurs when the writer uses the Italian term *reupontico*, rather than the Latin *rhaponticum* or English maral root (f. 202v).<sup>29</sup> But the language itself is easy and fluent. The provenance flyleaf that asserts Altomare's presence in England was written some time after the rest of Harley 4349—likely by the T. Nonne mentioned in its first line, who received it from Susanna Fontainblew and who is more likely to have been mistaken about the circumstances of its production than Fontainblew herself, its probable patron. It might therefore be tempting to suspect that Altomare's presence in Bury was manufactured by a later reader.

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<sup>28</sup> "The Possibilities of Literacy" in *WHMW*, note p, 59; note ax, 74.

<sup>29</sup> The herb is, according to one Italian dictionary, "una radice medicinale, rassomigliante nella forma al rabarbaro; e pressoche della stessa virtu ond egli e talvolta shiamato rabarbaro Turco"—a medicinal root similar in both form and virtue to rhubarb, giving rise to the name Turkish rhubarb. See Efraimo Chambers, *Dizionario universale delle arti e scienze* (Genova, 1774), 360.

Whether Altomare was ever in England, and if so, in what capacity, is a matter which requires extensive investigation outside the scope of a dissertation chapter focused on Altomare's literary sensibility. Until that research is conducted, I tentatively suggest a preliminary solution that assumes truthfulness (if not accuracy) on the part of the flyleaf's writer: a later tenure at Bury St. Edmund's, possibly sometime just before the Dissolution. A misdating—about 25 years before the actual production of the manuscript—by the later reader who penned the flyleaf statement is not unreasonable. And time spent in England in the 1530s, rather than in 1510, would place Altomare in his early thirties during the last few years of Bury's monastery, a reasonable age at which to assume the role of Prior. A tentative biographical and bibliographical timeline is below; text formats have been included where possible.

c. 1506	born in Naples
c. 1530	proposed tenure for Altomare's priorship at Bury St. Edmund's
1539	Bury St. Edmund's signed over at Dissolution
1545	<i>De alteratione, concoctione, digestionem, praeparationem, ac purgationem, ex Hippocratis et Galeni sententia methodus</i> (Venice, 4 <sup>o</sup> )
1547	<i>De alteratione</i> (Venice, 4 <sup>o</sup> )
1548	<i>De alteratione</i> , 2 <sup>nd</sup> edition (Lyon, 12 <sup>o</sup> )
1550	<i>Trium quaesitorum nondum in Galeni doctrina dilucidatorum</i> (Venice, 8 <sup>o</sup> )
1553	<i>De medendis humani corporis malis: ars medica</i> (Naples) Leonardo Vairo is poisoned at St. Sofia

1558	<i>Trium quaesitorum nondum in Galeni doctrina dilucidatorum</i> (Naples) Altomare condemned for heresy by the Inquisition court but released after a letter-writing campaign spearheaded by Cardinal A. Carafa <sup>30</sup>
1559	<i>De medendis</i> , 2 <sup>nd</sup> edition (2-part; Lyon, 8 <sup>o</sup> )
1561	incomplete edition of collected works (Venice)
1562	<i>De mannae differentiis ac viribus, deque eas dignoscendi via ac ratione</i> (Venice, 4 <sup>o</sup> ; Altomare is accused of plagiarism by Annibale Briganti)
1563	<i>De vinaceorum facultate, ac usu</i> (Venice)
1565	<i>Omnia quae hucusque in lucem prodierunt opera</i> (Lyon, 2 <sup>o</sup> )
1566	dies in Naples
1570	<i>De medendis</i> , 3 <sup>rd</sup> /4 <sup>th</sup> edition (4 <sup>o</sup> )
1573	<i>Omnia opera</i> 2 <sup>nd</sup> edition (Naples)
1574	<i>Omnia opera</i> 3 <sup>rd</sup> edition (Venice, with additional tables and indices by Altomare's son Giovanni, also a physician)
1600	<i>Omnia opera</i> 4 <sup>th</sup> edition (Venice)

### Practical utility and literary reading

Harley 4349 is balanced between two intentions which might at first appear to be contradictory: the communication of practical information about medical work, and the literary engagement of its reader. This dual investment in utility and literariness is a defining feature of the manuscript. A readerly concern about navigability is evident in the extensive table of contents at the manuscript's front (four double-columned folios in

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<sup>30</sup> Altomare was charged by the Theatines due to connections with the Augustinian Girolamo Seripando, his patient from 1550-52, during which time Seripando had resigned his position as superior general and retired to a small convent in Naples. Seripando's reputation recovered handily following the accusations of less-than-orthodox preaching in which Altomare had become entangled; Pius IV appointed him Bishop of Salerno in 1554, and Cardinal seven years later.

length, organized by sequential folio number), the marginal keywords that allow readers to quickly skim a page, and the layout of the pages themselves; in the remedy collection that occupies most of the manuscript, the ailment to be treated is visually distinguished, centered above the main text of the remedy. Other, longer works, such as the treatise on *melancholia* discussed below, include running heads in the upper margin of the page. In addition to these scribal decisions, Altomare's concern with real-world use is also visible within the treatment records themselves, which universally include specific information such as quantitative weights and measurements and occasionally are accompanied by other useful notes, such as the current prices for theriac and "oyle against the Plack" in Italy (f. 204r).

The literary nature of this text originates in the production of the case records themselves, which involved at least two stages of labor. In the first, which occurred during or soon after the consultation or treatment itself, Altomare made notes about the patient, his symptoms, the prescribed treatment, and ultimate outcome. As de Renzi has pointed out, many case records include a description of treatment over time, suggesting that the first stage of production may actually have involved a number of steps: rough notes taken over a number of days or weeks, during the course of treatment, which were then added to

the main text upon the completion of the case.<sup>31</sup> The second stage of labor occurred sometime later, when Altomare copied those notes into the single text (either Harley 4349, if it is indeed an autograph manuscript, or a different manuscript predecessor), making decisions about how much information to retain or elide, where in the manuscript to situate that particular record, and even how to lay out its text on the manuscript page. It is this second stage that facilitates the literariness of the final text: no longer for private use, Altomare's records of experience become a textual object shared between himself and an intended reader. His original case notes are recast as parts of a whole, the intention of which is not only to instruct, but also to entertain.

To be clear about my use of the term 'literary': I do not mean to suggest that Altomare sought to engage readers in the same way, or on the same scale, as Ludovico Ariosto and other writers of the Italian Cinquecento, or to suggest that he would have considered himself a literary author rather than a medical writer. Rather, what I hope to demonstrate is the extent to which literariness was understood as a flexible mode of expression that could be adopted, adapted, and employed in the service of professional self-fashioning. In endeavoring to identify instances of literary writing in Altomare's work, I risk

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<sup>31</sup> De Renzi, "A Career," 239.

the same ahistorical thinking described by Lisa H. Cooper, who similarly hesitates in her reading of a fifteenth-century medical collection:

A text, writes Genette, ‘is literary ... for someone who is more concerned with its form than with its content—for someone, for example, who appreciates the way it is written even while rejecting or ignoring its meaning’ (*Fiction*, 17). My own appreciation of this passage from the leech-book might be accused of just this kind of ahistorical bias; what strikes me as quirky and compelling and drives me to read this book (albeit, *pace* Genette, as much for its content as its form) is probably not what primarily interested its owner. Then again, this work, like others of its kind, does seem occasionally to relish its own verbal flourishes in a way that leads me to wonder if my reading is so ahistorical after all.<sup>32</sup>

It is just such a feeling of uncertainty that I struggle with here and, like Cooper, I too return to moments in the text which seem, to me at least, that they cannot be anything but its writer stretching his wings.

A particularly clear example of this literary sensibility occurs in the longform treatise on *melancholia*, one of a group of four longer texts which occupy twenty-five folios towards the end of the manuscript. These texts include subheadings which guide the reader through diagnosing, understanding, and finally treating a given condition. The *melancholia* treatise, for example, includes subheadings—possibly added later—titled “the part greeved”; “the signes”; “the cause”; “prognostica”; “the diet”; and “the cure,” among a number of

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<sup>32</sup> See “The Poetics of Practicality” in *Middle English*, ed. Paul Strohm, Oxford Twenty-First Century Approaches to Literature (Oxford: Oxford University Press, 2007), 7.

others. Identifying the cause of the disease, Altomare observes that “the cold and dry distemperature of the braine is oftentimes the cause... blacke and dreggy vapors do creepe into the seate of the minde, whereby the braine is mad like darknes” (f. 233v). His formulation of *melancholia* here communicates not only the medical facts of humoral imbalance, but the character of that imbalance; the melancholic vapors are “blacke and dreggy” (“feculent; foul, impure; turbid, polluted”) and rather than simply moving or relocating, they creep.<sup>33</sup> Their ultimate effect is not a brain made dark, but one made *like darkness* itself, a simile which begins with lack of light and goes on to include whatever other qualities of darkness the reader’s mind can conjure: quiet, obscure, frightening, suffocating, unknowable.

The *melancholia* text serves as a summary of sorts, an amalgamation of patients, real and potential, combined into one comprehensive medical overview. Nowhere is the formal effect of this exhaustive accumulation more visible than in the list of “the signes” of melancholy. In this passage, Altomare turns to a breathless anaphoric litany of patient types in order to convey the variety of symptoms his less-experienced reader might encounter:

they are weary of their liues and haue ill and intentive cogitations of the mind and at length talketh idle. Oftentimes also they break out into feares and one while loue to be solitary another time not, they muse much, some thinke that they are allwaies

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<sup>33</sup> *OED*, s.v. “dreggy (adj.),” a.

deceived and that waite is laid for them, ther sleepe is very short and haue  
troublesome dreames, and som as it weare laugh alwaies some cry. Some say they are  
prophets and foretell, some thinke themselves mighty, some thinke that they are  
transformed therfore some imitate the voice and gesture of cuckows some of cockes  
and other liuing creatures. some thinke themselves earthen pots therfore feare to be  
broken of those they meete, some although they feare death yet they wish for it and  
kill themselves sometimes, some thinke they want ther heades some ther thighes  
and armes, some also refuse meate thinking ther is no life in them some suspect  
ther are theeves or officers in the house to lead them to prison, some are afraid the  
earth would swallow them up and such like. Some are altogether occupied in warr  
or contentions or praiers and such like as they are addicted, and that happeneth to  
them being awake which happeneth often to them that are well in ther sleepe. (ff.  
233r-233v)

The symptoms listed here are not new. The medieval and early modern understanding of melancholy was capacious, as many scholars have observed, and incorporated a number of symptoms which we now attribute to a wide range of medical conditions. What is less usual is the passage's form: an overwhelming recitation of the myriad symptoms by which a physician might know a melancholic patient.<sup>34</sup> The confusion of signs presented by the text

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<sup>34</sup> See Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge: Cambridge University Press, 2006); see also *Mental (Dis)Order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014): "Scholastic physicians specified various signs of melancholy, such as laughing excessively, weeping, inclination to commit suicide, fearing the fall of heaven or fear of being swallowed by the earth. Melancholy could also bring on visual hallucinations, delusions of being somebody else, perhaps a king, an animal (often a cockerel), or a demon. A melancholic might also believe that he was able to predict the coming of the Antichrist" (29). The final sentence of Altomare's list of symptoms, which asserts that those suffering from melancholy act, waking, as others do sleeping, is the least clear, but perhaps refers to the sudden, jerky movements said to characterize some experiences of melancholia. We might think, here, of the London public who claimed fifteenth-century poet Thomas Hoccleve startled like a wild deer ("The Complaint," 128).

mirrors the irrational thinking engendered by the disease itself; Altomare's unsettled and unsettling text enacts the kind of disordered thinking that occurs in the minds of melancholic patients who "speake and doe thinges contrary to reason" (f. 233r). The formal distinction of the "signes" passage is especially visible when read alongside other subsections, such as that on "the cure," which are remarkably clear by comparison: "The cheefe perturbations of the mindes are to be avoided," Altomare pronounces, "especially feare and sorrow in stead wherof the mind must be made merry and constant and of good hope" (f. 234v). The almost frenetic cadence of the symptom list allows Altomare to surpass the bounds of factual communication, expressing through form and syntax what might exceed the capabilities of straightforward didactic writing alone.

Altomare's conception of his text as a medium of both practical instruction and readerly engagement is evident in Harley 4349's cosmetic recipe sequence as well. The series is interrupted briefly by a short text on crisis days and prognostication, but is otherwise a clearly defined unit of recipes for dental care, facewashes, and creams, and remedies for skin conditions such as ringworm, warts, and serpigo. Altomare's investment in the uses of literary technique and form is visible in the sequence's layout, as well as its content. Its striking syntactic and graphic linkage suggests that he anticipated the possibility of a reader who might open the text to read—linearly, continuously—rather than to learn piecemeal.

While most remedies in the manuscript are presented as standalones even within grouped collections, the cosmetic section is marked by a structural threading that presents multiple recipes as a single unspooling, chained text. One example opens with a description of “the best” ointment for women’s faces, before providing a number of alternative treatments which convert those ointments into facewashes:

We spake seuerally how we should make faces white, soft & cleere, now we will set downe waters compounded of these, which at the same time may make

þe face white, cleere, red & soft,

namely by compounding & destilling those thinges which we once spoke of. Take of *cerussa* already washed ʒj argenti niui sublimati, gummi tragacanthæ ana ʒss, [and] tartari ʒj all which beate to pouder, & put it & sow it into a pigeon washed & bowelled, put it into a new pot full of water, stilled out of a cucurbita, untill the bones part from the flesh, afterwards still it, when thou goest to bed, wash thy face & in the morning wash it with well water, so thou shalt haue the face white, cleere, soft & well coloured. It is made also

after another sort

Beate thre poundes of the barkes of beane cods put to two pound of hony & one of terebinthina resina, put it in a vessell & close it that it may not breath out, & set it under the dung eight dayes then put to foure poundes of asses milke, and in his vessell get out the oyle by the fire, use the water morning & evening. If thou wilt it shall be made

another way

distill elder flowers, the rootes of wilde roses... (f. 264r)

Here the repetitive pattern so characteristic of the remedy collection becomes a syntactic feature of the bigger text. Visually, the format is that of a traditional remedy collection, where the distinction between remedies is graphically signaled on the page by a centered

notation of ‘for...’ or ‘another for the same.’ But syntactically and grammatically, the remedies are integrated seamlessly into the conversational narration. In other words, in addition to demarcating where one remedy ends and the next begins, “another” here also works to weave distinct elements into a single continuous narrative tapestry.<sup>35</sup> The same interest in narrative is present in the account of the poisoning at St. Sofia, which precedes the cosmetic section, and in the instructions for cataract surgery, which follow it. These texts, however, are longform treatises and include relatively few recipes, unlike the cosmetic section, which is almost entirely comprised of distinct, individual texts. The process of composing this section as it exists in Harley 4349 would have involved Altomare not only collecting and copying existing recipes from his notes, but considering how best to arrange and link them together into a coherent, readable passage.

In addition to this formal attention to readability, the content of the cosmetic series also evinces concern with a reader who might approach the text as a source of entertainment and literary thought. Its opening signals both the focus of the following texts (“the crafts of dressing of women”) and the tonal shift that occurs within them:

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<sup>35</sup> The text is presented in exactly this form—graphically and syntactically—in Giambattista della Porta’s 1589 *Magiae naturalis*; on this, see Appendix C.

Of medicines to cleere the teeth by rubbing

Amongst the crafts of dressing of women are dentifricia, for they think nothing more unseemly in women, then when they laugh, to show their foule rusty & spotted teeth; for all women in a manner, because they use to anoint with quickesilver, have their teeth blacke & yellow, & because they are abroad in the sun, when they would make their haire yellow, their teeth are weakened, moved & oftentimes fall out, we will first shew how we may make them that are blacke as white as the shining pearles, & then how we may cover with flesh them that are weake & naked in their gums & how we may make them strong. (f. 258v)

Compared to the other recipes present in the manuscript, the cosmetic sequence is talkative, offering observations about not only medical matters but social and cultural standards as well. This passage, and the remedies that follow, attest to the indistinct boundary between cosmetic and medical arts, and between literary and medical discourse. Present in this passage is a warning about the unintended consequences of the pursuit of beauty: spending time in the sun in order to lighten the hair counterproductively results in ugly, loosened teeth, both unsightly and a serious health problem. The promised solution foregrounds the cosmetic corrections, showing first how to clear the teeth of stains before setting them more firmly in the gums and strengthening them. Evocative adjectives—*foul*, *rusty*, *spotted*, *black*, *yellow*, *weak*, *naked*—are paired with an aspirational simile: *as white as shining pearls*. Part social commentary, part explanation, and part metaphor (the “naked” bones of the teeth become covered, or dressed, in the flesh of the gums), this passage draws on the same pearl imagery as contemporary Italian and English blazons to communicate the

efficacy of the treatment it prescribes. In Spenser's 1595 *Amoretti and Epithalamion*, for example, the lover's teeth are included in a catalogue likening her bodily features to precious gems and metals:

For loe my loue doth in her selfe containe  
all this worlds riches that may farre be found;  
if Saphyres, loe her eies be Saphyres plaine,  
if Rubies, loe hir lips be Rubies found;  
*If Pearles, hir teeth be pearles both pure and round;*  
if Yuorie, her forehead yuory weene;  
if Gold, her locks are finest gold on ground;  
if siluer, her faire hands are siluer sheene...<sup>36</sup>

Use of this simile indicates not just his familiarity with poetic conventions, but also that the author expected his readers to respond to a poetic figuration of beauty, one that references not only a desirable color (white) but finish (shining), while still identifying itself as a medical text.

A richer literary allusion occurs just one folio later, in a subsequence of recipes for tooth powder.

