

“Termes of Phisik”: Reading Between Literary and Medical Discourses
in Geoffrey Chaucer’s *Canterbury Tales* and John Lydgate’s *Dietary*

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ABSTRACT

This dissertation demonstrates that the poetry of Geoffrey Chaucer and John Lydgate joined nonliterary medical texts in transporting medical discourse into the English language and culture. In the later-fourteenth and fifteenth centuries, the production of Middle English medical and literary texts increased dramatically. These categories overlapped at the site of medical verse. I show that authors of imaginative fiction also wrote what is in effect medical verse by employing medical discourse in stand-alone poems and in passages embedded in longer works. As Chaucer and Lydgate became central in an emergent national literary canon, their texts—and the medical content they contained—enjoyed an especially broad circulation. Thus Chaucer and Lydgate participated in the Englishing and popularization of medical discourse.

In the General Prologue and linking narratives of the *Canterbury Tales*, Chaucer satirizes academic medicine by means of its own discourse—what he calls the “termes of phisik”—and in the context of a larger thematic exploration of healing and illness in post-Black Death England. In the Knight’s tale, Chaucer includes a miniature verse treatise on lovesickness (*amor hereos*), which, despite its brevity and satiric quality, draws learnedly from contemporary medical theory, in effect constituting one of the best-known technical works on the subject in Middle English. Lydgate’s *Dietary*, a verse regimen of physical, spiritual, and social health, was one of the most widely circulated Middle English poems. It has been overlooked and misunderstood by scholars, however, because they have neglected to consider the poem’s complex relationship with its sources and analogues and often refer to a highly unrepresentative edition of the text. By locating Chaucer’s and Lydgate’s creative uses of medical discourse within their textual and historical contexts, I

offer new readings of their poems and reconstruct their respective roles in English medical history.

RÉSUMÉ

Cette thèse se propose de démontrer que la poésie de Geoffrey Chaucer et de John Lydgate s'allie à des textes médicaux non littéraires dans le processus de passage du discours médical dans la langue et la culture anglaises. Vers la fin du quatorzième et au quinzième siècle, la production de textes dans les domaines médical et littéraire en *moyen anglais* a augmenté de façon spectaculaire. Ces catégories de textes se sont toutefois chevauchées en regard avec la profession médicale. Dans ce travail, je montre que les auteurs de fiction imaginative ont écrit aussi de façon effective dans le domaine médical et ont employé le discours médical dans des poèmes séparés et d'autres passages ont été incorporés dans des œuvres plus longues. Comme Chaucer et Lydgate sont devenus incontournables dans le contexte littéraire national émergent de l'époque, leurs textes – et le contenu médical qu'ils contiennent – ont connu une diffusion particulièrement grande. Ainsi Chaucer et Lydgate ont contribué au progrès de langue anglaise ainsi qu'à la vulgarisation du discours médical.

Dans le prologue général et les récits de liaison des *Contes de Canterbury* (*Canterbury Tales*), Chaucer fait la satire de la médecine universitaire par le moyen de son propre discours – ce qu'il appelle les « termes of phisik » – et d'une grande exploration thématique de la maladie et la guérison dans l'Angleterre de l'après-peste noire. Dans le conte du Chevalier, Chaucer inséra un court verset traitant du chagrin d'amour (*amor hereos*), lequel malgré sa brièveté et sa qualité satirique, use savamment

de la théorie médicale contemporaine. Ce qui, en effet, fait de lui l'une des œuvres techniques, écrites en moyen anglais, les plus connues sur le sujet. *La Diététique* (*Dietary*) de Lydgate, un verset sur le régime de santé physique, spirituel, social, a été l'un des poèmes les plus largement diffusés en *moyen anglais*. Cependant, il a été négligé et pas très bien reçu par les chercheurs, parce qu'ils n'avaient pas considéré la relation complexe qu'entretient ce poème avec ses sources et ses analogues, et aussi parce qu'ils ont utilisé à une édition fort non-représentative du texte. En plaçant l'utilisation créative du discours médical de Chaucer et de Lydgate dans leur contexte textuel et historique, ce travail propose une nouvelle lecture de leurs poèmes et un meilleur rétablissement de leurs rôles respectifs dans l'histoire médicale anglaise.

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Before I began writing my dissertation, Prof. Faith Wallis made the time to guide me in an independent reading course in medieval medicine, and during my time at McGill I have benefited from her extensive knowledge. Prof. Michael Van Dussen helped me refine my approach to London, British Library, MS Sloane 3534. Dr. Luke Demaitre provided me with information on the Middle English translation of Bernard of Gordon's *Lilium medicinae* in Oxford, Bodleian Library, MS Ashmole 1505. Prof. Linda Ehram Voigts helped me verify the existence of an additional manuscript witness of the *Dietary* (see the Appendix, no. 58). Valuable input was also furnished by the audiences of conferences at which I presented earlier versions of sections of this work, including the 34th Annual Sewanee Mediaeval Colloquium and the 41st and 43rd International Congress on Medieval Studies at Kalamazoo. The present work would not have been possible without the efforts of Janice Simpkins and the Interlibrary Loan staff at the McLennan Library at McGill, who promptly located and procured dozens of obscure printed texts and microfilms. The librarians and staff at McGill's Osler Library of the History of Medicine were also tremendously helpful.

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Finally, I am indebted to Gregg Edwards, my erudite and eccentric high school English teacher, whose instruction, encouragement, and positive influence were largely responsible for my having pursued post-secondary education in the first place.

All errors in this work are, of course, mine alone.

A NOTE ON THE TEXT

This thesis is formatted in a version of MLA style, which is a “modular” system of conventions expressly intended to be adapted, by means of “consistent choices,” to meet the individual demands of each project.¹ Several of the choices I have made tailor MLA style, which is designed for scholars “in the fields of language and literature,”² to suit the interdisciplinary mode of scholarship employed in this thesis.

With the exception of line numbers of poems, I have supplied citation information in footnotes instead of in parentheses. I have also decided not to indicate “the medium of publication in every entry in the list of works cited” (e.g. Web or print), as the most recent edition of the *MLA Handbook* stipulates,³ because this information is unnecessary. For the same reason, I have not signaled when I have consulted digital facsimiles of articles or other primary sources, or named which databases I have accessed to view or download articles. It is hoped that, if the reader is able to locate bibliographic information for each work that is cited, he or she will forgive the frequent deviations from MLA style that I felt were necessary, and which in any event attest to the versatility and “modularity” of its conventions.

All in-line translations not enclosed in quotation marks are mine. To save space, I have formatted the Appendix and the Works Cited in 1.5 space, whereas the rest of the document is double spaced. The list of printed editions of the *Dietary* in the Appendix is not replicated in the Works Cited.

¹ Feal xiii.

² Ibid.

³ Nicholls xvii.

ABBREVIATIONS

Citations of Chaucer's works, by fragment and line number, are from *The Riverside Chaucer*, gen. ed. Larry D. Benson, 3rd ed. (Boston: Houghton Mifflin, 1987), and citations of the books of the Bible are from *Biblia Sacra iuxta vulgatem versionem* (Stuttgart: Deutsche Bibelgesellschaft, 1994). References in this study to manuscript catalogues generally do not identify page or volume numbers: it is understood that information on a given manuscript can usually be located by its shelfmark or by another designation. Standard abbreviations used here, such as MS for "manuscript" and *CT* for *Canterbury Tales*, are listed in the *MLA Handbook* 233-56.

<i>Bio-Bibliography</i>	Derek Pearsall, <i>John Lydgate (1371-1449): A Bio-Bibliography</i> , ELS Monograph Series 71 (Victoria, BC: English Literary Studies, 1997)
<i>BL Additions</i>	British Museum Department of Manuscripts, <i>Catalogue of Additions to the Manuscripts</i> (London: Trustees of the British Museum, 1964–)
EETS; ES; OS; SS	Early English Text Society; Original Series; Extra Series; Supplementary Series
eVK2	Linda Ehram Voigts and Patricia Deery Kurtz, <i>Scientific and Medical Writings in Old and Middle English: An</i>

Electronic Reference <<http://cctr1.umkc.edu/cgi-bin/search>>

(rev. ed. of a resource originally issued on CD-ROM [Ann Arbor: U of Michigan P, 2000]) (by entry number)

Flos

Flos medicinae [*Regimen sanitatis Salernitanum*], *Collectio salernitana*, ed. Salvatore de Renzi, 5 vols (Naples, 1852), vol. 1, 445-51 (by line number)

IMEP

Index of Middle English Prose (referenced by author's name, volume, and page number [e.g., Mooney, *IMEP* 11: 55])

iMEV

Linne R. Mooney and Elizabeth Solopova, "*iMEV*: An Open-Access, Web-based Edition of the *Index of Middle English Verse*" <<http://www.cddc.vt.edu/host/imev/index.html>>

James

M.R. James, *The Western Manuscripts in the Library of Trinity College Cambridge*, 4 vols (Cambridge: Cambridge UP, 1900-1904) (by entry number)

Keiser

George R. Keiser, "Medicine," *Works of Science and Information, A Manual of the Writings in Middle English, 1050-1500*, vol. 10, XXV.3, gen. ed. Albert E. Hartung

(New Haven, CT: Connecticut Academy of Arts and Sciences, 1998) (by entry number)

L&S

Charlton T. Lewis and Charles Short, *A Latin Dictionary* (Oxford: Clarendon, 1962)

Latham

R. E. Latham, *Revised Medieval Latin Word-List from British and Irish Sources: With Supplement* (London: Oxford UP, 2004)

ME Gilbertus

Gilbertus Anglicus, *Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus*, ed. Faye Getz, Wisconsin Publications in the History of Science and Medicine 8 (Madison: U of Wisconsin P, 1991)

MED

Middle English Dictionary, ed. Hans Kurath, Sherman M. Kuhn, et al., 24 vols (Ann Arbor: U of Michigan P, 1952-2001) <<http://quod.lib.umich.edu/m/med/>>

MEMT

Irma Taavitsainen, Päiva Pahta, and Martti Mäkinen, comps, *Middle English Medical Texts*, CD-ROM (Amsterdam and Philadelphia: John Benjamins, 2005)

- NIMEV* Julia Boffey and A.S.G. Edwards, *A New Index of Middle English Verse* (London: British Library, 2005) (by item number)
- Renoir and Benson Alain Renoir and C. David Benson, "John Lydgate," *A Manual of the Writings in Middle English, 1050-1500*, vol. 6, XVI, gen. ed. Albert E. Hartung (Hamden, CT: Archon Books, 1980) (by entry number)
- SC* Falconer Madan, H.H.E. Craster, and N. Denholm-Young, *A Summary Catalogue of Western Manuscripts in the Bodleian Library at Oxford*, 7 vols (Oxford: Clarendon, 1895-1953) (by entry number)
- Secular Lyrics* Rossell Hope Robbins, ed., *Secular Lyrics of the XIVth and XVth Centuries* (Oxford: Clarendon, 1952)
- STC Alfred W. Pollard, W.A. Jackson, F.S. Ferguson, and Katherine F. Pantzer, *A Short-Title Catalogue of Books Printed in England, Scotland, & Ireland and of English Books Printed Abroad, 1475-1640*, 2nd ed. (London: Bibliographical Society, 1976-1991) (by item number)

- TK Lynn Thorndike and Pearl Kibre, *A Catalogue of Incipits of Mediaeval Scientific Writings in Latin*, rev. ed. (Cambridge, MA: Mediaeval Academy of America, 1963) (by column number, with rows indicated by letters)
- Walther Hans Walther, ed., *Proverbia sententialque latinitatis medii aevi*, 6 vols (Göttingen: Vandenhoeck & Ruprecht, 1963-1967) (by entry number)
- Wellcome Trust A recent project funded by the Wellcome Trust examined the medical content in 153 British Library Harley MSS, producing significantly expanded and improved descriptions, available on the British Library Website. For information on this project, see <<http://www.bl.uk/reshelp/findhelprestype/manuscripts/medievalmedharleian/harleian.html>>. I provide Web addresses of individual entries in the Appendix.

INTRODUCTION

Learned Medical Discourses in Middle English Poetry

In this thesis, I will demonstrate that medical discourse took root in the English language and culture, in part, in the imaginative verse of Geoffrey Chaucer (*ca.* 1341-1400) and his literary descendent, the poet and monk of Bury St. Edmunds, John Lydgate (*ca.* 1371-1449). I will show that Chaucer and Lydgate did not merely represent medical themes and subjects in their poetry, but rather that they participated, in very different ways, in the communication of medical discourse—the historically contingent body of terms and concepts proper to traditions of learned medicine that Chaucer called the “termes of phisik” (*Troilus and Criseyde* II. 1037)¹—within literary forms. In addition to evaluating the historical and interpretive significance of the medical content in certain of Chaucer’s and Lydgate’s poems, the present study also identifies new roles for these authors in the history of vernacular medicine in later-medieval England.

Chaucer’s and Lydgate’s poetic careers spanned a period of vernacularization, when several discourses, including literary and medical ones, were transported into English texts. This phenomenon unfolded in the context of a rise in the status and use of the English language relative to the hitherto more prestigious Anglo-Norman and Latin:²

¹ Chaucer uses “terme” to mean “[t]he technical vocabulary associated with a particular field, jargon; the terminology appropriate to a certain context” (*MED*, s.v. “terme,” 5b). “Termes of phisik” denotes in particular the terminology of medicine. Elsewhere Chaucer uses the word to describe the technical language associated with university learning (*CT* IV. 16), astrology (*CT* V. 1266), philosophy (*House of Fame* 857), and law (*CT* I. 639-40); it often carries a pejorative connotation. To “speke in terme” (*CT* VI. 311) means “to make use (of a term as a physician would)” (*MED*, s.v. “speken,” 13a). To employ the “termes” of medicine in a coherent way is to employ medical discourse. I define the concept of discourse as I use it in this study below, p. 24.

² The rise of the English language in spoken and written form is chronicled in Blake’s *History of the English Language*. Blake’s Chapter 7 describes circumstances and events from 1400 to 1600 that led to the development of Modern English, and Chapter 8 looks more closely at the specific linguistic changes associated with this phenomenon.

Indeed, by the early 1360s, English was displacing Anglo-Norman as the language spoken in both government and commerce;³ and in the following century the use of English in written form was endorsed by Henry V's (1413-1422) decision to employ the language in many of his written communications.⁴ Although the production of original and translated works in English increased after about 1350 with the efforts of Chaucer and his contemporaries,⁵ these works did not reach a large audience until the fifteenth century, when there was a sharp rise in the production and circulation of Middle English texts and the manuscripts containing them.⁶ John H. Fisher has posited influentially that this rise owed in part to a nationalistic and politically self-serving Lancastrian "language policy" that promoted the English language and literature.⁷ Whether or not they were encouraged by a deliberate policy, poets, including Lydgate and Thomas Hoccleve (*ca.* 1367-1426), established Chaucer at the center of an emergent national canon of English literature, and their texts circulated alongside his.⁸

Simultaneously, in the later-fourteenth and fifteenth centuries, there was also a dramatic rise in the production of original and translated scientific and medical works in the English vernacular. Indeed, in this period, what began as a small body of medical

³ I draw closely from Fisher 1169. Crane assesses the relative popularity of English during the Hundred Years War, identifying a paradoxical decline of the French language in England at the same time as French culture increasingly influenced English literature and court life (52-60).

⁴ Fisher 1171. Henry V strongly promoted the use of the English language (Blake 172-76).

⁵ Fisher 1170; Blake 168-71. Chaucer's efforts in Englishing French, Italian, and Latin texts were recognized in his lifetime: Eustache Deschamps hailed the poet as the "Grant translateur" (great translator) in his ballade to Chaucer (*Oeuvres* 2: 138-39).

⁶ Fisher 1170, 1174; Blake 176.

⁷ As argued by Fisher ("Language Policy") and endorsed by Blake 173, 176; by Lerer 49, 51, and 239-40, nn. 57-8; and by E. Knapp 51. Knapp also identifies the "Wycliffite labors at Biblical translation and vernacular theology" as an important factor which accounted for the increase in vernacular texts in this period (51).

⁸ Fisher 1176-78; cf. Crane 58. Others have posited a more active role for Chaucer in establishing conditions favourable to his own canonization as the father of English poetry: Spearing cites the poet's concern over the accurate transmission of his works as evidence of a desire to "establish his own fame" (60; cf. 59); and G. Olson steers a middle course: "Certainly the Chaucer that we have is the Chaucer of fifteenth-century manuscripts, and what emerges in them is the product not only of his writing but of readings of it based on varied fifteenth-century concerns" ("Geoffrey Chaucer" 587).

works in Middle English rapidly became one of the largest classes of text produced in the language—a veritable canon of Middle English medical texts.⁹ Because of the size and heterogeneity of this canon, historians and linguists have developed models of generic classification to separate its constituent texts into organizational categories.¹⁰ In the present study I adopt (with some modifications) Païva Pahta and Irma Taavitsainen’s revised version of Linda Ehrtam Voigts’ influential model, which categorizes texts on the basis of their tradition, content, and origin, in addition to a number of linguistic features.¹¹

Thus:

(1) *Specialized treatises* are scholarly works of academic medicine, often composed by (or attributed to) recognized medical authorities. This category consists largely of translations of major treatises, chapters on medicine in encyclopedias, works on individual illnesses and on special

⁹ In 1919, Dorothea Waley Singer identified 15,000 Latin and vernacular manuscripts whose content was primarily or substantially medical (“Survey of Medical Manuscripts”). In two important articles, Rossell Hope Robbins assessed Singer’s methodology and suggested that her numbers were inflated (“A Note on the Singer Survey” [1969]; “Medical Manuscripts in English” [1970]). More recently, Linda Ehrtam Voigts has argued that Robbins actually underestimates the total number of manuscripts (“Multitudes of Middle English Medical Manuscripts” 185). The view that medical texts in particular outnumber other kinds of Middle English texts has long been widely accepted: see, e.g., Bennett, “Science and Information” 3. The Voigts-Kurtz database of *Scientific and Medical Writings in Old and Middle English* identifies about 200 distinct Middle English medical texts dating before 1400, and almost 8,000 dating to the fifteenth century (as noted by Pahta and Taavitsainen, “Vernacularization” 11). Pahta and Taavitsainen made reference to Voigts and Kurtz’s *Scientific and Medical Writings in Old and Middle English: An Electronic Reference*. This database, which is a key resource for the study of Middle English medical texts, has been revised and expanded in an online version of the same name (see above, Abbreviations, s.v. eVK2).

¹⁰ Norri provides a critical survey of the ways in which Middle English medical manuscripts have been categorized in modern scholarship (*Names of Sicknesses in English* 32-36).

¹¹ Pahta and Taavitsainen (“Vernacularization” 14-15) work with Voigts’ influential tripartite division of academic treatises, surgical texts, and remedybooks set forth in her “Editing Middle English Medical Texts.” Pahta and Taavitsainen prefer the label “specialized treatises” to Voigts’ “academic treatises,” because texts in the other two categories (especially surgical treatises) can also derive from academic medicine, and they also point out that texts in all three of Voigts’ categories can be “learned” (“Vernacularization” 14-15). In recent years, compelling evidence for the utility of this tripartite system of classification has come from the field of linguistics: the key studies are cited by Pahta and Taavitsainen (“Vernacularization” 14). For example, Norri has proven that each category of text contains non-overlapping technical terms, showing that they draw from clearly differentiated traditions (417-21). As with any generic taxonomy, the one adopted here is not perfect, as evinced by the existence of outliers—e.g., texts that are both specialized treatises and remedybooks, such as Gilbertus Anglicus’s *Compendium medicinae* (see Getz’s comments in *ME Gilbertus* xli-xlii).

subjects such as uroscopy and phlebotomy, and theoretical works associated with university medicine and its *curricula*.

(2) *Surgical texts* are often also of academic origin; although their focus is mainly on anatomy and practical surgical methods, they also often contain other theoretical information.

(3) Various kinds of texts on physical healing found in manuscripts (or sections of manuscripts) called *remedybooks* or *leechbooks*.

The last category, which comprises many of the texts examined in the present thesis, is the broadest and most variable of the three. It differs from the other two in that it describes, not individual texts (e.g. “a specialized treatise” or “a surgical text”), but rather a heterogeneous group of texts affiliated by broadly shared subject matter and by virtue of their proximity in manuscripts (or in sections of manuscripts) intended for use by medical practitioners (sometimes also called *leechbooks*), or for reference by literate laymen. The major difference between texts in this category and specialized treatises is that when remedybooks present medical knowledge of academic origin, they do so in an accessible, memorable, and usable form. Texts belonging to the remedybook tradition can appear alone or clustered in small groups, in medical manuscripts or alongside texts of different genres.¹² Like their popular modern analogues—such as *The Doctors Book of Home Remedies*¹³—remedybooks meld authoritative advice based on academic medicine with alternative, culturally-based approaches to the maintenance and restoration of health. Remedybooks most often feature recipe collections (often organized in a head-to-toe

¹² For a good overview of the range of various kinds of manuscripts containing Middle English medical texts, including numerous texts belonging to the remedybook tradition, see the Appendix. Entry no. 6, for example, describes a Lydgate anthology which contains medical recipes.

¹³ By the Editors of *Prevention*.

fashion) and *materia medica* (i.e. writings on the healing properties of substances), especially on herbs; but they also commonly include assorted works on prognosis, regimen and diet, bloodletting, lucky and unlucky days, the elements, the complexions, the seasons, and even charms. This category of text was not an innovation of vernacular medicine, and indeed a prototypical medieval remedybook is the Latin *Regimen sanitatis salernitanum* (or *Flos medicinae*, composed after 1240; hereafter *Flos*), a composite medical poem comprising several sections, which—depending on the version—touch on most of the topics listed above, and several others.¹⁴ Diverse in origin and subject matter, the specialized treatises, surgical texts, and remedybooks whose texts embody the discourse of learned medicine in Middle English reached a broad audience.¹⁵ This audience comprised laymen,¹⁶ the religious,¹⁷ barber-surgeons,¹⁸ university-trained physicians,¹⁹ and other types of medical practitioner.²⁰

The present study examines discursive exchanges between the historical phenomena of medical and literary vernacularization by examining texts that belong to

¹⁴ The *Flos* is examined in below, in Chapter 3.

¹⁵ Pahta and Taavitsainen differentiate among audiences (intended readers), actual readers, and discourse communities (“Vernacularization” 15-17). Linguists describe “discourse communities” as groups of “people who participate in a set of discourse practices not only by reading and writing, but also by listening” (C. Jones 24).

¹⁶ Jasín has posited such an audience for Henry Daniel’s *Liber uricrisiarum* (a Middle English treatise on uroscopy that I discuss substantively in Chapter 2, Section 4.b) based on the translator’s plain style (“Compiler’s Awareness”). Getz notes that most vernacular English medical texts are translations of well-known Latin ones, and that many (such as the *Liber uricrisiarum*) were aimed explicitly at “the people” (“Charity” 16).

¹⁷ Getz posits a monastic audience for the Middle English translation of Gilbertus Anglicus’s *Compendium medicinae* (*ME Gilbertus* lii).

¹⁸ E.g., British Library, MS Sloane 6, which is a large collection of translated Latin texts (including the *Isagoge* of Johannitus; comprising mainly surgical works) which Getz has argued was compiled for use by a barber-surgeon (“Medical Education”). For a description of this important manuscript and its contents, see Getz, “*Method of Healing* in Middle English.”

¹⁹ E.g., the trilingual (Latin, English, and Anglo-Norman) commonplace book of Thomas Fayreford (15th c.), who was a university-educated medical practitioner (P.M. Jones, “Harley MS 2558”).

²⁰ Broadly conceived, various genres of Middle English medical text were read and used “by members of the medical profession—physicians, surgeons, barbers, apothecaries—in the practice of their craft” (Mooney, “Manuscript Evidence” 186).

both, namely (1) medical texts in verse (including passages embedded in longer works) and (2) texts about medicine that employ technical medical discourse to comment substantively on the position of learned medicine in the English language and culture. Whereas Chaucer employed terms derived from specialist and surgical treatises in order to satirize the medical arts and their practitioners, Lydgate crafted verse medical texts. What these authors had in common was a creative decision to employ the extraliterary discourse of medicine in their poems in substantial, unexpected, or innovative ways. In effect, beyond simply representing medical “termes,” both poets actually “speke in terme” (*Canterbury Tales* VI. 311), meaningfully employing the specialist language or discourse of medicine, instead of simply parroting its vocabulary.²¹ In the remainder of this introduction, I will focus primarily on the genre of the medical poem, establishing a foundation for my subsequent examinations of both of these authors’ works.

1. Medical Verse

The practice of writing medicine in verse was not original to the medieval era. Indeed, a large number of classical Latin texts contain passages embodying ancient Roman medical theory and practice.²² For example, Ovid closes his *Remedia amoris* with a practical dietary regimen.²³ Complete medical works were also written in verse: Andromachus the Elder (mid-1st c. CE) wrote an elegiac poem to Nero about a theriac

²¹ The phrase is taken from the dialogue of the Host and the Physician, which is examined in Chapter 1.

²² Oppenheimer provides numerous examples of medical references from 27 authors (which he lists on pp. 430-36), including Horace, Juvenal, Lucretius, Martial, Ovid, Statius, and Virgil. Some of these authors use medicine in metaphorical ways, but others employ contemporary medical discourse.

²³ Ovid, *Remedia amoris* 795-810. This work is examined in Chapter 2, Section 2. Henderson states that the text was modeled on conventions of contemporary medical writing and practices (136).

called *galenē*;²⁴ Ausonius (4th c. CE) composed several mnemonic poems on medical and related subjects;²⁵ and Quintus Serenus (3rd c. CE) wrote the hexametric *Liber medicinalis*, a practical anthology of remedies that remained popular, both as a poem and as a source of medical knowledge, into the medieval era.²⁶ The medieval era saw a veritable explosion in the production and dissemination of Latin medical poems²⁷—a body of works that satisfied the demand for practical ways to access large amounts of complicated information in a familiar and easy-to-memorize form.²⁸ Of the myriad verse medical texts produced in this period, four especially important examples are: two poems by Gilles of Corbeil, *De urinis* and *De pulsibus*;²⁹ the Salernitan regimen of health, the *Flos*, which appears in several versions and whose component verses may be found scattered in manuscripts of various genres;³⁰ and a verse herbal named the *Macer Floridus* after its putative author.³¹ All of these enjoyed wide circulation in manuscripts and in early

²⁴ Galen quotes Andromachus's poem in his *De antidotis* (*Clavdii Galeni opera omnia* 14: 32-42). Cf. Nicander of Colophon's *Theriaca* (2nd c. BCE), which is a Greek medical poem in hexameters.

²⁵ E.g., "On the Nature of Timely Childbirth," concerning astrological influences on childbirth (*Ausonius* 1: 179-81). A poem derived from Ausonius, "Verses on the Months and Signs," survives in medieval manuscripts (TK 1126I).

²⁶ I thank Prof. Faith Wallis for alerting me to the existence of this work. Temkin writes that Quintus Serenus "may well have lived in the third century" (172, n. 30), and that his work draws indirectly from Pliny (172). Wallis observes that contemporary audiences took the work seriously as a poem, pointing out that "six of its seventeen surviving copies are in literary miscellanies, not medical books" ("Experience of the Book" 108).

²⁷ TK list numerous examples: 107A ("Verses medicinales"); 162N ("Regulae diateticae versibus 285"); 575D ("Versus memoriales de virtutibus medicinalibus"); 610E ("Medical verses"); 1126E ("Hexameron, sive De principiis rerum naturalium, a poem"); 1242E ("Versus medicales"); 1348D/E ("Versus hexametri antidotarii / [Nicolaus Salernitanus?] Versus hexametri antidotarii"); 1352H ("140 medical verses"); 1366K ("Versus medicinales"); 1526B ("Versus medicinales"); and many more.

²⁸ For the widely accepted view that medical verse functioned primarily as a memory and teaching aid, see; Norri, *Names of Sicknesses in English* 30; Taavitsainen, "Transferring" 39; and Wallis, "Gilles de Corbeil" 198.

²⁹ Wallis notes that these poems are "essentially versifications of two of the books of the *Articella* anthology, Philaretus' *De pulsibus* and Theophilus' *De urinis*," and that they supplanted their sources in some medical *curricula* ("Gilles de Corbeil" 198).

³⁰ See the Appendix, entry no. 29, for a description of a proverbial couplet associated with the *Flos* within its manuscript context. Sections of the *Flos* also appear in a Latin practical manual used by a physician (printed by Talbot, "Mediaeval Physician's Vade Mecum" 224-5 [Latin], 231 [English]).

³¹ For a brief description of the Latin *Macer* (now attributed to Odo de Meung) and its English translation, see Keiser 235. Its contemporary popularity is attested by several surviving MS witnesses (TK 610A); it

printed editions. Medical verse found its way into the European vernaculars in the later-medieval period, as attested, for example, by the Anglo-Norman medical recipes in poetic form that survive in a manuscript of English origin, British Library, MS Sloane 3550 (compiled *ca.* 1300).³² Given the established tradition of medical poetry in Latin and Anglo-Norman, it is unsurprising that when the learned medical traditions embodied in these languages entered the English vernacular in the later-fourteenth and fifteenth centuries, they sometimes did so in verse form.³³

Several genres and sub-genres of medical text were assayed in Middle English verse, including herbals and recipe collections,³⁴ treatises on astrological medicine,³⁵

was first printed as the *Liber Macri Philosophi* (Naples: Arnoldus de Bruxella, 1477), and was reprinted many times. The most commonly cited modern edition was edited by L. Choulant (see Macer).

³² For Sloane 3550, see Hunt, *Popular Medicine* 297-310.

³³ Latin medical poems were also rewritten as Middle English prose: e.g., the *Macer Floridus* survives in a widely-circulated English prose version (Keiser 235, listing 15 MSS).

³⁴ The boundary between herbals and recipe collections was often indistinct: e.g., the “Tretys of Diverse Herbis,” which is ultimately derived from the *Macer Floridus* and survives in a number of versions in at least seventeen manuscripts (Keiser 233; *NIMEV* 2627; eVK2 1186, 1198, 2618, 3879, and cf. variants 376, 7654), draws from both traditions. Also cf. *NIMEV* 1408, identifying a recipe collection surviving in seven MSS. The version of the “Tretys” appearing in an important repository of medical verse, Stockholm Royal Library X. 90, pp. 49-80 (*q.v.* C. Jones 31-3), was edited by George Stephens in 1844, while the version in British Library, MS Additional 17866, fols 5-16, was printed by Robert M. Garrett in 1911; both are included in *MEMT*.

See the Appendix, nos. 47 and (possibly) no. 38, for descriptions of manuscripts containing the “Tretys.” Seventeen of the eighteen manuscripts in which the poem survives contain a significant amount of medical content: Oxford, Bodleian Library, MS Ashmole 1477 (*SC* 7719), Part III, fol. 3 (eVK2 1283); Oxford, Bodleian Library, MS Ashmole 1397, Part 4 (*SC* 7760), pp. 96-98 (eVK2 7655); Cambridge, University Library, MS Dd.10.44, fols 123^v-128^r (eVK2 3878); Cambridge, Magdalene College, MS Pepys 1661, pp. 288-309 (rendered in prose; Keiser lists 308 as end page; cf. eVK2 2547, describing a text beginning on p. 288); Cambridge, Trinity College MS R.7.23 (James 759), pp. 186-209, “scattered in margins around the text of a Latin herbal” (Keiser, p. 3821; perhaps eVK2 3866; not in *NIMEV*); Cambridge, Trinity College MS R.14.51 (James 921), fols 34^v-47^r (eVK2 7651; *NIMEV* incorrectly identifies fol. 24^r as the beginning); Cambridge, Trinity College MS O.2.13 (James 1117), fols 179-81 (eVK2 7657; described in the Appendix, no. 47); British Library, MS Sloane 140, fols 52-56^v (eVK2 3432); British Library, MS Sloane 147, fols 94-112 (eVK2 3880); British Library, MS Sloane 1571, fols 14^v-36^v (eVK2, however, lists two items overlapping with this folio range, nos. 552 and 1020; Keiser states that the version is “conflated with material from the Middle English *Macer*,” and identifies several fragments in the MS [p. 3821]); British Library, MS Sloane 2457, fols 2^v-7^v (eVK2 3373); London, Society of Antiquaries MS 101, fol. 90^v (according to *NIMEV*; not noticed in eVK2; not described in Willets; MS described in the Appendix, no. 38); Stockholm, Royal Library MS X.90, pp. 49-80 (eVK2 1186, identifying the end page as 78); New York, Pierpont Morgan Library, MS Bühler 21, fols 26^v-45^v (eVK2 3701); York Minster Library MS XVI.E.32, fols 119-20 (rendered in prose) (eVK2 7653, stating that “the MS has been refoiled

complexion,³⁶ phlebotomy,³⁷ regimen,³⁸ pestilence,³⁹ and prognosis;⁴⁰ charms for healing;⁴¹ and verse introductions to prose medical works.⁴² These poems, which overwhelmingly belong to the remedybook tradition of medical writing, tend to be practical rather than theoretical, and when they do touch on theoretical subject matter (such as the complexions), their function—to instruct and assist in memorization—remains utilitarian.⁴³ Indeed, they appear most often in manuscripts whose content is primarily medical, suggesting that—like their Latin counterparts—they were produced and circulated chiefly for their informational rather than for their literary properties. For example, the compiler of the remedybook, Cambridge, Trinity College MS R.14.51, copied the “Tretys of Diverse Herbis,” a highly variable verse herbal and recipe collection

subsequent to this data”); British Library, MS Additional 17866, fols 5^v-16 (eVK2 7654; *NIMEV* and Keiser identify the location as fols 5-16).

³⁵ E.g. the verse compendium on astrological medicine (Keiser 290; included in *NIMEV* 3848—an entry encompassing a related body of texts on phlebotomy) found in Oxford, Bodleian Library, MS Ashmole 210 (*SC* 6795), fol. 9^r (eVK2 2045), and British Library, MS Sloane 610, fols 5^v-6^r (eVK2 615; eVK2 and *NIMEV* 3848/17 agree on this location, but Keiser identifies fols 5^r-6^r). The text of the Ashmole version, with lines from the Sloane version, is printed by Mooney, “Middle English Verse Compendium.” Included in *MEMT*.