But of in old time they prepared  
Medicines for the teeth  
of the shels of the purple fish & buccina being burnt. The Arabian stone is like to spotted

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<sup>36</sup> Sonnet XV, ll. 5-12; emphasis mine.

yvory, & being burnt it is applied to dentifricia. Also of the pumis stone the best & most an profitable dentifricia weare prepared as Pliny fsaith. And the teeth rubbed with the poulder of yvory the teeth were made like yvory. as Ovid (f. 258v)

While the crossed-out “as” is written in the hand of the text’s main scribe, “Ovid” is not, and likely constitutes an addition by a later reader. The simplest sequence of events that may have led to this annotation is as follows: the original scribe omits what should have been the final word (perhaps having forgotten the intended authorial reference, though this seems unlikely, given what follows) and decides to end the sentence there, crossing out the “as” and adding a period following “yvory.” A later reader, in possession of what they believe to be the correct forgotten reference, fills in the blank following the stricken-out “as.”

The allusion is explained at the top of the following folio, which bears the sentence “what if I command you to wash your mouth in the morning with water, that your teeth looke not blacke.” This passage is an admittedly poor translation of a question from the *Ars amatoria*—“*Quid, si præcipiam, ne fuscet inertia dentes, / Oraque suscepta mane laventur aqua?*”—one that elides the original attention to handwashing in favor of emphasizing dental hygiene.<sup>37</sup> The textual evidence suggests that the writer himself may have found this allusion confusing, and the presence of the quotation on the top of the next page, without

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<sup>37</sup> *Ovid: The Art of Love and Other Poems*, trans. J. H. Mozley and revised by G. P. Goold, Loeb Classical Library 232 (Cambridge: Harvard University Press, 1929), ll. 197–98.

any clear connection to its original author's name on the bottom of the previous folio, likely contributes to this uncertainty. But in its awkward placement, the reference to Ovid also invites a kind of literary thinking enabled by the text as it appears to read on first glance: the equation of some work by Ovid with the kind of transformation described by Pliny.

Ovid is better-known for his storytelling than his medical expertise (although his *Medicamina faciei femineae*, also called *The Art of Beauty*, does include a number of cosmetic recipes, all are for facial cleansers or masks and none make use of ivory or claim to remedy dental issues). But the parallel implied between Ovid and Pliny is not necessarily medical in nature; instead, that two-word reference—"as Ovid"—suggests a literary resonance in the form of the story of Pygmalion, as I will explain. In doing so, it evinces the entanglement of literary and medical textual traditions, and the slippage that might occur between them. A brief summary of the text to which Harley 4349 alludes: Ovid's version of "Pygmalion" properly begins with the Propoetides, women who became the first sex workers after denying Venus's divinity. Shameless and unable to blush, the women's blood hardens, and only a minor change transforms them entirely to stone. A skilled sculptor living in Amanthus, Pygmalion is disgusted by the Propoetides and, by extension, all mortal women. Rather than seek out a living partner or a wife, he instead carves a beautifully lifelike statue

out of ivory. The statue is so realistic that even Pygmalion himself is half-convinced that it is a flesh-and-blood woman, and the craftsman falls in love with her. After he prays to Venus, the sculpture is transformed into a living being through a gradual process in which Pygmalion strokes and caresses the ivory, feeling that “the ivory waxed soft and, putting quite away / All hardness, yielded underneath his fingers, as we see / A piece of wax made soft against the sun.” The two are married soon after.<sup>38</sup>

In a pattern of linked parallelism, the text invites an equation of Pliny’s medical assertion—that the best *dentifricia* is made from pumice—with Ovid’s mythological narrative, without privileging either base ingredient over the other. The touch of Pygmalion’s hand transforms ivory into flesh; so too, the annotator of the *dentifricia* recipe suggests, will the application of ivory to teeth transform those yellow teeth into white ivory themselves. In this figuration, the writer gets the myth slightly wrong; Ovid’s story is not about ivory transforming flesh into ivory, but about flesh turning ivory into flesh. Specifics aside, however, the *dentifricia* allusion evinces an understanding of the foundational logic on which Ovid’s tale relies. The process is transitive, grounded in the idea that the

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<sup>38</sup> The above quotation is taken from Arthur Golding’s 1567 translation. See *Ovid’s Metamorphoses*, ed. Madeleine Forey (Johns Hopkins University Press, 2001), 10.308–10. For the influence of the story in early modern conceptions of poetic and philosophical epistemology, also see Jenny C. Mann, “Pygmalion’s Wax: ‘Fruitful Knowledge’ in Bacon and Montaigne,” *Journal of Medieval and Early Modern Studies* 45.2 (2015): 367–393.

application of one substance to another might transform it into the first. Implied in this framework is the concept that physical contact between two unlike things is capable of catalyzing a complete change of material substance, for good or for ill. In the case of the Propoetides, for example, their stony shamelessness first hardens their blood, and then transforms their bodies to flint. This movement, too, is transitive; when read in sequence with the Pygmalion tale, the narrative becomes one in which women's bodies are the sites of lithic transformation. So too is the body of the female reader, whose use of the recipe means that she participates in the same transitive process.

That two-word note, representing the efforts of two distinct writers, may suggest to the reader the events of the Pygmalion tale, calling to mind the logic of the story's defining transformation. But it also works as a promise of efficacy, suggesting to the reader that she—or at least her teeth—will be as beautiful as the ivory maiden's skin. In other words, “as Ovid” refers not only to the process by which the *dentifricia* works, but to just how well it does so. When read as an efficacy statement, the *dentifricia* note becomes aligned with contemporary regimens falsely attributed to various noble ladies, such as the popular dietary of Queen Isabella. In doing so, it suggests that the power of the celebrity endorsement might have extended to literary and mythological characters as well. In a more general

sense, however, this short allusion serves to underscore the entanglement of practical efficacy and literary engagement that defines the manuscript as a textual whole.

### **A poisoning at St. Sofia**

Towards the close of Harley 4349, Altomare relates the tale of a poisoning that occurred at St. Sofia, a Benedictine abbey located about 30 miles northeast of Naples. If the various short recipes earlier in Harley 4349 make clear Altomare's interest in deploying literary techniques in his communication of medical knowledge, this longer account shows exactly how far narrative can carry, and the kinds of epistemological weight it can bear. The story, which occupies eight consecutive folios, allows Altomare to stretch the capabilities of narrative in a more extended textual setting than the single remedies elsewhere in the manuscript. It is told with evident relish made all the more exciting by its narrator's immediacy; Altomare records his own name amongst the physicians who were called to the victim's aid. But the text also incorporates two longer, dryer passages on what we might now call toxicological theory: one on the nature of poison, and another on its antidotes. The remainder of this chapter explores both the driving narrative and the more theoretical passages it carries within itself, arguing that the literary elements of the St. Sofia story enable its multimodal didacticism.

In 1553, the abbey of St. Sofia de Benevento had just undergone a controversial change in leadership: the young Neapolitan Leonardo Vairo (1523-1603) had been appointed Prior, to the extreme displeasure of some of the abbey's inhabitants. Vairo is now best-known for his *De fascino*, a lengthy reference work on witchcraft, prophecy, and melancholy published sometime before 1583.<sup>39</sup> Very little information exists about his governance of St. Sofia, except for the account provided by Altomare in Harley 4349.<sup>40</sup> During a feast prepared by the abbey's monks, Altomare writes, Vairo began experiencing severe symptoms, including gnawing stomach pain and inflamed skin. The newly appointed Prior surmised he had been poisoned, both because his appointment was so recent and because, in Altomare's words, "the reformation which he then made in the same monastery, to take away the abuses & evill customes, was very odious to some of the inhabitantes" (f. 250v). The exact nature of those abuses remains opaque, but the abbey's operations were marked by the looming threat of institutional reform.

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<sup>39</sup> Julien Baudon's French translation of *De fascino* (*Le Livre des Fascinations, Charms & Sorcelleries d'un auteur, nommé Varius*) is printed in Paris in 1583; the first known Latin edition is published six years later (Venice, 1589). See Thorndike's *History of Magic and Experimental Science*, Vol. 6 (New York: Columbia University Press, 1941), 528-9.

<sup>40</sup> Vairo lived a long and, presumably, healthy life; in 1587 he was appointed Bishop of Pozzuoli, and he died in 1603 at the age of 80, having ruled the diocese with "apostolic zeal" for sixteen years. That descriptor may suggest an explanation for why his presence at St. Sofia met with such vehement disfavor. On his career at Pozzuoli, see Giuseppe Cappelletti's *La Chiese d'Italia: Dalla Loro Origine sino Ai Nostri Giorni*, Vol. 19 (Venice: National Publishing House, 1864), 665.

Altomare's account opens thusly:

The Lord Leonard Vairus, Prior of St Sophia Beneventoma, a young man, 30 yeares of age, being allwayes of perfect health, using an holsome diet, a banquet being prepared by the monkes of the sayd Abby, was sodainly at supper time taken with euill and raging fits. his tonngue swelled, so þat he could scarcely mutter, the habit of his face & the countenance & his whole body burned exceedingly, he complained of the paine and gnawing of his stomache, his thirst was unquenchable, he was tossed this way & that way, neither could he find any rest, lastly all his body was red, & the rednes seemed to shine, with flamming eyes he beheld them that stood by that they should helpe him. (f. 250v)

This exposition is both biographical, in its identification of Vairo by name and position, and medical, in its observation of his age, dietary habits, and overall state of health. There follows a list of acute symptoms—a swollen tongue that prevents speech, a burning sensation accompanied by reddened skin, excessive thirst, gnawing stomach pain, agitation and restlessness—which culminates in the passage's most striking image: Vairo's searching, flaming gaze as he turns to those around him for help. This aid does not come, or at least not with the speed Vairo requires. Instead, he rushes to his nearby chambers and swallows an emetic oil in an act of emergency self-cure. The oil works, at least as a stop-gap measure; Vairo, "being thereby provoked to vomit, was almost freed from all his greefes" (f. 250v).

In identifying and then ingesting the emetic, Vairo, like the blacksmith earlier in the manuscript who cauterizes his own bubo, performs a more extreme version of self-care

than is typically expected or, indeed, encouraged. From here, the account grows less theatrical and more observational in character as a number of medical practitioners, including Altomare himself, are consulted in order to complete Vairo's cure. The physicians prescribe another emetic, this one of almond oil, which causes the prior to vomit for a second time. Following this second treatment, the only symptoms remaining are a small headache and "a certaine winde elevated from the stomacke to the hart, from the heart to the braine." A week after the poisoning, Vairo is prescribed one final medication, a purgative, which dispatches the remaining symptoms and effects his total cure. "[I]n the space of 20 dayes he recovered his former health, complaining not at all of any other matter," Altomare pronounces (ff. 250v-251r). But Vairo's survival does not signal the end of Altomare's involvement in the matter. As one of seven physicians present, including "Antony Biloccta Protojatrur, Donatus Antonius my father, Franciscus Renna, Saluator Mauronus, Angelus & Julius my brothers & my selfe," Altomare takes it upon himself to provide evidence of the truth of the case following what was apparently a skeptical public reception to the official version of events. He explains:

because some of þe physitians not sent for supposed that those greefes proceeded not from an outward poyson, but affirmed that they proceede from other causes, that they might purge them that were inquired upon for this crime; therefore that þe truth of this thing may appeare, I will set downe some reasons taken from the nature of poyson, by which it is shewen that poyson is taken outwardly. (f. 251r)

Altomare proceeds to discuss the nature of poison and its movement through the body, providing nine reasoned arguments demonstrating that Vairo's affliction was based in "outward poison taken at the mouth," not preexisting health conditions, as other, absent physicians claimed (f. 255v). In addition to that lengthy explanation, which is discussed below, Altomare advances this argument by frequently mentioning Vairo's healthy temperament. He specifically identifies the prior's health as "perfect" twice, observing that he was "sober," "healthfull," and "alwayes had a great care of diet," and that he had shown no further signs of illness once the poison was purged from his system. The particulars of his diagnosis are based both on medical knowledge and common sense; "we thinke it was venenum sublimatum," Altomare writes, "both because of the simptome which accompany venenum sublimatum being taken... [and] because it is commonly knowen & it is more easily found" (ff. 255r-255v).

Vairo's baseline good health asserted, Altomare could direct his attention to the effects of poison, rather than continuing to disprove ideas of humoral failure or underlying temperamental issues. A reader primarily interested in the more cinematic parts of the story might well have been frustrated; the deferral of the tale's real resolution draws the reader on, through the drier and more academic sections of Altomare's argument. After nearly

1500 words of enumerated explanation—“labouring,” Altomare assures us, “for brevity”—he reaches the resolution of the tale.

[T]he ministers of the court found the residue of the poyson hid in þat chist of a certaine monke, which monke, with two other monkes his kinsmen, was taken upon most manifest evidence, & cast in prison, & affterwards by the intreaty of the sayd Lord Leonard, weare set at liberty, by the Lord Scipio Santinus a doctor of both lawes, at Naples, who was sent by M Antonius Columna to decide thys cause at Beneventum. Which Scipio although he knew all three yet monkes worthy of deth, to appease enmities, it seemed good both to the most noble L. Ascanius the Abbot & also to others, that in this matter he should be ruled by the Lord Leonard the Prior, who following the steps of Christ & the martirs, made intercession for his ~~friends~~ enemies, trusting that by this meanes he should do that which would be acceptable to god & man. (f. 256r)

The passage is a neat conclusion to Altomare’s description of the attempted homicide at St.

Sofia: incriminating evidence is found in the trunk of one dissatisfied monk who, along with two of his fellows, is convicted of the crime by the Italian courts and subsequently pardoned (or at least has his death sentence mitigated) by the very official he sought to kill.

The scribal error in which the writer mistakenly calls the murderous monks Vairo’s “friends” before correcting himself reinforces the merciful, Christ-like quality of the prior’s intercession on behalf of his attackers. Despite this satisfying resolution to the account of the poisoning, Altomare is clear that his narrative itself is not yet complete; “I will make an end of this narration,” he promises, “when I shall have touched the preservation [and] common cure of poison.” That collection of antidotes occupies a further two folios, at

which point Altomare appears to catch himself and draws the text to an abrupt close. “But it is not my present purpose to reckon up all & innumerable kindes of poysons & their remedies,” he writes, “but only to relate the poysoning of this famous man wherof lest we should excede, we make an end giuing thanks to almighty god” (f. 258r).

The St. Sofia account, then, comprises a number of distinct sections, including the story of the poisoning and its cure; a tract on the nature of poison, used to counter suspicions of misdiagnosis and foul play on the part of the attending physicians; a description of the apprehension and prosecution of the culprits; and, finally, a number of antidotes. The poisoning itself does, without doubt, make a good story. But given the capacious nature of what Altomare considers a “narration,” it would be reductive to treat the story as merely a disposable wrapper for more serious material. Instead, Vairo’s poisoning serves as a crucial foundation for the rest of the Altomare’s text, enabling the physician to pronounce the truth of the events at St. Sofia as well as a number of more complex ideas about the broader nature of corruption. Altomare thus asserts his own authority both as a practicing, credible physician, and as a theoretical thinker whose understanding of the body politic unified medical and social theories of contagion. In its reiterative transmission of knowledge on multiple discursive levels, the St. Sofia text layers ways of knowing atop one another. In doing so, it transforms the troubled landscape of the

abbey in Benevento into a kind of macrocosmic echo of its prior's vulnerable body: a warning about the way social unrest might work to destabilize not only the health of an individual, but the health of social, political, and religious institutions.

Altomare's text is a narration in its broadest sense, not only a story but "an exemplum; an account of events, a history; an explanation."<sup>41</sup> At its most literal level, the St. Sofia text fulfills Altomare's promise: to teach the reader about one particular poisoning and, through that example, about the identification and treatment of poison in general. This instruction is accomplished, for example, through a reiteration of symptoms, first in story form—

his whole body burned exceedingly, he complained of the paine and gnawing of his stomache, his thirst was unquenchable, he was tossed this way & that way, neither could he find any rest, lastly all his body was red, & the rednes seemed to shine, with flaming eyes he beheld them that stood by... (f. 250r)

—and then, a number of folios later, in more straightforwardly didactic terms: "poysons which kill a man with heating, do quickly inflame all his inward members, do cause an excessive thirst, do inflame the eyes, do cause continuall trouble & disquietnes" (f. 255r).

Here, again, the ruddy burn of the face and body; here, the cramping stomach, the severe

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<sup>41</sup> *MED*, s.v. "narracioun (n.)," 1. This medieval definition of the term is not from the *OED*, which includes only definitions related to the storytelling sense of the word.

thirst, the reddened eyes, the restlessness. This repetition reinforces the signs by which a man might know himself to be poisoned, as well as providing parallel descriptions that reinforce Altomare's argument about the external cause of Vairo's symptoms. *Here is how his sudden ailment appeared to those at the feast*, the physician writes, before repeating the symptoms within the context of an established definition of the action of hot poisons.

That layered epistemology also serves to emphasize the central idea of the passage: even a small thing can be dangerous if it is venomous enough. This principle is articulated first in a medical sense, through Altomare's description of the medical theory behind the nature of poison. Sublimated mercury was known for its consuming, corruptive quality. Altomare's contemporary, the renowned surgeon Ambroise Paré, writes that victims of sublimated mercury are killed by "the devouring and fiery fury of the poison, rending or tearing the intestines and the stomach, as if they were burned with a hot iron."<sup>42</sup> Years later, Daniel Sennert argues that sublimate is "the worst [poison] of all, and by its touch like fire, it destroys whatsoever is near: with inflammation, burning of tongue, and swelling of the mouth, fainting, stoppage of urin, difficult breath, bloody-flux, and death." Sennert, like many other writers, is concerned about sublimate's ability to propagate itself

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<sup>42</sup> "[M]ox enim ipsis insuper, nisi mature cohibitus fuerit, veneni furor edax & igneus, laniata cum ventriculo intestina, & pertusa, tanquam a candente ferro denigrantur." See *Opera Ambrosii Parei regis primarii et parisiensis chirurgi* (London, 1582), 611.

throughout the body. While some physicians advise their patients to vomit, he writes, “I think it best to purge first, for if it rise upwards, it is easily divided into smal parts, and so cannot be expelled by vomit: therefore purge strongly.”<sup>43</sup> In other words, expelling poison upwards by means of an emetic agent increases its likelihood of dividing, contacting—and then infecting—other members of the body. Purging downwards, on the other hand, offers a smaller chance of diffusion and contagion, and a greater chance of removing the poison entirely. This account loosely accords with the process of Vairo’s cure; while the prior’s emergency self-treatment involves an emetic, the physicians who treat him afterwards prescribe both a second emetic and a purgative, in order to flush the remainder of the poison from his body with as little risk as possible.

Though the intensity of this infectious quality is unique to sublimated mercury, a fire-like propensity to catch and spread within the body is characteristic of all poisons, as Altomare himself notes in his observation that poison “overcommeth our substance, & turneth it into the poysonsome nature of itselfe, after the same manner that fire by his most powerfull force of working turneth chafe into it selfe.” It is because of this very transmissibility, he continues, that “so small a quantity of poyson doth beget so bad

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<sup>43</sup> See *The Sixth Book of Practical Physick* (London, 1662), 52.

grefes” (ff. 251v-252r).<sup>44</sup> Poison’s danger is not a factor of its quantity, but of its force and its ability to spread: to catalyze a more serious reaction, like the spark on a fuse or the finger that topples a row of standing dominos. Though the poison may itself be of small quantity, Altomare writes, when it is stronger than the part into which it is cast, “it turneth that part into its owne poysonous substance, & that part turneth another part next unto it into a poysonsome nature & so successively by multiplying his strong forces, the whole creature is poysoned” (ff. 251v-252r). The process of bodily subversion is also described as one of translation: poison “translateth the body & members unto which it first ioineth, into a nature particular unto itself & poysonsome” (f. 251v). This successive translation, if left unchecked, results in the conversion of the entire body into something compromised and corrupted.

Early modern medical practitioners understood poison to be dangerous, in short, not just because of its ability to kill forcibly and suddenly, but because of how it did so: through the swift conversion of the victim’s body to its own toxic nature. That concern about poison’s ability to spread, change, and infect—to infiltrate an otherwise-healthy system—resonates in the more figurative senses of the term, and it is to that parallel that I

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<sup>44</sup> The figuration of poison as fire is based in Galen’s *De simplicium medicamentorum temperamentis et facultatibus*.

now turn. When read alongside his description of the specific circumstances at St. Sofia, Altomare's discussion of the infectious nature of poison takes on a more complicated meaning. Just as a small quantity of poison throws Vairo's body into near-fatal upheaval, so too do the actions of a small number of monks threaten the operations of the monastic system in which they reside. Moreover, suspicions about the truth of what occurred at St. Sofia, and, by extension, about the validity of the court's guilty verdict, threaten to destabilize the legal system by which truth was determined. As Sharon Strocchia has observed, "in late medieval and early modern Europe, the physical body not only indexed key social values and practices but also was used as a central metaphor to describe social and political relations."<sup>45</sup> Altomare's text is therefore not only a medical explanation of the operation and cure of poison but a cure itself: a setting-to-rights of the record, and a model of the kind of discernment and care necessary to rid a system of a toxic agent without causing further harm. In this, the prior's poisoned body becomes resonant with the body politic as a whole.

Altomare announces at the beginning of his narration that he has been spurred to write because physicians who were not present during the incident believed Vairo's ill

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<sup>45</sup> *Death and Ritual in Renaissance Florence* (Baltimore: Johns Hopkins University Press, 1992), 30-31. See also Ernst H. Kantorowicz's *The King's Two Bodies* (Princeton: Princeton University Press, 1957).

health to result from internal causes, “that [the absent physicians] might purge them that were inquired upon for this crime” (f. 251r). The suspicions of the absent Italian physicians—those “not sent for” during the incident—are rooted in mistrust of the guilty verdict rendered by Santinus. There are two possible readings of Altomare’s language here, both of which hinge on his use of the word *purge*. The first reading relies on the medical sense of the term: “to eliminate or expel (waste or harmful matter, etc.) from the body or an organ,” or “to make physically pure or clean by the removal of dirt, impurities, or waste matter.”<sup>46</sup> According to this reading, the absent physicians suspect foul play by the attending physicians (and, perhaps, by monastic officials as well), who seized on the prior’s illness as an opportunity to remove dangerous monks from the abbey. Like poison, these monks would have represented a threat not merely because of their ill intentions but because of their ability to catalyze the kind of domino effect that Altomare describes above. Their resentment, sparked by Vairo’s “odious” reformations of St. Sofia, might be catching.

The second possible reading relies on the legal definition of the word *purge*: “to clear oneself or one’s character of an accusation or suspicion of guilt [...] to establish one’s innocence by an assertion on oath supported by character witnesses, or by trial by combat

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<sup>46</sup> *OED* s.v. “purge (v.1),” 2a and 3a.

or ordeal,” or “to clear oneself or one's character of an accusation or suspicion of guilt.”<sup>47</sup>

This interpretation also indicates that the absent physicians take issue with the verdict rendered but, rather than a knowing conspiracy to frame innocent monks, this reading allows for the possibility of a simple error: the accusation of the monks is the result of a misdiagnosis rather than ill-will towards them. In other words, the absent physicians contend that the attending physicians have made an error in attributing Vairo's ill health to poison rather than an internal humoral imbalance. Without a victim, there is no crime; the accused monks have therefore been wrongfully imprisoned, and the inquiry of the absent physicians is intended to clear their names.

In both senses, the term *purge* suggests a strong resonance between the medicalized flushing Vairo's body undergoes and the social and legal proceedings which followed his attack. Altomare, taking great pains to prove beyond all doubt that Vairo was poisoned and that the matter has been resolved justly, thereby entangles the medical process of diagnosis and treatment with the legal and juridical process of trial and sentence. In doing so, the narrative of Vairo's poisoning is made to carry a complex epistemological weight, not only serving as an example of a medical case but also as an example of the importance of careful,

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<sup>47</sup> *OED* s.v. “purge (v.1),” 1a.

considered consideration of the truth. Regardless of which of the above interpretations is correct—and it is impossible to be certain without additional historical evidence, which has remained elusive—Altomare’s goal in addressing the confusion is clear: he composes his narration “that þe truth of this thing may appeare,” presumably before the untruth spreads and further jeopardizes his own professional reputation and perhaps public faith in the Italian courts themselves (f. 251v). In this pursuit, the text itself operates as a kind of curative treatment, though it is curious that the work was never published given Altomare’s apparent investment in counteracting popular rumor.

But setting out to set the record straight entails some risk. As I discuss in the previous chapter, medical information of all kinds, accurate and inaccurate, is capable of spreading like poison. Discussion of poison itself is particularly dangerous: it enables not only fatal mistakes, should the information be faulty or its reader unwise, but willfully malicious acts, should the information be accurate and the reader malicious. “It is the property of the lewe man to write of poysons,” Altomare asserts, because poisons, according to Galen, “are [better] to be concealed then taught, unto which opinion I willingly subscribe. ffor when we labour to teach & prepare poisons, the wicked are the more instructed unto naughtines” (f. 256v). This wariness is evident in the writings of other early modern physicians. A century after the events at St. Sofia, for example, William Ramsey’s

*De venenis* admits that poison is still “a Doubtful & a Dangerous Subject,” before issuing a disclaimer about its intended audience:

For Imprudent, Rurall, Rash, Conceited and Ignorant People, therefore, I have not compiled this Subsequent Treatise: nor for Confident Youngsters, and Women, who think their own witts best, And yet want so much witt as to advise with others better then their own. To all these I desire it may be a Scarr-Crow, And so terrible, that they may avoid meddling with it, as they would with Poyson itself, lest it prove their ruine, and the destruction of others whom they take the boldness to tamper with...<sup>48</sup>

Here, the comparison of the work to poison itself is particularly telling: a text, like a medical substance, might hurt as easily as it helps. And like poison, it is ruinous not only to the inexperienced reader who chooses to meddle with substances outside their ability, but to their patients as well. Ramsey’s list of dangerous readers includes women, who he accuses of wanting the intelligence to consult with more knowledgeable minds than their own; because it was likely written for a female reader, Harley 4349’s inclusion of not only the St. Sofia account but a more theoretical description of poison suggests that Altomare, on the other hand, did not find women’s minds lacking. In *On Poison*, the French barber surgeon Ambroise Paré evinces a similar sensibility: “I doe not here so much arme malicious and wicked persons to hurt,” he asserts, “as Surgeons to provide to helpe and defend each mans

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<sup>48</sup> “Letter to the Judicious and Ingenious Readers” and “Letter to Rurall Readers” in *De venenis or, A Discourse of Poysons* (London, 1663).

life.”<sup>49</sup> Because of this concern, Altomare’s subject is not the production of poison but of “the best, most excellent” of its cures (f. 256v). Even in his collection of antidotes, he is selective in his instruction; “although we may reckon up many other helps,” he writes, “I will onely shew two remedies, which [are] the cheefest & of which I haue made most often triall” (f. 257r). Here, he acts as gatekeeper twice: first, in deciding to only discourse on antidotes, and second, in his judgment about which of those antidotes are most worth transmitting at all.

The St. Sofia account is a particularly complex example of the layered forms of instruction that occur throughout Harley 4349. It provides more than an entertaining story, or a theory of poison, or a selection of carefully chosen cures. Read with, against, and alongside each other, these layers work to reinforce a distinct concept that emerges in the epistemological spaces and connections between them: the idea that even a small quantity of something harmful—poison, malice, dangerous information—can cause significant damage if allowed to spread, and that identifying and purging it requires both reason and discernment. Together, these various layers constitute a multimodal didacticism, one comprised of entangled medical and literary epistemologies. Literary ways of knowing,

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<sup>49</sup> Thomas Johnson, *The Works of that famous Chirurgeon Ambrose Parey Translated out of Latine and compared with the French* (London, 1634), 775.

whether through form, structure, metaphor, allusion, narrative, or other techniques, permeate the manuscript, complicating and enriching its more overtly instructional content. The result is a whole greater than the sum of its parts: a text which communicates not only information, but affect and experience.

This combination of literature and professional medicine serves as a kind of counterpart to the ways that literary writers, discussed elsewhere in this dissertation, drew on experiences of medical care in their work. The construction of an authorial identity was a process that could—and often did—invite the use of unexpected discourses. As John Audelay makes use of the remedy form in his poetry, Altomare and the other medical practitioners in Harley 4349 draw on literary techniques not only for didactic effect but to communicate the personal nature of their work. In doing so, they construct identities for themselves as both medical professionals and as human actors in sprawling networks of experience, feeling, and knowledge, networks enlarged and complicated by the very texts that describe them.

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## Appendix A: The Middle English Remedies Database

The Middle English Remedies (MER) database is an ongoing project that seeks to make late medieval remedies publicly available. It is primarily intended to function as a teaching tool and as a complement to other digital projects, such as the Folger Shakespeare Library's [LUNA collection](http://luna.folger.edu) (luna.folger.edu), which hosts fully transcribed recipe collections. The MER database therefore includes a wide-ranging and generally representative sample of transcribed remedies from various manuscripts, rather than an exhaustive documentation of the contents of a single collection. The following information is also available online, on [the database website](http://middleenglishremedies.com) (middleenglishremedies.com).

### **Manuscripts with remedies currently included in the database:**

*London, British Library*

Additional MS 34210

Harley MS 1600

Harley MS 2389

Harley MS 3383

Sloane MS 3490 A

*San Marino, Huntington Library*

HM 1336

### **How to use the database**

Remedies are listed according to

shelfmark (“BL Additional MS 34210”)

folio (“5v”)

location (“ears”)

ailment or intention (“deafness” or “clarify”)

ingredients (“hazel,” “honey,” “leeks,” “singrene”)

and finally, the transcribed text of the remedy itself.

Each field can be filtered by clicking the arrow next to the column title and searching for the desired term. Filtering location by “eyes,” for example, currently produces 72 remedies; further restricting the search to ailment > “bleared” narrows the results to seven. You may also wish to search by ingredient, or intention. The interface is flexible and accommodates combinations of fields (you can filter, for instance, first by location > “teeth,” then by ailment > “ache,” and then by ingredients > “henbane”), but may only search one term per field—so you cannot, for example, filter the ingredients field by “henbane” and “leekseed.”

**A note on terminology.** Middle English is a slippery language, particularly when it comes to plant names. In an effort to maximize the database's functionality, the data in the ingredients field has been standardized, to such degree as is possible. Though a particular herb may have six or seven names, any of which might show up in diverse remedies, I have chosen one name (usually the one which appears most frequently) to use. For example, searching "euphrasia" produces five results, but the plant's common name, "eyebright," produces none. Similar constraints have been placed on the ailment and intention fields; searching for "bolning" yields zero results, but its synonym "swollen" yields eleven.

If your search term is not producing results, check the controlled vocabulary (linked on the database home page) for preferred terms and their possible synonyms. You may also wish to consult the Middle English Dictionary.

### **Database scope**

This database is primarily intended as a teaching tool. It does not record whole recipe collections, but rather provides a generally representative sample of the kinds of remedies available to medical practitioners and patients in late medieval England. In doing so, it forces a flexible and infinitely adaptable genre into a uniform framework. The database, in

other words, erases the “shape” of the collection, as well as material stains, rips, tears, rubrication, and most marginal notations. A partial list of digitized Middle English recipe collections is available [here](https://middleenglishremedies.com/additional-resources) (<https://middleenglishremedies.com/additional-resources>); exploring those manuscripts will provide a clearer image of what many medieval remedies looked like in their original, material context.

The MER database emerged from my doctoral dissertation work, and therefore skews towards the texts which have formed the basis of that work. This is most recognizable in the predominance of eye remedies; about half of the recipes currently included in the database are intended to treat ocular conditions. (Though it is worth noting that remedies for eye complaints frequently dominate individual collections, as well.) As the database continues to grow in size, a wider range of remedies will be made available. Every recipe collection is different, and while remedies may look similar within the interface of this database, their respective manuscripts often tell a very different story.

### **Manuscript context**

The definition of the term “collection” is loose. A manuscript may have only a handful of recipes, or more than five hundred; they may be scattered across the codex, or grouped

neatly in one quire. These recipes are often added and emended over time, in many cases by multiple generations of readers. One example is Huntington Library MS HU 1051, a medical and scientific miscellany written by at least thirteen people throughout the fifteenth and sixteenth centuries.

Equally capacious is the term “remedy.” Many manuscripts include a mixture of medical and domestic, cosmetic, and even illusion recipes. BL MS Harley 2389, for example, contains cosmetic recipes (for depilation), obstetric remedies (for the delivery of a stillborn child) and instructions for the care of young children, including a remedy for worms in a child’s stomach and directions for the administration of medication to a newborn unable to receive oral remedies. It also includes directions for ridding bedrooms of spiders and flies; for protecting herb gardens from insects; and for removing stains from a variety of fabrics.

These texts suggest an epistemological fluidity, a form of domestic knowledge that encompassed culinary, medical, and cosmetic acts of bodily maintenance and did not, formally at least, distinguish many rigid boundaries between them.

Appendix B: BL MS Harley 1600, ff. 3v-13v

Written predominantly in the late 1300s and early 1400s, BL MS Harley 1600 consists of 46 folios and contains a wide range of medical contents including an extensive remedy collection; surgical instructions; prognostic texts; and charms against fevers, thieves, and the hawe, among others. It also includes a verse prologue.<sup>1</sup> A small collection of fourteen recipes added during the fifteenth and sixteenth centuries occupies the final folios of the manuscript. A full description of Harley 1600 and its contents is available through the British Library website, at [http://searcharchives.bl.uk/IAMS\\_VU2:IAMS040-002047430](http://searcharchives.bl.uk/IAMS_VU2:IAMS040-002047430).

The representative selection reproduced here includes the first ten folios of the manuscript's recipe collection; ff. 1r-3r are occupied by a table of contents. This semi-diplomatic transcription leaves the text unpunctuated and capitalization as it is written in the source text. Recipe titles rubricated in the manuscript have been underlined here (e.g. "ffor þe hede ake").

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<sup>1</sup> For this prologue, see *DMVE* 3422.6.