³⁶ E.g. the poem on the complexions that appears uniquely in London, Lambeth Palace, MS 523, fol. 85^v (*NIMEV* 3157; not included in Keiser; eVK2 4567). Printed in *Secular Lyrics* 71-2; included in *MEMT*.

³⁷ E.g., “Verses on Bloodletting” (Keiser 288, cf. 289, 295, 298; *NIMEV* 3848 [includes several variations]; eVK 7864 [also see numerous other variations listed separately]), printed from Bethesda, MD, National Library of Medicine Schullian 514 (*olim* [DeRicci, Bond, and Faye] MS 4), fols 16^r-17^r, in Mayer 388-90. Included in *MEMT*. This MS is described in the Appendix, entry no. 43.

³⁸ E.g., the first stanza and eight added stanzas of the “Rules of Health” (“B”) version of Lydgate’s widely-copied *Dietary*, the main object of analysis in Chapter 3. Not included in Keiser.

³⁹ E.g., the immensely popular plague tract attributed to John of Burgundy, *De epidemia* (the Latin original of which is discussed substantively in Chapter 2) was rendered in Middle English verse (Keiser 306; eVK2 2287; *NIMEV* 1190). For a modern printed edition of the Middle English verse version, see Bowers, “A Middle English Mnemonic Plague Tract” (based on MS Egerton 1624). Eustache Deschamps’s ballade on the pestilence was translated by Lydgate in the fifteenth century. Lydgate’s translation and its manuscript contexts are discussed in Chapter 3.

⁴⁰ For metrical texts on signs of death, see Robbins, “Signs of Death.”

⁴¹ E.g., “A Charm Against Fever,” printed in *Secular Lyrics* 60-1, from British Library, MS Sloane 747, fol. 57^r (eVK2 7931); this particular MS is not included in *NIMEV* 1293 (which lists 19 other MS witnesses), presumably either because the text is written as prose in the Sloane MS or because it dates to the sixteenth century.

⁴² This category is examined by Keiser, “Verse Introductions.” See the entries in Keiser 237, 267, 302, 304; and *NIMEV* 1605, 3422, 4182.

⁴³ For a description of manuscript genres containing “utilitarian” texts, including medical ones, see Mooney, “Manuscript Evidence” 185-6.

that is attested in numerous surviving manuscripts, and “Verses on Bloodletting,” alongside kindred medical texts in prose, including hundreds of recipes, several medical charms, and a work on diagnosis by urine.⁴⁴ Indeed, almost all surviving versions of the “Tretys” are found in medical manuscripts.⁴⁵

This portrait of medical verse in Middle English is distorted, however, because it represents a prevailing scholarly view based on existing research which typically ignores, excludes, or marginalizes a body of texts that were read and used in Ricardian and (increasingly) in Lancastrian England, namely poems by canonical literary authors. Indeed, stand-alone medical poems and equivalent texts embedded in larger works by canonical authors survive in a wide range of manuscript genres (literary and medical miscellanies, remedybooks, commonplace books, etc.), and consequently reached a broader audience than did most of their anonymous counterparts.⁴⁶ Paradoxically, although medical texts by canonical authors evince both the phenomena of medical and literary vernacularization, and therefore would plausibly be of interest to historians of medicine and literary scholars alike, they are largely ignored in modern scholarship. A brief case study examining Lydgate’s “Pageant of Knowledge,”⁴⁷ a composite poem that I

⁴⁴ For descriptions of this medical manuscript, which is primarily a recipe collection and remedybook, see James 921; Mooney, *IMEP* 11: 49-53. The “Tretys” (examined above, n. 34) appears at fols 34^v-47^r. It is preceded by six recipes appearing on fol. 34^r, some of which are prognostic, beginning, “Take white brede and the white of an egge [...]”, and ending “[...] yif hit com oute at the wonde he ys but dede with outen faile.” These recipes are not noticed in eVK2 or in Mooney, *IMEP* 11. A later scribe added additional recipes following the “Tretys” (eVK2 5970; Mooney, *IMEP* 11: 52). “Verses on Bloodletting” (discussed above, n. 37) appears on fol. 33^{r-v} (eVK2 7689), joining other texts in the MS on the same subject, e.g. on fols 11^v-12 (eVK2 8153; Mooney, *IMEP* 11: 50) and 18^v-20 (eVK2 2906; Mooney, *IMEP* 11: 51).

⁴⁵ See above, n. 34. The only MS containing (a fragment of) the “Tretys” that is not primarily medical in content is British Library, MS Additional 60577 (“The Winchester Anthology”), where it appears at fol. 119^{r-v}. For the contents of this MS, see *BL Additions*.

⁴⁶ The range of subject matter, forms, discourses, and languages that could be employed in a single fifteenth-century manuscript is examined in relation to British Library, MS Sloane 3534 (entry no. 29 in the Appendix), in Chapter 3, Section 2.

⁴⁷ I thank Prof. Stephen R. Reimer for his generous help in identifying some of the vital questions that critics had previously failed to ask about the “Pageant,” and for suggesting references and potential directions for my research.

will show fits within the remedybook tradition of medical writing, will shine light on the theoretical and methodological factors implicated in the broader scholarly abandonment of medical texts by canonical literary authors.

2. Lydgate's "Pageant of Knowledge": Texts and Genres

"A Pageant of Knowledge" is the name Henry Noble MacCracken—in the second volume of Lydgate's *Minor Poems*—gave to ten separate texts that appear contiguously in only one surviving manuscript, Cambridge, Trinity College, MS R.3.21.⁴⁸ Each text is set apart from the others by means of a heading and an "explicit," and some circulated in various configurations in other manuscripts. Although many critics acknowledge that the text of the "Pageant" is unstable, paradoxically, most also consider MacCracken's version from the Trinity manuscript to represent the "complete" text.⁴⁹ Before the "poem" (in its composite form, identified hereafter as the "A" version) may be analyzed, we must first perform the basic work of clearly dividing it into its ten constituent units in accordance with their layout in the manuscript:

([unit] *i*) Stanzas 1-2: Monk's Tale stanzas (*ababbcbc* = MT); headed

"Septem sunt gradus magnatum" and "Officia dictorum magnatum"

respectively;

(*ii*) Stanzas 3-9: rime royal (*ababbcc* = RR); "Septem Pagine sequuntur

sapiencie"; circulated separately, in a different order, in eight MSS

(*NIMEV* 576; Renoir and Benson 136);

⁴⁸ MacCracken, ed. 2: 724-34. MacCracken and eVK2 7501 locate the text at fols 287^v-289^v, which is correct (*pace NIMEV* 3651, which locates it at fols 287^v-289^r; and Renoir and Benson 133, citing fols 287^r-289^v). For descriptions of the manuscript and its contents, see James 601; Mooney, *IMEP* 11: 23-28. References to the composite "Pageant" in this study cite MacCracken's edition.

⁴⁹ Ebin 86; Pearsall, *John Lydgate* 55; Schirmer 104; Sponsler, "Explanatory Notes to Pageant of Knowledge" 126.

(iii) Stanzas 10-16: RR; “The fynders of the vij. sciences artificiall”; stanza 16 circulated alone;

(iv) Stanzas 17-18: MT; “The .vij. sciences callyd lyberall”;

(v) Stanza 19: MT; “The Dysposicion of the .vij. planettes”; beginning in this stanza, until the end of the poem, each stanza ends with a variation on the refrain “How shuld man þan be stable in lyuyng?”; logically grouped with the following unit;

(vi) Stanzas 20-22: RR; “The dysposicion of the xij. sygnes”;

(vii) Stanzas 23-27 (22-26, RR; 27, MT): “The disposicion of þe iiij. elementes”; Stanza 23 circulated separately, both alone and as part of a two-stanza poem sometimes attributed to one “Halsham”⁵⁰ [*NIMEV* 3504; Renoir and Benson 135]; stanzas 23-end also circulated as a unit, in a rearranged form = the “B” version of the “Pageant” [*NIMEV* 3503; Renoir and Benson 134], but it has not been noticed that this version sometimes also incorporates stanzas 19-22 [e.g. in British Library, MS Harley 2251, fols 23^v-24^r] (the inclusion of these stanzas is logical because they employ the same general refrain found in the remainder of the poem.);

(viii) Stanzas 28-30: MT; “The disposicion of þe iiij. complexions”; these stanzas circulated alone;

(ix) Stanzas 31-34: RR; “The dysposicion of þe .iiij. tymes of þe yere”;

(x) Stanzas 35-39: MT; “The Dysposicion of þe World.”

⁵⁰ Curt Bühler notes that stanza 23 appeared alone in manuscripts and as part of a two-stanza poem sometimes attributed to Halsham, but he rejects the argument (furthered by South in her article on “The Question of Halsam”) that the stanza originated with that unknown author (“Lydgate’s Horse, Sheep and Goose”).

Of the ten units that make up the “A” version of the “Pageant,” four (*ii*, *v-x*, *vii*, *viii*) circulated separately in manuscripts, as did one lone stanza (16, in unit *iii*). What is more, the arrangement of stanzas in the “B” version of the poem (see above, unit *vii*) suggests that its compiler was working with modular groups of stanzas that correspond with the ones observed in the Trinity manuscript.⁵¹ Nowhere did MacCracken justify his printing separate texts as a single poem, but his attribution of the “Pageant” to Lydgate on the basis of “the uniform style of the whole piece”⁵² indicates that he thought that they exhibited a high degree of unity. Little uniformity of style is apparent, however, as the stanzas of the composite “A” version vary in length and rhyme scheme: some are Monk’s Tale stanzas, while others are rime royal. Indeed, the unity MacCracken observed was surely more thematic than stylistic, as the constituent texts represent systems of categorizing and ordering knowledge that can be numbered (especially in groups of seven), and indeed they were likely originally grouped in the manuscript because its compiler (or perhaps the patron, publisher or client directing him) noticed this fact. Although it has often been noted that the “A” version of the “Pageant” is made up of several constituent texts, it is still typically conceived of as a coherent work by Lydgate; in these pages, however, the “poem” under discussion refers explicitly to a composite and unstable text that is found uniquely in the Trinity manuscript.

Another critical debate concerns the poem’s intended genre and function, which can appear quite different depending on the version of the text or the modular unit under

⁵¹ At present there is insufficient evidence to clearly establish the relationship between the “A” and “B” versions. In order, the “B” version of the poem as it appears in Harley 2251, fols 22^v-24^v, consists of stanzas: 23, 24, [the third stanza is original to the “B” version], 25, 26, and 27 (the elements; unit *vii*); 34, 31, 32, and 33 (the seasons; unit *ix*); 28, 29, and 30 (the complexions; unit *viii*); 19, 20, 21, and 22 (the influence of the planets; units *v* and *vi*); and finally 35, 36, 37, 38, and 39 (the moon, place, and weather; unit *x*).

⁵² MacCracken, entry on “A Pageant of Knowledge” in “The Lydgate Canon” (xxiii, no. 90).

discussion. MacCracken, noticing the Latin *pagine* in the heading to the second constituent textual unit, gave the name “Pageant of Knowledge” to the “A” version, stating that the “whole” piece was presented “as a school play, like its original by Ausonius.”⁵³ Only unit *ii*, however, which occupies stanzas three to nine of the “A” version, may correctly be identified as a “pageant”: The heading, “Septem Pagine sequuntur sapience” (seven pageants about wisdom follow), clearly describes only the seven *stanzas* which follow it, not—as Walter F. Schirmer thought—the following seven (of nine remaining) textual *units*. These stanzas, the only ones in the “Pageant” that are in fact based on Ausonius, circulated as a single item in eight manuscripts, as “Seven Wise Counsels.”⁵⁴ How this text was in fact performed depends on which definition of *pagine* applies: the word can signify either the “pantomime-type pageants which Lydgate could see in London at the receptions of distinguished personages” or “pageants in a quite different sense—for the word [...] relates to scholastic drama.”⁵⁵ While Schirmer considered the poem “an example of this latter type,”⁵⁶ Derek Pearsall countered that only “the first part of the complete text (in MS. Trinity R.3.21) is clearly a tableau-presentation”,⁵⁷ and that the “second part” was not intended for performance, but was conceived as a didactic text.⁵⁸ Pearsall divided the “Pageant” into two textual units (i.e. the “B” version, and the stanzas preceding it), but we have already seen that it was in fact assembled from several distinct and modular sections, and even though the “B” version is

⁵³ Ibid. Only unit *ii* is derived from Ausonius’s “Ludus septem sapientum” (*Ausonius* 1: 310-29). The unit may also be compared with advantage to Pseudo-Ausonius’s “Septem sapientum sententiae” (*Ausonius* 2: 271-77). For didactic medical verse by Ausonius, see above, n. 25.

⁵⁴ MacCracken prints these stanzas (from British Library, MS Harley 2255) as a “second version” of the ending of the “Pageant” (i.e. what I call the “B” version) directly following the “A” version, in *Minor Poems* 2: 734-38.

⁵⁵ Schirmer 104.

⁵⁶ Ibid. 104.

⁵⁷ Pearsall, *John Lydgate* 183.

⁵⁸ Ibid. 183-84.

presented as a single poem in several manuscripts, it too was modular. The “Pageant,” then, is not a single poem, but rather a compilation of thematically related texts, some possibly intended for performance, based on various sources. To be sure, the notion that stanzas could be modular and amenable to reconfiguration was evidently not uncommon in the fifteenth century, as Lydgate’s works—including the texts of the “Pageant”—were especially subject to this kind of manipulation.⁵⁹ Other medical texts in the remedybook tradition, such as the *Flos*, were also excerpted and rearranged in this manner.

Of primary interest in the present study are the sections of the “B” version that express medical content. Much of this version fits snugly within the remedybook tradition of medical writing. Throughout this version we encounter a refrain—(“How shuld man þan be stable in lyuyng?”)—lamenting the instability of life in an ever-changing world in which man is beset by external forces affecting physical health. It describes the elements, seasons, complexions, celestial bodies and astrological signs, and the physiological effects of location and weather—all of which are topics addressed in medical texts.⁶⁰ For example, stanzas 19-22 (units *v* and *vi*), which focus on planetary influence, inform the audience that “Saturn disposeþ a man to melancoly” (131), and also outline which planets govern specific parts of the body. This unit compares well with Middle English medical texts in the remedybook tradition, such as the verse treatise on astrological medicine contained in British Library, MS Sloane 610.⁶¹ A closer look at two other sections will further illustrate the character of the poem’s medical content.

The first of these is stanza 16—part of unit *iii*, which describes the “fynders of the vij. sciences artificiall”:

⁵⁹ Bühler, “Lydgate’s Horse, Sheep and Goose” 563, nn. 11 and 12.

⁶⁰ For a list of topics associated with the remedybook tradition, see above, 5.

⁶¹ See above, n. 35.

Phebus fond furst craft of medicine
By touche of pounce, veyne, & inspeccions.
Esculapius taught þe doctrine
To knowe þe qualytees of . iiij. compleccions
Of letuaryes, drogges, & pocions
And among all þere ys nopyng more mete
To helthe of man þan temperat diete. (108-14)

This stanza, which recounts the mythical discovery and development of medicine by Apollo and his son, Aesculapius,⁶² and enumerates standard methods of diagnosis and treatment (privileging above all a moderate diet) also appears alone on fol. 49^v in a remedybook, San Marino, Huntingdon Library, MS HU 1051. This is a didactic text that teaches its audience several basic facts in a memorable way; its appearance within a remedybook further reinforces its affiliation with texts in that tradition. Moreover, Rossell Hope Robbins, who printed the poem from the Huntingdon manuscript, noted further that “these lines occur among various fifteenth-century notes and scribbles,”⁶³ suggesting that they attained a degree of popularity independent of the “Pageant.” It is in this form that the text is known to historians of medicine such as Robbins, George R. Keiser, and Voigts and Kurtz (in their database, eVK2), none of whom note either the text’s appearance in the Trinity manuscript (as part of the composite “Pageant”) or its attribution to Lydgate.⁶⁴ Thus it is only regarded as “medical” when it is outside of the larger poem (i.e., unit or larger composition) to which it properly belongs.

⁶² Aesculapius was the son of Apollo, and said to be the father of Hippocrates: these three are often called the founders of medicine. For this conventional origin myth, see Isidore of Seville, *Etymologies* IV. 3; cf. Vincent of Beauvais, *Speculum doctrinale* XII. 1, following Isidore.

⁶³ *Secular Lyrics* 253. Robbins did not name the manuscripts.

⁶⁴ Keiser 283; *NIMEV* 2751; eVK2 4008.

The second modular medical section under consideration here is the three-stanza unit (*viii*) on the complexions that occupies stanzas 28 to 30, beginning, “The sanguine man of blood hape hardynes.” This unit was included in the “B” version of the poem, and it actually appears twice in British Library, MS Harley 2251: first, within the “B” version of the “Pageant” that appears on folios 22^v-24^v; and second, on folios 78^v-79^r, alongside an analogous, anonymous poem on the complexions. Although the *NIMEV* notes the existence of this excerpt from the “Pageant,” neither Keiser nor eVK2 do, although it is also set apart in the Trinity manuscript by means of a heading (“The disposicion of the foure complexyons”) and a concluding “explicit.” In short, the text has not been considered worthy of study in its own right by historians of medicine. In contrast, they readily acknowledge the almost identical (in terms of language, subject matter, style, and form) anonymous poem which appears alongside it in Harley 2251, which I have confirmed is a close translation of four stanzas from the *Flos*.⁶⁵ In sum, several units which comprise the “Pageant” are largely indistinguishable from medical texts in verse that belong to the remedybook tradition, but this has not been noted, as the “Pageant” has not attracted the sustained interest of scholars.

The poem’s neglect has been ensured by larger trends in scholarship on Middle English literature and medicine with which this thesis must contend. While some scholars brand texts like the “Pageant” as didactic and therefore un- (or even anti-) literary, thereby reinforcing the traditional modern binary opposition between didactic and

⁶⁵ The anonymous poem in question (at fol. 79^{r-v}) derives from *Flos* 1173-97. Printed from this manuscript in *Secular Lyrics* 72-3. The poem appears in the following MSS listed in *NIMEV* 2624: Oxford, Bodleian Library, MS Digby 88 (not in eVK2); Oxford, Bodleian Library, MS Ashmole 59 (eVK2 3876); Cambridge, University Library MS ff.1.6 (eVK2 3872; also contains a version of the “Pageant”); Cambridge, Trinity College, MS R.3.19 (eVK2 3874; I have consulted the MS [at fols. 52^v-53] and determined that it appears alongside the original Latin lines from the *Flos*); MS Harley 2251 (eVK2 3875; see the Appendix, no. 20); Tokyo, MS Takamiya 61 (eVK 2791.50; *olim* eVK 2768). Cf. above, n. 36, for another poem on the same theme, also printed in Robbins.

imaginative writing,⁶⁶ others conceive of these texts as literature, but only according to a very narrow, mimetic definition which denies that they could also simultaneously qualify as medical texts. For example, Schirmer aptly noted that the “Pageant,” replete with didactic material, evinces the “the fifteenth century’s inexhaustible desire for instruction,” but he also felt it necessary to explain that the poem, “which seems so dry to us, may have gained in vigour by [its] performance.”⁶⁷ The large number of instructional texts which survive in fifteenth-century manuscripts shows that there was indeed a high demand for this kind of material, therefore it makes little sense to posit that the text wanted a boost in “vigour.” Pearsall calls this kind of verse “informational and practical,”⁶⁸ and notes that works like the “Pageant” “reflect the sober and business-like tastes of the age, just as they reflect a comprehensive concept of poetry which thinks nothing alien to itself.”⁶⁹ The poem is only briefly noted, if at all, by the other major biographers of Lydgate,⁷⁰ and modern studies on Lydgate’s works have largely avoided it.⁷¹ Thus literary critics have little to say about the poem beyond noting that it is an index of the medieval literary taste for didactic literature.

It is partly our modern inability to appreciate the medieval taste for poetic nonfiction that has prevented texts like the “Pageant” from being studied. J. Paul Hunter, writing about the didactic fiction of the eighteenth century, has noted that in modern

⁶⁶ For this critical commonplace, see the entries on didacticism in standard resources such as Abrams, *A Glossary of Literary Terms* (65), and Baldick, *Concise Oxford Dictionary of Literary Terms* (66).

⁶⁷ Schirmer 104. Pearsall echoed Schirmer when he wrote of “an insatiable appetite for fact and information of all kinds, much of it is satisfied in verse, such as *Pageant of Knowledge*” (*John Lydgate* 69).

⁶⁸ Pearsall, *John Lydgate* 218.

⁶⁹ *Ibid.* 219.

⁷⁰ Ebin writes that the “Pageant” anticipates Lydgate’s mummings, identifying the poem as “a tabloid” (86). Alain Renoir does not discuss the poem in his monograph on *The Poetry of John Lydgate*.

⁷¹ The poem is not discussed substantively in any of the major recent studies on Lydgate: Nolan, *John Lydgate and the Making of Public Culture* (2005); Scanlon and Simpson, eds., *John Lydgate: Poetry, Culture, and Lancastrian England* (2006); and Cooper and Denny-Brown, eds., *Lydgate Matters: Poetry and Material Culture in the Fifteenth-Century* (2008).

criticism the term “didactic” is often used pejoratively, in an “evaluative rather than descriptive” sense.⁷² This usage, which is ubiquitous in scholarship on Middle English medical poetry, reveals what Hunter calls a “modern sensibility” that distrusts “writing that seems to have a palpable design on us [...],” especially writing that makes its designs transparently known.⁷³ The requirement that poets hide their didactic intentions—for example, within a pageant, or simply by making their designs “unobtrusive” (as Keats advocated)⁷⁴—is our requirement, not one that was proper to medieval audiences. We, modern readers, are the ones who find the medical material in the “Pageant” “dry” or lacking in “vigour” (to recall Schirmer). Didactic works like the “Pageant” are of a different sort than the ones usually caught up in the didactic/imaginative binary. They are not trying to influence their readers concerning a contentious moral or political issue, which might very plausibly require some misdirection—by means of allegory, for example—but instead to offer instruction on knowledge that people wanted to acquire. Therefore, Schirmer’s and others’ statements that the “A” version of the “Pageant” would have been appreciated mainly because it was performed—a claim founded on little more than MacCracken’s reading of a rubric and his misidentification of Ausonius as a source for the entire “poem”—reveals more about modern critical practices and biases than it does about the characteristics of the text, the discourses it embodies, or its historical era. As a result, the text of the “Pageant,” its sources, formal and stylistic properties, position within Lydgate’s body of works and within fifteenth-century literature and culture, and even its very ontology as a poem—all the domain of literary studies—still require a closer

⁷² Hunter 227.

⁷³ Ibid. 245. Hunter is working with a phrase from John Keats’ letter to John Hamilton Reynolds (3 February 1818).

⁷⁴ Keats.

examination than any have been willing to conduct on a work whose primary function—to instruct—sits uneasily with post-medieval conceptions of literature.

The one study that takes the “Pageant” seriously as a literary text, however, denies that it fulfilled a proper didactic function. Charles F. Mullett, who surveys Lydgate’s references to medicine in “John Lydgate: A Mirror of Medieval Medicine,” briefly summarizes the poem and notes that it is especially representative of the thought of the age.⁷⁵ Notably, Mullett articulates what is still, more than sixty years later, a dominant theoretical approach to the study of Middle English medicine and literature: “[t]o credit [Lydgate] either with scientific originality or with skillful popularization of other men’s ideas would be unsound,” writes Mullett, “but to view certain scientific commonplaces in a monkish mirror is to learn what the educated thought and what they passed on to the literate and semi-literate.”⁷⁶ In his study, not only are Lydgate’s medical poems—some of which were the most widely-circulated English medical texts (regardless of form) in the medieval era—decried for their unoriginality and explicitly denied “medical” status, they are removed altogether from the realm of culture, stripped even of their function as vehicles for the transmission of medical thought. (For how can a poem not pass on scientific commonplaces without also ‘popularizing other men’s ideas’?)

Mullett can make this contradictory claim because he relies on a mimetic paradigm of history and art, which conceives of literature as a “mirror” capable only of reflecting a stable and separate historical background, and disallows the possibility of overlap—let alone dialogue—between the two categories. The audience of the “Pageant,” he essentially states, could view the distorted image of medical discourse through the

⁷⁵ Mullett 405-6; cf. Renoir and Benson 133 (following Mullett).

⁷⁶ Mullett. 404.

medium of literary texts, but they could not apprehend medical knowledge as such. This curious logic recalls Schirmer's statement that informational literature was popular but also somehow needed to be delivered via the "palliative" or "lure" of performance.⁷⁷ The inconsistency of these arguments reveals a deeper tension between modern and medieval ways of thinking about literature that have resulted in the neglect of the "Pageant" and texts like it. Embedded and stand-alone medical texts by Chaucer and Lydgate have been overlooked *as medical texts*, in part because they are incorrectly authorized; associated with poets rather than physicians—mimetic works by *auctores* but not works of *auctoritas*. They belong, in effect, to the wrong canon, able to mirror or represent the elements of medical learning, but not to truly embody (like the verse "Tretys") medical discourse and therefore communicate it to an audience desirous of instruction on matters of health.

3. The State of the Field; Methodology

Mullett's exclusionary model is typical of those undergirding the majority of the significant early studies in the field.⁷⁸ The seminal study on medieval literature and medicine is Walter Clyde Curry's *Chaucer and the Mediaeval Sciences* (1926), which investigated medieval science "with the general purpose of reproducing [...] a sort of fourteenth century scientific background, against which certain stories and characters created by the poet [i.e. Chaucer] might with advantage be thrown into strong relief."⁷⁹ John Livingston Lowes's groundbreaking essay (1914) on medical lovesickness took the

⁷⁷ I borrow Hunter's terms (241).

⁷⁸ In addition to the examples which follow, we may also add: Jones, "Popular Medical Knowledge in Fourteenth Century English Literature" (1937); Fox, *The Mediaeval Sciences in the Works of John Gower* (1966); and Ussey, *Chaucer's Physician: Medicine and Literature in Fourteenth-Century England* (1971).

⁷⁹ Curry vii.

same approach, as it reconstructed an “intellectual background”⁸⁰ against which Chaucer’s Knight’s Tale and Richard of Bury’s *Philibiblon* might be read. With the exception of Glending Olson’s work on the ability of poetry to produce medicinal *gaudia* (joy),⁸¹ scholars have not typically emphasized the ways in which canonical authors creatively employed medical discourse, producing stand-alone texts, and passages in longer works, that productively communicated medical knowledge. Only recently have scholars begun to attend to the ways in which Chaucer, John Gower, William Langland, and the *Pearl*-Poet creatively explored the metaphorical and thematic possibilities available in the body of knowledge on medical theory and practice.⁸² In contrast, studies on medical themes and content in literatures of later periods constitute an active field of inquiry that is almost wholly separate from the corresponding study of medicine in Middle English literature.⁸³ Evincing this division, the journal *Medicine and Literature* has published only a handful of articles on medieval texts in its nearly thirty-year history.⁸⁴

This dissertation employs a versatile interdisciplinary approach developed in response to the radically divergent interpretive demands presented by each object of

⁸⁰ Lowes 528.

⁸¹ G. Olson, *Literature as Recreation* (1982).

⁸² E.g.: Leavy, *To Blight with Plague: Studies in a Literary Theme* (1992); Citrome, “Medicine as Metaphor in the Middle English *Cleanness*” (2001), and his monograph, *The Surgeon in Medieval English Literature* (2006); Healy, *Fictions of Disease in Early Modern England* (2001); Grigsby, *Pestilence in Medieval and Early Modern English Literature* (2003); Bakalian, *Aspects of Love in John Gower’s Confessio Amantis* (2004); and Gasse, “The Practice of Medicine in *Piers Plowman*” (2004).

⁸³ Numerous works have been published on medicine in early modern drama (e.g. Kerwin, *Beyond the Body* [2005]) and modernist literature (e.g. Micale, *The Mind of Modernism* [2004]). Kerwin examines the interplay among social narratives and medical culture in Renaissance England, demonstrating that dramatic works represented and defined medical practitioners and their profession. Micale shows that modernist aesthetics were informed by scientific approaches to behaviour and the mind that emerged in the late-nineteenth and early-twentieth century. The current study similarly examines aesthetic, social, cultural, and historical phenomena in literary texts which evince a debt to medical theory and practice.

⁸⁴ The only study on a medieval subject published in the last ten years in this journal is Smith, “False Care and the Canterbury Cure” (2008).

study. For example, in the case of Lydgate's largely abandoned medical poems (examined in Chapter 3), I perform codicological and textual-critical work, in addition to scholarship aimed at correcting misconceptions about the texts of these works, to establish stable objects of study that can then be approached by literary-critical methods. (We saw the necessity of this when looking at the "Pageant.") When dealing with Chaucer's texts, however, which are relatively stable in comparison to Lydgate's, the need for this kind of work—at least in a thesis whose scope is necessarily highly selective—is less pressing.

The literary-critical work performed in the present thesis builds on "critical historicist" approaches which remain alert to the formal properties of literary texts even as they negotiate between literary and non-literary discourses, and among theoretical modes. "[A] truly critical historicism," writes Lee Patterson,

is not to be set against theory but is itself both a function of theoretical thinking and implies a variety of theoretical commitments. So too, and just as important, historicism should not be thought to preclude a commitment to the relation of textual details to meaning that has always been central to formalism. Too often, historicist criticism continues to reduce text to context, to regard historical situating as an end itself without asking the crucial question: how do historical investigations help us to interpret complex and difficult texts, shaped as they are with all of the resources of the literary art?⁸⁵

Building on this and other interdisciplinary approaches, this dissertation employs a variety of hermeneutic methods to closely read texts within their literary, material, manuscript, social, cultural, discursive, and other contexts. The objective of this diverse

⁸⁵ Patterson, *Temporal Circumstances* 6.

approach is to formulate critical readings both of text and context. Indeed, medieval poets themselves worked in interdisciplinary ways, and did not conceive of their works as existing in a walled-off, literary sphere, separate from other textual forms or from history.

An important theoretical distinction upheld in this work, and one that informs its approach, involves two often overlapping categories of text: (i) poetry *about* medicine, that is, poetry that thematically or mimetically represents the theory or practice of medicine chiefly in ornamental or metaphorical ways; (ii) and poetry that embodies the language and ideas associated with medicine in an extended, substantial, and engaged manner. Texts belonging to the second category, including both stand-alone poems and passages in longer works, resemble medical texts so strongly that it is difficult to differentiate among them on any but formal and stylistic grounds—and in fact, I often avoid doing so. The sum total of shared elements that account for this strong resemblance (say, between the “Pageant” and kindred texts in the remedybook tradition), and which set the second category of texts apart from the first, are described in the current study by the term *discourse*. The concept of discourse is employed in a number of academic disciplines and may be found in theoretical contexts identified with postmodernism and New Historicism (and its British cousin, Cultural Poetics), which make use of the term’s semantic potential to explore questions of subjectivity, ideology, and institutional power.⁸⁶ While my use of the word is somewhat informed by these approaches, it draws primarily on the French “discours,” meaning the form of language that is proper to a field of knowledge (“[la] [f]orme particulière des réalisations langagières d’un domaine de

⁸⁶ Baldick 68-9; Bové; Bressler 238, 245, 246; Macey 100-1; cf. P. Knapp 2. For the specialized use of “discourse” in the field of linguistics, see Macey 100-1; C. Jones.

connaissance”).⁸⁷ Thus the second category of poetic texts identified above employ *medical discourse*, defined here as an historically contingent and coherent body of knowledge, concepts, terminology, and ways of organizing these properties, shared by—and characteristic of—a discipline, community, institution, tradition, or other group of medical experts or practitioners. This is a dissertation about how Chaucer and Lydgate, as opposed to simply writing about medicine, employed medical discourse in verse forms, crossing formal boundaries to participate in an ongoing conversation about medicine in which the major interlocutors (imagined, implied, or real) are associated with the discipline or field of medical study or practice. Thus Chaucer’s and Lydgate’s texts are not *either* literary (reflections of a separate medical history) *or* medical (versified but not properly literary), but *both* medical *and* literary, text and context, foreground and background.

4. Overview of My Work

Chaucer and Lydgate employed learned medical discourses in different ways, and to largely divergent ends. Chaucer enacted didactic critiques of the medical profession and reminded his readers that medicine and the healing arts addressed but one aspect of wellbeing. Yet while Chaucer employed medical discourse chiefly to critique the medical profession and to ironically explore the intertextual relationships among literary conventions and cognate medical theories, Lydgate drew earnestly on a broad range of

⁸⁷ *Le nouveau petit Robert de la langue française*, s.v. “discours,” 2.2. The entry provides examples of the word’s use in sentences, including “Discours scientifique, discours littéraire.” Cf. Baldick’s definition: “any coherent body of statements that produces a self-confirming account of reality by defining an object of attention and gathering concepts with which to analyse it (e.g. medical discourse [...])” (68).

medical traditions to produce accessible, stand-alone medical texts in the remedybook tradition.