Þe man þat will of lechcraft ler

Red uppon þis boke and he may ler

Many a medcyne both gude an trewe

Tol hel sores both old and newe

Her In er medcyns withouten fable

To hel all sores þat er awabille

Off swerd of knyf & of arowe

Be þe wond wyd or narowe

Of sper of quarell of dager & of dart

To make hym hole of ilk a part

So þat þe seek will do wisly

and kep hym self from surfetry

Be the wond neuer so deppe

Þerof þer hym take no keppe

So þat he drynk saue or antioche

hym þar nozt dred of þat owtrage

Be þat on and xx days comen and goon

he shall be hole both flessh and bon

To ryd and go in ilke a place

Thurgh þe might of goddes grace

Þus says ypocras þe gude surgien

An socrates and Galyen

Þei wer filosofers all thre

[4r]

Þat tyme best in any contre

In this world wer non þeir pere

Als ferr as any man kouth here

And practise don medcyns þurgh goddis grace

To saue men lyues in euery place

Crist þat made bothe est and west

leu grace þer sauls haue gud rest

Euermor in ioy for to be

In heuen with þe trinite.

ffor man or woman þat is sausfleme to do it out of þe visage

Take strong vynegre of whit wyne and anyynt euer

iche day thrys or for tymes þe wysage þer it es sauceflem  
and hit will breke owt as it wer a mesyll and when  
it is so broken owt anynt it as it is said befor a  
sex days þat þe felth mowe ren owt but luke that als  
oft as yowe anyntes it atte als oft yowe anynt  
þi heued in þe nodille behund with hot watir. and  
whenne it is rovne sex days take and breke almandes  
in a cloth and anynt þerwith þe sausfleme and it  
wille hel up anon. but loke þat þis tyme þat þowe dost  
this cure þat þe seke come noght in þe wynd to be hole.

ffor the hede ake

Take and seth vervayn and of betayn and of war  
mote and þerwith wassh þe seke heued and þan  
make a plaster aboue in þe mold on þis maner Take  
þe same herbes when þai er sothen wryng hame and  
grend hame small in a mortar and lay þer ham with þe

[4v]

liqore ageyne and do therto whette brane for to hold ine liqor  
and þane make a garland of kerchef and bynd þe seke he  
ued and lay þe plaster of þe mold with in þe garland  
als oft as þe seke may suffre and bynd þe heued with a  
w[o]lipere and sette a cappe aboue and do thus do thre tymes  
and þe seeke shall be hole of warentys

ffor clensyng of þe heued

Take pelettir of spayn and chewe þe rot thre dayes  
a gud quantite and it shall purge þe heued and  
do away the ache and festen þe tethe in þe gomes

Gud oynement for vanite of þe heued

Take jus of wallwort salt hony and wex & encens  
and boil ham togedir ouer þe fuyr and þerwith  
anoynt þe heued and the temples ffor iuel heryng

Take grene plants of asshe and ley ham on a brand  
Irn and bren ham and kep þe water þat comes  
out atte þe endes a shelfull and þe jus of synchen thre

shelffull and a schellfull of el grece and of the jus of  
þe nether end of lekes with þe fase a shelful and a shel  
full of hony and medill ham togadir and boil ham a  
litill togadir and do ham in a fiol of glace and held  
þerof in þe hole er and lay þe seke uppon þe othyr syde  
þat is deff and he shall be hole with ine ix tymes and  
take þe woll of a blake shep undir þe womb pulled and  
wet itt thar ine and lay itt alone Another for þe same

Take grece of an el and jus of synchen of ether ilich  
and medel ham togadir and a litill boil ham and do  
it in to þe hole er of the seke as it is befor said

[5r]

ffor hym þat mowe no3t wel see or hath rede yen

Take whit gyngour and rub it uppon a wheston  
in a fair bacyn of metail and take as moch salt  
as þou hast poudre and grynd hem wel togedre in þe  
bacyn and temper hem with whit wyn and let it stond  
a day and a nyght and þen take þe thynne þat standes alone

and do it in a fiol of glace and whenne þe seke geth to  
bede take a fether and wete þar ine and anynt wel  
þe sor eyen þerwith and he shall be hole sykerly

ffor wateryng eyen

Take a red cole lef and anynt it with whitte of  
an ey and lay it to þe wateryng eyen when þou  
gost to thi bedde ffor to sle wormes þat eten þe eyen ledes

Take salt and brene it in a clout and tempir with  
honey and with a fethir anyent þe eyen ledes whenne  
þe seek geth to bedde To do away þe webbe in þe ey

Take ewfras a gud quantite and stamp it wele  
and wryng out þe jus þurgh a cloth and take  
bores grece ore elhs barowes grece and capon grece and  
gos grece and medil ham togadir in a brace panne &  
ster hem wel togadir with a rond staff or a ston and  
boil itte wel and let it kele and þenne do itte in a boist &  
whenne þe seke geth to bedde do a litill þerof in þe sore eyen

Take quinfol medcyn for sor throtte or sere mouth

a gude quantite stamp it and boil it in fair watir  
right wel in a posnet and whenne it is boilled ynogh  
hol oppen þi mouth þerouer and late þe eir þerof in to  
thi throtte as hotte as þowe may suffre hit and so <...>yne  
þe right wel and aftirward als hotte as may suffre itte

[5v]

soup þerof and as it keles in þi mouth spit it owt and take fressh  
and do so thre tymes or four and do so thre days and þou shalt  
be all hole sykerly. Whoso hath lost his speche in seknes

Take þe jus of sauge and of primeroll and do it in his mouth  
and he shall speke right wele. ffor hyme þat spittes blode

Take jus of betaigne and tempre it with gotes milk  
and tempre hem togadir and lete þe seke drynke þerof

Take smallache myntes rwe and betoyn ffor þe sam iii dais  
and boil ham wel in gud mylke and soup hit warme

Take laureol ffor to make purgacion

and make powder þerof and tempir it with hony of eþer yliche

Take red <...>es and ffor man þat is stynkand out thurgh þe nos

rwe of ech yliche and wryng þe jus into the seke nesetirls  
atte euen when he goos to bede. Who so hath tothache of wormes

Take henbane seed and leksede and pouder of encens  
of ilk yliche moche and lay ham of a glowyng tile  
stone and make a pippe of latonn atte þe neþer end be  
wyde þat it may ouer closse þe sedes and þe pouder and  
hold thi mouth open ouer þe ouer end of þe pippe þat ys  
eyr mowe go in to thi sore tothe and þat wille slee þe  
wormes and do away þe ache. ffor man þat spekes in

Take sotherynne wode and tempir it with his slepe  
wyne and let þe seke drynke þerof atte euen whenne he  
gos to bedde and shall sesse hyme. ffor hym þat hath no talent

Take centory and seth itte wele in stale to mette  
ale and whenne it is wel sothen take and doo  
it in a mortir and stamp it small and do it <...>  
into þe potte and sethe it wele and þanne streyn it

[6r]

and take ye two partis of þe liquor and þe therd party of hony

boil it and skome it and medel ham togadir and do it in a

box and gif þe seke thre sponfull standand ilke day till he

Take fynel rote ffor swellyng in þe stomake be hole

and ache rote of ether i liche and stamp hem wel togedir

and temper hem wel with wyne and gif þe seke to drynk

Take achesed & lyn ffor yuel in þe stomake

sede and comyn of iche yliche moche and stamp hym wel togedre

and gif þe seeke with hote water who so delites noȝt his mete

Take centory and seth it in watir and lete þe seke drynke

it lewe thre days and he shall be hole for þis medcyn spurges

þe stomake and the brest ffor hym þat haþe mochill thrust

Take þe rote of loue ache and stamp it and tempir it with

watir and gyf þe seke to drynke thre nyghts and he shall be

Take sauge rewe & ffor þe man þat has þe p[er]ilous cough hole

comyn and poudere of pepir and seth hem togedir in hony &

make letwery and use [t]herof a sponfull atte euen an oþer at morowe

Take þe rote of hors elne ffor þe cough þat is cald þe chynke  
and þe rote of confery of ether iliche and grynd hem smalle  
in a mortir and seth ham in feir watir to þe haluendel be  
wastid and take the two del þerof and the thred part of hony  
þat is boiled and skome it and do hame togadire and make  
þerof a lecwary and do it in boist and let þe seke use þerof  
fyue days or sex a gud quantite atte once first & last and he

Take finelef ffor gryndyng & akyng in womb shall be hole  
and stamp it and tempir it with stale ale and lete þe  
seeke drynke þerof thre sponfull atte ones and seth pu  
liol and bynd it to his nauill als hote as he may suffre

[6v]

Take rwe Bote ffor ache in the womb  
and stamp it with salt and tempir it with ale or with wa  
tir and 3ef it þe seke to drynk and he shall be hole.

ffor þe menisonn

Take zarowe and waybred and stamp hem and take þe  
jus and whet flour and temper it and make a kake

and bake it in þe aym[b]ers and lete þe seeke ete þerof als  
hote als he may suffre it. ffor him þat has yuel in his bake  
Take ache and egremoyn and mousere and stampe hem  
wel togedir and do þerto barowe grece and eysill and fry  
hem wel and make a plaster and als hote as þe sek may suffre  
lay it to his bake. ffor wormes in a manis womb

Take nepte & stampe it and tempir it with hote wyne  
and drynke it whenne þowe ffelist þat þe wormes greues þe  
and þowe schal bei hole ffor a man þat is costyff

Take mals and mercury and seth hem wit a mese of  
porke and make þerof potages and lete þe seke ete of hem  
wel and drynke wyn or whey þerwith þat shall make hym  
solible. ffor the fflux a gude medcyne

Take hounecressen and croppes of wodbynde þat beres ho  
nysocles and stampe hem and tempre hem with warm  
rede wyne and gif þe seke to drynke and lete hym ete ilke  
day first continuyng thre days v lekes with therf brede þat  
is hote and drynke no drynk bot rede wyne warme and he

shall be hole. and lete þe seke haue a stole with a segge and  
make þerunder a litill charcole fuyr and let him be closed  
with a clothe donn unto þe erth þat no hete may passe bote  
euen uppe in to þe fundement and lete hym set barre uppon

[7r]

þe stole als 3erue als he sittes to he be hole þis medcyne  
preuede uppon warantise ffor a man þat hath ache in hys  
Take weybrede and sanicle and stamp hem lendys  
and do therto bores grece and make a plaster & lay þerto wele  
Take gromelle percill ffor hym þat hathe þe stonn warme  
rede nettill violet ache and cherystones kirls be ham  
seluen in a brasen mortir and thyn erbes in a stonn morter  
and sethen do hem in a potte of erthe and do þerto whit wyn  
an let hem seth ouer fuyr and so lete ham stand in þe same  
vessell and gif hym to drynke lewe & þat shal make hym hole  
Take amerose a handfull ffor hym þat pisses blode  
and of sanguinarie a handfull and percelle sede half an  
handfull and stamp hem and temper hem with gotis mylke

and gif þe seke to drynke. Whoso may noȝt wel pisse

Take rwe Gromel and percel and stamp hem and temper

hem with whit wyn and gif þe seke to drynk warme

Take pouder of comyn and ffor a man þat hath swollen ballokes

barly meel and hony and fry hem togedre and make a plaster

and bynd itte alle aboute þe sore ballok lewe warme

ffor a man þat is scalded uppon his pyntell þat is cleped apogalle

Take lynnene clothe þat is clene wasshen brene it & make

þerof poude and take oil of eggis and anynt þe sore &

putt þe poude in þe holes wherine þei er anynt þat shall

hele any pyntel þat is scalded or sore sykerly. ffor akyng

Take þe rote of walwort or swellyng in the es or in fete

and seth it in watir and do away þe ouermost rynde &

take þe medilmest and stamp it and do þerto bores grece

and make a plastre and lay þerto als hote as it may be suffrede

[7v]

Take otemel ffor akyng and swellyng of legges or in fete

and cove mylke and make gruel and do þer jus of sengrene

and sheptalowe and let ham boil all togadre till it be thike  
and lay the plastre all about þe sore and þat shall ses akyng  
and do away swellyng ffor fette þat er swollen for trauail

Take mogwort and stamp it and do þer barowe grece and  
fry hame togedir and make a plastre and lay therto Also  
take comyn and bet it to poudre and do þerto barowe grece  
and oil of olyue and fry hem togedre & make a plaster  
and lay þerto. ffor syngels a gud medcyne for þis

euel es rede in maner of a wild fuyr and wil spryng  
oute around as it wer wile fyre and it is wondre  
perilous for if it be clippe a man he bes dedde þer of sikirly

Take doves dritt þat is moist and barly mele of eyther  
half a pond and stamp hem wel togedir and do þerto  
half a pynt of gud vynegre and meng hem wel to  
gadre and so lay it cold unto þe sore and ley wort leues  
aboute for to hold ine the liqore and bynd a clout aboute  
alle aboute and let hym lye thre days unremewede  
and of the therd day 3if it be nede refressh it with newe

and atte þe most he shall be hole with ine thre plasters.

uppon warantys. a medcyne for wyldfayr.

Take wyndregges or dregges of vynegre and an ey

both whit and þe 3olke be euen mesure of both and tem

per hem wel togedir and lay þerto til he be hole for this

es kynd þerfor. ffor dry cough a gude medcyne

Take anneys and sede of ache and sed of violet of ich

iliche myche and lette bete hem to pouder and temper hem

[8r]

with wyne als þe quantite forgyues and seth hem wel to

geder tille þei wex thike and do hem in boistes and lete

þe seek use þerof first and last ffor þe morfewe whit or

Take an unce of gud uertgrece an oþer of quyke blake

brimstone and make heme bothe of pouder als small

als þei may and two shepe heuedes þat ben fate and lete

fle hem and clene hem and take out þe brayne and after

wassh heme clene and sethe hem til þei ben tendre and

þenne take doun þe vessill and let it keel and gedir þe

grece and tempre it with þe pouders and make oynement  
þerof. bot lete it come negh no fuyr for it shal be wroght  
all cald and þenne anoynt þe seke wel þerwith and þat  
shal heel þe morfwe be hit whit or blake. Also. Take þe  
jus of celidoyne and melle it with poudre of brynstonn and  
do it til þe morfwe all cold. ffor hym þat swetes to muche  
Take lynsed and letuse and stamp hem togedir and ley  
to the stomake and do þis to þou be hole ffor þe 3alow sought  
Take wermote and seth it in þat is cald jawnys  
watir and wassh þe seke wel þer inne right wel  
two tymes or thre and gif þe seeke to drynk ivory sha  
ven in wyne. Also. Take celidoyne a pound & a quar  
teron of likorys and i galonn of water and shaue þi lico  
rys and bruse it wel and put it ine to þe potte with  
þe celidoyne and lete seth hem from a galon to a potell  
and gif þe seke to drynke. ffor a norice þat wold haue mylke  
Take verveyn and drynk it with wyn or fenel and  
ete letuse and butter and rynke whit wyn with fenel

seed or take cristale and breke it and make pouder þer

of and drynk it with mylk ffor to wit if a man shall

[8v]

lyue or die that has þe menisone

Take a peny weght of toun cresses seede and ʒef þe secke

to ete and gif hym red wyn to drynk after watir

do þus thre dais and he staunceh he may lif with help and

ʒif he do noght he is lut dede ffor a shepe lowse or any other

quik thyng þat is copen into a manes er or womans er.

Take þe jus of wermote or of rwe or of sotheryn wode and

do it in his ere and it shall make it to come owte ffor þe man

Take þe claws of a gott and þat mow noʒt hold his water

bryn hem and make pouder þerof and lete þe seke use it in

his potage a sponfull atte ones and he shall be hol ffor to

Take fate baconn of old baconn and make gude entrete

melt it in a panne and let it stand to þe salt be fallen

to þe ground and þenne pour out the grece in till a clen vessil

and lete it kele and take iij pond of rosynne and a pond wex

and on pond of þat grece of the baconn and on pond of shepes ta  
lowe and on quarteron of *gum galbanum* and take þi gome &  
lete it stepe in a litell lewe watir alle a day and a nyght til  
it be molten and thane take þi rosyne and breke it uppon smale  
peces in to a faire panne and putte þerto thi grece and breke  
þi wex and put þerto and sher ine to þi talgh and do In þi  
gome and þi water and seth hem ouer þe fuyr and putt þer  
to a quarton of gud franke encence and half a quartron  
of mastyk and half a pond of rosyne & make þine encence &  
þi mastike and þin perosyne on small pouder in a brasen  
morter and kest into þine panne and let þam boil til þei  
wax and alle þi thinges be molten and take seuen peny w[eght]  
of vertgrece and grond it uppon a malour als smalll als  
þowe may and cast it into þe panne and þanne stire it  
fast with sklis a grete while and take it donn of the fuyr

[9r]

& poure it into a bagge of canvas & put a litell water into a  
bacyn & swill it about þe bothom & hold ouer þe bagge with

in tret & lat it ren in to þe bacyn & with a payre tonges beclippen  
þi bage & feire draw down þi trete & qwhen it es cleen thoro  
tak a goos fethire & do away donn þe foom aboutn cleene & so  
let stond all nyght to þe morne & tak out þe tret & kene it  
you wilt for it es good entret & kyndely mad on warantize

ffor a man þat hath ache or swellyng in hys knes

Tak rew & lufache & stamp hem & mell hem with hony &  
let fry hem togedir & plastre warme to þe sore

ffor þe fefere cotidian

Tak feþerfoy & smallache o cyther elyche myche & stemp  
hem & temper hem with water & streyn hem & gyffe þe seek to  
drink a quantite wen þe ache cummes on him & þan sall he be hol  
withinne thryes drinkyng ffor þe bytyng of ane eddir

Tak centori & stamp & temper it with hys aune vryn & gyffe  
þe seek to drink & it es als good to best as to man

ffor þe scalbe

Tak þe rote of horslite & set it in water tyll it be nesch & tak  
old schep talo & melt hem well togedire in a mortere & do it in

a lynnyn cloth & anoynt þe soore agayne þe fyre

ffor all goutes good anoyntment

Tak ane oule & pull hym & open him als you woldest et him

& salt him well & do hym in ane erthen pott & layer a tyll þere

on & set it in tyll a hote ouen qwhen men seten in dogh &

qwhen men draw forth lok qwethir he be enogh for to mak

for to mak poudere of & if it be noght enogh lat it stond till

it be & bet it to poudere & temper it with bores grece & anoynt

[9v]

þe sore be þe fuyr ffor ache of heued

Take rwe and fynel and seth ham wel in water and

wassh þe seke heued and make þerof a plaster in þe ma

ner as it is befor saide ffor to [make] þi face white

Take ffressh barowe grece and the whit of an eye and

stamp hem togadir with a litill poudere of bays and

anoynt þi face þerwithall ffor eyen þat bien govndy

Take arnement and hony and whitte of an ey and stamp

ham togadir and anoynt þerwith þe sore eyen whenne þe

seke geth to beded. ffor all maner of swellynges

Take gronswell lemke and chekenmete dayes iubarbe

petit morel and erbe benete and stamp hem & do hem ouer þe

fyre & let hem boile well & als hote as þe sek may suffere lay

þe plaster to þe soore a gud medcyn to clense þe brest

Take & gedire a quantite of sloon þat been ryp & grend hem small

in a mortere & do hem in ane erthen pot & fill it full of new

alle quehen it es clensid & couer þe pot aboun & mak ane hole

in þe erth & set in þe pott & couer it well abouen with erth & so

let it stond ix dayes or ten & þan tak it up & gif þe seek to drink

at euen hot at morne cold ffor þe ffeuers

Take iij oblays & wryt *pater est alpha* & *o[mega]* apon þat on & mak

a poynt & let þe seek et þat þe furst day þe secund wryt on þat

other oblay *filius est veita* & mak ii poyntes & gif þe seek to

eten on þe iii day *Spiritus sanctus est remedium* & make iii poyntes

& gif þe seek to et on þe furst day lat þe seek say a *pater noster* ar

he et it & þe secund day two *pater nosters* ar he et it & þe iii day

iii *pater nosters* & a crede ffor to sle a worm þat is copen into man

Take rw & stamp it & temper it with thinne wyne & gyff þe

[10r]

seek to drinke & it sall bring hire out ffor to away skabbes

Take red dok rotes & pempernell & scabius & sorell deboys & sy

lidone & stamp hem & temper hem with maybutter & dry hem well to

gedire & streyn hem thoro a cloth in tyll a clene vessell & cast un

to it a god quantite of pouder of brenstonn & stire it well togedire &

þerewith anynt þe seek to he be hooll to make a bile gadir & brek

Take *galbanum* & clens it in þe fire & mak þereof a plaster & lay

it þereto ij dayes or it be remo[v]ed Also tak a rost oynon & a ly

le rote & stamp hem & fry hem togedire with bores gress & with

oliue & mak a plaster & lay to þe soore als hote as he may suffere

& þat will rype it & brek it & if þe hooles of þe byle be small mak

tentis of lynen cloth & lap hem in a noytment þat men callen

*unguentum viride* & do þe tentes in þe holes & lay a plaster abo

uen of *diaculon* or of god tret All so tak hayhone & walowort

& erth malues & white malues & brok lem k & seth hem in wat[er]

& wasch þe soore þereine. Also tak some dokkes & qwit mal

ues & brok lemke & stamp hem & fry hem in scheppis talo & lay  
þe plaster to þe sore all so þe croppes of rede cole sothen well  
& layd þereto & it sall aslak & heell it ffor perel in þe ey at begynyng

Take qwhit ginger & rub it on a qwhestonn of norway & wit  
wyn & do þe wyne in a peuter sausere & set þe qwhestonn end  
into þe sausere & so rub þe rasun of ginger into þe qwhestonn  
into þe wyn & tak a fethire & wasch þe sore eghen & þat sall do a  
way þe peryll & sawe þe egh ffor þe festre gud medcynne

Tak hony & pouder & vertegresse & seth hem togedire in ane er  
then vessell & if you will wyt quen it es enogh tak a crope  
with þi sklysse & drop on a cold iren or on a cold stoon & if it be  
hard quen it is cold þan es it enogh & þen fill þe wonde of þat

[10v]

salve twyes uppon þe day and þat wille hel þe fester this is cal  
lede þe rede salve ffor þe felonn þat makes þi hed swell

Take herts grece hony and barly meel hayhone and  
petimorell and stamp hem all togadir and lete  
fry þe plaster right wel and als hote as þe seeke it mowe

suffre lay it uppon his heued wher it is swollen and sore

and use this to he be hole and seth rwe and finell in water

and wassh þe seke heued þerwith or þowe lay ou þe plaster

Take vynegre & This oynement is proued for sore eyen

do it into a clene bacyne and the juys of sloon & plom

aloen and meng hem wel togedir and couer þe wessell &

so lete it stond thre days and thre nyghts and then do it in

to a box and do þerof into eyen þat be sore ffor þe web in þe eye

Take þe galle of an har and pured honey either iliche

and mele hem wel togadir with a fedir lay it uppon þe webe

in þe eye and it shall breke it withine thre nyghts and saue

Take pouder of peper ffor the tothe ache þi sight uppon warantys

and boil itte in whitte wyn and als hote als þe seke it mowe

suffre hold it in his mouth to it be wel ny cold and thane

spitte it owt and take fressher and do so to ache be away Also

sotheryn wode sothen in vynegre and hold ine þi mouth on

Take the blod of to do away frakens þe same wys

an hare or þe blode of an bull and anoynt þi face þat is fra

kend and it shall destroy hem clen to make oynement cal v

Take half an vnce of letarge and half a pond blimn

of mastyk half a pond of seruse or of blanke plumb

an vnce of kawmfury half an vnce of calamyn an melle

hem wel with everose and half a pond of medwex and kit

[11r]

it uppon smale peces and put it into a faire panne and

alle thi thynges þerto and sette ham ouer a charcole fuyr

and lete hem seth to alle þi thyngs be wel melled and wel

relented. and algates ster fast with a sklis and take it doun

and stir ite ay to it be cold this oynment is gude to a man

þat is skabbed skaldede uppon his pyntell or with fuyr

uppon his body or on his visage or on his membres &

for skalle and for wondes and for many other maladys

itte is a precious oynment her is makyng of oyle rosette

Take half a pond of flours of rose [þ]at er arly gedered

whil þe dewe lastes and ben full speede and full

of knoppes and clipp ham with a pair of sheres on smale

peces and do hem in to glasen vessell and do þerto oyl of  
olyue of þe grenest þu mowe fynd and meng hem wel  
togadir in þe vessill and stoppe it wel and hong it agayn  
the sonne xx days & þanne drawe it thurgh a canvace &  
put it in to þe vessel of glasse and kest away þe groundes  
of þe roses and stoppe wel þe vessell þat þer may non <...>  
owt and euer iche day in þe mornyng when þowe sha<...>  
þyng ffurth þi pote be fore or it be wroght take a spater  
of tre and oppen it and stir it wel and stoppe it aþene  
duryng alwey þe xx days also þis is a noþer makynd  
of þe same Take of þe rose and oil ather iliche weight  
and shrede hem and do hem togedre in to vesshell with  
watir up unto necke duryng tweyn monethes and  
euery day stir it ones and stopp it aþene and aftir streyn  
it thurgh a canvace and do away the groundes of þe rose  
and put it in til a vessill of glasse and stopp it wel for

for this is of a caldre kynd þane is þe other. ffor alle ma  
 Take a handfull of rewe another of be ner hede ache  
 tayne an other of verveyne a nother of wermot an oþer  
 of sauge an other of walwort an oþer of heyhone an oþer  
 of red fynel an other of weybredd an othern of elleren  
 barke. Wasshe wel cleen þe herbes and pille þe barke þe  
 utterist rynd away and stamp hem smalle in a mortar  
 and ix days putte hem in a erthen potte and do þerto a po  
 tell of gud red wyne and an other of gude stale ale and  
 lete hem sethe to þe haluendel be wastede and atte begyn  
 nyng putte þerto a quarteron or an vnce of pouder of pepir  
 and lete it seth with þe erbes and take it downe and streine  
 itte and lete þe seeke drynke þerof þe furst & last seuene  
 sponfull atte ones atte euen hote atte morowe cold nyne  
 days and lette þe seke wasshe his heued with þe licour þat  
 comes aftir and make a plaster of this erbes þat I shalle  
 nenen heraftir ake rwe heihone betaigne verveyn myn

tes hilwort red fenel wermote sotheryn wode of ilkan  
a hondfull wassh hem clen and shrede hem and sethen  
hem in a erthen potte in faire water and wasshe þe seke  
heued in þat licour and lete shaue þe molde and þe seke  
shale be hole with ine v plasters atte þe ferrist uppon wa  
rantys bote loke þat þe plaster be noȝt remouede bot ones  
uppon þe night and ones uppon þe day and bynd a voluper  
abouen and a cape abouen and þen shall no man be wy  
ser atte þe plaster is a bouen ffor man is mold þat es doune

Take leues of egremoyne a gude quantite and wassh  
hem and grend hem and do þerto a gude quantite of

[12r]

lyue hony and lete fry hem wel togadir and lette shaue  
þe heued als fere als þe plaster shall lye and lay þe plaster  
uppon þe mold als hote as þe seke it mowe suffire and  
stamp celidoyne with may butter and let fry hem wele to  
geder and streyn hem þurgh a canvas and do þat in  
[boi]stes for þat is gude to anoynt with þe mold þat is done

aftir þe plaster has ressed hit upp agayn ffor þe felon þat makes

Take betayne and camamyle & a man to swelle

hayhone and Egrymoyne of ilke an handfull and

wassh hem and stamp hem and take hert grece & lyue

of hony of ather a quarteron and do þerto barly mel half a

quarteron and fry hem wel togeder and lete shaue þe

heued and lay þe plaster aboue als hote as þe seke may

itte suffre and gif þer seke to drynke of þat drynke forsaid

for þe heued ache. A medcyne for a skalled heued

Take pee de lyon two handfull or he flored whil he is

tendre and seth hym wel in a potell of strong lye

tille þe haluendel be wasted and lette wassh þe skalled

hede in strong pisse wel hote and shaue it clen of þe

skalle and lete noght for no bledyng and þanne make

a plastre of þe pee de lyon and ley it on þe heued wel

warme and so let it lye a day and a nyght and þenne

take it of and take ry mele and rynnyng watir in a

broke and make papelotes right thike and spred hem on

a clout þat will spred þe sore and lay uppon þe sore hed  
and let þat lye iij days and iij nyghts er itte be remwed  
and þenne take it of and wassh wel heued in strong  
pisse agayn and shaue itte clene to þe flessch and take rede

[12v]

onions als many as wolle suffice to a plaster ouer þe sore &  
lete boil hem wele in water and stamp hem and temper hem  
with jus of calamynt and tempre hem upp with old barowe  
grece molten fair and ppured & use this last to þe seke to  
he be hole. for þis wille hele both fair & wele sikerly also  
an oþer for þe same. Take piche and mede wax and  
rosyne of iche yliche moche be weght and melt hem togedir  
to þe be wel melled and pour hem into a box and lete the  
box stond in watir to it be cold and wassh þe sore heued in  
warme pisse as it es beforsaid and shaf it clen as it is befor  
said and take a lynnyn cloth and ley it uppon þe heued &  
take fair herdes of flax or of hempe and tees hem on brode &  
lay hem on brod uppon þe clowt atte lies uppon þe heuede

tille the clowt be hilled and take owt thenne somme of þat  
in þe box and pouder þerof in a brasen mortar and streen on  
þe herdes aboue on þe heued till þe herdes be hilled & þen  
take an oþer clowt and ley aboue and take a list and bind  
both clowts togedir aboute þe heued þat þe pouder may  
nozȝt shede. so let it be seuen days or eght and use this  
medycyne to all þe forked heres be pulled uppe þat euery time  
þat the cap is remwed wasshe þe heued in warme pysse  
and aftir shaue it clen and lete noȝt for no bledyng  
and make a newe cappe as þowe dedest are and when  
þowe ses þat es no nede to use þe medycyne no more take  
þe grece of nettes fete when þai be sothen and blende of  
þe watir þat þei wer sothen ine into an oþer vessylle and do  
it in boistes and with þat anynt þi heued to hit be hole.  
for this is proued. medycyne fore sore eyen

[13r]

Take a quart of gud whit wyn and do it into a clene  
masselynge panne and do þerto an unce of pouder of sal

gemme and let boil hem togedir a litell and take hem donn of  
the fuyr and set it in hors dong and hille þe panne with an  
other panne and keuyr it aftirward with hors dong and  
so lete it stond iii days and iii nights and þen take it out of  
þe dong and þenne pour oute of the clerest in till a vessell  
þourgh a clene clout and do it in till a fiol of glace and with  
a feþer do þerof in to þi eyen þat er sore atte euen in his bedde  
ffor eyen þat er swollen for yuel or for any medcyne

Take the whit of an ey and þe jus of sengrene and ewerose  
and hony of ilke yliche moche be weght and temper hem wel to  
gedir in a peutre vessell and take fair flax and wete þerine & lay  
itte to þe sore eye when þe seke geth to bedde and bynd it softly  
þerto and on days do this medcyne into þe sore eyen. Take  
a stone þat men calle toty and take fere fresshe water in a peuter  
saucer and take a whestonn and sett it on þe end into þe saucer  
with þe water and hold þe other ind in thi hond and rubbe on  
þe wettir side of the totye to þe whestonn donne into þe watir  
to the wattir be verrey white of þe toty and with þat licor wet

in his eyen þat er sore with a fethir iche day viij tymes or ix  
for this medcyne shall neuer huert bot hele hym fair & wele  
Take smalache ffor to make a precious water for eyen  
rede fenel rwe verveyn betayne Egremoyne quintfoil  
pympernele eufrace sawge selidoyne of ilkone a quateron  
wasshe hem clene and stamp hem and do hem in a faire brasse  
panne and take pouder of xv pepir cornes feir sarsed and a  
pynt of gude whit wyn and do to þe erbes and iij sponfull

[13v]

of lif hony and v sponfull of a knaue child uryne / þat is  
an Innocent and melle hem wel togedir and lete boil he  
ouer þe fuyr a litill and thanne lete streyn ham thurgh a  
clene clout and do it in a glasse wessyll and stopet wel to  
þowe will note it and with a fethir do it in to þe sor ine  
and 3if it dry temper it with whit wyne for it is gude for all  
maner of vices of sore eyen and for to make a man to see  
with ine xv days atte ferrest uppon warantise. A precious  
water for to clarify þe eyen & do away þe perle ore þe hawe

Take rede rose and smallache rwe verveyn maidenher euf[ra]s[y]  
endyue sengrene heiwort rede fenel and celidoyne of  
ilkon half a quarteron and whasse hem clene and lay hem in  
gude whit wyn a day and a nyght and aftir stil hem in a stil  
litory and þe first watir wil be like gold þe second as siluer  
þe therd as bawme and kepe þat in a fiol of glasse for it is  
worth bawme of any maner of malady for sore eyne. ffor

Take peliter of spayne both of þe rot þe totheache  
and of the croppe and wassh it and stamp it and make 3e iij  
ballis in þi hand þerof ilke balle als grete als a comonn pillule  
and ley the first balle betwene þe cheke and þe tothe þat  
akes þe space of a myle wey and euer as þe watir gedirs  
into þi mouth spit it out and when it has been þerin so  
long take it owt hole and do ine a fressh as þou didest  
with þe other and eft by þe therd and spitt owt þe watre  
euer as it comes into þi mouth and loke if þou may take  
a slepe aftir and hille þe warme and þou shalt be hole  
be þat þat þou has sleped þurgh godes grace.

Appendix C: Selected excerpts from London, British Library MS Harley 4349

The texts that follow represent the efforts of at least two writers; their contributions are listed below. For a full description of the manuscript and list of its contents see Chapter Four. Modern punctuation and capitalization have been applied throughout, and folio numbers are provided in brackets.

<i>Noli me tangere</i> surgery	ff. 105r-105v	hand 1
<i>Melancholia</i> treatise	ff. 232v-237v	hand 2
St. Sofia account	ff. 250r-258r	hand 2
Cosmetic recipes	ff. 258v-266r	hands 1 (ff. 260r-261v, 266r) and 2 (ff. 258v-260r, 262r-265v)
On <i>hypochryma</i>	ff. 266r-271r	hand 2

*Noli me tangere* surgery (ff. 105r-105v)

[105r] The cuer of Nole me tangere, that is a dissease which happen for the most part in the lepp, that the more you touch that the worse that wil be, and that will issheue & runn watter or bloud and euer sore, and spped that selfe further and furder & neuer be cured but, at the last, bring death to the perty.

The signes: the flesh loke blackishe that issheue allway, that feelle a hard knobe in the lipe muche lik a ruming warte.

The cawses therof is of melencholy bloud, wich cannot be unburdened by pilles or emmrodes.

The cuer therof as folloueth:

Let the pacient be well diated some 2 or 3 dayes before you take that in hand; then doe thus. Take a payeer of strong cissers made for that purpose, with short blades very sharp, to cut that. Then with a pen & inke marke that out so fare as you porpose to cut out.

Then take the lippe in the one hand & hold that fast & with the cisser cutt that one the one syde at one snipe. And then one of the other syde an other snipp; then that pece will hange doune. Then the nexce snepp, cutt that clene away, allwayes being suer that you cut that all away. Then have in a readines [105v] two sharpe pines or nedles to stiche that up

again, as you do an hershewe lipe. And pull that close together by wynding of the thred,  
hauing in a redines bolle to stench the blod if that bled of much.

Then let that be healled with balsame naturall with fine lint, and within 2 or 3 days pull out  
the pinnes and heall that upp. And this is the true and perfit way of cuer. Probatum est.

*Melancholia* treatise (ff. 232v-237v)

[232v] Melancholy is a certeine dotage without a fever, proceeding of a melancholy humor which doth so troble the seate of the minde that they speake and doe thinges contrary to reason, and that with feare and sorrow. It hath the name of the cause therof. Ther be three kindes of melancholy. The first commeth of a melancholy blood, thicke and full of dreggs, gathered together in the braine. For the melancholy iuice being burnt more then is meete by the inner heate of the braine, the other blood is not hurt. The second: when all the vaines of the body haue melancholy blood, which for the most part is through the fault of a liuer when it ingendereth such thicke and dreggy blood, or of the milt when it doth not purge the liver from such dreggs because of the weaknes or stopping of it. The third is called hypocondriaca melancholia, wherof afterward.

The part greeved.

It is the brain, which is manifest because some cheefe faculty of the braine is hurt, for all the cheefe faculties of the mind come from the braine. But it happeneth that the braine is hurt because it is pars similaris, for the whole temperature of the braine is changed by the melancholy humor into cold and dry. This is evident by that that it neither commeth sodainly neither is sodainly dissolved. But the braine is forthwith hurt in the essence and

then appeareth no signes of the midriffē, hypochondria, the stomacke, and any other part to be hurt. Then the passions of them that haue [233r] the melancholy are increased, and in the face ther appeareth blacke and blew. Otherwise it is hurt by agreement, and that oftentimes of the stomack and mirach, of which afterward. Also sometime it commeth by the fault of the whole body. Then the face tendeth to blacknes and the reteining of the menstrua or hemorrhoids or any other accustomed voiding of excrements staieth, as the superfluitie of the liuer and spleane. The habite of the body is leane, hairy, tending to blacke hauing broad vaines, wherby it may be understood that this affection is a certaine corrupted function of the cheefe faculty. And it is a passion, not a disease, for the faculty of imagining, not of thinking nor remembering, is hurt.

The signes.