Chapters 1 and 2 analyze Chaucer's role in establishing medical discourse in the English language and culture. Chapter 1, "'Whan That They Were Seeke': Plague, Medicine, and the Pilgrim Healers of the *Canterbury Tales*," identifies the plague, which Chaucer is often said to have artistically elided, as a major element informing the conception of the *Canterbury Tales*. The pandemic, and the threat of its return, underlie the major themes of sickness and health that suffuse the text—themes that Chaucer develops, in part, by employing the discourses proper to two healing traditions, each represented by an individual on the healing pilgrimage: the Physician embodies academic medical discourse, while the Parson and the Pardoner represent spiritual healing. This chapter offers an ironic reading of the Physician which demonstrates that, not only is he unable to heal, his tale actually has the capacity to make its listeners ill. Building on established Continental satiric traditions, Chaucer critiques the pilgrim and his profession by drawing attention to stereotypical failings of physicians, especially greed and the dishonest (immoral, unethical) practices that some believed allowed them to flourish during times of plague despite their ineptitude in the face of the pandemic. Chaucer departs from this tradition, however, when he turns the Physician's discourse around on the character, putting it in the mouth of the lowly Host in the Introduction to the Pardoner's Tale. When the Host makes reference to medical concepts and terms, he is not simply parroting the body of language proper to the Physician and his peers, he is appropriating it in an act symbolic of the contemporary phenomenon whereby the unlatined English rapidly appropriated Latin medical discourse into their language and culture. In competition with the Physician for the trust and gold of the pilgrims is the

sinister Pardoner, who offers spiritual healing—at a high price. Like the Physician, he is a spiritually sick and ineffective healer whose business historically enjoyed a boost amid the climate of anxiety in the wake of multiple visitations of plague. His tale can be read as a riposte both to the Physician and to the medical profession as a whole, because the *topos* of the futile and self-defeating quest to kill Death—which takes the form of plague—parallels a common charge leveled against physicians. Throughout the chapter, I demonstrate that Chaucer constructed each of these characters by recasting literary conventions in the light of contemporary responses to the impact of plague, and that he exhibits a keen awareness of the shifting position of medicine and its discourses in relation to other traditions of healing in later-medieval England.

Chapter 2, “A Contradiction in ‘Termes’: The Englishing of *Hereos* in the Knight’s Tale,” shifts the focus from the major medical catastrophe of Chaucer’s time to an illness that was endemic in literary texts, namely lovesickness, known to medieval physicians as *amor hereos*. Chaucer’s description of Arcite’s lovesickness in the Knight’s Tale constitutes, in effect, an embedded specialized verse medical treatise on *hereos*. Although it is highly condensed, it is one of the only texts of its kind in Middle English. Following the example set by Ovid in the *Remedia amoris*, Chaucer deliberately places superficially similar literary and medical discourses of lovesickness in competition, jumbling the “termes” of medicine and amatory fiction to demonstrate that they are founded on mutually exclusive premises: Whereas physicians developed an entire discourse surrounding *hereos* posited on the belief that it was curable in some circumstances, poets believed that lovesickness was the one condition (save death) that medicine could not cure. Although the exact sources of Chaucer’s passage are obscure, it is possible to specify which of the well-known medical treatises on lovesickness most

closely resemble his. The discourse of *hereos* was heterogeneous, therefore Chaucer could not simply have reflected a unitary medical approach to the malady in his art, as has been claimed. On the contrary, he worked with several that he appropriated and redeployed in creative ways. Demonstrating the complexity and variety of medical theories of lovesickness enables us to explore Chaucer's text from new perspectives.

Chapter 3, "'Make Bis Bi Gouvernaunce': Lydgate's Prescription for a Way of Life in the *Dietary*," examines two of the most widely circulated Middle English medical texts: Lydgate's *Dietary* and the connected poem, "A Doctrine for Pestilence." The *Dietary* has not been accorded scholarly attention commensurate with its contemporary popularity, or—as I demonstrate—with its important place in the history of vernacular English medicine. This is due, in part, to the decision of most scholars to cite a highly unrepresentative version of the *Dietary* which contains radically different content than the normative version. The enduring effects of the unreliability of MacCracken's scholarship on Lydgate, which we encountered in relation to the "Pageant," serve as a major focus in this chapter.⁸⁸ Textual criticism demonstrates that the text as it was known to the vast majority of its readers addressed, not diet or plague, as some scholars claim, but all aspects of physical governance, including social and spiritual health—areas whose connection with physical health is explored in Chapter 1. The medical information provided in Lydgate's *Dietary* was highly sought after, as it instructed English readers on how to manage their own healthcare without the help of physicians. In effect, whereas Chaucer satirized physicians, Lydgate did away with them altogether by making their God-given medical knowledge free to the *vulgus*, in their mother tongue. Furthermore, by

⁸⁸ Reimer observes that even some contemporaries felt that MacCracken's work to establish a canon of Lydgate's works "could not be relied upon" (248).

tracing the *Dietary*'s sources and analogues, and by examining the manuscript contexts in which it circulated, I make the case that its contemporary audience understood it equally as a medical text in the remedybook tradition, and a literary text suitable for inclusion alongside other works of imaginative fiction. Given its contemporary popularity, I argue that the *Dietary*, often associated in manuscript contexts with the authorial identity of Lydgate, was one of the most important Middle English medical texts in any form. Ironically, the text achieved its popularity, in part, by drawing freely from medical and literary traditions and sources in ways that attracted a large contemporary audience, but which repel modern critics. In this chapter, I also demonstrate conclusively that "A Doctrine for Pestilence" is a close translation of a particular version of a ballade by Eustache Deschamps that survives in a codex compiled by Lydgate's publisher, John Shirley.

The extensive Appendix describes, in critical summary, all known manuscript witnesses of the *Dietary*, serving primarily as an accessory of Chapter 3 and documenting a large amount of information that would be distracting were it to be included in full in the chapter itself. It also serves the important function of illustrating, in miniature, the range of manuscript genres and qualities that contain Middle English medical texts in prose and in verse.

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CHAPTER 1

“Whan That They Were Seeke”: Plague, Medicine,
and the Pilgrim Healers of the *Canterbury Tales*

[F]rom every shires ende
Of Engelond to Canterbury they wende,
The hooly blisful martir for to seke,
That hem hath holpen whan that they were seeke.

—Geoffrey Chaucer, *Canterbury Tales*, General Prologue, lines 15-18

At the same time as the production of Middle English medical works increased in the later-fourteenth century, authors of imaginative literature appropriated the medical terms and concepts entering the English language and culture and redeployed them in their poetry.¹ This chapter demonstrates that Chaucer participated in this phenomenon, in the General Prologue and framing narrative of the *Canterbury Tales*, by employing medical discourse to satirize the tradition of academic medicine, and that he integrated this satire within a larger exploration of the themes of healing and sickness in the context of post-Black Death England. Faith Wallis has aptly noted that “from the historian’s perspective, satire and scolding are important gauges of how deeply embedded in medieval society medicine had become.”² Literature, however, does not merely reflect

¹ See, e.g., the use of medical terms and concepts in Langland’s *Piers Plowman* (esp. C. XX. 80-85) and Gower’s *Confessio Amantis* VI. 239-40 (Macaulay, ed.: 2), examined by Gasse (esp. 178) and Shaw (123-52), respectively. For linguistic analyses of the entrance of medical terms into the English language in nonliterary forms, see Norri, *Names of Sicknesses in English*; id., *Names of Body Parts in English, 1400-1550*; and the essays in Taavitsainen and Pahta. In contrast, the present work approaches the vernacularization of medicine from a different angle, employing a literary-critical hermeneutic to examine why Chaucer employed medical discourse and to explore how it matters for our understanding of his poetry.

² Wallis, *Medieval Medicine* 525.

historical events: it also evinces the reciprocal ability to shape beliefs and perceptions. Not only did Chaucer's *Canterbury Tales* satirically represent a medical discourse that had already largely infiltrated English culture, it also potentially served as a vehicle for the same ongoing process of infiltration that it represented and commented on. Although Chaucer did not write medical verse like his French contemporary, the poet Eustache Deschamps (*ca.* 1340-*ca.* 1406), or his literary successor Lydgate, historians have noted his "complex usage of medical language and allusion."³ In these pages I argue specifically that he played an early role in the larger phenomenon of Englishing medical discourse—which he called the "termes of phisik"—even as he found fault with the university-educated *medici* who employed it.

This chapter analyzes Chaucer's use of medical discourse and explorations of the multivalent concept of healing in the *Canterbury Tales* by focusing on three pilgrim healers: the Physician, the Parson, and the Pardoner. These three pilgrims represent competing approaches to the treatment of an array of illnesses, literal and figurative, affecting or threatening to affect the health of the pilgrimage group.⁴ Indeed, sickness and health are thematically and conceptually central to the *Canterbury Tales*. Several of the tales employ medical terms and refer to theories of regimen, dietetics, dreaming, physiognomy, astrology, herbal medicine, and—as will be examined in the next chapter—

³ Getz, *Medicine in the English Middle Ages* 88.

⁴ Skerpan has similarly noticed that the *Canterbury Tales* enacts a competition among healers, including the Pardoner and the Parson, within a larger thematic discussion of healing (41), and Trower has described the rivalry between the Physician and the Pardoner as one between two spiritually sick healers. My work differs significantly from theirs in that I provide analyses of a number of additional aspects informing the healing competition—including the historical event of plague, medical discourse, the sickening effects of the Physician's Tale, the professional component of the healing competition, the intermediary role of the Host, the Pardoner's riposte to the Physician in his tale, and several others. I offer a new interpretation of the competition's significance for the pilgrimage narrative: i.e., as a record of the cultural history of medicine in later-medieval England.

—medical lovesickness or *amor hereos*.⁵ Of particular interest in the present study, however, is the framing narrative—which begins in the General Prologue, runs through the linking texts, and culminates in the Parson’s Prologue—in which Chaucer mobilizes a representative cross-section of the English people on a journey towards physical, spiritual, and social healing at the shrine of the martyred saint, Thomas à Becket.⁶ On a metaphorical level, the trajectory of the pilgrimage resembles a course of medical treatment, as a diseased body social, comprised largely of spiritually—and in some cases physically⁷—sick members, journeys toward the common objective of wellness.⁸ Crucially, Chaucer’s pilgrims, like his contemporary audience, were menaced by the risk of recurring plague—an epidemic which was generally thought to have brought upon the world by their collective sin. The pilgrimage in the *Canterbury Tales* is threatened at all times by sickness, as the spectre of Death is never far behind: the pilgrim Reeve, who

⁵ For regimen, dietetics, and dream theory, see the analysis of the Nun’s Priest’s Tale in Curry 219-40. For physiognomic portraits in the General Prologue (including the Summoner, the Cook, the Pardoner, the Reeve, and the Miller), see Curry 37-90. For astrology in the Knight’s Tale and Man of Law’s Tale, and for its use in Chaucer’s representation of the Wife of Bath, see Curry 91-194. Chaucer’s dream poems draw heavily on medical and other aspects of medieval dream theory, a fact that has been explored in numerous studies, the most thorough of which remains Kruger, *Dreaming in the Middle Ages*. For herbal medicine in Chaucer’s works, see Voigts, “Herbs and Herbal Healing Satirized in Middle English Texts.” (I thank Prof. Voigts for sending me a proof of her article to consult; it will appear in the forthcoming *Festschrift for John Riddle*.)

⁶ The development of the Cult of Becket and the popularity of Becket’s shrine as a pilgrimage destination owed largely to his reputation for performing healing miracles (Slocum 97, 320-21). In particular, “water of St. Thomas,” a medicinal substance made by diluting the saint’s blood in water, was credited with numerous such miracles (Slocum 92-97). Indeed, I posit that the pilgrims’ rest stop at the “Wateryng of Seint Thomas” (I. 826), a river near London, may be an allusion to this medicine. By historian Ronald Finucane’s estimate, ninety percent of miracles experienced at shrines were of the healing sort (Amundsen 212)

⁷ Notably, the Cook (I. 386) and the Summoner (I. 623-33), whose potential illnesses Curry has speculatively diagnosed with reference to medieval medical theory (37-53). My own comparison of the Summoner’s portrait to the Middle English abridgment of John of Burgundy’s plague tractate, *De epidemia*, shows that the Summoner’s diet was the opposite of what was recommended in plague time. Whereas the Summoner enjoys “garleek, oynons, and eek lekes” (I. 634), the plague tractate specifically counsels against eating “garlik, onyonys, lakes en other suche metes that bringeth aman into on vnkyndely hete” (John of Burgundy, “Noble Tretis” 19-20). The Summoner’s love of strong wine (I. 635) and his lechery (I. 626) also directly contradict the advice given in the tractate (John of Burgundy, “Noble Tretis” 16, 105-7). The Latin version of *De epidemia* is discussed substantively later in this chapter, in Section 3.

⁸ E. Brown has observed more generally that the pilgrimage group in the *Canterbury Tales* represents “humanity sick beyond its own capacities for healing and stumbling towards a cure” (144).

travels at the back of the pilgrimage group (I. 622) and carries a rusty blade which may represent a scythe (I. 618), has plausibly been interpreted as a Grim Reaper figure.⁹ What is more, the pilgrim narrator explains that the tenants in the Reeve's territory are "adrad of hym as of the deeth" (afraid of him as of plague; I. 605).

Chaucer depicts each of the competing healers on the pilgrimage in the light of the varied and wide-ranging impact of the fourteenth-century plagues. Accordingly, I begin this chapter with a brief historical overview of the fourteenth-century plagues in England, in order to reconstruct the historical context in which the Pardoner and the Physician were especially ripe targets for satire, whereas the alternative species of healing represented by the Parson was often considered superior. After examining contemporary responses to the plague, I discuss each of the pilgrim healers in turn, starting with the Physician, a university-educated *medicus* and *chirurgus* who embodies the theory, practice, and discourse of academic medicine, and whose cultural duty and professional responsibility is to prevent and cure physical illness. Not only is the Physician unable to heal, however, he actually sickens his fellow pilgrims by means of an emotionally disturbing tale, possibly in order to create business for himself. Indeed, the Physician thrives on the sickness of others, and has become wealthy treating the plague in particular. He merits satire, not because he is incompetent, but because the healing tradition he represents is wanting. As such he serves as a foil, setting into relief the valorized, spiritual healing practiced by the Parson, whose portrait and tale I examine next. Then, I shift my focus to the sinister Pardoner, a professional rival of the Physician whose ostensible therapeutic goal is also to treat the soul, but who (analogously) ultimately threatens to endanger the spiritual health of the pilgrims. By setting his tale in a time of plague, he reminds the

⁹ Mann 166; C. Lewis 151.

pilgrim audience that death could strike at any time, and that they should prepare their souls for this contingency by buying his pardons. Additionally, he subtly criticizes the Physician, in whom he sees reflected his own professional methods and spiritual sickness. Throughout the chapter, I draw attention to the ways in which Chaucer constructed each of his healers by recasting literary conventions in the light of contemporary responses aimed at remedying the diverse and profound effects of plague and preventing its return. Such was the historical context in which the poet creatively explored the shifting positions of the discourses of healing in the English language and imagination.

1. Chaucer and Plague

[1348] Tunc, pestis dolorosa penetrauit maritima per Southamtonam et uenit Bristollam et moriebantur quasi tota ualitudo uille quasi subita morte preocupati. Nam pauci erant qui lectum ocupabant ultra .iiij. dies, uel duos dies, aut dimidium diem. Deinde mors ipsa seua prorupit circumquaque secundum [cursum] solis.

Then a lamentable plague travelled by sea to Southampton and on to Bristol, where almost the whole population of the town perished, snatched away, as it were, by sudden death, for there were few who kept their beds for more than two or three days, or even half a day. And thence cruel death spread everywhere with the passage of the sun.

—Henry Knighton, *Chronicle*¹⁰

Henry Knighton, an Augustinian canon of St. Mary's, Leicester, recounts in his chronicle that the plague arrived in England in the summer of 1348 at Southampton, where Chaucer was living at the time.¹¹ Within weeks, the illness was general throughout the southern ports, and by the following summer it had spread across most of the country.¹² The pandemic proved fatal for at least four of Chaucer's relations, who bequeathed to his father means and property enough to leave his job in the south of

¹⁰ Knighton 98; trans. Martin 99.

¹¹ It is not certain that the plague entered Bristol through Southampton. It may actually have struck first at Melcombe Regis, as stated in the chronicle of the Franciscans of Lynn (Gransden, ed. 274; trans. Horrox 63). Records show that, soon after it arrived, it hit nearby Titchfield (10 miles from Southampton), Bishop's Waltham (11 miles) and Winchester (15 miles) (Benedictow 361; distances mine).

¹² Horrox 9-10.

England and return to London, where the patriarch was soon joined by his immediate family.¹³ So it was that the plague indirectly affected Chaucer, and recurring outbreaks, although less devastating, were a fact of life for the poet until his death in 1400.¹⁴ Despite the massive consequences of the Black Death for Chaucer and his world, at first glance he seems reticent to address it in his poetry, as he employs the word “pestilence” in its literal sense only three times.¹⁵ Indeed, a tacit consensus regarding Chaucer and the plague has emerged that “its impact on his poetry is small.”¹⁶ This position is sustained by three critical commonplaces, each problematic: first, the view that Chaucer is not a topical poet;¹⁷ second, the claim that the Black Death and subsequent plagues had a “relatively

¹³ Pearsall, *Life of Geoffrey Chaucer* 14.

¹⁴ In Chaucer’s lifetime, England contended with six serious national outbreaks of plague—(i) 1348-9 (the Great Pestilence or Black Death); (ii) 1361 (the Second Pestilence or Children’s Plague); (iii) 1369; (iv) 1374; (v) 1390; and (vi) 1399-1400—in addition to several regional ones.

¹⁵ Wenzel notes that “Chaucer uses the word *pestilence* nine times” in the *Canterbury Tales*, “but on three occasions it merely means ‘the highest degree’ of some moral evil, and three other passages use it in the formula of the curse” (131-32). For the former usage, see the Physician’s Tale VI. 91-2 (“Of alle tresons sovereyn pestilence / Is whan a wight bitrayseth innocence”); the Merchant’s Tale IV. 1793-4; and the Tale of Melibee (VII. 1176). For “pestilence” used as an oath, see the Wife of Bath’s Tale III. 1263-4 (“And olde and angry nygardes of dispence, / God sende hem soone verray pestilence!”); the Nun’s Priest’s Tale VII. 3410; and the Merchant’s Tale IV. 2252-3. Direct references to the plague may be found in the General Prologue, in which the Physician is said to have “kepte what he wan in pestilence” (I. 442); in the Knight’s Tale, in which Saturn’s “looking is the fader of pestilence” (I. 2469); and lastly, the plague provides the backdrop for the Pardoner’s Tale: “He [i.e. Death] hath a thousand slayn this pestilence” (VI. 679). Chaucer’s other mentions of pestilence include: three instances in his translation of Boethius, the *Boece* (1.pr.4.38; 3.pr.5.68; 4.m.3.20), and one in “Lenvoy de Chaucer a Scogan” (line 14). Wenzel does not recognize that the word “death” can also signify plague, as it almost certainly does in the description of the Reeve in the General Prologue (I. 605), where those under his petty oversight are described as being “adrad of hym as of the deeth.” Pearsall calls this “trivializing hyperbole” (*Life of Geoffrey Chaucer* 28). On the use of “death” to mean “pestilence,” see the *MED*, s.v. “deth,” 6.

¹⁶ For the dominant view that Chaucer ignores the plague, see Pearsall, *Life of Geoffrey Chaucer* 28; and Leavy, who writes that “Chaucer appears to have restricted his treatment of the plague to a seemingly minor element in ‘The Pardoner’s Tale’” (42-3). Dissenting views have been articulated by Beidler, who argues that recognizing the Black Death as an historical context for the Pardoner’s Tale is essential to its interpretation (257; cf. Grigsby 117-22; cf. Snell, “Chaucer’s Pardoner’s Tale”), and by C. Lewis, who finds that the plague had an impact on the *Canterbury Tales*, largely having to do with its “metaphorical power” (151; cf. 147-51).

¹⁷ Patterson identifies the origins of this view: this is “the Chaucer of Whig historiography, a disinterested but sympathetic observer, alert to the failings of his time but deeply understanding of the individual lives of his fellow citizens. Far from being engaged in any local polemic, his poetry spoke to concerns that were part of the permanent fabric of human life” (*Negotiating the Past* 14). An analysis of how this and similar positions influenced Chaucer criticism up to 1940 was provided by Loomis, who explored the fact that “the most eminent of Chaucer scholars and literary critics have expressed the conviction that the poet was

insignificant impact” on Middle English literature in general;¹⁸ and third, a broader tendency to downplay the psychological impact of the plague on the mentality of those who lived through it and consequently diminish its importance to the art and culture of the age.¹⁹ Thus critics have claimed that Chaucer was “inured” to the plague, habituated to its presence, and disinclined to represent its wide-ranging impact in his poetry.²⁰

To be sure, Chaucer does not represent the fourteenth-century plagues and their impact in the straightforward manner of his literary contemporaries Giovanni Boccaccio (1313-1375) or Guillaume de Machaut (d. 1377).²¹ On the contrary, the *Canterbury Tales* registers a subtle but significant response to the plague by advocating a return to the comforting moral and social stability of a valorized past; to an age before the poisonous mists of plague disordered not only the bodies of the English but also the hierarchical social body they constituted. It accomplishes this by means of satire, and in ways commensurate with contemporary non-literary responses to plague. Strikingly, every text in the *Canterbury Tales* in which Chaucer uses the word “pestilence” also draws upon medical theory to enlarge upon the themes of sickness and healing.²² From a thematic perspective, although Chaucer’s literary response to the plague appears slight, the

wholly indifferent or noncommittal as to moral, social, and religious issues” (291). More recent scholarship shows that Chaucer was far more engaged with the issues affecting his age than was formerly thought (e.g. Strohm, *Social Chaucer*). Yet plague was not merely a topical or faddish subject—it was a profound and recurring medical event with wide-ranging implications, actual and metaphorical.

¹⁸ Wenzel 131-2; cf. Snell, “Chaucer’s Pardoner’s Tale” 12-13. While Pearsall closes the door on further inquiry (*Life of Geoffrey Chaucer* 28), Wenzel argues that one may look to Chaucer’s and other English writers’ moral criticisms for evidence of the impact of the Black Death on English literature (151-2).

¹⁹ Some scholars (e.g. Pearsall, *Life of Geoffrey Chaucer* 28-9) hold the view that the plague engendered a desire to live life to the fullest, contradicting the traditional argument that the plague produced anxiety about death and informed an interest in the macabre (Binski 126-30). It seems unlikely that any one reaction was universal.

²⁰ E.g. Snell, “Chaucer’s Pardoner’s Tale” 12.

²¹ Boccaccio, *Il Decamerone*, “Introduzione,” pp. 11-45; Machaut, *The Judgment of the King of Navarre* 323-46.

²² Compare above, n. 5 (identifying scholarship on Chaucer and medicine) with n. 15 (listing Chaucer’s uses of “pestilence”). For the theme of illness in the Tale of Melibee, see Ussery 18, and below, 53. For the Merchant’s Tale, see Everest; Palmer.

Canterbury Tales evinces a broader medieval “preoccupation with mortality”²³ which was increased by the impact of the plague, and which, as one critic argues, caused literature in Chaucer’s time to be “dominated by an awareness of death.”²⁴

The etiology of the Black Death has long been debated by historians. The traditional explanation that the pandemic was caused by the *Yersinia pestis* bacillus had been challenged in numerous studies proposing alternative pathologies as likelier candidates, but now appears to have been confirmed by paleomicrobiological research.²⁵ Without engaging in the fraught exercise of retrospective diagnosis, and notwithstanding the spotty and inconsistent nature of the epidemiological data, it appears that approximately one-third to one-half of the population of England died during the Black Death (peaking in 1348-49).²⁶ Contemporary witnesses were generally agreed on several points: the 1348 plague was a strain of pestilence which originated in the East owing to the first or universal cause of the 1345 planetary conjunction of Saturn, Jupiter, and Mars;²⁷ it was transmitted by pestilential corruption borne in the air;²⁸ it was deadly on an

²³ C. Lewis 141.

²⁴ Dillon 120. This preoccupation, engendered by the experience of the Black Death and subsequent plagues, occasioned the rise of macabre imagery (Binski 126-30; Platt 150-1). Horrox expresses the standard view that the motifs of the Three Living and Three Dead and the Dance of Death were popularized by “an obsessive emphasis on the corruption of the body” (245). Further, Tristram writes that “[t]he art and literature of the period dwell upon the decaying corpse in much the way that the eye must have dwelt in fact; and always to remind the viewer that, in the face of death, all human purposes become vanity” (9).

²⁵ For a concentrated survey of scholarly views, see Horrox 3-9. Some historians have argued instead for causative agents other than *Yersinia pestis*, including anthrax (Twigg), Ebola or Marburg virus (Scott and Duncan), and a combination of bubonic plague and anthrax (Cantor). Recent groundbreaking paleomicrobiological research appears to have confirmed that *Yersinia pestis* was in actuality the causative agent of the Black Death and subsequent plagues (Haensch et al.), although these findings have not yet been assessed by historians. The researchers explain that they “identified DNA and protein signatures specific for *Y. pestis* in human skeletons from mass graves in northern, central and southern Europe that were associated archaeologically with the Black Death and subsequent resurgences,” and they conclude that “*Y. pestis* caused the Black Death and later epidemics on the entire European continent over the course of four centuries” (1).

²⁶ Horrox posits an approximate mortality rate of 50% (3). For analyses of the debate on the number of dead, see Bolton 23; Hatcher; and, more recently, Benedictow 342-84.

²⁷ This is explained in the “Report of the Paris Medical Faculty”: “Dicamus igitur quod remota causa et pemeua [primara] istius pestilentie fuit et est aliqua constellatio celestis. anno domini 1355^o fuit maxima

unprecedented scale, and physicians were unable to effectively treat it;²⁹ it precipitated a demographic shift that emboldened the labouring order (i.e. members of the Third Estate, whose exemplar in the *Canterbury Tales* is the Plowman) to seek higher wages and better working conditions, and thereby threatened the proper social hierarchy;³⁰ and it similarly occasioned a deterioration of the behaviour of the clerical order (i.e. the First Estate, represented by the ideal Parson).³¹

The contemporary belief, founded on biblical evidence, that all plagues were sent to punish collective sin,³² was generally compatible with scientific explanations.³³ For example, the Paris medical faculty's report on the Black Death, which was commissioned by Philip VI in October of 1348 (but was also more widely circulated), reminds the reader that: "amplius pretermittere nolumus, quod epidimia aliquando a divina uoluntate procedit" ("[w]e must not overlook the fact that any pestilence proceeds from the divine

conjunctio trium superiorum planetarum uidelicet 20^a die mensis martii in aquario, prima hora post meridiem" ("We say that the distant and first cause of this pestilence was and is the configuration of the heavens. In 1345, at one hour after noon on 20 March, there was a major conjunction of three planets in Aquarius"; 153; trans. Horrox 159).

²⁸ For a contemporary explanation, see "Report of the Paris Medical Faculty" 154-5. For sanitation measures aimed at purifying the pestilential air following the Black Death, see Thorndike, "Sanitation, Baths, and Street-Cleaning" 195; Horrox 108. The idea that plague was spread by corruption in the air or miasma had ancient roots: see below, n. 36.

²⁹ Amundsen 208-9; French 129-30; Siraisi 42-3.

³⁰ For an overview of contemporary responses (including ordinances, statutes, and sumptuary legislation) to the perceived poor behaviour of the labouring classes following the Black Death, see Dyer; Given-Wilson. For the representation of these problems in English literature in general see Knight; and for its representation in *Piers Plowman* in particular, see Pearsall, "*Piers Plowman* and the Problem of Labour." Because many blamed the plague on collective sin, and because the behaviour of the lower orders was especially criticized after the Black Death, the pilgrim Plowman, who is overtly constructed in opposition to contemporary anti-peasant invectives, represents a powerful model of social healing (see the two chapters on "The Diseased Body Social" in Walsh Morrissey, "The World 'Up So Doun'").

³¹ Harper-Bill; Dohar 118-19.

³² Notably, with the exception of leprosy, "[i]ndividual sin was seldom seen as the cause of sickness, whether mental illness or physical ailments" (Amundsen 210).

³³ For an overview of the contemporary religious explanations of the plague, see Horrox 95-100. To be sure, some contemporaries did not accept the scientific explanation: for example, the sermonizer Thomas Brinton explicitly challenged the scientific explanations on plague: "Illi qui talia ascribunt certis planetis et constellationibus, non peccatis, dicant qualis planeta regnauit tempore Noe" ("Let those who ascribe such things [i.e. pestilences] to planets and constellations rather than to sin say what sort of planet reigned at the time of Noah"; Brinton 323; trans. Horrox 145).

will”).³⁴ Conversely, some texts presented medical explanations alongside religious responses to the pandemic. Lydgate’s “Stella Celi Extirpavit,” for example, asks the Virgin to intercede and dispel the “mystis blake” (25) that were thought to transmit the pestilent contagion.³⁵ The general compatibility of scientific and religious explanations, and several other elements of the later-medieval understanding of the pandemic—including the basic notion, rooted in the Hippocratic Corpus, that plague was spread by miasma or corruption in the air—found precedent in conventional beliefs originating long before the arrival of the Black Death.³⁶ For example, the definition of pestilence in the section on medicine in Isidore of Seville’s (ca. 570-636) influential *Etymologies* contains the following description:

Pestilentia est contagium, quod dum unum apprehenderit, celeriter ad plures transit. Gignitur autem ex corruptio aere, et in visceribus penetrando innititur. Haec etsi plerumque per aereas potestates fiat, tamen sine arbitrie Omnipotentis Dei omnino non fit.

Plague, *pestilentia*, is a contagion which, when it takes hold of one person, quickly spreads to many. It arises from corrupt air, *corrupto aere*, and by penetrating into the viscera settles there. Even though this disease often springs up from air-borne potencies, *per aërias potestates*, nevertheless it can never come about without the will of Almighty God.³⁷

³⁴ “Report of the Paris Medical Faculty” 156; trans. Horrox 163. TK 1703D.

³⁵ “Stella Celi Extirpavit (I),” *Minor Poems* 1: 294-5.

³⁶ For statements in the Hippocratic Corpus of the ancient notion that pestilence is spread by corruption in air, see Hippocrates, *Breaths* VI (*Hippocrates* 2: 233, 235) and *Nature of Man* IX (*Hippocrates* 4: 25, 27, 29). For an analysis of theories of miasma and contagion in classical and Late Antique medical writings on the plague, see Pinault, “How Hippocrates Cured the Plague.” Corruption and pestilence are discussed in a single clause as kinds of plague in 3 Kings: “pestilentia aut corruptus aer” (8:37).

³⁷ Isidore of Seville IV. vi. 17; trans. Sharpe 57. Cf. Isidore of Seville IV. vi. 18-19. For Isidore’s sources, see Sharpe 21-3, 31-7. For Isidore’s description of plague in *De natura rerum*, see Sharpe 66-7.

The actual social, cultural, and demographic impact of the plague cannot be treated extensively in the context of the present literary study. For our purposes, we may divide scholarly opinion on these matters roughly along two lines of thought:³⁸ on the one hand, some hold with the “turning point” view that the Black Death accelerated the end of the Middle Ages, delivering a crippling blow to feudalism and to the conditions of economic servitude that it sustained.³⁹ On the other hand, some historians downplay the plague’s significance, foregrounding evidence which shows that the status quo was quickly restored.⁴⁰ Precedence will be accorded throughout this analysis, not to modern scholarly debates, but to the beliefs about plague and its impact that were available to Chaucer and his audience. I situate Chaucer’s poetry within a network of contemporary historical, medical, moral, and literary texts, demonstrating generally that the *Canterbury Tales* benefits from being examined in the context of the fourteenth-century plagues, and specifically that Chaucer’s concern with the themes and discourses of healing may be illuminated by contemporary writings on the pandemic and by the tradition of anti-physician satire and invective.

2. The Pilgrim Physician

Among the pilgrims traveling to Canterbury is a “doctour of phisik,” a university-educated medical practitioner (I. 411), who benefited substantially from the increased demand for his services in times of pestilence (I. 442). The portrait of the Physician, rendered in a mixture of fulsome praise and ironic criticism, showcases the author

³⁸ For analyses of the debate itself, see Bowsky 1-6; Horrox 229-47; Ziegler 240-59; and, more recently, Benedictow, 387-94.

³⁹ For statements of this view, see Gottfried, *Black Death* 135; Herlihy 38; Holmes 136-7; and Renouard. Benedictow concludes his important recent study by endorsing this position (393-4).

⁴⁰ For this position, see Kosminskii; Ziegler 259; and Power. Hatcher articulates a moderate position in “England in the Aftermath of the Black Death.”

working learnedly with the developing English medical vocabulary to enrich the theme of sickness and health that is integral to the General Prologue as a whole. By employing medical discourse in verse and registering contemporary views of the medical profession, Chaucer re-energizes established literary portrayals of medieval physicians—themselves rooted in ever-shifting, historically contingent social stereotypes—ultimately constructing a character who is paradoxically universally recognizable and replete with symbolic value, even as he is distinctive and verisimilar. At once typical and individualized, the Physician is not merely a facsimile of the popular type of the *medicus* featured in more straightforward medieval invectives against physicians, nor is he simply “your complete fourteenth century physician.”⁴¹ Rather, he represents learned medicine in miniature—its theory and practice, and its uneasy contemporary position within a culture recently traumatized by the recurring, uncontrollable, and broadly disordering illness of plague.

An historically-aware analysis of Chaucer’s pilgrims must acknowledge a specific brand of historicist approach that was popular in early- to mid-twentieth-century criticism. Critics of this school conceived of the pilgrims as representations of individuals, that is, actual historical figures known to Chaucer and his audience, as opposed to literary types.⁴² Candidates for the historical model of the Physician included two notables of the medical profession—John of Arderne,⁴³ John of Gaddesden⁴⁴—and one John de Mandeville. But as Huling E. Ussery convincingly shows, Arderne was not a medical doctor, there is no evidence whatsoever in support of Gaddesden, and we are not

⁴¹ Curry 35.

⁴² For the debate on types versus individuals, see Mann 1-2. Manly’s *Some New Light on Chaucer* inspired a generation of critics to search for real-life models for Chaucer’s portraits.

⁴³ Bowden 208.

⁴⁴ Bashford.

even sure that there was an English physician by the name of Mandeville.⁴⁵ By the last third of the twentieth century, scholars' inability to reach a consensus regarding the Physician's real-life model, accompanied by the general interpretive trend in favour of situating the pilgrims in relation to Chaucer's literary sources and analogues, occasioned the demise of this strain of criticism. Yet identifying the Physician as a conventional, literary type does not mean that his portrait exists in a walled-off, purely literary realm: Categories of literary representation are themselves historically inflected, and therefore the Physician cannot be, as one critic has argued, "almost wholly a type-character."⁴⁶ Indeed, claims such as these diminish the portrait's indebtedness to contemporary events and beliefs, and also limit Chaucer's poetic agency.