They be feare and sorrow and ill thoughts without manifest cause, for the vapors ingendred of blacke choller and elevated do darken the minde because the braine is, as it weare, made darke. Also they are weary of their liues and haue ill and intente cogitations of the mind, and at length talketh idle. Oftentimes also they break out into feares, and one while loue to be solitary, another time not. They muse much. Some thinke that they are allwaies deceived and that waite is laid for them; ther sleepe is very short and haue troublesome

dreames; and som, as it weare, laugh alwaies; some cry; some say they are prophets and foretell; some thinke themselves mighty; some thinke that they are [233v] transformed; therefore some imitate the voice and gesture of cuckows, some of cockes and other liuing creatures. Some thinke themselves earthen pots [and] therefore feare to be broken of those they meete; some, although they feare death, yet they wish for it, and kill themselves sometimes. Some thinke they want ther heades, some ther thighes and armes; some also refuse meate, thinking ther is no life in them. Some suspect ther are theeves or officers in the house to lead them to prison; some are afraid the earth would swallow them up and suchlike. Some are altogether occupied in warr or contentions or praiers and such like, as they are addicted, and that happeneth to them being awake which happeneth often to them that are well in ther sleepe.

The cause.

The cold and dry distemperature of the braine is oftentimes the cause, whether it be naturally or otherwise—that is, of melancholy humor and the vapors therof, ingendered in other parts or remining ther—whence blacke and dreggy vapors do creepe into the seate of the minde, whereby the braine is mad like darknes. It commeth by the immoderate heate of the head so that the blood is burnt, for therupon come melancholy vapors which

sometimes is observed in feuers. To conclude: long sorrow, ouermuch watching, solitarines, [234r] [and] the reteining of the menstrua and hemorroides do cause this evill, for the ill vapor lifted up by the corrupt blood by litle and litle corrupteth the minde. Also, the using of bad norishment, and especially if they be not well digested, are oftentimes a cause. This happeneth also to widowes and them which are greatly in loue, because the mind is solitary and sorrowful, and by the corruption of the liuer when it ingendereth [a] store of melancholy blood bycause of some great untemperatnes. Sometimes, through the fault of the milt when it provoketh abundance of such blood and doth not expell it heerby in time, the melancholy blood goeth through the whole body.

#### Prognostica.

Melancholy coming by the offence of the braine and waxen old and, as it weare, turned into nature, is incurable almost, but the cure is easier in the beginning. Sorrow and immoderate feare continuing long signifieth feare melancholy. But if the hemmoroides happen to them that are melancholy it is good, but it is dangerous lest it should tend to an apoplexy or crampe or madnes or falling sicknes. Therefore, this evill must be cured presently, but every melancholy is more familiar to men and worse to women. The melancholy which

happeneth by the fault of the whole body is hardly cured, as [is] that also which commeth by the fault of the braine.

[234v] The diet.

Let the aier be cleere, smelling well moist in other thinges temperate. The meate moistening the body meanly and is of good iuice and easy digestion and ingendreth not winde, as reare eggs, hens, capons, etc., fishes having soft flesh, petrosilinum, unæ passæ, endiuia, borago, etc. Of these may be made brothes.

His drinke: small white wine.

Exercise meane, as walking in pleasant places. Sleepe more then accustomed. The excrements of the paunch [should be] gently provoked by art, if naturally they void not at times convenient.

The cheefe perturbations of the mindes are to be avoided, especially feare and sorrow, in stead wherof the mind must be made merry and constant and of good hope. [...]

[237r] [...] An addition.

First loosen the body with a clister, softening and driuing away winde [and] also concocting the humors. Then cut the vaines, and make the humors obedient to nature. Then voide

them out of the body with purging medicines, first gently, [237v] least you dry and heat the body, then stronger, if the disease be hard to cure as hieradiacolocynti dos, loquod. But use purging potions rather then pills, because pill[s] dry more then moist medicines. Then turne the humors from the braine with bindings, rubbings, strong clisters, suppositories, cucurbitutæ, and other instruments of diverting. Then strengthen the cheefe parts of the body, especially the braine and hart. Also resolve the reliques. In the meanetime, giue those thinges which cause sleepe. But to all medicines we ad those thinges which may moisten. Ther are some sicke of this disease which do some thinge very earnestly, because they they thinke they haue serpents or frogs or a spirit or some such like within them. Wherof some are healed when, being purged, such thinges are conveighed into ther excrements unknowen to the patient. They, being seene, leaue ther false imagination.

**St. Sofia account (ff. 250r-258r)**

[250r] The Lord Leonard Vairus, Prior of St Sophia Beneventoma, a young man 30 yeares of age, being allwayes of perfect health, using an holsome diet, a banquet being prepared by the monkes of the sayd Abby, was sodainly at supper time taken with euill and raging fits. His tonngue swelled so þat he could scarcely mutter; the habit of his face & the countenance & his whole body burned exceedingly; he complained of the paine and gnawing of his stomacke; his thirst was unquenchable; he was tossed this way & that way; neither could he find any rest; lastly, all his body was red, & the rednes seemed to shine. With flamming eyes he beheld them that stood by that they should helpe him. Therefore upon these occasions he suspected that he was poysoned, both because he was newly made Prior of the place, being a stranger, & also because [250v] the reformation which he then made in the same monastery, to take away the abuses & euill customes, was uery odious to some of the inhabitantes. Wherefore he hasted to his chamber, which was by, wher he, finding a glasse with a little oyle, drunke up all: he, being thereby provoked to vomit, was almost freed from all his greefes.

The phisitians being sent for & all thinges first understood, at length they ministred oleuem amigdalarum newly made; & vomiting the second time, he was almost restored to

his former health, whenas he had a paine in his head although but small, & felt, as it weare, a certaine winde eleuated from the stomacke to the hart, [and] from the heart to the braine, to be left after vomiting. The phisicians vowed to give him a purging medicine, which being ministred the seaventh day of his sickenes, when he had conveniently emptied his body, he was free also from those very greefes & in the space of 20 dayes he recovered his former health, [251r] complaining not at all of any other matter.

Such was the disease & cure of the aforesayd Lord, with whom seaven phisitians weare present, as Antony Bilocta Protojatrus, Donatus Antonius my father, Franciscus Renna, Saluator Mauronus, Angelus & Julius my brothers & my selfe. And because some of þe physitians not sent for supposed that those greefes proceeded not from an outward poyson, but affirmed that they proceede from other causes, that they might purge them that were inquired upon for this crime; therefore, that þe truth of this thing may appeare, I will set downe some reasons taken from the nature of poyson, by which it is shewen that poyson is taken outwardly.

Every poyson taken within our body is opposite together with the faculties therof. So the meate wherewith we are nourished: ffor as meatt is turned into the blood of our body &

becommeth in every parte therof like the members, which it especially nourisheth entring into the ~~member~~ place therof, which forthwith is [251v] is dissolved in us: so contrarywise, poyson translateth the body & members unto which it first ioineth into a nature particular unto itself & poisonous. Wherupon even as all beastes & all fruites, which the earth bringeth forth, & all thinges which may be turned into nourishment, if they be eaten by us, do tourne to our nourishment: so by an opposite manner, poysons taken into our bodyes make all the members of our bodyes venemous. & the reason is, because whenas euery agent is stronger than his patient, by his strong force of working poisonnously, it overcommeth our substance & turneth it into the poysonsome nature of itselfe, after the same manner that fire by his most powerfull force of working turneth chafe into it selfe as Gal[en] 3. De simplic[ium] medic[amentorum] facult[atibus]. Hence a reason may be rendered why, if any man be bitten by a spider or scorpion or any other beast casting poyson, the whole body is poysoned, & why so small a quantity of poyson doth beget so bad [252r] greefes, which not beleeeveth therfor because although the poyson be of small quantity, when as the poyson is stronger than that part into which it was cast, it turneth that part in to it owne poysonous substance, & that part turneth another part next unto it into a poysonsome nature & so successively, by multiplying his strong forces, the whole creature is poysoned.

Hence also a reason may be given why they which are bitten of a mad dog are afraid of the water, by which alone peradventure they might be healed. We thinke that happeneth for the same cause. For whenas the soueraingty of the whole humours & of the principall faculties & functions of the whole bodie shall receiue the very poyson, & shall make all the dispositions of the body like them selues, all the forces of the body are moved, they rush violently against that which they thinke contrary unto them—that is, against the very water if it be [252v] set before them.

And so when the whole substance of that biting by a mad dog is turned into a raging nature, whenas that poyson is hot & dry, he is afraid of the water, as a contrary & destroying his nature. We must not say that this happeneth by a corrupt imagination, for the sicke party imagineth that ther are dogs in the water, & the continuall imagination which he hath of the dog sealeth in him selfe the shape of a dog, & a dog is supposed to be in the water & in other liquid & smooth bodies. & therefore they þat are bitten by a mad dog are afraid of the water although they neede it because they are athirst, as Petrus Apponensis writeth eloquently in his 179 difference. Therefore, returning to þat matter, we say that þat poyson was taken outwardly. Let the first reason be taken from the nature of poyson, which is to turne the substance into its owne poysonsome nature.

Whereas the aforesayd Lord Leonard, being in perfect health, had eaten some few bits, he was [253r] taken by those euill simptome, it is a most evident sight, that he tooke no nourishments, which are turned into our substance, & do nourish, encrease & conserue that substance, but that he took poysonous meates which turned the substance therof to a venemous nature, as is manifest by the sodaine simptome. & those being cast out by vomiting, all thinges weare quiet & remisse, whenas vomiting is the cheefest ayd in curing poyson taken as Diosc[orides] sayth in his 6[th] book, which could not so presently be stayed, if they had proceded from some other inward cause, which could not be, he being alwayes sober & of perfect health. [253v] But that, þat no other thing but poyson could be taken, is proved. For if those simptome could procede from another cause, that cause might be the badnes & illnes of the humors, which may be begotten in the body like unto poyson: but it can be no such cause, whenas his body was healthfull, & he had alwayes a great care of his diet; therefore, from what could the illness of the humour be ingendered? And if they had beene gotten by such a cause, neither could the simptome so soone be stayed.

The third reason: every change is from a contrary, because from a like neither action nor passion proceedeth. Therefore the greater change proceedth from the greater opposition &

so the greatest change from that which is most opposite; because as simple is unto simple, so greater to greater & greatest to greatest; but that which is most opposite to our substance & nature is poyson. Therefore poyson is that which doth most alter & change our substance. Therefore, whenas [254r] his substance was changed so sodainly & very much from his former state, therefore it was from a very great cause changing, which is poyson.

The 4th. Moreover that whenas any agent performeth his action in a greater or lesser time, this commeth to passe by reason of the greater or lesser resistance of the thing suffering: for when ther is greater resistance, ther is a longer action; wher ther is lesse resistance, ther is a shorter action: but ther is the lest resistance of all betweene poyson & our substance, whenas the nature of poyson is most strong, & hath greatest strength in respect of our substance. Therefore our substance is altered by poyson in a lesser & shorter time. Therefore whenas those ill simptome happened in so short a time, they proceeded from a most powerfull cause—which is poyson—which his substance could not resist. For whenas at that very time he was well & merry & had tasted morsels of bread soaked in chicken broth & had once drunke wine well watered, the forenamed simptome happened.

The 5th reason. Whenas [254v] such greevous simptome ensued after he had eaten, & in a man who had had a good care of his diet, whenas he was well a litle before & in the very entring of the banquet he was taken with those simptome, it must be a most evident token that he was poysoned, because it being cast out by vomiting, he recovered his former health.

The 6th. Descending further to particulars, whenas poysons are of three kinde as ancient phisitians haue written: for either they haue their deadly force from plants, or from creatures, or from mettals; which, although they haue a deadly force, yet they do not bring forth their effects from one & the same cause. For some worke by the excesse of the qualities of the elements of whose mixture they consist, but some worke by a proper forme, which some of the phisitians call a secret property. But others ther are which worke both wayes, by an elementary quality & a specificall forme. The poysons which worke by the excesse of their [255r] qualities do vary their actions according to the variety of their qualities, whenas one is hot, another cold, another dry, another moyst; the poysons which exceed in quality do kill the creature by heating, burning & gnawing him. By this reason, poysons which kill a man with heating do quickly inflame all his inward members, do cause an excessiue thirst, do inflame the eyes, do cause continuall trouble & disquietnes: all

which thinges betokening an hot & gnawing poyson, whenas they followed the first morsels, we suppose he took hot poyson.

The 7th. Helps fit for poysons hot & gnawing weare ministred, & forthwith he was holpe by them, as by oleum commune, & oleum amigdalarum dulcium & others, after the taking of which, vomiting ensuing, he was freed from those simptome. Therefore ~~he is declared~~ it is manifest that he tooke poyson hot & gnawing.

The 8th. Descending to more particulars, we thinke it was venenum sublimatum, both because of the simptome which accompany venenum sublimatum [255v] being taken, both because it is commonly knowen, & it is more easily formd. & wee coniecture that it was giuen with wine, rather then with any other cates, because those cates with their fatnes are contrary to gnawing poyson, & could not so sodainly effect such raging simptome.

The 9th. The afore rehearsed phisitians, credible men, giue credit unto this matter, all which with one consent affirm that it was poyson outwardly taken, who cured him being, as it weare, poysoned with an outward poyson taken at the mouth, & brought him by Gods help to his former health.

By these reasons alleadged, it is more cleere then the day, to him that weigheth them well & the matter itselſe, þat the L. Leonard was poysoned, which might be proved by many other reasons. But now labouring rather for brevity then for a cleere prouing of the matter, it will be better to [256r] be silent then to shew that the sun doth giue light: especially whenas the ministers of the court found the residue of the poyson hid in þat chist of a certaine monke, which monke, with two other monkes his kinsmen, was taken upon most manifest evidence & cast in prison, & affterwards by the intreaty of the sayd Lord Leonard, weare set at liberty, by the Lord Scipio Santimus a doctor of both lawes, at Naples, who was sent by M. Antonius Columna to decide thys cause at Beneventum. Which Scipio, although he knew all three monkes worthy of deth, yet to appease enmities, it seemed good both to the most noble L. Ascanius the Abbot & also to others, that in this matter he should be ruled by the Lord Leonard the Prior who, following the steps of Christ & the martirs, made intercession for his friends enemies, trusting that by this meanes he should do that which would be acceptable to God & man.

And I will make an end of this narration when I shale haue touched the preservation [256v] ac common cure of poisons, which is divers according to the divers kindes of them. & if the helpe for every poyson should be reckoned up severally, it would alter the scope of

brevity propounded & we should be compelled to reckon up all sorts of poysons, as well simple as compound. & Galen saith þat it is the property of the lewe man to write of poysons, although many haue assayed to do it, amongst which is þat Orpheus sirnamed the divine, Heliodorus of Athens, Horus Mendesius the younger, Aratus, & many others, whose writings I iudge unworthy to be published; therefore poysons, by the advice of Galen, are [better] to be concealed then taught, unto which opinion I willingly subscribe. For when we labour to teach & prepare poisons, the wicked are the more instructed unto naughtines.

But least our speech of poyson should be prolonged, I will not conceale the best, most excellent, & generall helpe for every poyson, which both before [257r] & after the giuing of the poyson, also by preserving & curing a mans selfe, any man may safely beware before hand of the power of poyson, by the example of Aurelius Antoninus the Emperour, by using a Theriacall & Mithridaticall antidote. For Mithridates mingled together all medicines that helped against poysons, as Galen affirmeth [liber] pri[mi] De antid[otis] who in his booke De Theriaca unto Piso, & in his booke De anti[dotis], doth so extoll the Theriacke & Mithridaticke faculty, that in reckoning up the praises therof summarily he sayth: it doth so dispose the body that it is not corrupted by no hurtfull thinge. Therefore

by the precept of Galen the Mithridaticke antidote is of force against all poisons. Although we may reckon up many other helpes, I will onely shew two remedies, which all the cheefest & of which I haue made most often triall.

Rx radicis angelicæ siluestris ℥iiij; angelicæ sowen & alteæ ana ℥ij; enulæ campanæ ℥iij; asclepiadis or vincitoxici, urticæ, polypodij ana ℥j; [and] corticum de radicibus thimeleæ or [257v] mezereonis ℥ij. Gather these rootes from mid August unto the 8th day of September and dry them in the shadow in an hot place. Then in a litle new earthen pot glased, boyle them a quarter of an hower, the couer first glued on on every side with past made of meale. Then take it from the fire, & so let them rest untill they be cold. Then take them out & spread them betweene two linnen clothes somewhat thicke, & so dry them in an hot place. Then put to all these 12 berries of the hearbe Paris, which are gathered in May, & 30 leaves of the same hearb. Beate them all in a mortar & make a powder, & keepe them in a vessell of glasse closed with wax & parchment. It is giuen with wine the weight of a dramme.

#### Another

Rx dictami cretensis, dictami albi, gentianæ, cardi benedicti, termentillæ, of the former barks, of crabfishes dried in a shadowy place ana ℥j; boli armeni orientalis, terræ Lemniæ, offis vincornij beaten to powder ana ℥ss; [and] almischij good ℥j. Beate all these very thin &

mingle them with [258r] most perfect hot water, & after the water is drunke in seaven times & they be dried in the sun, beate them to poulder againe & sift them. & keep them in a vessell of glasse well closed, & giue ʒj with two digiti of white wine to him that needes.

And amongst other remedies ther is found the stone Bezaar, which is brought unto us out of þe east Indies, which, if it be giuen unto a sicke body with the water of the hearb scorsunera, he shall presently be freed from poyson.<sup>1</sup> Also ther is terra called Lemnia or sigillata, for the force of it is so great that drunke or eaten it expelleth poyson. For it is written that the East & South kinges & princes used this terra sigillata dayly at dinner & supper, wherupon this earth was signed with the seale of kinges. Therupon it was named terra sigillata, but now the credit of þat seales is gone, because as well good as counterfeit is transported unto us.<sup>2</sup>

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<sup>1</sup> On medical uses of the bezoar, see M. D. S. Barroso, "Bezoar Stones, Magic, Science, and Art," in *A History of Geology and Medicine*, ed. C. J. Duffin, R. T. J. Moody, and C. Gardner-Thorpe (London: The Geological Society of London, 2013), 193-208.