Although physicians were frequently satirized as "type-characters" in later-medieval prose and poetry, they were not among those most commonly lampooned in the genre of the estates satire to which the General Prologue belongs.⁴⁷ Estates satires are conservative and nostalgic: they draw attention to the discrepancy between the actual and ideal behaviour of representatives of social classes grouped according to ostensibly timeless and divinely-ordained hierarchies. The dominant social model in Chaucer's day comprised a system of three interdependent social classes or estates: the nobility (represented on the pilgrimage by the Knight), the clergy (represented in ideal form by the Parson), and the labourers or Commons (represented in ideal form by the Plowman).⁴⁸

⁴⁵ Ussery 61-89. Ussery posits more plausible alternatives, but concludes that although it is impossible to ever determine exactly what Chaucer had in mind, neither is the portrait wholly a pastiche of stock conventions (91-102).

⁴⁶ Brooks 29.

⁴⁷ Mann provides the standard description of the estates satire genre (3-16). In an appendix, she lists twenty-two representative estates satires, of which only six (including the *Canterbury Tales*) include physicians (203-6).

⁴⁸ See Rigby, "Approaches to Pre-Industrial Social Structure"; Strohm, *Social Chaucer* 2-21; P. Knapp 11-4; and the seminal study by Duby, *The Three Orders*.

Chaucer overtly indicates his participation in the genre when he has the pilgrim narrator say in the General Prologue that he has told us “[t]h’estaat” (I. 716) of his pilgrims. The poet does not strictly follow the conventional practice, however, of placing his “compaignye” of pilgrims (I. 717) in order of relative status, from highest to lowest, as was common in estates satires. Chaucer situates his Physician among the Prologue’s various representatives of the Commons, after the guildsmen and their cook, and directly between the Shipman and the Wife of Bath. Were Chaucer following the standard pairing of doctors and lawyers found in most estates satires, he would have placed him alongside the Sergeant of the Lawe.⁴⁹ The pilgrim narrator apologizes that he has “nat set folk in hir degree” (I. 744) as he had promised earlier (I. 40), a creative choice which draws attention to the theme of social disorder later dramatized by the characters’ skirmishes in the framing narrative.⁵⁰ Moreover, many of the estates satires to which scholars refer in establishing the shape and boundaries of the genre date to a hundred years or more before the time of Chaucer’s writing, and are Continental in origin.⁵¹ Chaucer had to choose which of the established conventions of the genre to employ, and update them for use in late-fourteenth century England.

One of the traditions that Chaucer updated in the light of contemporary events was the well-established mode of anti-physician invective and satire. Physicians were satirized

⁴⁹ See Matheolus, *Lamentations* IV. 519-632; *Roman de la Rose* 5061-70; and *Mirour*, Macaulay, ed., vol. 1: 24290-312; trans. Wilson. All references to the *Mirour* are to this edition; translations are from Wilson, following the same numbering of lines. Also see Cooper 50 and Mann 91, 250 n.24. In the Tale of Melibee, lawyers offer their counsel to Melibee following surgeons and physicians, who are grouped together (with intervening counsel briefly related in indirect speech) (VII. 1005-1034).

⁵⁰ The Miller’s Prologue stages social conflict between “gentils” (I. 3113) and churls. The Miller wishes to immediately “quite” (requite; I. 3126) the Knight’s Tale, an act that, as the Host cautions, would mean speaking before “som bettre man” (I. 3130), in contravention of the proper tale-telling order prescribed by the social hierarchy. To be sure, the very fact that the high- and the low-born journey together, participating in the same tale-telling contest, would suggest a message of social harmony were the characters not placed in such explicit conflict.

⁵¹ Mann provides a descriptive list of the major medieval estates satires (297-312).

in the Middle Ages in the manner that lawyers are today (and, as was shown above, they were often grouped with lawyers in satiric texts). The narrative style of overblown praise and clever deflation that characterizes Chaucer's brand of estates satire, however, precludes a broadside attack on the part of the narrator against the Physician and his profession. We encounter in Chaucer none of the strident invectives against the profession resembling what we find in Petrarch's epistles.⁵² Petrarch went so far as to state (echoing Pliny), in a letter to an ailing Pope Clement VI: "discunt periculis nostraris, et experimenta per mortes agunt; medicoque tantum, hominem occidisse, impunitas summa est" ("[t]hey learn by submitting us to dangers and they experiment unto death itself. Only for the doctor is there maximum impunity for murder").⁵³ Anti-physician rhetoric embedded in estates satires also tends to be direct and severe. In the *Lamentations* of Matheolus, the narrator exclaims, "Fy des merdeus phisiciens!" (Shame on shitty physicians!; IV. 586). Similarly, in Guiot de Provins' *Bible*, the author creates an etymology deriving "fisicien" from "fi" (i.e. "fie," a sound of scorn and disgust made when smelling something unpleasant, also used to mean "shame on [something]"; 2578-79). The same biting etymology is found in the incomplete Middle English translation of the *Roman de la Rose* that is partially attributed to Chaucer, which considerably amplifies and expands the passage on physicians found in its French original.⁵⁴ Although Chaucer avoids direct insults, the Physician's portrait nonetheless participates in the tradition of anti-Physician satire. This does not mean, however, that the portrait is wholly satiric.

⁵² In the early 1350s, Petrarch wrote two letters to the ailing pope Clement VI, in which he criticized the medical profession; he was rebuked for his opinions, and in return wrote four anti-physician invectives (Wallis, *Medieval Medicine* 531). Petrarch addressed the subject of the medical profession in a number of writings—including invectives and epistles to the Pope and letters to friends such as Boccaccio—which span a period of over 30 years. For an overview and analysis of Petrarch's writings on the medical profession, see Benedek; Benedek and Rodnan.

⁵³ Petrarch, *Epistolae de rebus familiaribus* 1: 5.19; trans. Bernardo, *Rerum familiarum libri I-VIII* 278-9.

⁵⁴ For the passage on physicians, see *Romaunt* 5721-44; cf. *Roman de la Rose* 5061-71.

Indeed, Chaucer wishes for his physician to *appear* almost ideal, in order to set in relief the specific features of the medical profession that he is most interested in critiquing.

The first thing we learn about the Physician is that he is without peer: “In al this world ne was ther noon hym lik,” recounts the narrator, “[t]o speke of phisik and of surgerye” (I. 412-3). It is tempting to read this initial, potentially ambiguous description as an instance of the narrator’s penchant for overblown superlatives. Indeed, he uses the word “noon” in a similar construction seven times in the General Prologue, and “best” and “bette” (and their variants) to similar effect six times.⁵⁵ In the majority of cases, however, these descriptions are not intended simply to turn back upon themselves: this would constitute an instance of overt sarcasm that is at odds with the sophistication of the text. Instead, when the narrator delivers praise in a direct fashion, its object usually merits it to some degree, and when irony is present, it is activated by the audience’s perception that the compliment is irrelevant, inappropriate, or hyperbolic. For example, the narrator claims of the Franklin, “[a] bettre envyned man was nowher noon” (I. 342), an exaggeration which we take to mean that he has a very sizeable store of wine (yet probably not literally more than anyone else in the world). The ironic function of the comment relies on evidence provided elsewhere in the portrait—indeed, the Franklin delights overmuch in the drink (I. 333-38). To be sure, the narrator sometimes bestows praise without any ironic implications. For example, in the portrait of the ideal Parson, he gushes: “A bettre preest I trowe that nowher noon ys” (I. 524). We can take the narrator at his word that the Physician is at least very good at speaking about medicine and surgery.

⁵⁵ For uses of “noon” in the General Prologue, see I. 210, 318, 342, 404, 412, 449, 524, and 754; for “best,” “beste” and “bette,” see I. 250, 386, 342, 524, 608, and 648.

As Walter Clyde Curry influentially argued, however, the Physician is actually best at speaking about these subjects (I. 412-3), not at their actual practice.⁵⁶ The seemingly innocuous reference to the Physician's *speaking* may be illuminated by a type of anti-physician invective which faults the *medici* for their verbosity and their focus on rhetoric and theory. In support of his reading, Curry cites a passage of anti-physician invective from John of Salisbury's *Policraticus* that charges physicians with excelling more at the arts of rhetoric than the healing arts.⁵⁷ We may add another example: Petrarch complains in a letter to Pope Clement VI:

Iam enim professionis suae immemores, et dumentis propriis exire ausi,
poetarum nemus, et rhetorum campum petunt, et quasi non curaturi, sed
persuasuri, circa miserorum grabatulos magno boatu disputant[.]

For now, unmindful of their profession and daring to emerge from their
own thickets, they seek the groves of poets and the fields of the
rhetoricians, and as if called not to heal but to persuade, they dispute with
great bellowing at the beds of the sick.⁵⁸

Petrarch adds that, instead of practicing the healing art, physicians debate Hippocratic questions with Ciceronian rhetoric, using the elegant but worthless (*inanus*) language of a medical discourse rooted in Scholastic methods of debate.⁵⁹ Further evidence of the

⁵⁶ Curry 3. Rebutting Curry's reading, Ussery argues that "to speke of" simply means "with respect to," an interpretation which removes much of the pejorative force from the passage (111). Although the *Middle English Dictionary*'s entry on "speken," compiled after Ussery was writing, does not support his definition, it does cite this very passage with reference to another neutral definition: "to expound upon (sth.) [something], explain about, speak of at length, discourse upon" (*MED*, s.v. "speken," 1c.b). Other especially relevant valences of the word detailed in the *MED* include: "To make use (of a term as a physician would)" (13a), and notably—citing the discourse of the Host to the Physician later in the frame tale—to "speke in terme," to "speak learnedly" (1b, b), in this case, of medicine.

⁵⁷ Curry 29 (citing John of Salisbury, *Policraticus* 1: II. 29).

⁵⁸ Petrarch, *Epistolae de rebus familiaribus* 1: 5.19; trans. Bernardo, *Rerum familiarum libri I-VIII* 278-9.

⁵⁹ Ibid. For scholasticism and medical education, see French 88-126. Cf. the foundational comments on theory and practice in Hippocrates, *Decorum* IV (*Hippocrates* 1: 285).

perception that physicians mastered theory at the expense of practice may be found in Frederik II's statute, *De medicis*, which required specifically that a physician be equally versed "in theorica" and "in practica,"⁶⁰ suggesting that this had not typically been the case. Unlike in thirteenth-century Sicily, however, which Frederik's statute addressed, "the fourteenth-century English physician could enter upon practice without any other knowledge than that derived from books."⁶¹ This was beginning to change in Chaucer's time, however, as the academic curriculum increasingly incorporated practical instruction.⁶² Nonetheless, medical discourse itself remained an object of satire.

An ironic reading of "speke" appears all the more plausible when we consider Chaucer's use of the word to ironic effect elsewhere in the text. For example, the Summoner's ability to "speke" Latin amounts to the drunken parroting of a few technical "termes" that he has learned by rote "out of som decree" (I. 638-40). The particular use of the word "speke" in the *Canterbury Tales* that is most germane to the present analysis, however, is found later in the framing narrative, in the dialogue between the Host and the Physician. In a moment that plausibly alludes to the line in the portrait, the Host admits that, unlike the Physician, he "kan nat speke in terme" (does not understand how to employ the specialist language or discourse of medicine; VI. 311). Unlike in the portrait of the Summoner, however, the narrator does not provide sufficient evidence in the portrait of the Physician itself to support an ironic reading of the word "speke," but instead goes on to describe the pilgrim as a "verray, parfit praktisour" (I. 422), that is, a

⁶⁰ Frederik II 133.

⁶¹ Cholmeley 21.

⁶² French 127.

competent, perfectly skilled, and fully knowledgeable practitioner.⁶³ Citing these lines, Elaine Whitaker has rightly cautioned against the “uncritical acceptance of the pilgrim-narrator’s summary judgments.”⁶⁴ Unreliable narrators present hermeneutic challenges, however, not because they are *consistently* untruthful or in error, but because they call for the ongoing participation of the reader in evaluating their statements.

The Physician is not only a doctor of medicine, he is also a surgeon—a type not regularly depicted in estates satires.⁶⁵ Medicine and surgery were usually separate professions: the former was a *scientia* learned through a rigorous course of academic study, whereas the latter was a less prestigious manual craft, potentially devalued by its being practiced by barber surgeons and other freelancers in the medical marketplace, and was usually learned through apprenticeship.⁶⁶ Carole Rawcliffe has shown that it was unusual for surgeons in Chaucer’s time to be university-educated⁶⁷—although physicians could study surgery as well as medicine⁶⁸—and Ussery identifies very few actual English surgeon-physicians who resemble Chaucer’s pilgrim in terms of their qualifications; he

⁶³ See *MED*, s.v. “verrei (adj.), 1b(b)”: “reliable, trustworthy; competent in a science or skill, knowledgeable,” citing this passage in the General Prologue; and *MED* s.v. “parfit (adj.), 7(a)”: “Perfectly skilled; fully knowledgeable; thoroughly competent or fit,” also citing this passage.

⁶⁴ Whitaker 4.

⁶⁵ See, however, Gower’s *Mirour* 24289-24312.

⁶⁶ Ussery 6. Note the fifteenth-century English medieval petition printed by Rawcliffe which makes the case that surgery is a craft that does require medical training: “surgery ys in comparyson to phisik as the crafte of carpentar ys comparyd to geometrie: for lyke as the geometer consideryth causis of compasse, quadrangles, triangles and counterpeyses, and as his conyng servyth for buyldyng [...] the carpenter occupyeth hit manually to his owne profyte and of necessite profitable to man, wherfor yt ys callyd *ars mechanica*” (*Medicine & Society* 125-6). In his *Chirurgia magna*, Papal surgeon Guy de Chauliac defined surgery as a manual craft that should be grounded in scientific knowledge (3-4). De Chauliac’s definition echoed similar statements by earlier medical writers Lanfranc of Milan and Henri de Mondeville, who grappled with the relationship between surgery and medicine, and sought to defend the place of the former within the university. For a selection of these statements in translation, see Wallis, *Medieval Medicine* 288-300.

⁶⁷ Rawcliffe, *Medicine & Society* 126.

⁶⁸ Wallis notes that this was the case in Italy; there was ostensibly a clear division between surgeons and physicians in Paris (*Medieval Medicine* 255).

concludes that the Physician was probably not a surgeon.⁶⁹ Yet the pilgrim Physician is a fictional character, and is not beholden to such reckonings of probability. Chaucer constructed him to be atypical. Indeed, compared with actual medical practitioners working in England in the later fourteenth century, he would have been virtually unequalled in his education and expertise. What is more, the Physician's proficiency in a manual craft is not intended to call his learnedness into question, but rather to demonstrate that he is both a master of the theoretical discourse of medicine—(i.e. he can “speke in terme”)—and of its practical counterpart. The Physician is, as far as his medical learning and skill as a practitioner are concerned, precisely as advertised: he is the best at everything according to the standards of the day, and not—as Robertson claimed—“a quack.”⁷⁰ It will become apparent as this study progresses, however, that Chaucer appears to have considered these standards, especially given the contemporary context of plague, to be lamentably poor.

Evidence of the Physician's learnedness—the basis of his professional skill—takes the form of a catalogue of medical authorities with whose works he is said to be intimately acquainted:

Wel knew he the olde Esculapius,
 And Deyscorides, and eek Rufus,
 Olde Ypocras, Haly, and Galyen,
 Serapion, Razis, and Avycen,
 Averrois, Damascien, and Constantyn,

⁶⁹ Ussery 11, 6-21. For medical education in later-medieval England, see: Bullough, “Medical Study at Mediaeval Oxford” and “The Mediaeval Medical School at Cambridge”; Eleazar 225-30; and Ussery 7-15. Renn believes that the Physician was probably not educated in England, as medical education was neither as common nor as developed there as it was on the Continent (4-5).

⁷⁰ Robertson, *Chaucer's London* 208.

Bernard, and Gatesden, and Gilbertyn. (I. 429-34)

Much discussion of this list has proceeded from the observation that it is far more extensive than comparable ones found in literary texts, and is therefore ironic in its inflation.⁷¹ Indeed, the lists provided in Dante's *Inferno* (naming Dioscorides, Hippocrates, Galen, Avicenna, and Averroës [IV. 140, 143-44]) and the *Roman de la Rose* (naming Hippocrates, Galen, Rhases, Constantine the African, and Avicenna [15929-32]) are shorter. Yet Chaucer is not simply copying one of the ready-made catalogues available in contemporary literary treatments of physicians, for Robbins has clearly shown that "Chaucer's list contains just those names that an educated doctor of his day would have cited."⁷² The enumeration of authorities, therefore, is not intended to exaggerate the Physician's knowledge of authoritative texts beyond the realm of plausibility.⁷³ The authorities named span known medical history, from the legendary Aesculapius to the Greek and Latin authorities; from the Arab physicians whose works were translated into Latin during the twelfth-century renaissance—including the great translator himself, Constantine the African—to more recent Western authors.⁷⁴ The texts associated with these authors constitute a sizable proportion of the corpus of specialized treatises associated with academic medicine. In effect, these authorities represent, not only the Physician's specific medical knowledge, but the very discursive tradition which authorizes his profession.

⁷¹ See Bowden 200-1; Mann 92.

⁷² Robbins, "Physician's Authorities" 341. Ussery draws the same conclusions based on his own historical analysis (104).

⁷³ Mann compares this list to literary analogues which convey either "medical expertise or 'mumbo-jumbo'" (92), but concludes that the list represents the former and not the latter (Mann 251, n. 31). Cf. a similar conclusion in Robbins, "Physician's Authorities."

⁷⁴ The significance of the inclusion of Bernard of Gordon, John of Gaddesden, and Gilbertus Anglicus in this list is discussed in Chapter 2, Section 4.

Chaucer engages with this discursive tradition in ways that rejuvenate the Physician's conventional features. Several recognizable elements of this discourse may be found scattered throughout the portrait. For example, we find a reference to one of the bread-and-butter jobs of the working physician, the prescribing of regimens that counseled the moderation of the nonnaturals (behavioural, environmental, and other features of lifestyle which alter humoural balance and therefore affect health).⁷⁵ The Physician counsels his patients to follow his lead in adopting a "diete mesurable [...] of greet norissyng and digestible" (a moderate, nourishing, and easily-digested diet; I. 435, 437). Diet and drink was one of the nonnaturals, and indeed moderate consumption was thought to be beneficial to health even before it was touted in the Hippocratic Corpus.⁷⁶ Moderating the nonnatural of eating and drink would serve to prevent or counteract "superfluitee" (I. 436) and therefore balance the humours.⁷⁷ As the Physician attends to the microcosmic factors affecting health, such as the influence of diet on the humours (named at I. 421), he is also aware of interrelated macrocosmic factors, for he is "grounded in astronomye" (I. 414) and versed in "magyk natureel" (science; I. 416). Indeed, astronomy was fundamental to medical practice, and the reference is likely not pejorative, despite critical claims to the contrary.⁷⁸ Chaucer shows in his *Treatise on the*

⁷⁵ Chapter 3 explores the theory of the nonnaturals (which was outlined in the *Isagoge* of Johannitius, a theoretical introduction to the evolving medical *curricula* of medieval universities) with reference to Lydgate's *Dietary*, and in relation to the genre(s) of the health regimen.

⁷⁶ French 18.

⁷⁷ Mann argues that Chaucer's description of the Physician's eating habits in lines 435-7 might come from Gower's *Mirour* 8338-43 (252-3, n. 41), but the medical knowledge conveyed in these passages is in fact quite standard. Perhaps a closer analogue is found in Chaucer's own Pardoner's Tale, in which the teller, speaking against the sin of gluttony, says: "O, wiste a man how many maladyes / Folwen of excesse and of glotonyes, / He would been the more mesurable / Of his diete [...]" (VI. 513-15). The Pardoner narrator also employs the term "superfluitee" twice (VI. 471, 528). Cf. the chapter on gluttony in the Parson's Tale (X. 817-34).

⁷⁸ For a survey of relevant criticism on the subject, and an argument that the Physician's knowledge of astrology is historically accurate—and not a "jibe" (Lumiansky 196)—see Benson, "Astrological Medicine." Curry provides an account of the features of medieval astrology relevant to the Physician's

Astrolabe that he was familiar with the *Kalendarium* of Nicholas of Lynn (1386) (“the [kalender] of [...] Frere N. Lenne” [Prol. 84-6]), a “state of the art”⁷⁹ treatise on lunar medicine which outlines theoretical principles that validate the Physician’s practice as represented in the portrait.⁸⁰ Equipped with this knowledge, the Physician is able to “fortunen the ascendent” (I. 417) and construct talismanic medical “ymages” (I. 418), thereby caring for his patients effectively “in houres,” that is, throughout the progression of their illnesses.⁸¹ Crucially, his knowledge of astronomy helps him identify the “cause of everich maladye” (I. 423), a key skill of physicians cited in a range of texts, from Cicero’s *Tusculan Disputations* to Isidore of Seville’s *Etymologies* to John of Burgundy’s popular plague tract, *De epidemia*, which stresses above all the importance of understanding the specific astrological causes of the plague.⁸² Once the Physician discerns an illness’s cause and location at the site of the body, and identifies the humours indicated, he can prescribe dietary modifications, laxatives, purgatives, or other therapeutics to restore humoral balance (I. 419-23).⁸³ A knowledge of the microcosmic and macrocosmic factors affecting health was a given for university-educated medieval physicians whose duties included composing health regimens and *consilia* and delivering treatment tailored to their clients’ individual situations.

portrait (Chapter 1). Also see I. P. Jones on astrology in Middle English literature (“Popular Medical Knowledge in Fourteenth Century English Literature: Part II” 548-554).

⁷⁹ Raymo 51.

⁸⁰ Benson, “Astrological Medicine” 64.

⁸¹ My understanding of Chaucer’s use of the word “houres” in this passage is informed by Aiken, “Vincent of Beauvais and the Houres of Chaucer’s Physician.”

⁸² Cicero III. x. 23; Isidore of Seville IV.13; John of Burgundy, *De epidemia* 32-40†. References to John of Burgundy’s *De epidemia* refer to line numbers in Sudhoff’s edition (John of Burgundy, “De morbo epidemiae”); a dagger (†) indicates that a citation refers to Sudhoff’s footnoted collation (61-3; TK 1290I) instead of the main text (TK 488O).

⁸³ Talbot prints a Latin medical manual of the sort that the “ordinary medical man” would have carried with him on his travels (such as pilgrimages) (213). It contains a distillation of practical information grounded in the very theories and practices that the pilgrim Physician is said to have mastered.

Some scholars have interpreted various aspects of the Physician's failure as a storyteller as evidence of his inability to identify the causes of illnesses or as a slight against his education or healing ability. Brown argues that the Physician "fails to diagnose the cause of the death" of Virginia in his tale, thereby revealing that his skill at diagnosis, which the narrator had touted in the General Prologue, is actually lacking.⁸⁴ From another perspective, Whitaker contends that Physician's Tale undermines its teller's credentials as presented in the General Prologue because it fails to heal according to the theory of medicinal storytelling in general and the professional criteria established by John of Arderne in particular.⁸⁵ Yet the Physician is not to be confused with the physicians in the Tale of Melibee, for example, who foolishly misunderstand their own fundamental theory of the cure by opposites (VII. 1016-17, 1265-89). Despite the Physician's mastery of all aspects of medicine and surgery, we will see that the narrator's early reference to the pilgrim's mastery of medical discourse—not only knowledge, but the ways in which it is communicated—nonetheless establishes the portrait firmly in the satiric mode. Up to this point in the portrait, however, Chaucer has withheld sufficient evidence to support such a reading.

But Chaucer does not only employ subtle cues to signal that his Physician is a counter-exemplary character. For example, he directs overt criticism at the Physician in the form of a brief reference to apothecaries that further widens the fissure of discontinuity between appearance and implied reality in the portrait: "Ful redy hadde he his apothecaries," recounts the narrator of the Physician, "To sende hym drogges and his letuaries, / For ech of hem made oother for to wyne— / Hir frendshipe nas nat newe to

⁸⁴ E. Brown 142.

⁸⁵ Whitaker 5.

bigynne” (I. 425-28). That is, the Physician padded his income because he also enjoyed long-standing, mutually beneficial relationships with the apothecaries to whom he would send his patients.⁸⁶ In crafting these lines, Chaucer appears to have been drawing from the actual phenomenon—or at least the perception—of physician-apothecary fraud. Yet the suggestion of collusion with apothecaries, although prevalent in later eras, appears not to have been as common in medieval satires of physicians as has often been claimed, and it is even possible that the practice was not widely recognized as especially problematic in England when Chaucer was writing. Curry, for his part, argues that the physician-apothecary relationship in the portrait is ambiguous, citing a lack of literary or documentary evidence from the period. He relies on sixteenth- and seventeenth-century texts to describe the nature of this kind of collusion.⁸⁷ Although the section on the Physician in the recently updated *Sources and Analogues of the Canterbury Tales* states that “[c]onnivance between doctors and apothecaries is a frequent complaint of medieval satire,”⁸⁸ the conclusion is not sufficiently substantiated with reference to primary sources, and is reached in problematic ways.⁸⁹ Furthermore, most of the literary texts decrying the relationship of physicians and apothecaries are not literary, are not contemporary with Chaucer, and are not in English; others merely logically pair the two

⁸⁶ For historical overviews of the medieval apothecary with particular reference to the English context, see Rawcliffe, *Medicine & Society* 148-69; Ussery 24-6.

⁸⁷ Curry 31-4, 36. For measures to curb physician-apothecary collusion in mid-fourteenth century France, see Renn 5. In the previous century, Frederik II had decreed in his statute *De Medicis*: “[n]on contrahat societatem cum confectionariis nec recipiat aliquem sub cura sua ad expensas pro certa pretii quantitate, nec ipse etiam habeat propriam stationem”) (“[A physician] was not to be in partnership with an apothecary; or to undertake a cure for a fixed sum, or to keep an apothecary’s shop”; qtd. and trans. Cholmeley 105-6).

⁸⁸ Raymo 53.

⁸⁹ In support of this claim, Raymo writes in a footnote that “John of Gaddesden specifically forbids a physician to be in partnership with an apothecary” (54, n. 111), but the reference he cites to back up this statement is actually a decree by Frederik II, which appears in Cholmeley’s monograph on Gaddesden, not a text by the English physician. Raymo’s other citation in the same note is to Jill Mann, but she judiciously states that “doctors and apothecaries were closely *linked* as a rule” (*Chaucer and the Medieval Estates Satire* 252, n. 38; emphasis added), further explaining that they were often merely associated in satiric texts, without an explicit indication of the nature of their collaboration.

professions without explicitly citing any specific unethical relationship.⁹⁰ For example, the *Dit des mais* pairs physicians and apothecaries in adjacent stanzas, but does not clearly articulate the nature of their collusion.⁹¹

Only one example of physician-apothecary collusion from a contemporary text representing the English context is frequently cited in the critical literature: John Gower, in his Anglo-Norman estates satire, the *Mirour de l'Omme*, construes the type of the wealthy apothecary (“riche espicier”) as an aspect of the allegorical figure of Fraud (25597), and details how he conspires with physicians to deceive patients:

Plus que ne vient a ma resoun
 Triche Espiecer deinz sa maisoun
 Les gens deçoit; mais qant avera
 Phisicien au compaignoun
 De tant sanz nul comparisoun
 Plus a centfoitz deceivera:
 L'un la receipte ordeinera
 Et l'autre la componera,
 Mais la value d'un boutoun
 Pour un florin vendu serra:
 Einsi l'espiecer soufflera
 Sa guile en nostre chaperoun.

 Phisicien de son affaire
 En les Cités u q'il repaire

⁹⁰ As shown by Mann 252, n. 38.

⁹¹ *Dit des mais* 191.

Toutdis se trait a l'aquointance
De l'espiercer ipotecaire;
Et lors font tiele chose faire
Don't mainte vie ert en balance:

.....

O qui savroit au point descrire
Phisicien qant il escrire
Fait la cedula au medicine,
Comment ove l'espiercer conspire,
Il duist bien par resoun despire
De l'un et l'autre la covine:
Car maintefois de leur falsine
Cil q'est malade a la poitrine
Un tiel cirimp luy font confire
Q'auci luy fait doloir l'eschine,
Pour plus gagner en long termine
De luy qui sa santé desire.

Fraud the apothecary deceives people in his shop more than I can explain; but when he conspires with the physician as his companion, he deceives people a hundred times more. The physician writes out the prescription, and the apothecary compounds it. But he sells for a florin that which is not worth a button. Thus the apothecary whispers his guile into our physician's hood.

The physician, wherever he may go about his business in the cities, always gets acquainted with an apothecary; and then they do things that will place many a life in the balance [...].

He who knows how to describe fully how the physician, when he writes out a prescription, conspires with the apothecary, must by all reason despise the connivance of the two of them. For a man who has an illness in his chest, they often compound in their falseness a syrup that will cause his back to hurt also. In this way they earn more in the long run from the man who is seeking good health. (25621-38, 25669-80)

Notably, the venom in these and in the surrounding passages in the *Mirour* is intended for apothecaries, with physicians as the supporting cast.⁹² The cultural perception that there were unethical physician-apothecary relationships, however, was evidently prevalent enough for Chaucer to select it for satiric representation in the portrait of the Physician, where it significantly heightens the negative cast of the pilgrim. Crucially, however, it seems that the poet's jabs at physicians for colluding with apothecaries are early examples of what would only later become a common criticism in English literature.

At the heart of the charge that physicians colluded with apothecaries lies the most common stereotype about physicians, namely that they were greedy.⁹³ This stereotype was also represented—and perpetuated—in literary texts such as Matheolus's *Lamentations* (605-7), the *Roman de la Rose* (5061-70), the *Dit des mais*,⁹⁴ and the *Dit*

⁹² For a comparatively brief section on physicians, see the *Mirour* 24289-24312.

⁹³ Amundsen 204. For sources which provide evidence of the widespread view that physicians were greedy—including legal records—see Rawcliffe, "Profits of Practice."

⁹⁴ *Dit des mais* 191.

des Paternostres.⁹⁵ Chaucer updated this conventional view in the light of the plague, describing the Physician as miserly (I. 441) specifically because “[h]e kepte that he wan in pestilence” (I. 442)—that is, he benefited from the plague and saved his earnings. Standing behind critiques of physicians’ greed was the belief, founded on a passage from Ecclesiasticus, that God created physicians (38:1) and that “all healing is from God” (38:2). Therefore healing should not be sold as if it were a quality or talent inherent in the physician himself. This cultural convention had deep roots: the Hippocratic text, *Decorum*, similarly asserts that “[t]he gods are the real physicians.”⁹⁶ Furthermore, according to Scripture, even the wisdom upon which the healing art is founded also belongs to and originated with God (Ecclesiasticus 1:1). This is why the physicians in the *Roman de la Rose* who “por deniers science vendent” (“sell their knowledge for money”) become the objects of severe condemnation.⁹⁷ Similarly, the passage describing Fisik in the Z version of *Piers Plowman* explicitly cites Ecclesiasticus as the basis for its condemnation of physicians who charge the poor for healing that “from heuene [...] doth out springe” (VII. 268; VII. 260-73). Addressing the same category of perceptions from another perspective, the Paris medical faculty’s report on the Black Death reminds its audience of the divine origins of the healing art, while also defending its practice: “[A]ltissimus enim creavit medicinam de terra unde sanat solus languidos deus qui de fragilitatis solio produxit in largitate sua medicinam” (“For the Most High created earthly medicine, and although God alone cures the sick, he does so through the medicine which in his generosity he provided”).⁹⁸ Statements in medical texts on the divine source of

⁹⁵ *Dit des paternostres* 245-6.

⁹⁶ Hippocrates, *Decorum* VI (Hippocrates 1: 289).

⁹⁷ *Roman de la Rose* 5063; trans. Horgan 78.

⁹⁸ “Report of the Paris Medical Faculty” 156; trans. Horrox 163.

healing served as public relations strategies for non-physicians, and reminded physicians of their shared imperative to support the profession itself by behaving in ways that would accrue to its general advantage.⁹⁹ This included combating the widespread stereotype, evinced in literary and medical texts alike, of the greedy physician.

The subsequent descriptions of the Physician's love of gold and his attire, however, demonstrate that he cared little about the reputation of his profession. Firstly, the narrator tells us that, "gold in phisik is a cordial, / Therefore he lovede gold in special" (I. 443-4). Although gold was indeed used in many medical preparations (e.g., as *aurum potabile*), the passage is surely ironic, despite critical arguments to the contrary.¹⁰⁰ Contemporary critiques of physicians' cupidity often employed a similar commonplace, sometimes referring specifically to the social stereotype that physicians prescribed gold to make medicines more expensive—a practice that would also benefit the apothecaries with whom they colluded. The narrator of the *Dit des mais*, for example, takes Physicians to task for prescribing gold and silver.¹⁰¹ Gold in particular symbolized physicians' preference for wealth over the outcome of their treatment. Plying his healing art for gold, the Physician resembles his counterparts in the Middle English *Romaunt of the Rose*, who, "whanne they the gold have take, / Ful litel care of hem [i.e. sick men] they make"

⁹⁹ French writes: "The candidate or new recruit who swore an oath was agreeing to a set of rules that governed the group he was joining. The rules of such a group are its *ethics*, and while some of the rules may well be designed to benefit others outside the group, the effect of the ethical rules of a group is the survival of the group" (15; cf. 14-17, 113). Cf. Amundsen 35.

¹⁰⁰ Pace Renn 5. For numerous medical recipes including gold, see the Middle English translation of Gilbertus Anglicus's *Compendium medicine* (ME Gilbertus 332, s.v. "gold"). Lydgate, in "How the Plague was Seysd in Rome," singles out "golde potable" (37) as a medicine that is ineffective against the illness (*Minor Poems* 1: 159-161).

¹⁰¹ *Dit des mais* 191.

(5731-2).¹⁰² The specific reference to gold is original to the translation, as the original *Roman* merely identifies a unit of currency (the *denier*) instead (5063).

In addition to his love of gold, the Physician's ostentatious clothing, "[i]n sangwyn and in pers [...] / Lyned with taffata and with sendal" (I. 439-40), also suggests an immoderate interest in material wealth. He wears the traditional attire for a physician rendered in especially expensive fabrics, which indicates that he has been successful in his craft.¹⁰³ Viewed in light of his clearly established avarice, his clothing serves not only as a material marker of success or an advertisement to potential clients (as Helen Cooper has aptly noted) but also as a further indicator of his materialism and greed.¹⁰⁴ This criticism was not unique to Chaucer: Langland also has expensive and showy clothing connote avarice in *Piers Plowman*, depicting the figure of "Fisik" in "furrid hoodes" (Z. VII. 256) and wearing a "cloke of Calabre with the cnappus of golde" (cloak made of the grey fur from Calabria with golden buttons; Z. VII. 257). Moreover, the pilgrim-narrator of the General Prologue tends to focus very little on the attire and physical appearance of the exemplary pilgrims, while emphasizing these same features in his descriptions of the less savoury ones.¹⁰⁵ The Physician clothes himself in precisely the opposite fashion of

¹⁰² Cf. the description of Fisik in *Piers Plowman*, who wears golden buttons on his cloak (Z. VII. 257).

¹⁰³ For a detailed analysis of the Physician's dress, see Hodges 199-225.

¹⁰⁴ Cooper 50. Eleazar conjectures that the clothes "might have been a gift or a payment from some wealthy patient" (238). There is no textual evidence to support this claim, but a physician engaged in a wealthy English household might well include clothing among the "extras" he secured from his patient (Rawcliffe, "Profits of Practice" 62-3).

¹⁰⁵ The idealized portraits are devoted chiefly to establishing characters' moral and spiritual *health*, not their material *wealth*: of the ideal Parson's appearance we are given no clue (I. 477-527), and all we learn about the Plowman in this regard is that he wears a humble tabard (I. 541). Even the morally ambiguous Knight is attired unostentatiously (I. 75-6), especially when compared with his youthful counterpart, the fashionable squire (I. 89-90, 93). The Physician's dress explicitly sets him apart from another academic—the poor and humbly dressed Clerk (I. 290, 298), who would rather have "[t]wenty bookes [...] Than robes riche" (I. 294, 296), and who genuinely values learning above any material success it might bring him. The portraits of especially unpleasant characters such as the Grim Reaper-like Reeve (I. 587-92) and the diseased Summoner (I. 624-33), on the other hand, tend to foreground their superficial qualities. To be sure, Chaucer also dwells on the physical attributes and dress of a number of ambiguous characters who are neither

that which is advocated in the Hippocratic ethical text, *Decorum*, which counsels modest dress. By doing this, he damages the reputation of physicians who cultivated an image of modesty for the general advantage of the profession.¹⁰⁶

Although the Physician's education and apparent success suggest that he belongs to the class of physicians who were associated by formal contract with wealthy households or other corporations, it appears more likely that he charged for his services on a case-by-case or daily basis, enjoying the freedom to treat as many patients as he liked.¹⁰⁷ Given that the Physician makes his living mainly by writing health regimens for wealthy patients (I. 415-18) and prescribing expensive medications such as electuaries (I. 426), for which he would get a cut because of his relationship with apothecaries, his opportunities for financial gain would have increased along with the number of potential patients. Physicians like our pilgrim had to develop the rhetorical skill to simultaneously refuse credit for the healing that was properly due to God, while convincing their patients that they nonetheless deserved payment for their services. This was evidently a difficult task, made all the more so by the fact that, in later medieval England, physicians frequently met with resistance when trying to collect their fees.¹⁰⁸ In response to the financial insecurity this caused, they sued for payment and inflated their prices—both of which practices appeared to confirm the widely-held contemporary belief in the greed of

decidedly sinister nor exemplary, such as the Monk (I. 193-203) and the Wife of Bath (I. 446, 453-59, 468-73). The Physician's attire, however, interpreted in the context of anti-physician satire, aligns him more closely with the sinister pilgrims.

¹⁰⁶ French 17. Also see Hippocrates, *Decorum* II-III (*Hippocrates* 1: 279, 281, 283). For professional ethics, see above, n. 99. The *Decorum* was not available in the Middle Ages.

¹⁰⁷ For the two very general categories of university-educated physician in later-medieval England, see Rawcliffe, "Profits of Practice" 62-6.

¹⁰⁸ Rawcliffe, "Profits of Practice."

physicians.¹⁰⁹ The Physician appears not to have encountered problems as far as payment was concerned, and the view of some critics that Chaucer's contemporary audience may have been sympathetic to the character's love of gold and fancy dress, because physicians often had a difficult time getting paid, seems tenuous in the light of contemporary anti-physician conventions which informed Chaucer's conception of the character.¹¹⁰

The Physician's love of gold and fancy clothing are not only markers of greed, but also of a kind of spiritual immoderation that is metaphorically at odds with his professed moderate diet ("diète mesurable"; I. 435). According to the theory of the nonnaturals, immoderate behaviours—such as overeating—could result in "superfluitee" (as we learn in the Physician's portrait [I. 436]), an overabundance of a particular humour. A metaphorical link between immoderate dress and the medical discourse of the humours is established explicitly in the Parson's Tale, where the pilgrim cites Gregory the Great in stating that "precious clothing" is a kind of "superfluite" (X. 414; "superfluite" is repeated in 415). The term is used here as a metaphor for prideful excess, but as it is most commonly found in medical contexts where it denotes humoral imbalance, the passage resonates well with the description of the Physician. Thus, according to the Parson—another healer on the pilgrimage—ostentatious clothing marks one as immoderate and prideful. These subtle allusions draw attention to the spiritual health of the Physician, and it is to this subject that we now turn.

¹⁰⁹ Ibid. 77. The surgeons John of Arderne and Henri de Mondeville both advocated charging high fees, a position that Rawcliffe argues was "partly justified in the light of the tremendous problems which many practitioners encountered in obtaining even a small proportion of their fees" ("Profits of Practice" 62).

¹¹⁰ For statements of this view see Eleazar 237; Renn 5; and Whitaker 4. On the problems physicians in later-medieval England encountered when attempting to collect fees, see Rawcliffe, "Profits of Practice" 72-78. Physicians were caught in a catch-22 situation: documentary evidence shows that contemporaries criticized them for fleeing plague, while those who stayed were accused of profiting from false promises (Amundsen 294, 299).

The Physician is apparently uninterested in the Bible, of which “His studie is but litel” (I. 438). Although medieval physicians were hardly expected to focus on Bible study at the expense of their careers, the presence of a diminutive (“litel”) associated with the word “Bible” in the description of a *pilgrim* necessarily carries a pejorative connotation. Furthermore, the Physician’s supposedly moral tale is replete with unsound references to the Bible and other Christian texts, suggesting that he is guilty not simply of neglect, which can be remedied, but of fundamental misunderstanding and indifference, which are severer charges.¹¹¹ To be sure, as Darrel W. Amundsen has noted, a “lack of concern for spiritual affairs” was the second most commonly cited criticism leveled at physicians—after their supposed greed.¹¹² Moreover, after the Physician has told his story, the Host addresses him in jest, saying that he is “lyk a prelat” (VI. 310). Medical practitioners often held degrees in theology,¹¹³ and Ussery, citing extensive historical documentation, concludes that the Physician “is doubtless a secular cleric, in orders” and “almost certainly either a prelate or an aspirant to prelacy.”¹¹⁴ If this reading is correct, the Host may simply be rather obtusely pointing out a basic characteristic of the Physician.

From the broader perspective of the cultural critique active in the portrait, the reference to the Physician’s lack of interest in the Bible reminds us that physicians were faulted for claiming credit for healing and for accepting fees, counter to scriptural evidence that both healing and medical learning came from God. Thus some were inclined to view physicians as being in competition with God, and even as having

¹¹¹ Hanson 132.

¹¹² Amundsen 204.

¹¹³ Ussery 10.

¹¹⁴ Ibid. 95. Furthermore, according to Ussery, “[i]n 1387 nearly any Doctour of Phisik would have been in orders; and he was very likely either a priest, or he contemplated being one” (31).

atheistic tendencies.¹¹⁵ Although Chaucer does not specify the Physician's status within the Church (if indeed any status obtained), the pilgrim's lack of interest in the Bible both conflicts with his probable religious affiliations and further serves to reinforce the impression that he is more concerned with the worldly than the spiritual—overly concerned with the material trappings of success. Thus the Physician, ostensibly a healer, is himself spiritually sick, interested—as Robertson argued—only in “the nourishment of the flesh and nothing for that of the spirit.”¹¹⁶ He is an ill physician, alienated from *Christus medicus*, the source of the healing which he practices.¹¹⁷

The notion that the Physician's spiritual sickness could adversely affect his healing abilities was supported by the widely-held belief that a physician had to be healthy before he could heal. This belief found expression in a well-stocked class of proverbial sayings, including an especially popular one which literalizes the words of Christ in Luke 4: 23, “medice cura te ipsum” (physician, heal yourself).¹¹⁸ From another perspective, Petrarch, who is famously critical of the healing abilities of physicians, gibes in one of his *Invectives* that they are often ill.¹¹⁹ The *locus classicus* of the type of the physician who cannot heal—more precisely, the capable physician who discovers the limits of his art—is Ovid's *Metamorphoses*, in which Cupid causes Apollo to fall in love with the nymph Daphne, but ensures that she will never reciprocate. Suffering from unrequited love, Apollo laments, “inuentum medicina meum est, opiferque per orbem /

¹¹⁵ E.g. John of Salisbury, *Policraticus* 1: II. 29.

¹¹⁶ Robertson, *Chaucer's London* 208. Robertson recalls the proverb from Matthew 4:4.

¹¹⁷ The major study articulating the view that the Physician is spiritually sick is Trower's “Spiritual Sickness in the Physician's and Pardoner's Tales.” Cf. E. Brown 177.

¹¹⁸ Latin and vernacular examples of proverbs on “Notwendige Voraussetzungen, die ein guter Arzt erfüllen muss” (conditions necessary for being a good doctor) are listed in S. Singer, s.v. “Arzt,” 2. See esp. category 2.2, “Der gute Arzt ist selbst gesund oder heilt sich selbst zuerst” (the good doctor is himself healthy; heal yourself first).

¹¹⁹ Cholmeley 104.

dicor, et herbarum subiecta potentia nobis. / ei mihi, quod nullis amor est sanabilis herbis,
 / nec prosunt domino, quae prosunt omnibus artes!” (“Medicine is my invention and I am
 called throughout the world / Bringer-of-help, and the power of herbs is subject to me. /
 Ah me, that there are no herbs that can cure love, / that the arts which help all men do not
 help their master!”; I. 521-4).

One critic has claimed that the Physician is “an impotent man, a harmless drudge.”¹²⁰ On the contrary, he is dangerous in part *because* of his impotence, that is, his inability to heal—a fault that is especially significant in the context of a healing pilgrimage set during a time when the medical means of treating plague proved unsuccessful. Chaucer’s Physician is a paradoxical type: he is supremely talented by the contemporary standards of academic medicine, but he is ultimately an ineffective healer—a spiritually sick, post-Black Death instantiation of the literary type of the healer who cannot heal. I provide in the next section an overview of the standard medical understanding of the plague in order to further explore the Physician’s lucrative relationship with the malady, which will be contrasted later in the chapter by explorations of the religious response, represented by the Parson and (in the negative) the Pardoner.

3. John of Burgundy’s *De epidemia* and the Medical Response to the Plague

Chaucer’s Physician grew wealthy from the plague, benefiting from the suffering of others despite the fact that he—and by analogy the medical tradition that he represents—was inadequate in the face of such a severe crisis. Popular trust in physicians’ abilities appears not to have been affected as adversely as might be expected by the collective failure of the profession, however, and their methods remained highly sought

¹²⁰ Eleazar 240.

after by a desperate populace.¹²¹ Indeed, the fact that health care practitioners were charged with having made a financial killing in times of plague, unethically promising to cure patients who they knew were beyond the help of human medicine,¹²² demonstrates at the very least that there was a perception that their services were in demand. Further evidence that the medical approach to treating plague remained in high demand is attested by the immense popularity of plague tractates engendered by the Black Death and subsequent plagues. These tractates, typically aimed at an audience other than medical practitioners, and surviving in great numbers in Latin and in the vernacular languages, offered regimenal advice for preventing plague (relying on the theory of the nonnaturals), methods of diagnosis, and treatment for those already infected.¹²³

The most important and representative plague tract composed after the arrival of the Black Death in Europe was John of Burgundy's (also known as John of Bordeaux or John of Liège) *De epidemia* (or *De pestilentia*) (ca. 1365).¹²⁴ George R. Keiser notes that

¹²¹ Amundsen 208-9; French 129-30; Siraisi 42-3. With reference to the incapability of physicians to treat plague, Siraisi notes that the "recognition that the powers of medicine are limited is not incompatible with the belief, whether or not well founded, that it may be useful in some circumstances" (42).

¹²² Amundsen 200.

¹²³ The most comprehensive collection of medieval plague tractates (dating up to ca. 1500 CE) may be found in a series of related articles by Karl Sudhoff, printed in volumes 4-17 (1910-1925) of *Archiv für Geschichte der Medizin*. Singer and Anderson's *Catalogue of Latin and Vernacular Plague Texts* remains an essential resource, although its Middle English entries require cross-referencing in the more up-to-date Keiser and eVK2. Keiser lists numerous plague tractates in Middle English, several of them derived from John of Burgundy's plague tractate (305-17).

¹²⁴ For John of Burgundy, see Matheson, "*Médecin sans Frontières?*" Very little is known about the author beyond what he tells us about himself: "ego iohannes de burgundia aliter dictus cum barba civis Leodiensis et artis medicine professor" ("I, John of Burgundy, otherwise called 'with the beard,' citizen of Liège and practitioner of the art of medicine"; qtd. and trans. Matheson 17). John says that he wrote two additional treatises, one each on corrupt air and epidemic diseases; Matheson notes that these do not survive (24, n.4). TK lists a work on "Causis et natura corrupti aeris" (TK 407J), however, and a commentary on Isaac Judeus' *Urinis* (781B), both attributed to John.

Over 100 MS witnesses of *De epidemia* are extant in five languages (Matheson 17; cf. Thorndike and Kibre, p. 1835, s.v. "John of Burgundy"; Singer and Anderson no. 16). Several versions survive, including a "long version" and others which are abridged to varying degrees; spanning the range of these versions, at least six separate English translations survive in over 50 MSS; the text is also the primary source or analogue for at least six other adaptations and separate tractates in Middle English (Keiser 306-311). A list of 49 Middle English translations may be found in Keiser 305; Rand lists two additional witnesses.

“surprisingly few” of the many plague tractates composed in diverse languages in this period were translated into Middle English;¹²⁵ of these, John of Burgundy’s was by far the most popular and influential. According to another scholar, it was “the authoritative work on ‘plague’ for the greater part of 200 years.”¹²⁶ *De epidemia* is an accessible text in the remedybook tradition of medical writing. Although it is intended for a general audience, it derives at a remove from the same scientific approaches to preventing and treating plague which the Physician would have followed in his medical treatment of the illness, and with which much of the English society represented in the General Prologue would also have been familiar. Indeed, the most widely disseminated plague tractates, regardless of which genre of medical writing they belonged to, generally agreed on how best to address the pandemic. Thus certain sections of *De epidemia* compare equally well with the consultation of the Paris medical faculty (1348)—a relatively specialized academic treatise despite its being aimed at an audience of non-professionals—and John Lydgate’s “A Doctrine for Pestilence” (before 1449), which is a close translation of a plague tractate in ballade form by Chaucer’s contemporary, Eustache Deschamps (and which compares so well with *De epidemia* that it may be derived from it).¹²⁷

Less concerned with expounding the theoretical principles underlying the causes of plague than the Paris faculty’s specialized report, *De epidemia* begins with only a brief mention of the astrological events that were the primary or universal cause of the plague—after the Divine one—and which occasioned its secondary or particular cause: the

¹²⁵ Keiser 305.

¹²⁶ Shrewsbury, *A History of Bubonic Plague* 139.

¹²⁷ “A Doctrine for Pestilence” and Deschamps’ ballade against the plague are discussed substantively in Chapter 3. All references to Lydgate’s “Doctrine” refer by line number to Bühler’s edition of the poem (“Rules of Health”). Throughout, compare the English version with the French original from Cambridge, Trinity College, R.3.20, which I print alongside Lydgate’s translation in Chapter 3, Section 1. I quote from that transcription here.

release of *malorum vaporum* (“evil vapours”) which mixed, as a corrupting element, with the air.¹²⁸ John specifies that pestiferous vapours—which he describes, in keeping with longstanding conventions, as *poisoned* air (*aer venenosus*)¹²⁹—are most injurious to those who are predisposed to contracting the illness, especially those whose humours are out of balance.¹³⁰ Conversely, people with *corpora munda* (“cleansed bodies”) and those whose complexion is cold and dry (e.g. older people) are less at risk.¹³¹ Physicians should only administer treatments if they possess a keen knowledge of astrology, John cautions, because medicine and astrology are complementary: “illi, qui de nectare astrologiae minime biberunt, in morbis epydimialibus remedium adhibere non possunt” (“those who have drunk too little of the nectar of astrology cannot offer a remedy for epidemic diseases”).¹³² As Hippocrates, Avicenna, and Averroes state (explains John), the physician must understand the cause of an illness—in this case a malevolent astrological

¹²⁸ *De epidemia* 6† (cf. 1-7†, and esp. 37-40†); trans. Horrox 185. One Middle English translation omits the theoretical component altogether, beginning with advice on regimen (John of Burgundy, “Noble Tretis” 8-26). For the “causa vniuersali et remota” (or “primeua [primera] causa”) and the “causa particulari et propinqua” see “Report of the Paris Medical Faculty” 153-155 (and cf. above, n. 27). For a detailed contemporary account of the astrological causes of plague, identifying specifically the conjunction of Saturn, Mars, and Jupiter (but focusing on the former two), see Geoffrey de Meaux. For corrupt air, see above, nn. 28, 36. Advice to avoid corrupt air is also found in Lydgate’s “Doctrine,” in the refrain—“Walke in cleene heir | eschewe mystis blake”—and in the first stanza, where the reader is advised to “fflee wikkyd heires” (4). The reference to black mists is also in Lydgate’s “Stella Celi Extirpavit” and in the *Dietary* (both poems are discussed below, Chapter 3).

¹²⁹ *De epidemia* 9. Pestilence was very frequently compared with poison in contemporary sources (see, e.g., John of Reading 110; trans. Horrox 75), and its major pharmaceutical remedies were theriacs, which are antidotes. For the cultural and medical roots of the prevalent notion that pestilence was a kind of poison spread through the air, see Pinault, “How Hippocrates Cured the Plague” 59.

¹³⁰ *De epidemia* 7-16†. Cf. the “Report of the Paris Medical Faculty,” which explains that especially at risk are: “[c]orpora etiam malis humoribus plena et opilata quorum superfluitates non consumuntur nec expelluntur ut oportet” (“bodies bunged up with evil humours, because the unconsumed waste matter is not being expelled as it should”; 156; trans. Horrox 163).

¹³¹ *De epidemia* 15† (cf. 16-18†); trans. Horrox 185. Complementarily, the “Report of the Paris Medical Faculty” explains: “corpora autem magis preparate ad huiusmodi pestifere impressionis receptionem sunt corpora calida et humida eo quod putrefactioni sunt magis apta” (“The bodies most likely to take the stamp of this pestilence are those which are hot and moist, for those are the most susceptible to putrefaction”; 156; trans. Horrox 163).

¹³² *De epidemia* 31-2†; trans. Horrox 186.

conjunction—to treat it.¹³³ The pilgrim Physician superficially evinces all of these qualities, more than meeting John’s requirements.

Having established a very basic theoretical foundation, John sets forth a short regimen against the plague, providing a list of preventative measures focused, in a fashion typical of the genre, on the management of the nonnaturals. Thus: eat moderately (like the Physician, with his “diète mesurable”) of foods whose elemental qualities balance out seasonal factors, and in accordance with one’s complexion;¹³⁴ take vinegar because it is an especially effective additive to food;¹³⁵ avoid activities which open the pores—“aperti intrat aer venenosus” (“the doorways through which poisonous air can enter”)—such as bathing and intercourse;¹³⁶ avoid the damp and light fires;¹³⁷ combat pestiferous or corrupted air by means of aromatics and by banishing it with pleasant-smelling smoke;¹³⁸ and, finally, take medicines according to various criteria including season and complexion (and also according to your financial means). These medicines included theriacs, which were antidotes against poison that were thought to be useful against

¹³³ *De epidemia* 18-40†.

¹³⁴ *Ibid.* 7, 33-70. Cf. Lydgate’s “Doctrine,” which cautions against “greedynesse” (17).

¹³⁵ *De epidemia* 14. Vinegar is cited often in the tractate, and is similarly recommended in Lydgate’s “Doctrine” (21).

¹³⁶ *De epidemia* 7-11; trans. Horrox 186. Cf. “Report of the Paris Medical Faculty” 156; and Lydgate’s “Doctrine,” which counsels avoiding brothels and baths: “In stiwes bathis | no sojour that thou make / Opynyng of humours | this doth gret offence” (14-15). A more explicit admonition to avoid intercourse is found in the French original alone: “Et de femes ay peu ta compaignie” (12).

¹³⁷ *De epidemia* 14-15. Cf. Lydgate, “Doctrine” 9. The idea that the poisonous, epidemic-causing substances in the air could be burned away appears in the legend of Hippocrates combating the plague in Athens by means of fire; it was developed by pre-medieval medical writers such as Aëtius of Amida and Oribasius, and remained influential in the medieval era and beyond. The method also appears in the writings of Pliny, Plutarch, Seneca, and is possibly alluded to in older works such as Sophocles’ *Oedipus the King* and Homer’s *Odyssey* (Pinault “How Hippocrates Cured the Plague” 52-72).

¹³⁸ *De epidemia* 23-32, 39-42. Cf. Lydgate’s “Doctrine”: “Smelle swete thyng” (7). This was a means of purifying the poisoned air by salubrious sweetening (cf. above, n. 137).

plague because it was spread by poisoned air,¹³⁹ kinds of electuaries (the Physician's "letuaries"), and other medicines or foods which could expel the infection.¹⁴⁰

If, however, a patient were to contract the disease "ob defectum boni regiminis" ("for lack of a good regimen"),¹⁴¹ John provides a section on treatments which include bloodletting, dietary modification, poultices, and medicines.¹⁴² The physician must first locate swollen lymph nodes, the classic symptom of plague, which appear at the emunctories (parts of the body that carry away waste) of specific organs, and then draw the blood that has become contaminated by poisonous air away from them by means of phlebotomy.¹⁴³ If the swelling is in the groin, it is caused by the expulsion of waste matter by the liver (for the groin is the emunctory for the liver), and blood should be let between the big toe and the adjacent one (i.e. from the great saphenous vein); if it is in the armpit, the affected organ is the heart, and blood should be let from the cardiac vein on the side of the swelling; if the swelling is below the ear, bleeding should be caused at the cephalic vein on the arm above the elbow joint, or on the hand between thumb and index finger (the cephalic runs along the bicep and down to the hand); alternatively, the patient may be scarified with pitch in the middle of the back.¹⁴⁴ John of Burgundy's post-phlebotomy regimen varies according to the patient's economic status: the wealthy are to take expensive electuaries (directing more money to physicians and apothecaries), while the

¹³⁹ Although *theriac* often refers more specifically to a specific kind of antidote used to cure poisonous bites (see, e.g., Avicenna's *Canon*, Bk. 4, fen 6), writers of medical texts on plague use the term to describe an antidote for the disease.

¹⁴⁰ *De epidemia* 42-52. John provides several recipes throughout the tractate.

¹⁴¹ *De epidemia* 71-2; trans. Horrox 188.

¹⁴² For a special diet for an already infected patient, see *De epidemia* 136-44; for a poultice for the characteristic swellings, see *De epidemia* 145-57; for a *nobilissima medicina* see 158-77.

¹⁴³ *De epidemia* 75-107.

¹⁴⁴ *Ibid.* 108-35.

poor must rely on less expensive concoctions. Complexion and other variable factors are also taken into account, but all of the measures focus on strengthening the heart.¹⁴⁵

John of Burgundy stresses that phlebotomy should be conducted as soon as possible;¹⁴⁶ indeed, he even avers: “Nec vidi aliquem sub hac forma flebothomatum, si bene se rexit et cordis confortativa receperit, quin a mortis periculo evasisset” (“I have never known anyone treated with this type of bleeding who has not escaped death, provided that he looked after himself well and has received substances to strengthen the heart”).¹⁴⁷ The confident tone of his tract reaches its peak, however, near the end of the text, where John claims that modern physicians are better at treating the pestilence than any of the great authorities, such as Hippocrates.¹⁴⁸ This owes mainly to the fact, the author argues, that he and his contemporary physicians have had the opportunity to study the disease first hand and write about it from experience, not merely from a remote theoretical perspective. He is, therefore, alert to the importance of being a complete physician, not a narrowly theoretical one of the type represented—and resented—by Petrarch and John of Salisbury.

De epidemia ends with a statement that casts the whole endeavour in a new light: “Non precio sed pro precibus hoc opus egi et compilavi” (“I have composed and compiled this work not for money but for prayers”), writes John, “ut cum quis convaluerit a morbis supradictis pro me ad dominum deum efficaciter oret” (“and so let anyone who has recovered from the disease pray strongly for me to our Lord God”).¹⁴⁹ Furthermore, he explains, “ideo ego autem pietate motus et cladi hominum condolens et compatiens”

¹⁴⁵ Ibid. 121-35.

¹⁴⁶ Ibid. 73-75.

¹⁴⁷ Ibid. 230-2; trans Horrox 192.

¹⁴⁸ *De epidemia* 232-48; trans Horrox 192.

¹⁴⁹ *De epidemia* 256-58; trans Horrox 193.

(“[m]oved by piety and pity for the destruction of men”), he compiled the treatise “ut unusquisque suus phisicus sibi ipsi esse possit” (“so that anyone may be his own physician”).¹⁵⁰ If John overstates the utility of his treatise, perhaps he does so, not out of the desire for financial gain, but in order to boost its value as an act of charitable medicine.¹⁵¹ His claim that he has not composed his work for money, however rooted in charitable impulses it may have been, is conventional, and reads somewhat like a self-conscious defense against the common anti-physician criticism regarding avarice.

Chaucer’s gold-loving Physician, on the other hand, possesses all of the blustering confidence evinced in *De epidemia*, but none of its humility and piety. When it comes time to administer treatment, the Physician is not the sort to deliver charitable care, either directly, or by means of charitable medical translation or the composition of accessible medical texts. For the Physician, plague time is a time for profit. And as the success of his medical practice demonstrates, business was good for physicians who resisted the urge to flee like so many of their contemporaries, and instead stayed to earn money by treating patients.¹⁵² And, to be sure, physicians were in a bind: although contemporary sources upbraided physicians for fleeing from affected areas, ethical standards also discouraged offering treatment to patients beyond help. Thus physicians were criticized for fleeing, while those who stayed were accused of profiting from the misfortune of others.¹⁵³ There was also a precedent for praising physicians who remained in plague-ridden areas: an account of a similar phenomenon, albeit in a vastly different context, is portrayed

¹⁵⁰ *De epidemia* 248-9, 252; trans. Horrox 192.

¹⁵¹ For charity as a professed motivation for the composition of plague tractates, see Amundsen 301-3. For the charitable translation of medical texts into English, see Getz, “Charity”; and the discussion of Henry Daniel in my Chapter 3, Section 4.b.

¹⁵² For contemporary views on fleeing from the pestilence, see Horrox 108-9. For an historical analysis of physicians’ ethical duty to remain and treat victims of plague, see Amundsen 289-309.

¹⁵³ Amundsen 294, 299.

movingly in Ovid's *Metamorphoses* (VII. 561-65). Perhaps, then, the minutest element of genuine praise is secreted in Chaucer's description of the Physician: he is not a hypocrite, because he possesses sufficient faith, if not in *Christus medicus* who is the source of his healing art, then in the medical principles he upholds, if he assumes the risk of treating patients with a highly contagious and potentially deadly disease. As I demonstrate in the next section, though, the Physician's may be a more sinister character than his portrait alone suggests, as his tale actually threatens the health of his listeners, predisposing them to contracting plague and other illnesses.

4. Drumming up Business: The Physician's Poisonous Tale

The Physician's Tale, based on the *exemplum* of Virginia in the *Roman de la Rose* (5559-5662) (which comes originally from Livy), is a relentlessly miserable narrative on chastity that concludes—in the pilgrim's version—with a poorly integrated moral on forsaking sin (VI. 276-86). As one scholar has aptly observed, the tale may even be amoral, because “[w]ithout realizing it, the Physician has told the Virginia story in such a way as to suggest not that virtue will be rewarded in Heaven but that virtue leads inexorably to death.”¹⁵⁴ Furthermore, as was noted above, some scholars have inferred from the poor quality of the Physician's Tale that its teller is unable to diagnose illness and incapable of healing; others have posited that he even inadvertently causes illness through his tale.¹⁵⁵ Yet perhaps the Physician does, in fact, realize what he is doing, and his dark and depressing tale represents a *deliberate* strategy to sicken the pilgrims and

¹⁵⁴ Hanson 138.

¹⁵⁵ In the context of broader discussions of how the Physician's Tale undermines his credentials as presented in the General Prologue, Eleazar and Whitaker both briefly noted in separate articles that, beyond simply failing to heal, the tale could also cause illness (Eleazar 240; Whitaker 6).

drum up business for himself. Indeed, the pleasurable experience of literature and song was thought to benefit one's physical health.¹⁵⁶ All conventional regimens of health, including ones designed specifically to help avoid infection by plague, advocated balancing the nonnaturals, including the emotions or the accidents of the soul. Specifically to be avoided was a state of agitation or melancholy—as would be engendered, for example, by hearing a depressing tale, or being shocked—because this would make one more susceptible to infection by disease. Thus the report of the Paris medical faculty lists anxious or fearful people among those who are most liable to be infected with pestilence,¹⁵⁷ and the first item of advice Eustache Deschamps gives his audience in his ballade against the plague (translated and popularized by Lydgate as “A Doctrine for Pestilence”) is to “Ioye auoir & tristesse fouir,” translated as “be glad / & voide al hevyness” (3). “Hevyness,” the Middle English word used to translate the Latin *tristitia* in medical contexts, is an accident of the soul—that is, it belongs to the nonnatural of emotions.¹⁵⁸ Regulating the emotions was a major concern in remedybook texts. In one of the verses that was added to the *Dietary* in the “Rules of Health” (“B”) version, Lydgate refers his audience to “thre lechees” who “consarue a mannys myht”: “First a glad hert, he carith lite or nouht, / Temperat diet, holsom for every wiht, / And best of all, for no thyng take no thouht (61-4).¹⁵⁹ Here, Lydgate is drawing from the passage on the three “physicians” identified in the *Flos*: “mens laeta, requies, moderata diaeta” (a cheerful disposition, relaxation, a moderate diet; 20).

¹⁵⁶ G. Olson, *Literature as Recreation* 155-204, esp. 169.

¹⁵⁷ “[...] multum timentes” (“[...] persistent worriers”; “Report of the Paris Medical Faculty” 156; trans. Horrox 163).

¹⁵⁸ See Johannitius, *Isagoge*, “De Virtute Animalis” (Ed. Maurach 160). A Middle English translation of the section on the emotions in the *Isagoge* in British Library, MS Sloane 6, renders *tristitia* as “heuynes” (fol. 4^v).

¹⁵⁹ Printed in Bühler, “Rules of Health.”

Seeking out joy and avoiding worry and sadness through diversions such as storytelling was seen as a prophylactic measure in times of plague, and in Boccaccio's *Decameron*, the tale-tellers combine this with another commonly-advocated measure against plague: fleeing from infected areas.¹⁶⁰ Audiences, including the pilgrim audience represented in Chaucer's text, believed in the medicinal power of storytelling, and the failure of the Physician's Tale to heal conflicts with the description of its teller as a capable healer in the General Prologue.¹⁶¹ Bernard of Gordon's *Lilium medicinae* contains standard advice for the treatment of a melancholic patient (quoted here in its Middle English translation): "he schal hane mynstrelcye of musik *and* alle maner þinges þat reioysþ þe herte ȝif þis pascioun of ioye *and* [...] myche gladnesse."¹⁶² Far from rejoicing the heart and bringing *gaudia*—a remedy for melancholy and therefore a preventative measure against plague—the Physician's Tale engenders "hevynes." It is the antithesis of the kind of story that a doctor should be telling, especially in the plague-ridden later-fourteenth century.

The reaction of the Host demonstrates that the Physician not only fails in his duties as a healer, but actually makes his listeners ill. Indeed, the Host says that the narrative makes his heart grieve (VI. 312, 317), a reference that is literalized and medicalized when he states that it almost causes a "cardynacle" (i.e. a *cardiacle*, a heart attack; VI. 313). The reference to a *cardiacle* may be read metaphorically, as an indication that the tale was depressing.¹⁶³ Yet the reference to a *cardiacle* points to

¹⁶⁰ See Boccaccio, *Il Decamerone*, "Introduzione" (pp. 11-45); G. Olson, *Literature as Recreation* 169.

¹⁶¹ Whitaker 5-6. Whitaker cites the Knight's reaction to the Monk's Tale—that it causes "hevynesse" (VII. 2669) and engenders a "greet disese" (VII. 2771)—as a representation of another physical reaction to a violation of "traditional expectations of healing through storytelling" (6).

¹⁶² Oxford, Bodleian Library, MS Ashmole 1505, fol. 75^v.