<sup>2</sup> Portions of the preceeding four paragraphs appear in Book 7 of Johannes Schenck's *Observationum medicarum rariorum* (Frankfurt, 1665), 908.

But it is not my present purpose to reckon up all & innumerable kindes of poysons & their remedies, but only to relate the poysoning of this famous man; wherof, lest we should exceede, we make an end, giuing thankes to almighty God.

### Cosmetic recipes (ff. 258v-266r)

Portions of this section of Harley 4349 represent a partial English translation of Book 9 of the *Magiae naturalis*, a well-known ‘book of secrets’ written by playwright and polymath Giambattista della Porta (c. 1535-1615). Passages which appear in both texts are listed below:

	MS Harley 4349	<i>Magiae</i>
<i>dentifricia</i>	ff. 258v-259r	9.25
<i>mammae</i>	ff. 259v-260r	9.26
<i>cerussa</i>	ff. 262v-264v	9.15
ringworms	ff. 265r-265v	9.22
warts	f. 265v	9.23

The first edition of the *Magiae*, which contained only four books, was published in Naples in 1558. A much-expanded version comprised of twenty books became available in 1589.<sup>3</sup>

Della Porta was careful to share credit for this vast amount of new material. “I never wanted also at my House an Academy of curious Men, who for the trying of these Experiments, chearfully disbursed their Moneys, and employed their utmost Endeavours, in assisting me to Compile and Enlarge this Volume,” he acknowledges in the preface to the 1589 edition.

Known as the *Accademia dei Secreti*, the group of “curious Men” who convened at della

Porta’s Neapolitan home was comprised of the intellectual elite of the region, likely

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<sup>3</sup> The text saw numerous reprintings and revisions; in the thirty years between its first printing and its expansion in 1589, six Italian, seven French, and two Dutch editions were published. Thorndike provides a relatively detailed overview of the text in his *History of Magic*, Vol. 6, 418-21.

including men such as the classicist and alchemist Domenico Pizzimenti and the anatomist Giovanni Antonio Pisano.<sup>4</sup>

Donatus Antonio de Altomare, who had tutored della Porta in his youth, is widely believed to have been among them.<sup>5</sup> To what extent he contributed to the expansion of della Porta's *Magiae* is impossible to know with any certainty. But the presence of the following cosmetic recipes in Harley 4349—a manuscript which also includes an apparently unpublished medical text unquestionably authored by Altomare himself, in the same hand—is perhaps indication that at least some of the recipes included in the *Magiae* came to della Porta by way of Altomare, or at least that the two Neapolitans were engaged in the exchange of remedies and treatments.<sup>6</sup>

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<sup>4</sup> Mario Gliozzi has argued that this emphasis on sharing 'secrets' as a means of admission to the Academy represents a longstanding historiographical invention rather than an ongoing practice of the Academy. Lorenzo Crasso, for instance, asserts in the seventeenth century that "no person was admitted who had not already made themselves famous through experience, and who did not bring with them some marvellous secret, above the common understanding of the people." Giovanni Imperiali makes a similar claim some years earlier. "In fact," Gliozzi points out, "[della] Porta himself informs us that the first membership requirement was to pay a maintenance and continuance fee." My translation. See "Sulla natura dell' 'Accademia de' Secreti' di Giovan Battista Porta," *Archives Internationales d'Histoire des Sciences* 12 (1950): 536-41, at 539.

<sup>5</sup> William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton: Princeton University Press, 1994), 201-3. See also Louise George Clubb's *Giambattista Della Porta, Dramatist* (Princeton: Princeton University Press, 1965), 7.

<sup>6</sup> At least one contributor may have asserted authorship of della Porta's entire text. Thorndike writes that Dominic Pizzimenti—who had tutored a young della Porta in classics—claimed to be the real author of the first, four-book edition of the *Magiae*, though he does not provide any source for this information. See Thorndike's *History of Magic*, Vol. 6, 245-6.

That the text in Harley 4349 is not simply a transcript of one of the two published English editions (printed in 1658 and 1669) is evident by the simple fact that the wording is sufficiently different to indicate that the Harley writer was not copying an extant English version. For the sake of comparison, one cure is below:

*Magiae naturalis* 9.22  
(Naples, 1589)      Contra has inuenimus ad impetigines. Ex oxylapathi radicibus extrahatur aqua stillatim, & singulis harum libris melopeponum, & halinitri semunciam, & tartari vini albi duas uncias addes.

MS Harley 4349  
f. 265r      We invented against the ringeworme [an] extract by stilling a watter out of sorell rootes. & to every pound of these rootes, [add] melopeponum & halinitri ʒss and tartari white wine ʒij.

*Magiae naturalis* 9.22  
(London, 1658)      I found these Remedies Against Tettters. Distil water from the Roots of Sowredock, and add to every pound of these, of Pompions and Salt-Peter, half an ounce; Tartar of white-Wine, two ounces.

There are two non-cosmetic texts that I have retained in the transcription below because they are embedded within the section. One is a group of remedies for pain in the liver or spleen, to be used when the attending physician would prefer to “preserue” the milt vein—also called the *vena salvatella*, located between the ring and little fingers—from bloodletting. The other is a brief explanation of decretory or ‘crisis’ days, which were employed in determining whether a patient was likely to perish or recover from an illness.

[258v] Of medicines to cleere the teeth by rubbing

Amongst the crafts of dressing of women are dentifricia, for they think nothing more unseemly in women then, when they laugh, to show their foule rusty & spotted teeth; for all women in a manner, because they use to anoint with quickesilver, have their teeth blacke & yellow. & because they are abroad in the sun, when they would make their haire yellow, their teeth are weakened, moved & oftentimes fall out. We will first shew how we may make them that are blacke as white as the shining pearles, & then how we may cover with flesh them that are weake & naked in their gums & how we may make them strong. But of in old time they prepared

#### Medicines for the teeth

of the shels of the purple fish & buccina being burnt.<sup>7</sup> The Arabian stone is like to spotted ivory, & being burn[t] it is applied to dentifricia.<sup>8</sup> Also of the pumis stone the best &

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<sup>7</sup> LM: "buccina, a shel fish like an horn"

<sup>8</sup> On the Arabic stone (sometimes called arabiga), see E. Liñán, M. Liñán, and J. Carrasco, "Cryptopalaeontology," in *A History of Geology and Medicine*, ed. C. J. Duffin et al., 45-64, at 57. On *terra sigillata*, see A. Macgregor, "Medicinal *terra sigillata*: A Historical, Geographical, and Typological Review," 113-136 in the same; on pumice, see Duffin, "History of the Pharmaceutical Use of Pumice," 157-170 in the same.

most profitable dentifricia weare prepared as Pliny fsaith. And the teeth rubbed with the poulder of yvory the teeth were made like yvory as Ovid.<sup>9</sup>

[259r] What if I command you to wash your mouth in the morning with water, that your teeth looke not blacke? We will giue

Another

which we use. The crumb of barley bread with salt & hony sprinkled upon them do not only make the teeth white but also the mouth swete. So with red corall, the shells of the cuttle fish, hartshorne & such like; every one of which alone polisheth & clenseth the teeth, & also graine wherwith cloth is died. Also ther is made a stilled water of alum & salt, which white[n]eth & strengtheneth the teeth ~~most of all~~ very much, yet oyle of brimstone polisheth better than anything, for it smootheth & clenseth away all spots. & if it seemeth unto some to be vehement we may alay it with aqua flurum mirti. Apply a tooth

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<sup>9</sup> Della Porta's Chapter 25 reads: "Ex pumice quoque utilissima parabantur dentifricia, ex Plinio. Pulvere etiam eboris adfricato eburnei dentes reddebantur. Ovidius:

*Quid, si præcipiam, ne fuscet inertia dentes,  
Oraque suscepta mane laventur aqua?"*

Like the sentence in Harley 4349, the couplet substituted in the English edition ("That Teeth may not grow black forborn, / With Fountain-water wash them every morn") also rather clumsily removes the reference to handwashing. The original Latin quotation is taken from the *Ars amatoria*. See *Ovid: The Art of Love and Other Poems*, trans. J. H. Mozley and revised by G. P. Goold, Loeb Classical Library 232 (Cambridge: Harvard University Press, 1929), ll. 197-98.

scrape on the fashion of a tooth, & with oyle powred upon it run the spots (but carfully that it touch not the gums, for it maketh them white & burneth them), clensing them so long until they shin exceedingly. Now we haue described the perfectest dentifricia amongst the phisitians.

[259v] How th[e] dugs may be stayed from growing

Amongst the ornaments of women, this is most exellent: to have the dugs small, round, solid not loose & wrinckled after childbaring. Thus we may

stay the dugs from growing bigger,

if we will. Beate cicuta,<sup>10</sup> & the magmata or dregs therof, lay upon the dugs of virgins. & so they are stayed that they grow no bigger, & this especially in virginity, although it restraineth milke at the usuall time. But if thou wilt restraine them þat are soft & loose, [take] white potters clay, the white of an eg, omphacitis galla,<sup>11</sup> [and] mastiche. Thus beate them & mingle them with hot viniger & anoint the dugs, & let that be on all night. If it do no good do it againe. Also these thinges are good for the same matter: the stones of medlers, unripe services, sloes, acacia, the flower of the pomegranates, the rinde of the

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<sup>10</sup> LM: "cicuta, an herb like hemlocke it is taken for hemlocke"

<sup>11</sup> LM: "I thinke it signifieth unripe galls"

pomegranates, pine nuts unripe, wilde peares & plantaine, if they boyle them all in viniger & lay them upon the dugs or some of them. In old time the whetstone of cipres<sup>12</sup> was commended, as a thing to restraine womens dugs for growing, Diosc[orides]. But Galen sayd that it [26or] would not onely restraine the growing great of the dugs, but also that it would not suffer childrens cods grow great. But we use the extracted iuice of the hearb alchimilla, & linnen clothes moistened in them & layd upon the dugs & renewed, for it doth not onely suffer the dugs of women not to grow, but restraineth the dugs of matrons being flagging & maketh them solid. It is more effectuell if we use the decoction of the same herb, & if we ad any of these before rehearsed vis. hipocistis, the rinde of a pomegranate, & suchlike. So also the distilled water of greene pine apples maketh the dugs that flag round, hard, & solid like a virgins.

This is this beast water for the face, and may be geuen to a Lady or Quene  
for the preciousnes of it & for vertue.

Rx the whit of 3 newe laid egges and beate them till they be come to perfitt water. Then straine them and take allom & catine and brass camphore allum ꝑi ucharmum, which is mad with allom that is relentid. And so mingle all thes with rosewatter. And so make it up

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<sup>12</sup> Above: "used to sharpen yron"

like a suger loafe: of eche of them ʒi; conall of viniger ʒ4; [26ov] of the water of beanes  
blossomes ʒij. Let all thes thengs be finly beatten and stamped in a mortar and then put all  
them togither in a viall of glasse well-couered. And set it in the sonne 15 dayes, shaking the  
sayd water 3 times a daye.

This being done, sett it in the viall. And washe your selfe with that when you will, leaueing  
that a certayne space uppon your face. And then rube it your face with a cloath or peece of  
scarlot. The ladyes and gentellwomen that will use it often, were shee 7 score years of age,  
will shew as shee ware but 3 years of age. That will alter ther compleccions and skin with  
smothnes which by good experiance the Dutches of Millanus, the french Queane sister, did  
proue. Probatum est.

[261r] A good Drinke to kill a pitter worme that is first to be dronke of any  
person to kille that inward when wee shal requier.

Rx: ix leues of reed sage; 3 leaues of borage; 2 rotes of swet whit dayes clene sccraped &  
washed; 12 leues of one sette marygoulds; [and] a quarter of a sponefull of red veniger. Let  
all the abouesaid herbes, with the two daysey rots, be stopped & stamped fyne. & put to  
the herbes a good draught of white wyne & also the quarter of a sponefull of red veniger

altogither, & strayne them through a fine clothe without heete & so being clenched, drinke a good draught therof, fastinge & to beadward, & in specitally when the great heat shall happen to reyse in the face. Loke the leues be well washed in 3 water & then swyngle them in a cloath that the water be gone from the herbes &, likewyse, the rootes allso.

If we shall Require for the heat in the mylde to preserue the mylt veine

Rx: 20 leues of a planten & 20 leues daysay rootes. Open them if it may bee, & stampe them & scrape them & lay them so stamped upon a cloathe plaster wyse. & so lay it to the small of the backe at the waste a handfull broad & let þat lye all the daye. If ned shall require it, the party can suffer yt in the night at his will is most fittest. Loke the leaues & the abouesayd leaues be well washed & dried in a cloath, as is aboue sayd. Use to rost thes herbes in meat, which are thes. That is to say: ix leaues of reed sage & xii leaues of borage & 5 of sorell. & eate them with your meate, [26iv] verges, or viniger or other sause. All thes herbes ar good to stille & to drinke at all times, 2 or 3 sponefulls at onse, morneing & euening, as occation shall serue.

An oyntment for the same

Rx of fyne noruall oyne: & spred þat with a feather upon the places greaved evernight if the parti may suffer bare þat, or els eche other night. & this will kille þat outward. and when

bat is killed, use the oyle of roses likewise layd one, and that will preserue the colour of the face.

[262r] The creticke days are called the iudiciall dayes & the creticke are the 7, 14, & 20<sup>th</sup> dayes; they are called iudiciall dayes because ther they are iudged & on those decretori dayes they judge of the cretorii either to good or harme, & the decretori dayes & þe state are the same. For the state of the disease is either the seventh day or the 14<sup>th</sup> or the 20<sup>th</sup>, & when ther appeareth on these dayes a creticke flowing or sweate, or loosenes of body, they must not be restrained.

But crisis is the opinion to good or to evill. Which crisis may appeare or not appeare in these dayes, ther is a contention when the disease happeneth or endeth either to good or to evill. And if the disease ouercommeth the strength, the sicke man lyeth downe & dieth. Contrarywise, if shrength ouercommeth the disease, he liveth. Hippocrates sayth that in sharpe diseases we must not iudge, & that we may iudge in continuall diseases, & the reason is because in sharpe diseases, þe matter is not quiet nor fixed; it is moveable, because it is moved on every side through the whole body. & in continuall diseases the matter is unmouable, & we may better iudge of these.

But Galen sayth that in sharpe diseases we may easily iudge. But the intention of Galen was, if [262v] the matter in sharpe diseases be fixed that wee may iudge better then in continuall diseases. & therefore ther is no contradiction betweene Galen & Hyppoc[rates].

How cerussa for the face should be prepared.

Because argentum vivum sublimatum is very hurtfull, it is an hidden worke to make it with cerussa, but not after the usual manner, that women may obtaine their purpose without losse of the skin & teeth. At length the busines is come to cerusse. Take swines fat, well washed & made cleane with common water at least ten times. Put it into ly made of sweete water, and after fifteene dayes, steepe the fat in an earthen pitcher hauing a broad mouth, very sharp viniger being infused, so that the viniger may swim three fingers aboue the fat. Then make fast a plate of led upon the breathing place of the earthen vessell, linnen cloathes being glued in the iointes that the viniger breath not out. Every fifteene dayes, the stoppell being loosed, it is seene if the lead shall be dissolved. & the scraping of or corruption being put in & the cover being put in, smeare it about & let it alone as long, & doe the rest as is aforesayd, untill the whole lead be dissolved into cerussa. The cerussa must be washed thus. Poure water into a pitther. [263r] Steepe the cerussa, moue it this way & that way, that the filth—if ther be any—may goe to the bœttop; the cerussa, because

it is heavy, sinketh downe to the bottome. Poure out that which swims aloft in the vessell  
& put in new water & do so ever & anon, untill the meere cerussa be found without filth.  
& when it is dried lay it up. If you list to make it after

another fashion,

Take handfulls of cleane barley, steepe them a night in cleere water, [and] then dry them in  
the sun, laying a linnen cloth under. When they are dried, beate them in a mortar of  
marble. When they are beaten, put them in a pitcher nointed with glasse which may  
containe the viniger, & with it put in foure whole egges with ther shells. Then, [with] the  
ledden plates—especially them that are bent or not plane—stop the vessell, & let it haue  
no breathing place, & halfe stopped with sand, let it stand in the sun. After ten dayes take  
it out, with which cover thou shalt stop the vessell. The cerussa remayning upon it is wiped  
& scraped of with a feather. Presently, take out the eggs, put in new eggs, & bestow like  
labour, & after so many days scrape it, untill the plate be consumed. The cerussa now  
stooke of binde in a cleane linnen cloath meanelly thin, put it into a vessell full of water, &  
stir the bunch this way & that way [263v] untill the limy part therof cum out & the  
groundes remaine in the linnen, & suffer the water to settle. &, sifting it through a  
streiner, stir it & poure it out, the water being changed so long, untill no filth sinketh  
downe. At length straine out the water & lay up the powder being dry. This alone, with

well water & the white of an eg, maketh the face white & also maketh it shine. Ther are some which make cerussa

another way

& make it pure. Mingle hempen tough with the white of eggs very well stopped, in the midst wherof thou shalt place the cerussa, & shalt lap it together then lap it up in a linnen cloath & boyle it an hower in an new earthen pot put to water. In boyling it, take of the froath, then remoue it from the fire, & if any led setleth downe, cast it out. Afterward thou shalt make into trochiskes gummi tragacanthæ, that they may be kept the more fitly. Or else bind ther cerussa, being very well beaten, unto the eare of the earthen vessell, in a parchent & a linnen cloth upon it, & boyle it with the water of white lilies. It must be boyled as we taught before. At length, poure it into a platter of earth &, all the moisture being quickly streined, dry it in the sun fifteene dayes & keepe it.