¹⁶³ Lee argues that the reference to a *cardiacle* alludes to the theme of the "state of the human heart" in fragment VI of the *Canterbury Tales* (157). Lumiansky reads the comment as directed at the Physician's

another medical basis for connecting a sad or upsetting story with illness: not only could a tale like this increase one's chances of contracting plague, it was thought that a heart attack could also be caused by a surfeit of humours, including melancholy, or from any severe emotional disturbance.¹⁶⁴ Indeed, Bernard recommended things that "reioysip be herte" against melancholy, and the corollary is that one should eschew things that cause displeasure. Thus the reference to a *cardiacle* further demonstrates that the Physician's Tale was not merely a work of imaginative fiction, but a text that could affect its audience: it had power to heal or hurt; to act as medicine or as poison. Notably, the Host exclaims that he requires a "triacle" (theriac; VI. 415) or a "myrie tale" (VI. 316) to counteract its effects. Theriac, an antidote against poison, was also especially popular against the poisonous miasma which was thought to spread plague,¹⁶⁵ and "myrie" or joyful tales could produce medicinal *gaudia*. Ironically, not only the theriac that the Host requests, but also the Physician's favourite medicines, gold (I. 426, 443) and certain kinds of electuaries (also named by the Host [VI. 307]), were both prescribed to strengthen the heart.¹⁶⁶ We will recall in particular that the Physician justifies his love of gold because it is a "cordial" (I. 443), a medicine specifically associated with the *cor* (the heart).¹⁶⁷

hypocrisy in telling a moral tale (200). My literal reading does not necessarily conflict with these—the reference can be simultaneously literal and freighted with figurative meaning.

¹⁶⁴ Constantine the African, *Viaticum* III. 13 (fol. cliiij); Bartholomaeus Anglicus, *De proprietatibus rerum* VII. 32 (derived from Constantine) (n. pag.); Gilbertus Anglicus, *Compendium medicine*, fol. cxcix ("De cardiaca passione"; cf. *ME Gilbertus* 143-49); *MED*, s.v. "cardiacle," b; *ME Gilbertus*, s.v. "cardiacle" (319).

¹⁶⁵ For theriac as a medicine specifically for plague, which is contracted from poisonous mists, see John of Burgundy, *De epidemia* 42-8. For an authoritative medieval medical source on poison and theriac, see Avicenna's *Canon*, Bk. 4, fen 6.

¹⁶⁶ These are all prescribed in Constantine the African's *Viaticum* III. 13 ("De tremore cordis"; fol. cliiij). Cf. the condensation of Constantine's chapter on cardiac arrest in Bartholomaeus Anglicus, *De proprietatibus rerum* VII. 32 ("De tremore") (n. pag.), which was translated into Middle English by John of Trevisa. Gilbertus Anglicus prescribes gold in several recipes to strengthen the heart in the chapter "De cardiaca passione" in the *Compendium medicine* (fols cxcix-cc^v, esp. fol. cc; cf. *ME Gilbertus* 146).

¹⁶⁷ Also see *MED*, s.v. "cordial": "(a) a substance which stimulates or invigorates medicinally" (citing this passage in the Physician's portrait) and "(b) an object or action that gladdens or uplifts the heart." The

The Physician's potentially sinister motive in choosing his tale resonates with yet another charge leveled against physicians in satires and other anti-physician writings. The Physician has grown wealthy from the suffering of others, and therefore comes dangerously close to resembling the physicians in the *Roman de la Rose* who—in the amplified Middle English translation—are completely unconcerned if their patients live or die (5725-30), seek only “to encrecen her richesse” (5736), and even wish that “everich [every] man shulde be sek” (5729). An analogous complaint is found in Gower's *Mirour*:

Phisicien d'enfermeté,
 Ly mires de la gent blescé,
 Sont leez, q'ensi gaigner porront[.]

.....

[L]e mire

La santé que l'enferm desire
 Met en subtil deslayement,
 Dont il avient q'ainçois enpire
 La maladie et la fait pire
 Q'il n'estoit au commencement,
 Pour plus gaigner du pacient[.]

Physicians are glad of sickness and surgeons of hurt people, when they can thus earn something [...] [T]he physician cunningly delays the restoration of his patient's health, and sometimes (in order to earn more money from

ironic connection between the Physician's love of gold and the Host's heart attack is briefly noted by Eleazar 240.

the patient) even aggravates and makes the malady worse than it was in the beginning[.] (24289-91, 24301-7)

Thus, in addition to being the figure of the arrogant, greedy, and spiritually sick physician who is unable to heal, the Physician is potentially something more damnable: a physician who creates his own business; a poisoner who attempts to make the pilgrims more susceptible to plague and other illnesses.

After the pilgrim has told his tale, Harry, in addition to complaining about its sickening effects, draws attention to the body of technical language (“termes”) of the kind that we encounter in full force in the Physician’s portrait (VI. 311). The Host, despite declaring that he “kan nat speke in terme” (VI. 311), attempts to employ medical discourse in the service of a miniature satire aimed at the Physician and his profession. This moment draws attention to the cultural importance of medical discourse, because “teasing doctors for using obscure words,” as Chaucer does in the larger text, and as he has the Host do in his dialogue with the Physician, is “a backhanded way of acknowledging the scientific prestige of scholastic medicine.”¹⁶⁸ Yet in this instance the Host draws, not directly from the tradition to which the Physician’s discourse belongs, but from its vernacular counterpart, naming the tools and medicines that anyone of the Host’s social and professional standing might encounter in remedybooks. However “wys, and well ytaught” (I. 755) Harry may be, he remains a layman. The Host says to the Physician,

I pray to God to save thy gentil cors,
And eek thyne uryngals and thy jurdones,
Thyn ypocras, and eek thy galiones,

¹⁶⁸ Wallis, *Medieval Medicine* 525.

And every boyste ful of thy letuarie! (VI. 304-7)

Thus he names three tools of the trade: “urynals” and “jurdones,” which are containers for examining urine, and a “boyste,” which is a glass used for cupping or for the storage of salves. These references appear unimportant at first blush, but they may convey an undercurrent of derision, as both “urynal” and “jurdon” were slang terms for chamber pots, while “boyste” also denoted a container for storing the Host, a potential pun on the pilgrim’s moniker.¹⁶⁹ (The practice of uroscopy itself, however, which was maligned in anti-physician satires of the early modern era, seems not to have been frequently targeted in Chaucer’s time.¹⁷⁰) And instead of citing medical authorities (e.g., from the Physician’s list), the Host instead names medicines—the physical objects—which take these authorities’ names: “ypocras” (after Hippocrates) and “galiones” (after Galen). These are also potentially satiric in implication: an “ypocras” was possibly a kind of aphrodisiac, and was also yet another heart medicine (or *cordial*),¹⁷¹ and the word “galione” appears to have been Chaucer’s neologism, and not an actual medicine.¹⁷² Although Chaucer certainly intends the word “galione” to be associated with the great physician Galen—for it appears alongside “ypocras”—the word calls to mind the famous medicine for curing plague, *galenē*. This compound medicine, typically comprised of dozens of ingredients (the number varies depending on the recipe), was a kind of theriac prescribed specifically

¹⁶⁹ *MED*, s.v. “jordan, b,” “boiste, a, b,” and “urinal.” Cf. Baird 1.

¹⁷⁰ Baird 6.

¹⁷¹ *MED*, s.v. “ipocras,” a. Cf. Chaucer’s Merchant’s Tale (IV. 1807). Baird claims that an “ypocras” is a kind of aphrodisiac (1).

¹⁷² *MED*, s.v. “Galien,” b; cf. Baird 1. The *MED* records Chaucer’s as the only use of the word “galione” and states that it stands in synecdochally for a medicine. The physician’s name was typically associated with medicines in a more straightforward formulation, such as “galiens gladyng medecyne” and “galiens grene oynement,” which appear in the Middle English translation of Guy de Chauliac’s *Chirurgia magna* (qtd in. *MED*, s.v. “Galien,” a).

to counteract the poisonous air that transmitted epidemic illness.¹⁷³ If this meaning is intended, then the Host is naming a powerful “triacle”—precisely what he had asked for earlier as a remedy to the Physician’s poisonous tale.

Facetiously begging pardon—“[s]eyde I nat wel?” (VI. 311)—the Host excuses his poor grasp of the discourse, admitting that he “kan nat speke in terme.” This is an ironic moment because the Host, an uneducated English speaker, actually cannot employ the authoritative discourse of medicine, although he tries hard to, and appears satisfied with his attempt. His malapropism, “cardynacle” (VI. 313), marks him initially as a character who is profoundly out of his discursive depth, and although some of his medical references appear clever, it is unclear whether the Host is aware of (and participating in) the ironic commentary, or if Chaucer makes him one of its targets. By mocking the Physician with words derived from medical discourse, not only does the Host attack the medical profession *with* its own “termes,” he does so *on* its own terms. In doing this, he is striking at the profession’s strongest point. Indeed, some viewed the primary skill of physicians to be, not healing, but the power of persuasion by means of dazzling rhetoric and arcane terminology. Not only did speaking “in terme” enable physicians to win in debates (of the kind Petrarch criticized), it helped them convince patients of their abilities, to their own financial advantage and to the benefit of the medical profession as a whole. As Daniel Kempton has observed, speaking “in terme” was one of “the strategies available to the Doctor of Physic for justifying his practice,” and even a way of

¹⁷³ For *galenē*, see Pinault, “How Hippocrates Cured the Plague.” Andromachus the Elder named 64 ingredients for *galenē* in his poem to Nero, identifying it specifically as a medicine which “heals noxious epidemics and all air not fit to breathe” (Pinault, “How Hippocrates Cured the Plague” 58, n. 17). Galen discussed the medicine substantively in his *Antidotes* (*Clavdii Galeni opera omnia* 14: 32-42) and *Theriacs to Piso* (*Clavdii Galeni opera omnia* 14: 233-37) (Pinault, “How Hippocrates Cured the Plague” 58, n. 17).

negotiating fees and terms of service with patients.¹⁷⁴ Writing about physicians in the age of Scholasticism in general, Roger French has explained that a doctor needed to develop “a line of patter, a Good Story, to convince his patients that they were in the hands of a capable man.”¹⁷⁵ The Physician’s ability to speak well was, therefore, a major advantage in several areas of his professional practice. Armed with the learned discourse of academic medicine, French writes, university-educated physicians

had a Good Story to tell their patients, pupils and employers that included the clinical effectiveness that came from true knowledge of the world, the body and its diseases. They could refer to the great authorities, which added power to their medicine in an age that revered the ancients. They claimed to be part of a grand and successful tradition of medicine. Their grasp of logic gave them the power that logic had been supplying to the men of the schools since the twelfth century, the power to dazzle those without it and to win arguments against those less skilled in the art.¹⁷⁶

The Host’s refusal to be subjected to medicine, to become a patient, takes the form of his refusal to treat the discourse—the Good Story of the university educated physician, the “tale” of real-life physicians—with reverence. Indeed, in a moment that I read as deeply ironic, the Physician disparages “countrefeted termes” (VI. 51) in his tale, unintentionally drawing attention to his own manipulative use of rhetoric. The dialogue between the Host and the Physician concludes with the former’s statement that an anxiety-inducing and poisonous tale may be remedied by a “triacle” (VI. 314), and he names two medicines to produce *gaudia* which fall under the purview of his own

¹⁷⁴ Kempton 35; cf. 26, 28, 33.

¹⁷⁵ French 69.

¹⁷⁶ Ibid. 112-13.

professional expertise: “a droughte of moyste and corny ale” (VI. 315) and a cheerful tale (VI. 316). In so doing, the Host also symbolically liberates himself, the community of pilgrims which he represents, and (in turn) the English society they represent, from the purview of the medical profession. The poet uses the Host-Physician dialogue to foreground his own deployment of the “termes” of medicine in the *Canterbury Tales*, doing so at an important linking moment in Fragment VI, where the Physician’s and the Pardoner’s tales of illness, death, and sin meet, thus emphasizing the importance of medical discourse to the overall thematic and metaphoric universe of healing in the text.

The Physician, viewed as a stand-in for the profession of medicine and its discourse, represents secular healing on a journey that is, at root, largely about sickness and health. The pilgrims are said to have undertaken their journeys in the first place because they wished to offer thanks to the martyred saint for having healed them when they were sick. The frame tale maps a trajectory towards both the physical destination of the popular healing shrine of Thomas à Becket in Canterbury and ultimately to the spiritual destination of the New Jerusalem, “Jerusalem celestial” (X. 51), accessed through the Parson’s Tale, a third of which figures the seven deadly sins as diseases and their countervailing virtues as cures.¹⁷⁷ In contrast, the Physician’s Tale makes people physically ill, and conveys no salubrious spiritual message. The Physician’s role as the representative of a type of worldly, secular healing characterized by learning and jargon yet powerless to effect real cures, then, provides more than a commentary on the state of medical practice in post-Black Death England: it also sets in relief the Parson’s brand of spiritual healing.

¹⁷⁷ For the relationship between the Parson’s and Physician’s tales specifically, see Owen, “Relationship.”

The following section examines ways in which the *Canterbury Tales* evinces the widely-held contemporary view that the English people, menaced by the spectre of plague, were in need of spiritual healing. For, if a patient was beyond medical help, his final hours were the time to ready his soul for a prepared, “good death” (and avoid the terrifying prospect of an unprepared, “bad death”) by putting into practice the general principles outlined in the *Ars moriendi*.¹⁷⁸ An anonymous early-fifteenth-century plague tractate went so far as to outline the physician’s responsibility to advise an infected patient to prepare for death by drafting a will and confessing his sins.¹⁷⁹ Indeed, it was seen as unethical to promise treatment to patients who were beyond hope.¹⁸⁰ At this moment the medieval physician ceded his role as healer to the priest, the physician of souls.

5. The Parson and Religious Healing for the Plague

Whereas medical writers frequently stated that God was ultimately responsible for sending the plague to punish man’s sins, some religious texts acknowledged the physical causes by which it was spread.¹⁸¹ But in contrast to the medical sources, the writings of popes, bishops, chroniclers, and others who had a vocational or other abiding interest in religious explanations, offer alternative prophylactics and remedies, which include prayer and the administering of the Sacraments. Thomas Brinton crystallizes the normative religious view in a sermon on contemporary threats including pestilence: “Sed querit aliquis, ‘Cum peccatum sit pestilencie precipua causa qualia possunt esse remedia vt

¹⁷⁸ See Binski 33-50.

¹⁷⁹ Amundsen 202. As required by the Fourth Lateran Council (Siraisi 44).

¹⁸⁰ Amundsen 299.

¹⁸¹ See, e.g., Archbishop of York William Zouche’s statement on the “aeris infectio” (“infection of the air”; 396; trans. Horrox 111).

cesset manus diuina?’ Respondeo quod summum esset remedium confessio peccatorum” (“But someone asks, ‘Given that sin is the primary cause of the pestilence, what remedies are available to stay the divine hand?’ I reply that the best remedy is the confession of sins”).¹⁸² To be sure, medical texts sometimes acknowledged the importance of spiritual healing. For example, an Italian medical text (c. 1430) cites a Benedictine monk as an authority on the best treatment for the plague, further demonstrating the overlap between medical and religious discourse. The “remedy” that this text prescribes consists of contrition, confession, the *viaticum*, and the final unction—that is, the last rites.¹⁸³ Furthermore, Swedish bishop Bengt Knutsson’s (c. 1464) version of Johannis Jacobus’s popular plague tractate, which was printed in a Middle English translation in 1485, also evinces the ubiquitous belief that the religious cure constituted a kind of “medicine” against the illness:

Now it is to wete [discover] by what remedies a man may preserue him selfe fro pestilence. Firste see writing of Jeremy the prophete that a man ought to forsake euyl thinges & do gode dedes & meekly to confesse his sinnes. For why it is the hyst remedie in time of pestilence, penaunce & confession to be preferred al other meducynes.”¹⁸⁴

As the Parson states in his tale, physical health is one of the “goodes of the body” (X. 451), inferior to the “goodes of grace” (X. 454; cf. 457, 705, 725, 878), employing a binary that is ubiquitous in medieval religious and moralizing texts. Even if physicians

¹⁸² Brinton 324; trans. Horrox 147.

¹⁸³ Translated from London, Wellcome Institute for the History of Medicine, Western MS 668, fols 97^v-98, in Horrox 149.

¹⁸⁴ Knutsson fol. 4. STC 4591. For Knutsson, see Vine. The translation, first printed in 1485, appears to be the first medical work printed in England; it was reprinted numerous times. The original Latin text was derived from Johannis Jacobus’s popular plague tractate.

could heal, they would only be attending to physical health, which was inferior to—and possibly even negatively correlated with (X. 457)—spiritual health.

Thus on the religious front lines against the pandemic were curators of souls like the pilgrim Parson, whose duty to care for their parishioners—particularly to hear confession and administer the last rites—constituted what some considered to be the best medicine against the disease. But contemporary chroniclers like Knighton report that this medicine was in short supply because there was a great shortage of priests.¹⁸⁵ Indeed, initially, many priests fled from the plague or fell victim to it, leading the Bishop of Bath and Wells to decree that confession could be made to a layman lest they die without the sacraments.¹⁸⁶ Additionally, Pope Clement VI gave the Archbishop of York license to ordain more candidates for the priesthood,¹⁸⁷ and granted absolution in the form of a plenary remission of sins for those on their deathbed.¹⁸⁸ These measures joined the push for intercessionary processions and prayers that were the major preventative response of the clerical estate in England in their battle against the pestilence.¹⁸⁹

Parish priests in particular were faced with a difficult choice that resembled, in some ways, the one faced by physicians: they could either stay and perform their duties as physicians of souls, or they could flee and accept lucrative jobs singing chantry masses. The readiness of priests to fill chantry appointments attracted criticism. Christopher Harper-Bill explains,

In an age when there was greatly increased demand for masses to ease the souls of the dead through the pains of Purgatory, many priests were over-

¹⁸⁵ Knighton 102; trans. Martin 103.

¹⁸⁶ Ralph of Shrewsbury 745-6; trans. Horrox 271-3.

¹⁸⁷ Clement VI 401-2; trans. Horrox 273.

¹⁸⁸ As reported by Knighton 98, 100; trans. Martin 99, 101.

¹⁸⁹ For intercessionary processions and prayers, see Zouche.

eager to respond to consumer demand, even if this willingness to celebrate for souls led to the neglect of the spiritual cure of their living charges.¹⁹⁰

Largely in response to this rush to fill appointments, Archbishop Simon Islip issued a provincial constitution, the *Effrenata culpabilitas* (1350; reissued in 1362), which sought to curb or “bridle” (*frenere*) the greed of the unbeneficed clergy by freezing wages at pre-plague levels and compelling them to perform their traditional pastoral duties. “[C]uras animarum gerere negligunt” (“[T]hey refuse to take the care of souls”), the Archbishop writes, “et onera curatorum caritate mutua supportare, quin immo eis penitus derelictus ad celebrandum annalia et ad alia pecularia se conferunt obsequia” (“but rather leave them completely abandoned and apply themselves instead to the celebration of commemorative masses and other private offices”).¹⁹¹ *Piers Plowman* registers an analogous literary reaction: “Parsons and parisshe preestes pleynd hem to þe bisshop / That hire parissches weren pouere siþ þe pestilence tyme, / To haue a licence and leue at London to dwelle, / And syngen þer for symonie, for siluer is sweete” (B. Pr. 83-6). Gower’s *Mirour de l’Omme* takes a similarly dim view of parish priests who neglect pastoral duties: “Malvois essample nous apporte / De les paroches cil qui porte / La cure, qant il sanz curer / Le laist [...]” (“He who is in charge of the parish brings us a bad example when he leaves it uncared for”; 20209-12). Especially troubling to Gower were the “priestres Annuelers” (“annuelers”) who “Chantont par ans et par quartiers / Pour la gent morte, et sont suitiers / Communement a chascun vice” (“chant for three-month periods or even for years for the dead; and they are commonly followers of every vice”; 20500-2). Such were the historically contingent social stereotypes, which included the perceived decline of the

¹⁹⁰ Harper-Bill 91.

¹⁹¹ Islip 191; trans. Horrox 307.

clergy in general and absenteeism among priests in particular, against which Chaucer represents his ideal Parson, who dutifully tends his flock, exemplifying the ideal moral conduct of the First Estate by following “Cristes loore and his apostles twelve” (I. 527).

Of the Parson, Chaucer writes:

Wyð was his parisshe, and houses fer asonder,
 But he ne lefte nat, for reyn ne thonder,
 In siknesse nor in meschief to visite
 The ferreste in his parisshe, mucche and lite,
 Upon his feet, and in his hand a staf.

.....

He sette nat his benefice to hyre
 And leet his sheep encombred in the myre
 And ran to Londoun unto Seinte Poules
 To seken hym a chaunterie for soules,
 Or with a bretherhed to been withholde;
 But dwelte at hoom, and kepte wel his folde,
 So that the wolf ne made it nat myscarie;
 He was a shepherde and noght a mercenarie. (I. 491-5, 507-14)

Unlike the absentee priests in *Piers Plowman* and the *Mirour de l’Omme*, Chaucer’s Parson stays in his parish. What is more, he does so gladly, untempted by the prospect of a comparatively cushy chantry appointment. The Parson is not a “mercenarie,” the *mercennarius* of John 10:12 who is a hireling and leaves his flocks untended. He is instead a vigilant shepherd of souls, a type of the Good Shepherd (John 10:11) lauded by

Thomas Brinton as a crucial force for good in plague time.¹⁹² Thus the Parson functions as a role-model, drawing his fictional folk “to hevne by fairnesse, / be good ensample” (I. 519-20), in direct opposition to Gower’s negative examples, who corrupt rather than heal the souls of the English. In this respect the Parson serves as a literary *exemplum* for Chaucer’s contemporary audience, too, who find both in his conduct and in his Tale a prescription against “disordinaunce” (X. 275, 277, 431), a term which connotes both the disorder of sin and the disorder of an ill body in which the humours are out of balance.¹⁹³

The Parson’s Tale serves to further reinforce its teller’s role as a guide to spiritual wellness, a healer of souls. It is a penitential handbook, a salvific text structured like a medical text, which contains a course of treatment for each of the Seven Deadly Sins. The final tale in the story collection, it marks a redirection of the Canterbury pilgrimage toward a purely spiritual goal. The Parson tells his audience of pilgrims that his Tale will “shew yow the wey, in this viage, / Of thilke parfit glorious pilgrymage / That highte Jerusalem celestial” (X. 49-51). These lines play on the tale’s epigraph, which is taken from Jeremiah 6:16: “Stondeth upon the weyes, and seeth and axeth of olde pathes (that is to seyn, of olde sentences) which is the goode wey, / and walketh in that wey, and ye shal fynde refresshyng for youre soules” (X. 77-8; translated from the Latin epigraph). A large portion of the “goode wey” to spiritual health is structured by a medical master-trope in which sin is likened to sickness—playing on the connection between *sanus* (healthy) and *salvus* (saved)—needing to be remedied by countervailing virtues. For example, the section describing the sin of Gluttony is complemented by a section entitled “Remedium contra peccatum Gule” (X. 830). The tale also contains a considerable

¹⁹² Brinton 322; trans. Horrox 144.

¹⁹³ “Disorderly or immoral behavior”; “pathological disorder” (*MED*, s.v. “disordinaunce,” a; b.).

amount of material on the body in states of health and sickness, in part because disorder in the body is linked here to disorder in the soul (again, Chaucer exploits the diverse meanings of “disordinaunce”), and also because several of the Seven Deadly Sins—namely Sloth (X. 676-737), Gluttony (X. 817-35), and Lechery (X. 836-956)—have literally to do with the body. Moreover, the text is rich in medical references—to hernia (X. 422), Galen (X. 830), the nonnatural of diet (X. 831-5), and the perils of oversleeping (also a nonnatural—described in medical jargon in X. 911-12), among others. These references reinforce the structuring conceit of sin as sickness and emphasize even more strongly the notion of the connectedness of the body and the soul, the interdependence of physical and spiritual health.

Chaucer explores these topics and themes by constructing a character whose behaviour is the perfect opposite of that described in contemporary writings which take the clerical estate to task specifically for their poor conduct in an age of recurring plague. The fact that Chaucer, through his ideal Parson, feels he needs to describe a course of spiritual healing, reinforces what the contemporary audience may have sensed all along: the typically contemporary, rather touristy method of pilgrimage undertaken by the Canterbury pilgrims, is—like the Physician’s brand of healing—insufficiently medicinal. As Paul A. Olson notes, “the time is ripe for a character conscious of death and the end of time to interpret the way of the Canterbury pilgrimage as the way of Jerusalem’s penance and renewal.”¹⁹⁴ The Parson, however, has competition in the form of a pardoner who is portrayed as being in conflict with parsons (I. 702-6), and who offers what he claims to be an alternative route—a “crooked wey” (VI. 760) to spiritual healing, in direct contrast to the Parson’s “goode wey.”

¹⁹⁴ P. A. Olson 280.

6. The Pardoner's *Riposte* to the Physician

The Pardoner, like the Physician, is a spiritually sick, counter-exemplary character whose primary sins are avarice and pride; both have grown wealthy by selling healing (VI. 389-90), the Physician preferring gold, and the Pardoner silver (I. 714).¹⁹⁵ Like the Physician, the Pardoner uses persuasive rhetoric to impress his audience and to convince them that his cures are effective (VI. 344-5). He falsely—and pridefully—claims that he has the power of absolution (VI. 913), and although he is ultimately alienated from God, he invokes *Christus medicus* as the ultimate source of the healing power of his pardons: “Jhesu Crist, that is oure soules leche,” he tells the other pilgrims, “So graunte yow his pardoun to receyve” (VI. 916-17; cf. VI. 387-8). Through his pardons, he purports to offer what Trower calls “a shortcut” to spiritual healing,¹⁹⁶ in stark contrast to the Parson, whose redirection of the pilgrimage toward the New Jerusalem requires traveling the “goode wey” of penance. The Pardoner states openly in his confessional Prologue that his tale, which is a sermon *exemplum* on the theme of avarice, is intended solely to make his audience “free / To yeven hir pens” (VI. 401-2; cf. 432-3) to him for his relics and pardons.¹⁹⁷ What is more, he acknowledges his own hypocrisy: “I preche agayn the same vice / Which that I use, and that is avarice” (VI. 427-8). Thus both the Pardoner and the Physician tell tales for financial benefit: but whereas the Physician uses his tale to sicken his audience, putting them in ill humour, the Pardoner uses his to draw attention to the danger of dying an unprepared death—which he makes sure to remind the audience could

¹⁹⁵ For a comparison of the Pardoner and the Physician, and an argument that their spiritual sickness unifies fragment VI of the *Canterbury Tales*, see Trower. More generally, E. Brown explores the fact that, on the Canterbury pilgrimage “most healers of the spirit are spiritually ill” (144).

¹⁹⁶ Trower 75.

¹⁹⁷ The Pardoner’s confession is based somewhat on the sermon of Faus Semblant from the *Roman de la Rose* 11053-11944.

come in the form of plague. For this contingency he offers an easy—and false—solution in the form of pardons.

The Pardoner's Tale draws on the ancient folktale motif of "The Three Treasure Finders Who Murder Each Other," which circulated in numerous versions, including *exempla* employed in sermons.¹⁹⁸ Only Chaucer has Death roam the countryside, killing by means of pestilence.¹⁹⁹ The Pardoner's tale of sudden death in a time of plague reminds his pilgrim audience of their sinful ways and of the potential fate that awaits them should they die, like the three "riotours" (VI. 661) in his tale, without first preparing their souls. He tells the pilgrims that they are fortunate to have him on the journey as a "seuretee" (safeguard; VI. 937): "[T]aketh pardoun as ye wende, / Al newe and fresshe at every miles ende" (VI. 927-8), he counsels, lest one should suddenly fall and break his or her "neck atwo" (VI. 936). He uses similar language in his tale, in which he recounts that death by pestilence "smote" the rioters' friend's "herte atwo" (VI. 677). This echo encourages the pilgrims to draw connections between their own lives and the experiences of the rioters in the *exemplum*, and to consider in particular the possibility of sudden death—meaning an unprepared, "bad death"—by pestilence.

Examining the tale in the context of contemporary responses to the plague, Peter Beidler, William Snell, and Bryon Lee Grigsby have each suggested ways in which the pandemic may have informed the narrative's conception and execution.²⁰⁰ In what

¹⁹⁸ Hamel, ed. 279. Hamel prints three *exempla*, a novella, and a play that are analogues of the Pardoner's Tale, most of which are of Italian origin (279-80); no suitable Middle English examples of the "Treasure Finders" motif have been found (280).

¹⁹⁹ Beidler has noted the uniqueness of the plague setting (257).

²⁰⁰ Beidler 264. Grigsby builds on Beidler's work, and posits that in the Pardoner's Tale, plague is caused mainly by the sin of swearing false oaths (119-20). Snell establishes further connections between the tale and the historical events of plague ("Chaucer's Pardoner's Tale). Johnson notes the importance of the plague setting to the metaphorical landscape of the poem, and suggests that the revelers are spiritually dead like the Pardoner (59-60). Beidler's more speculative readings, however—e.g., that the gold belonged to a

follows, I will not replicate existing scholarship which positions the Pardoner's Tale against the static backdrop of plague, but instead offer a reading of the Pardoner's Tale as a *riposte*, not only to the Physician's Tale, but to the Physician himself—the Pardoner's professional rival. In effect, as the Miller wishes to “quite” (requite; I. 3126) the Knight, the Pardoner wishes to “quite” the Physician. To be sure, the Pardoner responds to the Physician's Tale by answering the Host's call for a “myrie tale” (VI. 316) that will act as an antidote to the Physician's poisonous narrative. Both tales are on the subject of sin, but whereas the Physician's *exemplum* does not clearly illustrate his stated moral message—to “[f]orsaketh synne, or synne yow forsake” (VI. 286)—the Pardoner's ironically does, at the same time as it expounds on its own theme, namely “Radix malorum est Cupiditas” (“greed is the root of evils”; VI. 334, 426).²⁰¹

The Pardoner's Tale dramatizes the actions of young ne'er-do-wells whose pastimes include the so-called “tavern sins” of gluttony (which includes drunkenness and leads to lechery), gambling, and false oaths,²⁰² and who generally lead lives of physically- and spiritually-sickening “superfluytee abhomynable” (VI. 471; cf. 513). These behaviours represent well the “moral laxity” which was believed to have incurred the punishment of plague, and also to have worsened in times of pestilence.²⁰³ As with the plague setting, the inclusion of such clearly specified sins in the “Three Treasure Finders” narrative is original with Chaucer. Beidler explains this addition by drawing parallels between the rioters' carousing and the decline in moral behaviour that contemporaries

plague victim and carried infection (259), that the Old Man is a survivor of a plague which was noted for carrying away the young (260)—are more provocative than conclusive.

²⁰¹ As noticed by Hanson 139.

²⁰² First identified as such by Tupper.

²⁰³ Horrox 342.

believed followed the Black Death.²⁰⁴ Indeed, contemporary observers such as William Dene and John of Reading registered their frustration that, even though the plague was sent by God to punish sin, behaviour actually deteriorated.²⁰⁵ Yet writings which inveigh against the large-scale deterioration of morals caused by the Black Death are difficult to assess from the perspective of modern historical inquiry because they are informed by long-established conventions, and are in any event often impossible to verify. Accounts of the Black Death frequently resemble older writings on pestilential epidemics, making untangling historically accurate statements from the conventions of historical writing a fraught endeavour. For example, the account of the fifth-century plague in Bede's *Historia ecclesiastica* informed John of Reading and Henry Knighton's accounts of the pandemic.²⁰⁶ Moreover, we find much of the evidence of the impact of plague in the writings of monastic chroniclers, who, as Derek Pearsall observes, "had a vested interest

²⁰⁴ Beidler 258.

²⁰⁵ William Dene, who is credited with writing the *Historia Roffensis* (the chronicle of the cathedral priory at Rochester), observed that "more or less the whole population turned to evil courses, became addicted to all forms of vice and stooped to more than usually base behaviour" (trans. Horrox 72; the complete Latin text is not currently available in a printed edition). John of Reading observed in his chronicle that the behaviour of clerics was especially poor following the Black Death (107-10), and that after the Second Pestilence of 1360-1, women behaved badly, and abandoned all morals in sexual matters (150). John of Reading articulated the typical lament of moralists following the Black Death: "Proh dolor! quamcito gentes vindictae Dei oblatae, quoniam propter peccata hominum, ut creditur, praedicta pestilentia genus humanum infici ac interire adeo permisit, ut pene superstites in fato lapsorum cadavera humare sufficerent, non debita transgressionem offensae transibant multa" ("But alas, how quickly people forget the vengeance of God. It was because of the sins of men, or so it was believed, that God allowed the human race to be poisoned and destroyed by the said pestilence to such an extent that there were scarcely enough survivors to bury the bodies, but people did not turn away from their despicable crimes"; 110; trans. Horrox 75).

²⁰⁶ John's of Reading's evocative reference to there not being enough living to bury the dead (see above, n. 205) derives quite closely—directly or through an intermediary text—from Bede's description in his *Historia ecclesiastica* (I. 14) of the plague which struck England in the mid-fifth century: "subito corruptae mentis homines acerba pestis corripuit, quae in brevi tantam ejus multitudinem stravit, ut ne sepeliendis quidem mortuis vivi sufficerent" ("on a sudden, a severe plague fell upon that corrupt generation, which soon destroyed such numbers of them, that the living were scarcely sufficient to bury the dead"; *Historia ecclesiastica* 68; trans. 69). Knighton employs a variation of the same phrase and attributes it to Bede (100; trans. Martin 101). John's of Reading's lament that, even when faced with the clear rebuke for their sin, people persisted in their sinful ways, also compares well with Bede, who wrote: "dem suorum nec timore mortis hi, qui supererant, a morte animae, qua peccando sternebantur, revocari poterant" ("those that survived [the plague] could not be withdrawn from the spiritual death, which their sins had incurred, either by the death of their friends, or the fear of their own"; *Historia ecclesiastica* 70; trans. 71).

in sharp falls in moral standards,” because for them, “history, properly speaking, consisted of nothing else.”²⁰⁷ Chronicling history from Creation to the End of Days, historical sources often evince what G.G. Coulton calls “the usual medieval mirage,” namely the “conviction that mankind was going steadily from bad to worse as time went on.”²⁰⁸ Furthermore, to the extent that chroniclers noted the basic outlines of the scientific explanations of the plague (they did not go into great detail)—for example, that it is spread by poisonous or corrupt air—they were in effect reporting the wisdom of the ancients located textually in the Hippocratic Corpus.

Classical literary works also bore witness to the plague in ways that resonate strongly—and possibly even informed—later historical accounts. Book VII of Ovid’s *Metamorphoses*, for example, describes a plague in Aegina which might easily, with a few substitutions, describe the Black Death. In the context of the origin story of the Myrmidons, king Aeacus recounts that a plague was sent by Juno as punishment for his mother Aegina. It was spread by air, resisted “arte medendi” (“the art of healing”; VII. 526), and caused sudden, gruesome death, killing so many that there could be no proper burials for the dead, who outnumbered the living (VII. 522-613).²⁰⁹ Notably, as is also noted in medieval accounts of plague, it brought out the worst in those infected, for “indulgent animis” (“they indulged their desires”; VII. 566). John of Reading, writing about the Second Pestilence, noted similarly that “[p]ostea vero multi cujuscunque status, gradus, aut ordinis de lapsu carnis qualicunque non curabant, fornicationem, incestum, seu adulterium ludum reputantes non peccatum” (“Afterwards many, regardless of status,

²⁰⁷ Pearsall, *Life of Geoffrey Chaucer* 26.

²⁰⁸ Coulton 495.

²⁰⁹ Cf. the historical *topos* of insufficient living to bury the dead in Bede, John of Reading, and Henry Knighton (see above, n. 206).

class or degree, no longer worried about sexual lapses, for they now regarded fornication, incest or adultery as a game rather than a sin”).²¹⁰ Giovanni Boccaccio also represented an analogous decline in morality following the Black Death in his *Decameron*.²¹¹ Chaucer’s decision to emphasize the connection between sinful behaviour and plague finds precedent in older historical and literary conventions for bearing witness to the plague.

The Pardoner’s *exemplum* of sinful behaviour in a time of pestilence begins in a tavern, where the rioters are gathered for an early morning drink and indulging their sinful desires. A ringing bell signals that someone has died, and a servant informs the revelers,

He was, pardee, an old felawe of youres,
 And sodenly he was yslayn to-nyght,
 Fordronke, as he sat on his bench upright
 Ther cam a privee theef men clepeth Deeth
 That in this contree al the peple sleeth,
 And with his spere he smoot his herte atwo,
 And wente his weye withouten wordes mo.
 He hath a thousand slayn this pestilence.
 And maister, er ye come in his presence,
 Me thynketh that it were necessarie
 For to be war of swich an adversarie.
 Beth redy for to meete hym everemoore

²¹⁰ John of Reading 150; trans. Horrox 87-88. Cf. Bede 54-55.

²¹¹ Boccaccio, *Il Decamerone*, “Introduzione” (pp. 11-45).

Thus taughte me my dame; I sey namoore. (VI. 672-84)

Death, in the form of pestilence, comes like a thief, therefore it behooves the revelers to be “redy for to meete” him at any time—that is, to live lives according to the doctrine provided in the Parson’s Tale, or at the very least prepare their souls by the methods described in the *Ars moriendi*. The identification of Death as a thief (which is repeated in VI. 759) recalls the counsel provided by Thomas Brinton in a sermon on crises including the plague, in which he enjoins his audience to be watchful against death, which comes unexpected, like a thief, as it is figured in the third chapter of the Apocalypse of Saint John 3:3.²¹² Instead of preparing to meet death, however, the rioters set out on a reckless quest to obtain a singular end, which they articulate as an oath: “Deeth shal be deed” (VI. 710). The rioters’ quest to kill death places them in opposition with Christ, for—as Larry Scanlon has noted—the rioters’ blasphemous oath to kill death amounts to a literalization and debasement of Christ’s powers. It is no less than “a perverted desire for the redemptive power of Christ.”²¹³

But the rioters are diverted from their quest to kill Death, and instead walk a “crooked wey” (VI. 761) toward a cache of gold pointed to by an Old Man who is seeking his own physical death.²¹⁴ The youngest rioter goes on an errand to fetch food while the others stay to guard the treasure; as soon as their companion has left, the remaining two rioters plot to murder him so that they will be able to divide the treasure two ways. Meanwhile, the young man, influenced by the Devil (VI. 844), goes to an apothecary’s

²¹² Brinton 323; trans. Horrox 144-5.

²¹³ Scanlon, *Narrative, Authority and Power* 199; cf. C. Lewis 156. For the biblical *loci*, see Hosea 13:14 and 1 Corinthians 15:54-7.

²¹⁴ The Old Man is Chaucer’s version of the figure of the hermit, a central character in a particular strain of the “Three Treasure Finders” narrative: cf. especially “Exemplum 1” (Hamel, ed. 286-89) and “Novella” (Ibid. 290-95). In these narratives, he flees from the gold, which he identifies with death. Cf. also the excerpt from Maximianus’ *Elegy* in Hamel, ed. 312-19.

shop (VI. 852-67)—an element which hints at the satiric topic of physician-apothecary collusion—to purchase poison, with the intent of murdering the two others and claiming the gold for himself (VI. 837-50).²¹⁵ His companions having developed an analogous plan, he is promptly murdered upon his return (VI. 880-81), and shortly after the remaining two unintentionally drink the poison concocted by the apothecary (VI. 871-2). “Avyccen [Avicenna] / Wroot never in no canon, ne in no fen [i.e., the divisions of that text],” recounts the Pardoner, “Mo wonder signes of empoisonyng” (VI. 889-91). Here, the Pardoner makes specific reference, not only to Avicenna, whose name was well known, but specifically to his major medical work, the *Canon medicinae*.²¹⁶

As Celia Lewis has observed, the quest to kill death “represents a mocking critique of the storytellers’ healing pilgrimage,” as the rioters begin from a tavern and journey toward an unprepared death in sin (a fate that was especially to be feared in a time when the plague could strike suddenly), while the pilgrims also travel from a tavern, hopefully towards eternal life in the New Jerusalem.²¹⁷ The Pardoner encourages his listeners to see themselves reflected in his tale, but he himself is reflected in his own spiritually sick characters, as he is guilty of the sins of false oaths and avarice, and he debases and literalizes the healing power of Christ by locating it in the physical objects that are his pardons. His prescribed route to salvation is, like the path taken by the rioters in his narrative, a “crooked wey” that leads to death.

Of particular interest here is the tale’s resonance with a species of anti-physician satire which casts physicians in competition with God. Satirists charged physicians with

²¹⁵ The reference to an apothecary is not found in the earlier sermon *exempla*, but it is in a sixteenth-century Italian play (*Rappresentazione di Sant’ Antonio* [Hamel, ed. 302-5, lines 178-207]). Trower notes that the reference to an apothecary in the Pardoner’s Tale resonates with the mention of apothecaries in the Physician’s portrait (71).

²¹⁶ See Avicenna, *Liber canonis* Bk. 4, fen 6, for descriptions of poisons and their antidotes.

²¹⁷ C. Lewis 156; cf. Johnson 59-60.

striving for the same goal as the rioters, namely that “Deeth,” which comes in the form of the illness of pestilence in the narrative, “shal be deed.” We have already encountered the conventional figure of the healer who cannot heal, and we have seen that physicians were careful not to claim credit for healing that came from God. The *topos* of the physician’s battle against death—either their own or their patient’s—subjected practitioners of the healing arts to an even severer critique. A very basic example of this *topos* is found in the *Roman de la Rose*, in which the great physicians’ attempts to escape the allegorical figure of Death are depicted as yet another failure to heal:

[L]ors va quan qu’el tient depecent
et s’il peuent outre passer,
queurt ele après san soi lasser
tant qu’el les tient en ses lians
maugré touz les fisicians.

Et les fisiciens meïsmes,
onc nul eschaper n’an veïsmes,
pas Ypocras ne Galian,
tant fussent bon fisician;

Rasi, Constantin, Avicenne
li ront lessiee la couenne[.] (15922-32)

She destroys all she catches, and if they manage to get away she is tireless in her pursuit, until, in spite of all the physicians, she has them in thrall. As for the physicians themselves, we have not seen a single one escape, not

even Hippocrates or Galen, however skilled they were. Rhases,
Constantine, and Avicenna have left her their skins.²¹⁸

In this section of the *Roman*, death is portrayed as wrecking havoc on the world, a description that resonates with the figure of Death who slays thousands in the Pardoner's Tale. The famous Greek and Arabic physicians, and Constantine, the translator who brought the medical tradition they represent to the Latin West, are all insufficiently skilled at the healing arts to overcome the natural force of death. This same commonplace is also found in the estates satire, *Lamentations* of Matheolus (611-13), and in an anonymous fourteenth-century poem on the art of the physician.²¹⁹ The latter text includes these lines:

A mortis cede subito, Medicina, recede.
Tunc Medicina perit, cum mors sua debita querit.
Si mors tardari posset medicoque levare,
Viveret Archigenes, Ypocras necnon Galienus:
Cum medicus moritur, tun mortis gloria scitur!
But quick! draw back from Death's fell sway.
Or perish, medicine, when Death demands its due.
If Death could be delayed or cured by you,
Then Galen, Archigenes, and Hippocrates
Would be alive. Know Death's mortality
When doctors die! (6-10; trans. 6-11)

²¹⁸ Trans. Horgan 246-7.

²¹⁹ Yates, ed. and trans. 449-50.

This poem dramatizes the conflict between the physician's art and the natural force of death, pointing out that although medicine was given to physicians by God, it is most properly a helpmate to Nature (13-14) because it alleviates suffering and "kills" illnesses: through medicine, "perit omnis morbus inanis" ("every ill falls dead away"; 5, cf. 1-5).

Another representation of physicians' conflict with the figure of Death is found in Lydgate's *Danse Macabre*, which is a translation of a French poem on the Dance of Death motif that became popular in the fifteenth century. The Dance of Death is related to other forms of *memento mori* whose use increased after the Black Death, such as the older Three Living and the Three Dead motif that informs the Pardoner's Tale.²²⁰ In Lydgate's version, Death warns the Physician, "Aȝeyne my might | ȝowre crafte mai not endure" (422). The Physician is cowed, forced to conclude that, although (like Chaucer's Physician) he is well versed in "In speculatif / & also in pratike" (427), and—notably—has worked hard to find a cure for plague in particular (428-30), "A-ȝens dethe / is worth no medicine" (432).

A more involved literary representation of a physician's competition with death is found in Henry Lovelich's *History of the Holy Grail* (mid-15th c.), which is a translation of Robert de Borron's version of the grail legend (c. 1180-1200). In the chapter on "The History of the Physician Ypocras," the great physician is cast as the protagonist in a number of romantic quests, several of which involve great feats of healing.²²¹ Hippocrates' skills in this regard are explicitly contrasted with Christ's, whose miracles he hears about second hand. Whereas Christ can actually raise the dead, however, Hippocrates, although he is a great healer, can only deceive people into believing that he

²²⁰ Pearsall, *John Lydgate* 177-9. For the Three Living and the Three Dead motif, see Binski 134-38. For the increased interest in motifs of *memento mori* after the Black Death, see Platt 151.

²²¹ Lovelich, EETS ES 28, 20-38.

can do so by means of clever trickery (445-80; cf. 13-62). Late in the narrative, Hippocrates goes on a journey to meet Christ, to see once and for all who is the better healer (383-444), but he abandons his quest in favour of fame and wealth, claiming credit for raising a Persian king's son from the dead, although in reality the boy was merely ill (445-80).²²² Hippocrates remains in Persia for some time, where he is worshipped like a god (480; cf. 77, 108), and marries the king's daughter (485). The couple retires to an opulent castle, where they live surrounded by riches (512-20). But Hippocrates' ill-gotten success is short-lived, as his wife poisons him, provoking an antifeminist moral on the part of the narrator about the guile of women (627-32). In this narrative, Hippocrates is cast in direct competition with Christ, even to the point of being revered as a god himself. Although Hippocrates sets out to meet Christ, he chooses to remain a pagan, and ultimately cannot forestall his own death by poison—a fate which is brought about by his own dissemblance, avarice, and pride. The narrative resonates with standard criticisms of physicians. For example, John of Salisbury writes: “Cum eos audio, uidentur mihi posse mortuos suscitare, nec Esculapio Mercurioque creduntur inferiores” (“When I hear them talk I fancy that they can raise the dead and are in no way inferior to either Aesculapius or Mercury”).²²³ It is physicians' prideful arrogance that bothers John the most. Indeed, from the Parson's perspective, an attempt to kill death, the proper responsibility of Christ, would constitute the ultimate example of “presumpcioun” (“whan a man undertaketh an

²²² Although the text is slightly ambiguous on whether the healing is genuine, the scene strongly parallels a moment near the beginning of the text when Hippocrates clearly takes credit (and similarly invites comparisons with a god) for ‘curing death’ in a patient who was not actually dead (13-62). Moreover, the scene occurs directly after one which contrasts Hippocrates' and Christ's healing abilities with specific reference to raising the dead. There is little doubt that the healing of the king's son is yet another of Hippocrates' many clever japes.

²²³ John of Salisbury, *Policraticus* 1: II. 29; trans Cholmeley 97.

emprise that hym oghte nat do, or elles that he may nat do" [X. 402]), one of the "twigges" of the sin of Pride (X. 390).

The Pardoner's satire of the quest to kill Death in the form of pestilence represents an oblique slight against the Physician, who upon entering his profession sought out to kill death but was sidetracked by a love of gold, to the ultimate detriment of his own spiritual health. Like the youngest rioter, instead of seeking after death, the Physician colludes with apothecaries to craft poisons to his own financial advantage; and also like the rioter, he poisons his companions (i.e. his fellow pilgrims), and suffers his own (spiritual) death. As the Host had reacted adversely to the Physician's Tale, he also responds angrily to the Pardoner's charge that he is the most sinful of the pilgrims (VI. 941-59), occasioning another dialogue that extends the discursive and thematic world of the tale into the pilgrimage narrative. Perhaps, as the Physician makes his audience ill, the Pardoner's false healing through relics and pardons threatens to damage the spiritual health of the society that is represented by the pilgrimage group, increasing the level of collective sin and encouraging another visitation of plague.²²⁴ In any event, the Pardoner seems to recognize the Physician's sins because they are also his own, and his tale of plague, greed, gold, apothecary collusion, and the quest for death, are slights at his professional rival and fellow sinner.

The Physician, the Pardoner, and their respective tales evince several important correspondences which suggest that Chaucer intended the tale-telling pilgrims of Fragment VI to be considered spiritually sick and ineffectual healers. Like the Physician, the Pardoner is a healer whose methods for bringing about wellness are ineffective, and

²²⁴ Beidler suggests that the Host reacts violently to the Pardoner because the latter could potentially increase the pilgrims' risk of contracting the pestilence (263).

whose presence on the pilgrimage group even threatens its collective goal of spiritual wellness. These professional rivals, despite their mastery of healing discourses, cannot offer actual healing, and certainly cannot compete with the spiritual course laid out in the Parson's Tale.

7. Conclusion

In this chapter, I have demonstrated that Chaucer articulated a criticism of academic medicine by representing it in its own "termes," in relation to the mode of anti-physician satire and invective, and in the context of an exploration of the themes of sickness and healing in post-Black Death England. Chaucer's Physician is a site of contact between a tradition of Latin medical learning and an English language and culture desperately in search for legitimate healing that, Chaucer seems to believe, such a tradition could not provide. The defining moment of the Physician's engagement in the competition among healers occurs after he has told his tale, when the Host facetiously struggles to "speke in terme" (VI. 311)—that is, to employ academic medical discourse like the Physician—in effect satirically dramatizing the phenomenon of the Englishing of medicine. The Host, arbiter of the storytelling competition which is the conceit at the heart of the *Canterbury Tales*, not only emotionally evaluates the Physician's Tale, he also provides a critical reading of the pilgrim's discursive practices, and draws attention to the potential damage that a university-educated *medicus* with nefarious motives could do simply by speaking "in terme."

The healing competition involving the Physician, the Parson, and the Pardoner, allows Chaucer to focus critiques of the various species of healing available in his age, and his construction of these characters in relation to contemporary beliefs about the

pestilence show that the pandemic was an important element in the larger thematic discussions of sickness and healing which run through the *Canterbury Tales*. The best medicine for the pilgrims, and—Chaucer suggests—for the English people who are represented by the pilgrimage group, is spiritual. The maintenance of spiritual health can be accomplished by eschewing the transitory goods of Fortune—of which, the Parson says, physical health is one, and which are unstable—and privileging the divine and the eternal with the Parson. Chaucer also helps his audience manage their own physical healthcare by illuminating the failings and the discourses of medical healers. After encountering Chaucer’s physician, one might well be less impressed by the Good Story, and more inclined to manage one’s own health by simpler and less expensive means. Chaucer’s criticisms, and the criticisms of his fellow satirists, mattered to the medical profession because they simultaneously represented and helped to shape public opinion. In fact, some physicians were at pains to distance themselves from the pervasive stereotypes, perpetuated in literary and nonliterary texts, that had followed them around at least since Hippocrates complained about the ostentatious attire and overblown rhetoric of physicians.²²⁵

Faye Getz has offered the most incisive big-picture assessment of Chaucer’s views on contemporary medicine, writing that despite his “complex usage of medical language and allusion,” he generally opposes medical approaches to healing because “such concerns lead to folly and vanity.”²²⁶ She continues,

Chaucer’s beliefs about physiology seem to have been those of the Stoic philosopher and not the physician. The sorrows and ills of this world are

²²⁵ French 17.

²²⁶ Getz, *Medicine in the English Middle Ages* 88.

only transitory. They can best be endured by practicing dietary and economic moderation. The eternal world, represented by the stars, is the proper object of the educated person's interest, and estrangement from it the only real disease.²²⁷

In this chapter, we encountered a poet updating existing satiric and literary traditions (the estates satire genre, anti-physician satire) in the light of contemporary historical events including the infiltration of medical discourse into the language and the varied impact of the major medical event of the later-medieval era, the recurring threat of pestilence. In the next chapter, we will see that Getz's bold assessment that Chaucer distrusts contemporary medicine in general is indeed well founded, as we examine the poet's take on the major literary illness of the age, the condition of unwanted or morbid love.

²²⁷ Ibid. 89-90.

CHAPTER 2

A Contradiction in “Termes”: The Englishing of *Hereos* in the Knight’s Tale

Afferat ipse licet sacras Epidaurius herbas,

sanabit nulla vulnera cordis ope.

Let the Epidaurian [i.e. Aesculapius] in person bring holy herbs,

he will have no skill with which to heal wounds of the heart.

—Ovid, *Ex Ponto*, I. III. 21–2

In *Troilus and Criseyde*, Pandarus counsels the lovesick Troilus on how to write an effective love letter to his beloved Criseyde: “Ne jompre [jumble] ek no discordant thyng yfeere [together],” he cautions, “as thus, to usen termes of phisik / In loves termes” (II. 1037-9). While the principle of marrying “matere” with “forme” (II. 1038-9) which Pandarus advocates is sound, the example he furnishes to illustrate it gives pause, for in the medieval era, writing about love typically meant using medical tropes and metaphors. In this ironic passage, Chaucer draws attention to his own discordant amplification and medicalization of these literary elements; to his jumbling together of medical “matere” and “termes” with “loves termes,” within literary “formes.” This chapter examines how he undertook this experiment in the Knight’s Tale, and why.

In the present chapter we shift our focus from the major medical event of the fourteenth century—the Black Death and subsequent plagues—to the illness that figured most prominently in the imaginative literature of the age, one that (in contrast) Chaucer identifies explicitly and represents frequently: the psychosomatic condition of lovesickness, known to medieval physicians as *amor hereos*. This was an especially popular topic, written about substantively by seven of the medical authorities known to

the pilgrim Physician.¹ Despite the high profile of the illness in contemporary Latin medical literature, it was poorly represented in the Middle English medical texts being produced in unprecedented numbers in Chaucer's time. A survey of specialist treatises and works in the remedybook tradition yields only one technical discussion of lovesickness: the digression on *hereos* in Henry Daniel's *Liber uricrisiarum*.

In this chapter I show the theory of *hereos* was made available in the English language, not chiefly in medical texts such as Henry Daniel's, but in the literary form of Chaucer's Knight's Tale. Not only do I conceive of the description of Arcite's lovesickness in lines 1361-79 as a *de facto* medical treatise on *hereos*, I posit that it was in effect the most widely disseminated work on the subject in the English vernacular. The passage on the "loveris maladye / Of Hereos" (1373-74), at once medical and literary in genre, and technical and poetic in language and style, defies easy categorization in a manner that evinces the multivalence and complexity of the concept of lovesickness itself. I will show that, for Chaucer, the passage was above all a satiric jab at the medical profession and its discourse, and an occasion to explore what happens when "discordant thyngs" are confused, and literary lovers become medical patients.

This chapter has five sections. Section 1 demonstrates that Chaucer was doing something novel and important when he represented Arcite's malady in medical terms, working in a learned way with the multivalent and metaphorically versatile discourse of lovesickness. Indeed, medieval literary texts did not typically pathologize the condition to the degree that Chaucer did. As I show in Section 2, this was because medical and literary discourses on lovesickness, while superficially similar, were in fact based on mutually

¹ *Viz.* Galen (in effect), Rhazes, Haly Abbas, Avicenna, Constantine the African (who translated key Arabic works on lovesickness), Bernard of Gordon, and the Englishman John of Gaddesden (see *CT*, I. 429-34).

exclusive notions of the condition—a tension creatively explored by Ovid. Section 3 undertakes an historical analysis of the key moments in the medical and literary histories of lovesickness after Ovid. There was a debate among medical authors regarding all aspects of the malady, therefore Chaucer could not merely have mirrored a preexisting discourse in his poetry, but had to choose elements from among the various approaches to the disease. Section 4 narrows the critical focus, looking specifically at the subject of lovesickness in Chaucer's England and in the English vernacular, identifying the texts from which the poet is likely to have derived his medical knowledge. Finally, in Section 5, I return to the Knight's Tale, reassessing the sources and significance of Chaucer's ironic representation of morbid love.

1. Arcite's Malady

Chaucer's description of Arcite's lovesickness reads:

His slep, his mete, his drynke, is hym biraft,
That lene he wex and drye as is a shaft;
His eyen holwe and grisly to biholde,
His hewe falow and pale as asshen colde,
And solitarie he was and evere allone,
And waillynge al the nyght, makynge his mone;
And if he herde song or instrument,
Thanne wolde he wepe, he myghte nat be stent.
So feble eek were his spiritz, and so lowe,
And chaunged so, that no man koude knowe
His speche nor his voys, though men it herde.

And in his geere for al the world he ferde

Nat oonly lik the loveris maladye

Of Hereos, but rather lyk manye, *Mania...*²

Engendred of humour malencolik

Biforen, in his celle fantastik.

And shortly, turned was al up so down

Bothe habit and eek disposicioun

Of hym, this woful loveire daun Arcite. (1361-79)

The boundaries of the passage on Arcite's malady are marked in the Hengwrt manuscript by paraph marks (¶) at the first line of the passage, and immediately following it, at line 1380.³ Chaucer constructed these lines in part from an analogous passage in Giovanni Boccaccio's *Il Teseida*, the most proximate literary source for the tale:

E ben che di piú cose e' fosse afflitto

e che di viver gli giovasse poco,

sopra ogn'altra cosa era trafitto

d'amor nel core, e non trovava loco,

e giorno e notte senza alcun rispitto

sospir gettava caldi come foco,

e lagrimando sovente doleasi,

e ben nel viso il suo dolor pareasi.

Egli era tutto quanto divenuto

si magro, che assai agevolmente

² The gloss is found in the MS Hengwrt, fol. 19^r (Chaucer, *The Canterbury Tales: A Facsimile and Transcription of the Hengwrt Manuscript*). I reproduce the *Riverside Chaucer* text, here.

³ *Ibid.*, fol. 19^r.

ciascun suo osso si saria veduto,
né credo ch'Erisitone altramente
fosse nel viso ch'esso paruto
nel tempo della sua fame dolente;
e non pur solamente pallido era,
ma la sua pelle pareva quasi nera.

E nella testa appena si vedeano
gli occhi dolenti; e le guance, lanute
di folto pelo e nuovo, non pareano;
e le sue ciglia pelose e acute
a riguardare orribile il faceano,
le come tutte rigide e irsute;
e sí era del tutto trasmutato,
che nullo non l'avria raffigurato.

La voce similmente era fuggita
e ancora la forza corporale;
per che a tutti una cosa reddita
qua su di sopra dal chiostro infernale
parea, piú tosto ch'altra stata in vita;
né la cagion onde venia tal male
giammai da lui nessun saputa avea,
ma una per un'altra ne dicea.

Since he was afflicted by many sorrows, he took small delight in being
alive. Above all, his heart was pierced by Love and he found no rest. Day

and night, without respite, he poured forth sighs as hot as fire. He often expressed his grief by tears, and his sorrow showed clearly in his face.

He had become so thin that every one of his bones was easily visible. I do not think that the face of Erysichthon during the time of his severe pangs of hunger was any different. He was not only pale, but his skin looked almost black; and his melancholy eyes were barely visible in his head. His cheeks, covered with the down of their new growth, were sunken, and his thick and sharp brows gave him a fearsome appearance, while his locks were stiff and shaggy. He was more completely changed, than anyone could have imagined.

His voice had diminished, too, and so had his physical strength, so that he seemed to everyone to have come back to the upper regions from the prison of hell more than from any place in this life. The cause from which his afflictions sprang was never known by anyone, for he said one thing for another.⁴

Both Chaucer's and Boccaccio's heroes suffer from depression, sleeplessness, anorexia, sunken eyes, a changed voice, and other dramatic physical changes attendant upon their condition. There are significant differences between the two passages, however. Chief among them is Chaucer's use of medical theory and terminology in diagnosing the malady as *hereos*, establishing its somatic and physiological basis, and identifying the brain as the principal member affected.

Indeed, the modern study of medical lovesickness began with the examination of this very passage in John Livingston Lowes' classic article on "The Loveres Maladye of

⁴ *Teseida delle nozze d'Emelia* IV. 26-29; trans. McCoy.

Hereos” in *Modern Philology* (1914), which showed that Chaucer recast material from the *Teseida* in the light of contemporary medical theory.⁵ Lowes was also the first to show in an English-language study that “Hereos” was not merely a corruption of “Eros,” but instead the technical medical term for diseased love, a combination of *eros* and *herus* mixed with the Arabic *‘ishk*.⁶ Moreover, he provided a comprehensive historical overview of medieval medical approaches to the illness, with the purpose of reconstructing in minute detail, line-by-line, the scientific basis for Arcite’s malady.⁷ In total, Lowes cited ten medical texts to explicate the passage,⁸ concluding that Chaucer’s use of his medical sources was especially accurate.⁹ His source analysis is taken as definitive.¹⁰ Indeed, most studies on lovesickness and Chaucer have looked, not at the Knight’s Tale, but instead at another reworking of a Boccaccian text, *Troilus and Criseyde*.¹¹ Only Massimo Ciavolella has built substantively on Lowes’ findings with respect to the Knight’s Tale specifically,¹² and he fully endorses his predecessor’s conclusions in noting that, “the

⁵ Lowes (esp. 525-28).

⁶ Lowes 492-95, 521-24. Lowes was unaware of Crohns’ 1905 article, which provided an introduction to the subject of love as disease and briefly examined the etymology of *hereos* (78-9). After Lowes, the etymology of *hereos* was explored substantively by McVaugh, Introduction 14-15; Wack, *Lovesickness* 182-85; and briefly by Heffernan, “Chaucer’s *Troilus and Criseyde*” 295, and Boase, *The Origin and Meaning of Courtly Love* 132-3.

⁷ Lowes 525-28.

⁸ *Ibid.*

⁹ *Ibid.* 528.

¹⁰ E.g., by Ciavolella, “Mediaeval Medicine” 223, 235; cf. Heffernan, “Chaucer’s *Troilus and Criseyde*” 294, 295.

¹¹ D. W. Robertson submitted the topic of lovesickness in Chaucer to his exegetical hermeneutics within a broader study of love on the Middle Ages, in which interpretive frame the malady suggested the sinfulness of libidinous love (*Preface to Chaucer* 472-503); Wack responded obliquely to Robertson’s arguments, arguing that “the medical model of love provided Chaucer with a materialistic, deterministic, and ethically neutral view of love” (“Lovesickness in *Troilus*” 55); Otten placed Troilus’s lovesickness in its medical context, stressing the importance of the division between celestial and earthly love in the poem (“The Love-Sickness of Troilus”); Gamble compared Chaucer’s representation of lovesickness in the *Troilus* to Boccaccio’s in the *Filostrato* (“Troilus Philocaptus: A Case Study in *Amor Hereos*”); Heffernan examined the relationship between “courtly love” and medical texts on *amor hereos* in the *Troilus* (“Chaucer’s *Troilus and Criseyde*”); and, Gilles examined the subject with reference to the increased preoccupation with death and illness following the Black Death (“Love and Disease in Chaucer’s *Troilus and Criseyde*”).

¹² Ciavolella, “Mediaeval Medicine.”

descriptions of Arcite's love symptoms is parallel, almost word for word, with descriptions found in the chapters on love" in medical works on *hereos*.¹³

Lowes admits that he cannot demonstrate which of the ten Latin medical texts he compares with the passage in the Knight's Tale Chaucer actually knew, suggesting instead that they would all have made "rather fascinating reading" for the poet.¹⁴ Similarly, although he is more discriminating in his selection of probable sources, Ciavolella posits that both Boccaccio and Chaucer "in all likelihood" were familiar with several weighty and authoritative medical texts on the subject.¹⁵ Ciavolella also tantalizingly suggests that one work in particular, Bernard of Gordon's *Lilium medicinae*, may have been the most important among Chaucer's medical sources, but he does not offer evidence in support of his claim.¹⁶ I perform this task in Section 4 of this chapter. More broadly, that section also isolates a small group of *probable* sources from a large field of *possible* ones. Identifying Chaucer's sources, in effect, establishes the medical pedigree of the poet's contribution to the Middle English medical discourse on *hereos*.

The question of where Chaucer acquired his medical knowledge is further complicated by the fact that Boccaccio himself—as he states in the *Chiose* to the *Teseida*—was influenced by the physician Dino del Garbo's medical gloss on Guido Cavalcanti's *canzone d'amore*, "Donna mi priega."¹⁷ Thus the only medical source that

¹³ Ibid. 223.

¹⁴ Lowes 526-28.

¹⁵ Ciavolella, "Mediaeval Medicine" 225. Heffernan is cautious in claiming that "Chaucer probably had access to some of the material" on *hereos* ("Chaucer's *Troilus and Criseyde*" 306).

¹⁶ Ciavolella, "Mediaeval Medicine" 236.

¹⁷ Boccaccio directs readers interested in learning more about diseased love to Cavalcanti's poem and to the medical gloss by Dino del Garbo. After describing a number of conditions which increase the predisposition to love, Boccaccio writes in the *Chiose*: "Il quale amore volere monstrare come per le sopradette cose si generi in noi [...] chi desidera di vederlo, legga la canzone di Guido Cavalcanti '*Donna mi priega etc.*', e la chiose che sopra vi fece Maestro Dino del Garbo. Dice adunque sommariamete che questo amore è una passione nata nell'anima per alcuna cosa piaciuta, la quale ferventissimamente fa desiderare di piacere alla detta cosa piaciuta e di poterla avere" ("It is not my intention to show how love is generated in us through

Chaucer is *certain* to have engaged with, albeit indirectly, was a medical gloss on a poem, filtered through the medium of another poem. Furthermore, just as Chaucer overtly medicalized an already medically inspired passage from Boccaccio's poem, Cavalcanti's poem seems itself to have invited Dino's commentary because it, too, already drew somewhat from contemporary science.¹⁸ Dino's gloss does not, however, contain the necessary material to explain Chaucer's additions.¹⁹

Direct exchanges between poetry and medicine only go partway to explaining the obvious similarities between representations of lovesickness in literary texts and medical writings. Lowes posited that these similarities owed to the "*mutual* influence" of love poetry and medical theories on *hereos*, which were engaged in interdiscursive exchange by means of "osmosis."²⁰ He did not elaborate on his observation, but it is likely that he had in mind the context of the later eleventh and twelfth centuries (sometimes called the twelfth-century renaissance), when the *aetas Ovidiana*—the resurgence in popularity of Ovid's works—coincided with the rapid translation and transmission of Arabic medicine into the medieval West.²¹ The medical discourse of lovesickness as it was known to Chaucer and his audience was first introduced to the medieval West in Constantine the

the forementioned things [...] Whoever wishes to see this, let him read the song of Guido Cavalcanti, 'The Lady implores me, etc.,' and the glosses that Master Dino del Garbo wrote for it. He says, briefly, that this Love is a passion born in the soul through any pleasurable thing which makes the soul desire fervently to please the said pleasurable thing and to be able to possess it" (*Teseida* 419; trans. McCoy 200). Ciavolella ("Mediaeval Medicine" 234-5) and McVaugh (Introduction 39) explore the significance of this passage to the medical themes and content of the poem.

¹⁸ Bird 151.

¹⁹ Neither the poem nor its gloss supplied Chaucer with the *signae*, humoral basis, connection with *mania*, or the somatic and psychological effects of *hereos*. See Cavalcanti's poem, and del Garbo's gloss, in Bird 155-59 and 160-74, respectively.

²⁰ Lowes 543 (emphasis in original). For the history of lovesickness, see: Wack, *Lovesickness* (which remains the authoritative work on the subject); Ciavolella, *La "malattia d'amore" dall'Antichità al Medioevo*; McVaugh, Introduction to Arnald of Villanova's *Tractatus de amore hereoico*; and Beecher and Ciavolella's extensive critical introduction to Jacques Ferrand, *A Treatise on Lovesickness* (Part I, esp. 39-82).

²¹ For Ovid's massive influence for the Middle Ages beginning in the twelfth century, see Fyler 411; Dimmick; and Hexter, Introduction.