[264r] The best smegmata for women

We spake seuerally how we should make faces white, soft & cleere; now we will set downe waters compounded of these, which at the same time may make

þe face white, cleere, red & soft,

namely by compounding & destilling those thinges which we once spoke of. Take of cerussa already washed ℥j, argenti niui sublimati, gummi tragacanthae ana ℥ss, [and] tartari ℥j, all which beate to powder, & put it & sow it into a pigeon washed & bowelled. Put it into a new pot full of water, stilled out of a cucurbita, untill the bones part from the flesh, afterwards still it. When thou goest to bed, wash thy face, & in the morning wash it with well water, so thou shalt haue the face white, cleere, soft & well coloured. It is made also after another sort.

Beate thre poundes of the barkes of beane cods [and] put to two pound of hony & one of terebinthina resina. Put it in a vessell & close it that it may not breath out, & set it under the dung eight dayes. Then put to foure poundes of asses milke, and in his vessell get out the oyle by the fire. Use the water morning & evening. If thou wilt, it shall be made another way.

Distill elder flowers, the rootes of wilde roses, genista, [264v] of periclimenum, of polygonatum, & of bryonia, una acerba & sarcocella, every one of these seuerally. Mingle equall parts of every of these, or still it againe & set it in the sun; this will be the best. we will set downe another for the same.

Pull of the feathers of an hen without water, bowell her & cut her into gobbets, [and] steepe them all night in white wine. In the morning, wash it in that, squise it in thy handes that no wine remaine, & presently, two cups of white wine being put to, distill it in uas chimisticum. Afterward, thou shalt still together flores cissampelos, citri, [and] mali aurei,<sup>13</sup> and keepe the water seuerally. Afterwardes thou shalt open limons, & out of these thou shalt take the water, in like sort of the flowers of beanes. Presently thou shalt still six cups of asses milke & as many of cowes milke. Thou shalt do the same of aqua cucurbitarum & of milke boyled againe, of flores sambuci & terebinthina resina. At length haue a vessell of glasse. Therin put of caphura ʒij [and] a quarter of a pound of cerussa beaten to powder. Mingle it with the waters already rehearsed, & in a vessell stopped set it abroad in the sun & moone fiftene dayes. If thou wilt use it, anoint thy face with a linnen cloth mostened in those waters.

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<sup>13</sup> RM: "malum anreum, an orange or limon"

[265r] How ringewormes may be taken from the face or any part of the body.

Ringewormes do so deforme the face that nothing can be seene more deformed nor more filthy. Sometimes they occupy the partes of the body, as the armpits & thighes. They drop water, stinking & defiling the apparrell. We invented

against the ringeworme

[an] extract by stilling a watter out of sorell rootes. & to every pound of these rootes, [add] melopeponum & halinitri ℥ss and tartari white wine ℥ij. Let them soake a few days then thou shalt still it, wherwith thou shalt wash thy face in the morning, & at night anoynt it with þe oyle of tartari & of almondes mixed together. And the oyle of eggs anointed is profitable to take these ringewormes away. But sometimes the ringewormes are so raging, that they can be healed with no medicine. We will set downe

another,

which we haue used oftentimes with wonderfull successe even for old ringewormes. In a cup of soure red wine, [add] agenti nini sublimati ℥j, then wash the place morning & evening. Let it dry alone. This must be done three or foure times, & the ringewormes will be utterly abolished, & never will come againe in no place. Also thou shalt have ~~another~~

another.

Take halinitri ℥iij, olei amygdalarum amararum lbij, scillae lbss, [and] carniū limonum lbj. Mingle them & let [265v] them wither. Presently, extract the oyle with chimesticke instruments, which being anointed, the ringewormes will be abolished, although they weare like to be turned into a leprosy.

How wartes may be abolished

Warts, calli, & other such deformities of the skin are wont to possesse the forehead, nose, handes, & other open places; women cannot abide them. We, against these faultes of the skin, haue found out these remedies. First,

against wartes,

ancient physitians used the greater helioscopium, the iuice wherof anointed with salt taketh them away, wherupon they haue called it the wartwort. Ther is also a kind of cichory by effect called wartwort; for if it be but once eaten in sallets, all wartes will be taken from every part of the body, or if a dram of the seedes be deuoured. But we will set down

another,

& therwith we are content. Ther is a kind of beetle full of oyle, which is found in summer time in the dusty sandes of the wayes. If thou rubbest it upon thy wartes forthwith they will be abolished, & so that no printes of them shall remaine. They may be sought out & kept for thy necessary use.

A Remedy for the sciatica

That most famous Cato the cheefest man for every use, & the master of all good artes, as Pliny saith, useth in his bookes of husbandry certaine inchantments for the paines of the sciatica, saying [remainder of text missing]

[266r] For the serpigo that is like to ringwormes

one the handes or any other place of þe body

Rx a close earthen poot & put into it a quarte and halfe of otes and a quart and half of brane, and put into it a good peace of reisty bacon, and sett it on the fyer & let þat seeth. Then set it in an erthing pane with coles that it may seth styll & put in a double cloath of woolen round about the potte mouthe also. Let the pott be stopped when that seth, & so cast it ouer they handes & hould they hands ouer the pott so couered. & let they hands, couered, sweat there houers. & so when they haue sweat first must be anynted, and so when they have swet an houer and halfe, anynt againe. & this you must doe the space of v dayes, 3 houres in a daye. The oyntment is called the gray ointment, it is the same þat is used for the pokes. Remmber to purge.

On *hypochryma* (ff. 266v-271r)

[266v] The cataract is an heape of superfluous matter or humor made thick like to a little skine betweene þe horay membrayn & the crystalline humor directly upon the appell of the eye. Or it is a distilling water sent from the brayne, & then is mad thick by the coutinuaine runing about the watrish humour in that place, which Celsus affirmeth to be void & empti. It hindreth the sight or at the least the desarning & wodging of such things as are before our eyes. Furnelius appointeth the place of it betwene þe membrane vena and the cristall humor. Þe diffrence of it is borrowed from the quantite or qualiti from þe quantite as of vena. If it is ouerfall the compasse of the apple of the eye, or halfe or only in the middist of the apple, as a prick, and then the parti seeth by the e[d]ges &c.

The diffrence of the qualites is drawne from ther essence & substance, sith som ar thine, slender, and clere, through the which the light of the sonne may be dissarned; others be thick & gross or from ther colour, sith some ar like brasse; other, whit like plaster or pearles; other, palle colloured mixt with grene & whit, or grene & yellow; other, like gould or black; other, like ashes, &c.

Amongst the Arabians, cataracta, suffusion, aqua gutta, [and] imagination are used for the same things. Here only is the difference: that imagination is called by imagination gutta zala as it were the beginning of a webbe or a cataract, because we imagine we see that in [267r] indeed we see not. When the webbe is slender it is named aqua gutta, when the cataract begins to be somewhat bigg & broader. But when it is thicker & harder and ripe, then it is called a cataract.

The causes thereof may be diuers as a foule stroke, heat, cold, [or] paine. By [t]hose means the humors are drawne thither, or else vapours from the braine & stomack sent to the eyes, within tymes and by cold are changid into water and so, in time, become thick & conicalid &c.

Fernelius thinketh it to be a course of humours descending by litle & litle upon the senew of the sight which at the first cannot then be perseued. That hee boldly sayth that hee saue a cataract made & formed in one daye. For, saith hee, if at one tyme or moment a grosse slymye humour may falle

uppon the sinew of sight, wherupon ensueth the losse of the whole sight, why then may it not be sodinly ingendred a perfit catrict haue befor tyme had recourse upon the apple of the eye? &c.

The signs when a catrict beggyneth ar: they suppose ther are before ther eyis litle darke things resembling flyes; other suppose they see hearis or threds or wolle; others, spiders, wttoes, [and] other thinges; other[s] thinke they see a circлле about a candell being lighted, or some tymes two candelles when one is light.

When these things appere, so behould & vewe the eye thooough it be clere and you shall see it much trubled. & confere it with the other & it will <...>aller. ~~then~~ It hath some times the color of the sen as it encreseth. Concer[n]ing prediction.

[267v] Corsir[n]ing prediccion & fortelling of the euent which will ensue: those which resemble to a tonegusaly or see watter, or haue a grene or ashe collour, or the colour of parles or rusty yron—those ar fite to be couched. On the contrary, those þat be like to chalke, leade, [or] citrous black or yellow cannot be couched with a neddle, bycause ther colour & substance is to be examined whither it be fitte & prepared. For þat which is

enlarged & spread abroad with out seperating into peaces, returning to his formore figure being pressed or touched, is knowne to be curable by his ripnesse. But if it be scated into peaces when it is spread abroad or touched, it is not yet redye nor y[e]t fit to be couched.

Neyther may you deall with þat which is not stretched forth in largnesse & breadth, bycause it is an eueadint signe the senewes of sight is stopid wherby the spirit of sight should be conuayed forthe as with a blast made larger. For it is but loste labore, seth hee could not see any things albit that war remo[v]id.

Or thus you may make profe: let þe patient shut his eye and rube gently your finger uppon ~~your~~ his eye & let him turne it somtymes one way and sometymes another way & then uppon his eye. And then lefte up the eyelead sodayly & consider then if þe catrick do spread abroad and reforme agayne presently or not. The same obsarvation you may take by closinge other eye wher is noe catrict & so judg on seeinge þe diffrence and see þe spirit <...> in þt which should haue him caruid or sarued <...> of them &c. [268r] That catrict is warst which cometh by great sickness or extreme ach in the head, or by greuious strokes or wounds. It is encurable in old men & yong children which, without this inperfection, haue

ther sight deceied. Only age is a sufficient menes to recouer cuer in a catrict if it be fully rype and þe eye be neyther to litle nor to much down into his head deape.

Concerning the cuer: if it be in the beginning of this disease, you may labor to prevent that it growe noe further by good diate; by blood letting in þe forehead, temples, & armes; by purging, cupping, cautreising, appliing of a seton, & gargrasing kept in the mouth or put into the nose &c; by purging with pills: alephangina pills, Arabice pills, aurei, cochie, sine quibus, &c. The watres is ~~infused~~ insufficient set downe in the manor of a syrup for obthalmia & the blewe watter ther following, that I will set you doune two other of greater effect, as folloueth:

Rx terebinthina venetia, lb ss; sulpher vini ℥ij; mellis rosarum ℥iiij; plantag., arnoglos., euphragij, celodon., ana Mij. Put them together & distill them in [a] limbick of glass, and use þat watter a ij or iij dropps at a tyme morning & euening, & lye an houer after it.

Another as followeth:

Rx ginger, cinamon, cloues, nutmeg, [and] graines of paradise, ana ℥ss; the leaues of sage, Mij; cardamom, mastix, cububes, gallangall, rosmary, mariorum, lauender, ballme, [and]

betony, ana ʒi. Let them stand or stepp in lb iiij of excelent whit wine the space [of] x dayes, [268v] and then distill them. & put in a ii or iii dropps of the watter at a tyme in to þe eye & lye an houer after it, your eyes shut, & continue with this order a long time. & after euery tymes dressing you may not loke one brite things things sodonly, as the bright ayer, the sonne, or þe fyre, and for the sodayne & earnest loking therof kylleth the spirit of the sight &c.

But an if þat all the aforesaid meanes will not preuaylle—both generall & spetiall to the restoring of the sight—then you must use harbes [such] as lellyce, collworts, and the meats þat doe hasten & thicke[n] the catricke & make þt groue soner, þat it may be rype to take of or cowche. Now the best tyme of the yeare is þe springe especialy, then sommer next, & last of all, if the patient will be holpen, is þe fall of the leafe. But note this one thinge by þe waye. When you cowch the catricke it must be in a very calme daye: not too hott, windy, rayney, or too coude, for feare of great paine that may fall onto the head & so kille your syght for euer, that else might be gotten.

Also, before þat you com to the cuer, you must prepare the bodye with syrups of radicibus without venigar, syrups of maydenhare, & betony, a ii or iii dayes. & the next morning

after, you must giue him a linatiue purgation, as of diacatholycon or of the electuary of manna solotiue ana ℥i, in whit wine at time. And the next two night[s] following, after midenight you must giue him a ℥i of [269r] pilles made after this maner:

Rx specierum pill assaigereth et specum pill sini quibus esse nolo<sup>14</sup> ana ℥i. Compound them togithe[r] with syrup of sticados, and giue the patient halfe of th[e]m at the time aforesaid, mad into v or vj pilles. The residue the next night following, in ~~the morning~~ like maner.

Furthermore, þat diye that you gooe in hande with your worke, that morneing the patient is to take a linitue clister to drawe the humors downewards and to bath the patients leggs in hoot watter wherin harbs of sweate saueur is sodden. Againe, you must apply uppon the forehead thes restrictiue following to staye the humours from flowing to þe place:

Rx oyle of roses [and] omphacine of mastix, ana ℥ij. Make a sufficient soft cerot with wax, adding therto beane flouer ℥iij, [and] of frankensence, aloes, hepaticke, bole arme[nic], and whit sanders, ana ℥j. Pouder them & myngle them all together and laye them one steppes or hardes & applye it uppon the forehead. Your clister shalbe sett downe at the latter ende

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<sup>14</sup> Known by the appellation *pilulae sine quibus esse nolo*, “pills without which I would not wish to be,” these purgatives were commonly prescribed for gout and were popular in England and Europe through the seventeenth century. Culpepper, at least, was skeptical of their efficacy, suggesting a more fitting name: *pilulae sine quibus esse volo*. See his *London Dispensatory Further Adorned* (London, 1679) and W. S. C. Copeman, *A Short History of the Gout and the Rheumatic Diseases* (Berkeley: University of California Press, 1964), 15.

of this worke. Moreouer, the the patient must be kept with a slender sclender dyett for a day or two, and that daye especially that hee is to be delte withall. And hee must be sett in a house or chamber toward the light, but not full in the sonne shinne but in a bright place, with his handes houlden or bound ope behinde him to hould his head, for fare hee shuld stire & so gitt some hurt with þe neddell [269v] and make him uncurable. He must set somewhat lower then the workemaster full upon the light, right against the chirgian. The effected eye must be kept oppen & the other kept shute & kept couered.

And wone maye breath uppon the sore eye or els chewe a litle fenell & spet into the soare eye. But especially let him chew a litele fenell or anisseed & spit it out againe and then breath upon þe sore eye that by that meanes the sore catricte may be þe more then mad & smaller. Nowe, when you haue procedid so fare, bid him turne the eye þat haue the catricte towards his nose as though hee would loke that ways & then presently the chirgian must put in his sharp pointed nedell—not round, nor flate, but square to the ende it may enter more eassely. Then thrust it inward or ouer whart the membranes called conjunctiad & corner in the middest of the blacke of the eye at þe corner which is nere to the temples, guiding & dyrectly dyrecting it upon the middist of the catricte so þat þe no vaines be hurt.

Neuerthelesse, you must thrust your neddell bouldly without fare, seth the place is ther voide least after it be entred in. Þe chirgion, though he be conninge, be disseiued if he left up it with þe nedle & perceiue nothing to reassist it.

Now when the neddle is thrust through it must be stayid on the to þe tope or hieste part of the catric [27or] and by litle & litle turne gently to bringe the catric toward the louest part of the appell of the eye. And when it is couched ther you shall press it downe very hard that it may abide in that place. And if it doe remayne ther the cure is perfite. If it assend up agayne then, with the same neddle, couche it dowe agane or breake or cut or tare it a peaces, which will cause less hindrance and require lesse comen.

After this, drawe out your neddell & lay one the eye the whit of an ege with a lining clath foulted together, and without appley something to preuent inflamatiem, and with a rouler bynd it up. Or some doe beate þe whit of an ege with rosse water and water of myrtles & apply it warme into the eye, for could things do hurt þe prick caused by the neddle. And upon the outsid of the eye ye shall apply the whit of an egg beatten with þe wine of pomgr[a]nats, to defende the eye frome appostimation. & so bind it upp, or lay softe plaegers or bouldsters in the hollowe ouer the eye

and so binde them both upp. And laye the patient in his bead hauing his head somewhat highward, mouing any waye or very litle & softly, not seeing any light. Neither must he eate any thing but sope, thine brothes, & not much, espetially the first daye, for the space of vj or vij dayes. And when thre dayes ar passid ouer, then remoue that outward plasters and apply new. But meddle not with any within the eye untill the x daye, but renewe the outward plaster. [270v] Now, when the inflamation is caused, you shall order the patient as if he ware greuiously sick & woundid, The dores being [shut] & windowes in & a canddle lightid & set behynd him or fare frome him on one side, least the soddoayne sight offred to him stire up the catrict againe by the ouermuch light.

Nota that sometimes in couching of the catrict ther happen a great flux of blood within the eye, insomuch that all the humours seme all read. The cause of this is it issueth out of some litle vaine or artery which is cut or prickid. This blood mingled or ming with the watrysh humor giueth it the red collour &, as it ware, dryeth, it so þat the chirgion, if he haue not sene the lyke befor, could iuge the eye to be bursten & utterly lost.

Notwithstanding, about two or thre dayes after when the patient shal be dressed, this blood will be so wastid that no token therof will apper.

There be some catrick which vanish so sone as they be touched or the neddle applied to couch them, because they ar not hard, or sodoonlyd to ~~upper~~ part the neddle which goeth through them as it ware a great chese, wherof they ar commonly called catricte lacte, or mylkly, & because ther collor ressemble the collor of mylke

Nota that the chirgian may mete with this inconvenience. He must labor to lose it by pressing it with the neddle on euery side, [271r] for by this menes I haue seene & prouide þe grossest part of the catrick to fall away & com lower & the thinner part, beinge lossed, hath [been] consumed. And in the end the partie haue recouerd his sight.

Albucrasis doth writ that it was reportid in his time [that] one had deuised to pricke the eye with an hollow neddle and, by the hollownesse of it, hee could rayse up and drawe forth the humour of the catrick. Notwithstanding I think he might soner draw forth the watrysh humour than the catrick when it is ripe & redye to be couched, because it is an hard skinne.