African's translations of Arabic texts on *ishk* (love-longing) and on a species of melancholic love likened to *quṭrub* (lycanthropy). In language similar to Lowes', Mary Wack has argued that during this time there was a process of "mutual reinforcement" whereby Ovid's amatory fiction "proved a locus for interchange between medical and literary views of love" and "contributed to the swift acceptance of the Arabic medical tradition."²² In effect, Ovid's writings equipped audiences to think about love as the Arab physicians did (following Byzantine authors)—that is, as an actual disease.

Michael R. McVaugh has observed that poets were generally uninterested in *overtly* pathologizing lovesickness, and that "[o]nly in the fourteenth century, apparently, did the lines"—between medical and literary discourses on lovesickness—"begin to break down."²³ McVaugh makes these remarks in passing, and substantiates them by pointing briefly to the mix of medical and literary sources (namely, Cavalcanti, del Garbo, and Boccaccio) informing the passage on Arcite's malady in the Knight's Tale.²⁴ Although subsequent studies have not noticed it, McVaugh's claim is important: indeed, there appear to be very few examples of poets actually pathologizing painful love in the light of medical theory, or employing specific medical terminology for more than mere ornamentation. Although the two discourses may be read alongside one another in ways that evince discursive exchange, the overt embedding in poetic texts of the theories and vocabulary of *amor hereos* of the kind undertaken by Chaucer in the Knight's Tale was exceedingly uncommon.²⁵ To be sure, even Dino del Garbo's definition of lovesickness

²² Wack, *Lovesickness* 15. Cf. Heffernan's statement that literary and medical representations of lovesickness may be read alongside in "mutually illuminating" ways ("Chaucer's *Troilus and Criseyde*" 306).

²³ McVaugh, Introduction 39.

²⁴ *Ibid.*

²⁵ Heiple, for example, shows that Bernart de Ventadorn, Pierre de Ronsard, Cino da Pistoia, and several other medieval poets depict lovesickness in ways that *resonate* with medical discourse, providing examples

as it is paraphrased by Boccaccio in the *Chiose* to the *Teseida* lacks the specialized vocabulary of Chaucer's passage.²⁶ Indeed, the discourse of *amor hereos* is conspicuous for *not* making its way into English poetry when so many other medical theories—such as dream theories and optics—did, and in significant ways.²⁷

Lowes did not dwell on the question of why Chaucer medicalized literary lovesickness, or whether his having done so might affect our interpretation of the poem, suggesting merely that the passage in question “presupposes an intimate acquaintance on [Chaucer's] part with certain of the prevailing medical views of his day, and [...] serves as another exemplification not only of his keen and insatiable interests, but also of the need and the value of reconstructing his intellectual background.”²⁸ Ciavolella, for his part, contends that while Boccaccio also medicalizes Arcites' malady, he does so in order to present love as “an overwhelming force,” in contrast to Chaucer's ideological and poetic goal of offering “a doctrine of love faithful to the courtly tradition down to the last detail.”²⁹ I offer an alternative reading of Chaucer's poetic use of medical material which casts the poet in a discursive contest with physicians over the very concept of lovesickness. Thus I expand on Wack's observation that the illness served as a “site of contestation” between “priest and physician,”³⁰ that is, a topic that could focus debates

of their use of terms that were shared by physicians and philosophers (58, 59, 60-1). Yet we do not find technical medical terms and theories represented in their work of the same kind or to the same degree as in Chaucer's Knight's Tale.

²⁶ The definition is that “Love is a passion born in the soul through any pleasurable thing which makes the soul desire fervently to please the said pleasurable thing and to be able to possess it” (see above, n. 17). This resembles the ones offered by the medical writer Gerard of Berry and by Andreas Capellanus (who knew of medical approaches to the malady) (Wack, *Lovesickness* 62).

²⁷ For dream theory in English literature, see Kruger, *Dreaming in the Middle Ages*. For optics, see Akbari, *Seeing Through the Veil*.

²⁸ Lowes 528. Although these observations may seem obvious now, they were necessarily not so at the time, and twelve years later Curry would publish an influential study on Chaucer and medicine (*Chaucer and the Mediaeval Sciences*) devoted largely to making the same point.

²⁹ Ciavolella, “Mediaeval Medicine” 237.

³⁰ Wack, *Lovesickness* 7.

between religious and secular views of love specifically, and between the medical profession and Christianity more broadly.

The major precedent for Chaucer's innovative use of medical language in the context of a love story was to be found not in contemporary texts, but in the writings of Ovid, whose influence made the medical and literary discourses of lovesickness viable in the Latin West, and also modeled for the English poet how these discourses could be played off of one another in creative ways. In the following section, I examine the Ovidian codification of both the medical and literary discourses of lovesickness, and address the question of why (as McVaugh noticed) these discourses did not often directly interrelate in substantive ways. In fact, although both discourses underlined the basic notion of love as illness in mutually reinforcing ways, they were founded on mutually *exclusive* understandings of the nature of the malady. Looking at Ovid's poetry reveals why poets generally did not employ medical discourse in their poetry about love, and why Chaucer did.

2. The Pelian Spear: Ovid's Treatment of Lovesickness

Modern scientific research has identified measurable physiological and psychological effects of falling deeply in love which appear to underlie its textual representation in poetry and in medical texts. MRI imaging has shown that the experience of romantic or passionate love produces observable effects in the brain strongly resembling those caused by the use of cocaine.³¹ The experience of painful love has physiological effects: it decreases serotonin levels and produces symptoms which correspond with a number of conditions classified in the *Diagnostic and Statistical*

³¹ Ortigue et al.

Manual of Mental Disorders, or DSM.³² Thus the familiar *singae amoris*, the symptoms of lovesickness recognized by poets and physicians alike—including obsessive desire, insomnia, emotional lability, loss of appetite, and several others—are not solely, or even primarily, features of literary or cultural conventions or their medical-textual analogues.³³

This research explains, in part, why writers of different eras and cultures generally agree on the characteristics of the disease. Take, for example, one of the earliest recorded references to morbid love, an Egyptian love lyric composed before 1149 BC that survives in the Great Papyrus Harris (i.e. British Museum Papyrus 9999):

I lie down at home
And pretend to be ill.
So that my neighbours will come in to see (me),
And my beloved will be with them.
She will make the doctors unnecessary,
for she knows my malady.³⁴

The persona of this short poem, which feels almost modernist in its spare English translation, feigns illness and confines himself to bed in order to make his object of desire aware of his *actual* malady, namely his unrequited and painful love. The system of tropes—patient for lover, sickness for unrequited love, physician for beloved—would become ubiquitous in medieval literature. Interestingly, we find representations of similar

³² Tallis summarizes recent research on lovesickness and shows that although it is not featured in its own category in the DSM, a number of related disorders are (“Crazy For You”).

³³ Symptoms which suggest disorders found in the DSM (American Psychological Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*) include: obsessive fixation on the object of desire to the exclusion of other thoughts and to an extent that interferes with one’s daily life (obsessive-compulsive disorder; International Statistical Classification of Diseases and Related Health Problems code number [ICD] 300.3); increased sense of self-importance, aversion to sleep, single-minded commitment to pursuing sexual gratification (manic episode); disinterest in previously pleasurable activities, aversion to food with weight loss, insomnia, inability to concentrate, thoughts of death (depressive episode); the alternation of mania and depression (bipolar disorder; ICD 296.89).

³⁴ Qtd. in Dronke 10.

manipulative behaviour, involving the exaggeration of the somatic symptoms associated with the psychological distress of frustrated desire, in such diverse texts as the Biblical narrative of Amnon and Tamar (2 Sam. 13:1-20), Ovid's *Ars amatoria* (I. 610-12; 729-38), the *Roman de la Rose* (2492-62), the *Legend of Good Women* (1371-80), and even in Chaucer's *Troilus and Criseyde* (II).³⁵ Indeed, the Egyptian lyric appears to anticipate medieval medical and literary writings on the malady, and yet it is difficult to posit a chain of transmission, direct or otherwise, by which its influence might be traced. And to attempt to do so might risk ignoring a fundamental lesson that modern science has for the study of medieval lovesickness: Representations of the malady are not solely culturally constructed, nor are they rooted merely in the textual sphere; they represent fundamental physiological effects engendered by being sick with love.³⁶ The evidence of these effects at the site of the body, however, was most influentially textualized for medieval authors by Ovid, the *magister amoris*.

When medieval poets represented lovesickness, they made use of a body of conventions which resided at a meeting-place between literature and medicine. In doing this, they tacitly activated an existential conflict between two discourses that held fundamentally opposed views of the disease. By selectively appropriating only those elements of medical discourse which aligned with their creative goals, and by emphatically denying the effectiveness of medical treatments of the disease, poets negotiated, in effect, the very survival of amatory fiction as they knew it. Thus I posit an

³⁵ For the seduction ploy in medieval literature as a meeting-place for medical notions of lovesickness and the *dicta* of "courtly love," see Wack, *Lovesickness* 169.

³⁶ For a discussion of the opposing critical approaches which assert that "diseases like lovesickness are culturally constructed," see Wack, *Lovesickness* xiii.

historical basis for McVaugh's observation that poets did not typically overtly pathologize lovesickness. Conversely, writers of medical texts asserted the effectiveness of medical treatments for lovesickness, combating the cultural perception that it was a disease (sometimes *the one* disease) that could not be treated. And both sides of the debate looked to Ovid for evidence in support of their opposing views.

The *aetas Ovidiana* coincided with the translation and transmission of Arabic medicine throughout the medieval West. Although the constituent elements of lovesickness were not original to Ovid, they came to embody a kind of wisdom about love that took on an aphoristic quality. Roger French has discussed the ways in which the Hippocratic *Aphorisms* provided "unassailable starting points" for the understanding of medicine that generations of physicians interpreted anew according to the most recent medical knowledge.³⁷ Analogously, Ovid's writings on the causes, *signa*, and remedies of love provided a body of wisdom about lovesickness that Western medical writers working during or after the *aetas Ovidiana* did not seek to question, but rather to explain in theoretical terms, and with reference to physiological and psychological processes. French has suggested that one way of looking at the history of medieval medicine is as a narrative of attempts "to explain the medical wisdom of Hippocrates, especially in the *Aphorisms*, with the dialectical apparatus set out by Galen in the *Tegni*."³⁸ So too the history of medical approaches to lovesickness after the twelfth-century could be understood as the attempt to explain the *signa* of love codified in Ovid's *Remedia* and *Ars amatoria*, and restated and revised in works such as Andreas Capellanus's *De amore*, the

³⁷ French 109.

³⁸ Ibid.

anonymous *Pamphilus (De amore)*, and the *Roman de la Rose*, in the light of the medical theories of the day.

Therefore, the Arabic medical discourse of lovesickness was not only Latinized during the twelfth century renaissance: it was also Ovidianized. Western medical writers considered Ovid an important authority on the malady. For example, in their commentaries on Constantine's *Viaticum*, Giles and Peter of Spain both reference Ovid's *Remedia* as authoritative on whether or not wine should be given as a treatment for the disease.³⁹ Moreover, fragments of Ovid's works have been found copied into the margins of Constantine's *Viaticum*, as *exemplum* and commentary.⁴⁰ Bernard of Gordon quotes the *Remedia amoris* five times as an authoritative text in the section on "Amore, qui hereos dicitur" (Love that is called *hereos*) in his *Lilium medicinae*. Bernard also appears to have used Ovid's text in devising the structure of his text, as his references to the poet follow the order in which they appear in their source.⁴¹ An example of secondary transmission may be observed in the work of Gerard of Solo, who incorporated the Ovidian material found in the *Lilium* into his own treatise on the malady.⁴² Medical writers' appropriation of Ovidian material was selective, however, focusing solely on material which corresponded with their view that lovesickness was indeed curable. Indeed, the very survival of a medical discourse on lovesickness depended on audiences believing the knowledge contained in their medical texts.

On the opposing side of the debate, poets looked to Ovid for evidence that the disease was *not* curable by medicinal means. To be sure, if a lovelorn protagonist were to

³⁹ Giles 21-25; Peter of Spain, "Questiones super *Viaticum* (Version B)" 268-70.

⁴⁰ Wack, *Lovesickness* 15.

⁴¹ Bernard of Gordon, *Lilium medicinae* 209, 212. He quotes lines 17-18, 139, 150 and 152, 353, and 441-2 of the *Remedia amoris*, in order. (References to Bernard's text will hereafter be indicated simply by *Lilium*.) I examine Bernard's use of Ovid's *Remedia* references at length in Section 4.a.

⁴² McVaugh, Introduction 37.

obtain effective medical treatment, the very *raison d'être* of amatory fiction as a genre would be called into question. Simply stated, without love-longing, there could be no love poetry. In support of this particular literary perspective, we find resounding throughout Western amatory fiction the *topos* that love is the one sickness outside of the physician's purview. The notion was proverbial. Publilius Syrus's *Sententiae* (1st c. BCE, later expanded by others), a repository of maxims that remained popular in the Middle Ages, codified analogous wisdom: "Amor animi arbitrio sumitur, non ponitur" ("Love starts but is not dropped at will"); "Amor extorqueri non pote, elabi potest" ("Love can't be wrested from one, but may slip away").⁴³ For medieval poets, this idea had its *locus classicus* in the *Metamorphoses*, where Apollo, stricken with unwanted love for Daphne, says,

inuentum medicina meum est, opiferque per orbem

dicor, et herbarum subiecta potentia nobis.

ei mihi, quod nullis amor est sanabilis herbis,

nec prosunt domino, quae prosunt omnibus artes!

Medicine is my invention and I am called throughout the world

Bringer-of-help, and the power of herbs is subject to me.

Ah me, that there are no herbs that can cure love,

that the arts which help all men do not help their master! (I. 521-4)⁴⁴

We find the same sentiment articulated in Ovid's *Epistulae Ex Ponto*, where he writes, "afferat ipse licet sacras Epidaurius herbas, / sanabit nulla vulnera cordis ope" (Let the Epidaurian [i.e. Aesculapius] in person bring holy herbs, he will have no skill with which

⁴³ Publilius Syrus, *Sententiae* 5, 18 (cited in this study by line number).

⁴⁴ We encountered this same scene in Chapter 1, as it is also a classical precedent for "the Physician Who Cannot Heal" *topos*.

to heal wounds of the heart) (I. iii. 21-22).⁴⁵ According to imaginative fiction, lovesickness confounded even the most talented physicians: in the chapter on the “History of the Physician Ypocras” in Henry Lovelich’s Englished version of the grail legend (mid-15th c.), the great physician—who demonstrates quasi-miraculous feats of healing throughout the narrative—falls deathly ill for the love of a woman; he cannot cure himself, nor can other physicians offer help, and he recovers only when his love is reciprocated (173-242).⁴⁶ As we saw in Chapter 1, Lovelich (following Robert de Borron) pairs lovesickness with death as the two conditions that physicians cannot remedy.

Further, in the strongly Ovidian *Roman de la Rose*, the dreamer laments,⁴⁷

Angoissiez fu mout et troblez.

Por le peril qui fu doublez

ne soi que fere ne que dire

ne de ma plaie trover mire,

car por herbe ne por racine

n’en atendoie medicine,

mes vers le bouton tant me traioit

li coers, qui aillors ne beoit. (1719-26)

I was in great trouble and torment, unable, on account of this double

danger, to do or say anything or to find a physician for my wound, for no

⁴⁵ Ovid’s exile writings were well known in the Middle Ages (Hexter 86-8).

⁴⁶ Lovelich, EETS ES 28, 20-38.

⁴⁷ For Ovid’s influence on the *Roman*, see Fyler 414-15. C.S. Lewis articulated well the orthodox view that the *Roman* was an immensely influential text in the Middle Ages, calling it “one of the most ‘successful’ books, in the vulgar sense, that have ever been written” and adding that “the poems that derive from it constitute the most important literary phenomenon of the later Middle Ages” (*Allegory of Love* 157). Thus Ovid strongly influenced medieval literature not only directly, but also indirectly.

medicine could be expected from herb or root; instead my heart drew me towards the rose-bud, and desired nothing else.⁴⁸

The passages in the *Roman* and in Lovelich's *Grail* typify a corollary to the convention that physicians cannot heal lovesickness which specifies that the malady could, in fact, be remedied by a metaphorical physician—that is, by a beloved—through the fulfillment of desire.⁴⁹ We saw the same trope expressed in the Egyptian lyric, and it is perhaps not surprising that the most commonly advocated medical remedy for lovesickness, therapeutic coitus, was also—often in a coded or obfuscated form—the preferred literary remedy. For the fulfillment of desire removes the pain of longing and arrests the universal, physiological processes that make lovers ill.

Thus the two opposing views on the effectiveness of medical remedies for lovesickness are rooted in—or at least indirectly reinforced by the cultural influence of—the Ovidian corpus, which medieval poets and physicians alike could mine for evidence in support of their positions. We have encountered the notion that physicians cannot heal lovesickness in the *Metamorphoses* and *Ex Ponto*. Physicians did not typically refer to those texts, however, but rather to Ovid's amatory fiction. What do these texts actually say about the possibility of treating love?

The *Ars amatoria* and the *Remedia amoris* purport to teach, respectively, how to play the game of love and how to quit. The *Ars* was the first comprehensive didactic work on love, and it was of central importance not only to medieval amatory fiction but also to

⁴⁸ Trans. Horgan 27.

⁴⁹ This *topos* is central to the conception of the *Roman*, and examples appear throughout, e.g.: “De mes plaies mout me dolui / et soi que guerir ne pooie / fors par le bouton ou j’avoie / tot mon cuer mis et ma beance” (“I suffered greatly from my wounds, knowing that I could only be cured by the rose-bud which was the sole object of my heart’s desire”; 2754-7; trans. Horgan 43). Cf. the Middle English *Romaunt* 2958-61.

medieval medicine.⁵⁰ It lays out, in three books, how to find a lover, how to woo her, and how to hold onto her; the final book addresses women. Embedded in the several strategies presented in the text are seminal descriptions of the symptoms of lovesickness which codified how the phenomenon was later to be represented in the medieval West.⁵¹ Book I, for example, describes the appropriate pose for a lover:

Palleat omis amans: hic est color aptus amanti;

Hoc decet, hoc stulti non valuisse putant.

Pallidus in Side silvis errabat Orion,

Pallidus in lenta naïde Daphnis erat.

Arguat et macies animum: nec turpe putaris

Palliolum nitidis inposuisse comis.

Attenuant iuvenum vigilatae corpora noctes

Curaque et in magno qui fit amore dolor.

Ut voto potiare tuo, miserabilis esto,

Ut qui te videat, dicere possit ‘amans’.

But let every lover be pale; this is the lover’s hue. Such looks avail him;

only fools think that such looks avail not. Pale over Side did Orion wander

in the woods, pale was Daphnis when the naiad proved unkind. Let

leanness also prove your feelings; nor deem it base to set a hood on your

bright locks. Nights of vigil make thin the bodies of lovers, and anxiety

⁵⁰ Mozley notes that although the *Ars* may have had literary precedents of sorts (including Tibullus and Propertius), “[i]t seems to have been an original idea of the poet’s to include love-making among the subjects of didactic poetry” (Introduction to Ovid, *The Art of Love* ix). Also see Gibson on the broader “erotodidactic tradition in elegy” (99-100).

⁵¹ Wack notes that although Sappho “was considered the pre-eminent diagnostician of the symptoms of morbid love in the ancient world [...] her poetry was unknown in the Middle Ages” (*Lovesickness* 14).

and the distress that a great passion brings. That you may gain your desire
be pitiable, so that whoso sees you may say, “You are in love.” (I. 729-38)

Added to these is the important feature of tearfulness (I. 559-62). While Ovid, like the author of the Egyptian lyric, cynically recommends that the lover fake being ill, the ploy of manufacturing the *signa amoris* (pallor, weight loss, sleeplessness) depends for its effectiveness on being recognized by others, and therefore must correspond with universally observable physiological responses of the kind that modern science is now investigating. And faking lovesickness could be dangerous: Ovid cautions, “Saepe tamen vere coepit simulator amare, / Saepe, quod incipiens finxerat esse, fuit” (“Yet often the pretender begins to love truly after all, and often becomes what he has feigned to be”; I. 615-16). Thus the symptoms being faked were not *themselves* fake. (Writers of medical texts would later call them symptoms, while poets would draw upon them as literary conventions.)

The *Remedia* announces its didactic purpose with an *aporia*: as Achilles’ spear could both wound and heal, so too the verses of Ovid: “Vulneris in Herculeo quae quondam fecerat hoste, / Vulneris auxilium Pelias hasta tulit” (“The Pelian spear which wounded once its Herculean foe, bore relief also to the wound”; 47-8). Ovid has taught you how to love (primarily in the *Ars*, but also in his other elegiac love poetry, including the *Heroides* and the *Amores*), and now he will teach you how to fall out of love (41-8). This paradox is rooted in the *topos* of the object of desire at once causing and curing illness. Publilius Syrus expressed this as a maxim: “Amoris vulnus idem sanat qui facit” (“The one who causes also cures the wound of love”).⁵² The title, structure, and metaphoric universe of the *Remedia* attest to the perception that love could become an

⁵² Publilius Syrus, *Sententiae* 31.

undesirable state akin to disease, and Ovid explicitly invokes Apollo, the God of medicine and poetry, to assist him in his role of didactic healer:

Te precor incipiens, adsit tua laurea nobis,

Carmina et medicae, Phoebe, repertor opis.

Tu pariter vati, pariter succurre medenti;

Utraque tutelae subdita cura tua est.

Thee I beseech at the outset, let thy laurel be nigh to aid me, O Phoebus, inventor of song and of healing art! Succour alike the poet and alike the healer; the labours of both are under thy patronage. (75-8)

We know from classical representations codified in Ovid's other writings, however, that Apollo was not successful in treating his own lovesickness, and therefore the poem begins on a decidedly discordant note, prefiguring the deeper formal conflicts that suggest that it may be incapable of delivering on its didactic promise.

Ovid provides a number of remedies, several of which were influential to the later medical tradition. Sloth was to be avoided and diversions sought (125-212); also indicated were travel (214-48), scorning or becoming disgusted with one's beloved (299-357), seeking company (579-608), not seeing one's beloved (609-24), and avoiding places associated with her (725-40). Especially germane to the present study is the final section of the *Remedia*, which—A.A.R. Henderson notes—“serves to complete Ovid's scheme, which is designed to conform to contemporary medical doctrine.”⁵³ The poet amplifies and literalizes his role as a counseling physician, providing a medical regimen for the lovesick: “Ecce, cibos etiam, medicinae fungar ut omni / Munere, quos fugias quosque sequere, dabo” (“And then there is diet, too; that I may perform all the

⁵³ Henderson 136.

physician's task, I will tell you what to take and what to shun"; 795-6). Avoid aphrodisiacs such as onions (797-8) and rocket (799-800),⁵⁴ Ovid counsels; the only beneficial herbal remedy is rue (801-2).⁵⁵ On the subject of wine, on which he would become an authority in later medical texts (e.g. for Giles of Rome and Peter of Spain), Ovid counsels either drinking to become drunk, so as to become dulled, or not at all, because moderate consumption increases ardor (803-10). Ovid had already provided a complementary list of aphrodisiacs in the *Ars*, where he listed onions, rocket, eggs, honey, and pine nuts (II. 415-24). Presumably the reader, who was sickened by that (earlier) Ovidian text, could return to it for further dietetic instruction.

It has often been noted that, as Ovid himself states, the *Remedia* purports to provide cures for a malady that was caused or facilitated by love poetry in the same form, notably by his own *Ars*.⁵⁶ Is it ironic for Ovid to recommend remedies for love in the same medium that he and other poets employed to represent love? And how can the reader trust Ovid to offer effective remedies of love when he has called upon Apollo, a healer who famously could not heal his own lovesickness, for guidance? The concept under discussion in the present section of this chapter, namely that the form of medieval amatory fiction requires ontologically that love not be remediable, seems also to find precedent in the writings of Ovid. Steven J. Green neatly summarizes the view of Gian Biagio Conte that the *Remedia* is

⁵⁴ For rocket as an aphrodisiac, see Pliny, *Natural History* XIX. 44, XX. 49; Bartholomaeus Anglicus, *De proprietatibus rerum* XVII, s.v. "Eruca" (n. pag.). For onions, see Pliny, *Natural History* XX. 20. Onions are also identified as an aphrodisiac in the medieval visual health handbook, the *Tacuinum sanitatis* (Arano, ed. 134-4).

⁵⁵ For rue as a powerful anti-aphrodisiac, see Pliny, *Natural History* XX. 51; Bartholomaeus Anglicus, *De proprietatibus rerum* XVII, s.v. "ruta" (where the plant is said to free a man of the service of Venus—from his "venerei appetitus") (n. pag.). Cf. the entry on rue in the *Tacuinum sanitatis* (Arano, ed. XXXV).

⁵⁶ For the concept of Ovid's poetry as both the cause of illness and its remedy, see Rosati (esp. 148). For a survey of critical responses to this paradox, see Boyd 105. Fulkerson argues that the *Ars* and the *Remedia* are actually complementary, as they both describe a world in which love cannot be overcome, only replaced, leading the reader back to the instructive content of the *Ars*.

not only a rejection of love, but more specifically [...] a renunciation of elegiac love and, by inference, the composing of love elegy itself. The elegiac form of love, which involves both suffering and an unwillingness/inability to relinquish the pain, is totally *dismantled* by a text purporting to teach a cure to willing patients.⁵⁷

This observation may equally be applied, with revisions, to medieval literature which subsisted on love as its central theme, and also privileged suffering in love: in order to preserve its formal integrity and resist “dismantling” itself, medieval love poetry formally rejected the medical view that love was curable.

Moreover, according to Christopher Brunelle, the *Remedia* is “a poem whose elegiac form is diametrically opposed to its didactic goal” in that it undertakes its task in a style and tone that readers associate with pleasurable love.⁵⁸ According to these scholars, the *Remedia* not only fails as a healing text because of its formal dissonance, it may actually *formally* induce readers to love, accomplishing the very opposite of its ostensible didactic purpose (which medical writers took seriously). The Pelian spear is broken: Ovid’s *Remedia* cannot heal, only wound again. Although this argument fails to consider the tradition of writing medical texts in elegiac medical verse—practiced, for example, by Andromachus the Elder and Ausonius⁵⁹—it does identify the same tension that Ovid’s initial invocation of Apollo introduces more overtly. Given this and other ironic moments in the *Remedia*, it is clear that Ovid was making creative use of the dissonance occasioned by proposing to treat love in a form associated with engendering love.

⁵⁷ Green 15; emphasis added. Cf. Boyd 114.

⁵⁸ Brunelle 129.

⁵⁹ For both of these authors, see the Introduction to this dissertation, Section 1.

Later poets would avoid the tensions inherent in representing the medical condition in a literary form simply by denying the effectiveness of medical treatments for lovesickness, eschewing the kinds of explicit references to medical approaches that we find in Ovid's "failed" text—a text that is intentionally "discordant" (to recall Pandarus's advice to Troilus) by virtue of its inclusion of medical material in poetic form. Ovid's *Remedia* seems to be a kind of conceptual model for Chaucer's jumbling of medical "matere" in poetic "forme" in the Knight's Tale. Chaucer derived this "matere" from the medical tradition that looked at pathological love, which I outline next in a selective medical and literary history of lovesickness from Ovid to Chaucer, with a view to moments of exchange and conflict between the discourses.

3. Discursive Exchange and Resistance in the History of Lovesickness

The earliest surviving texts in which lovesickness is described as a legitimate medical condition are quasi-historical narratives. In his *Life of Hippocrates* (first c. CE), Soranus writes of the legendary physician:⁶⁰

He treated all Greece and was so admired that he was summoned by Perdiccas, King of the Macedonians, who was thought to be consumptive, to come to him at public expense [...]. Hippocrates interpreted by certain signs that the affliction was psychic in origin. For after the death of Alexander, his father, Perdiccas fell in love with his mistress Phila. Hippocrates explained the situation to her after he caught Perdiccas

⁶⁰ Soranus was also the author of a treatise on lovesickness, now lost, which is thought to be the source for Caelius Aurelianus treatise, discussed below.

changing color when he looked at her. He freed him from his illness and revived him.⁶¹

Soranus is vague on matters of treatment and prognosis, and his narrative, now taken to be apocryphal, is not a properly medical account of a disease; rather, it is an example of early literature *about* medicine. The story of Hippocrates and Perdiccas belongs to a tradition of tales of great medical practitioners, of which Soranus's was likely not the first. Other narratives based on the same template variously identify the healing physician as Erasistratus of Ceos, the patient as Antiochus, son of King Seleucus, and the object of desire as Antiochus' stepmother, Stratonice.⁶² In many of these early accounts, the patient hides his lovesickness from those around him, making the task of the diagnostician-detective all the more difficult. Omitted in Soranus's version, the primary diagnostic method employed is typically monitoring the pulse: "With more diligent observation he [Erasistratus] penetrated to the very truth," writes Valerius Maximus, "[f]or by inconspicuously taking hold of the youth's forearm whenever Stratonice came in or went out again, he ascertained by his pulse, now stronger, now weaker, what his malady was."⁶³ Plutarch's version provides an additional catalogue of symptoms, summarized by Jody Rubin Pineault as "stammering, blushing, darkened vision and sweating, weakness, stupor, and pallor."⁶⁴ Although Plutarch may have had literary depictions in mind when compiling these symptoms, literature is not, as Pineault claims, their *ultimate* source.⁶⁵ As

⁶¹ Trans. Pineault, *Hippocratic Lives and Legends* 61.

⁶² The earliest surviving example of the basic story is thought to be in Valerius Maximus' *Memorable Deeds and Sayings* (early first c. CE); he was a contemporary and countryman of Ovid. The story also appears in Plutarch's *Life of Demetrius* (later first c. CE), Appian's *Roman History* (second c. CE), and Lucian's *Syrian Goddess* (17-18) and *How to Write History* (second c. CE), among other texts (Pineault, *Hippocratic Lives and Legends* 61-77).

⁶³ Qtd. and trans. Pineault, *Hippocratic Lives and Legends* 63 and n. 12.

⁶⁴ Pineault, *Hippocratic Lives and Legends* 65.

⁶⁵ *Ibid.*

modern scientific research has shown, many of the *signa amoris* are rooted in human biology, therefore literature should be viewed as the locus in which they were textualized—a repository of their recorded traces as opposed to the traces themselves.

Narratives in the Soranus micro-genre extol the prowess and cleverness of physicians by showing that they could successfully treat a malady that was typically thought to be beyond the reach even of Apollo's and Aesculapius's arts. Indeed, in analogous literary narratives such as Lovelich's *Holy Grail*, lovesickness and death are the only two states that the physician Ypocras cannot cure. Convincing the public that they could treat lovesickness presented a special problem to physicians, and pseudo-histories of the lives of physicians mediated between the literary and medical positions, showing that it was in fact possible—if very difficult.

Galen was the first medical writer to address lovesickness substantively. In *De praenotione ad Posthumum*, Galen recounts how he diagnosed and treated a woman who was suffering from insomnia, and turned out to be lovesick for a male dancer. The narrative follows the same basic template undergirding the Soranus micro-genre.⁶⁶ In his commentary on *Epidemics*, Galen describes “love-sorrows” he has encountered in his practice and outlines how he treated his patients.⁶⁷ The symptoms Galen observed, which often map on to Ovidian *signa*, include burning with “hot love,” depression, insomnia, and fever; he recommended bathing, drinking wine, and various diversions.⁶⁸ In another, related context, Galen also recommended what would become the most prescribed cure for the malady, namely therapeutic coitus.⁶⁹

⁶⁶ Galen, *De praenotione ad Posthumum liber VI* (*Clavdii Galeni opera omnia* 14: 630-5).

⁶⁷ The passage in question is translated from an intermediary Arabic text in Wack, *Lovesickness* 8.

⁶⁸ Wack, *Lovesickness* 8.

⁶⁹ Galen, *De locis affectis VI. 6* (*Clavdii Galeni opera omnia* 8: 437-52).

Following Galen, the two standard texts on lovesickness in the West before the translation and dissemination of Constantine's *Viaticum* (late 11th c.) and Avicenna's *Canon* (second half of the 12th c.) were chapters in Oribasius's (325-403) *Synopsis* and in Caelius Aurelianus's translation of Soranus called *On Acute and Chronic Diseases* (5th c.).⁷⁰ Oribasius provides a detailed semeiology for what he describes as "amore aegrotant" (love-languishing), and makes reference to the Greek, "ton heroton," "id est qui de amore consumitur" (that is, he who is consumed by love), but he does not offer a somatic explanation of the malady.⁷¹ Caelius Aurelianus defines diseased love as "eroticon," and provides a list of the standard symptoms.⁷² Discussions of lovesickness (although the condition is not named) also appear in Isidore of Seville's *Etymologies*; Paul of Aegina's *Epitome medicae* contains a thoroughgoing account of "amor insanus" that foregrounds symptoms and treatment.⁷³ These texts were largely descriptive and practical, and none attended to the somatic elements of lovesickness in the same way that later Arabic writings did.⁷⁴

Before the translation of Arabic medical texts beginning in the later eleventh century, lovesickness was usually understood by practitioners of medicine, not as its own separate condition, but as a species of related psychological states such as madness (e.g. *phrenesis*, *furore*), mania, and melancholy, categories with which it would remain associated in medieval writings—and even (accounting for large-scale epistemological

⁷⁰ As noted by Wack, *Lovesickness* 10-11.

⁷¹ Oribasius 215.

⁷² Caelius Aurelianus 257; for the relevant section, "De furore sive insania, quam Greci Maniam uocant" (On madness or insanity, which the Greeks call *mania*), see 256-8.

⁷³ Isidore of Seville XI. 2. 24; Paul of Aegina, *Epitome medicae* III. 17 (*Pauli Aeginetae* 138-9). Isidore worked from an abridged version of Caelius Aurelianus, and Paul of Aegina drew from Oribasius and Galen (Wack, *Lovesickness* 13-14).

⁷⁴ Wack points out that the cultural profile and relevance of lovesickness as a recognized medical disease was minimal before the twelfth century, a fact which owed partly to the broader lack of interest on the part of Western physicians in addressing mental illness (*Lovesickness* 14).

and cultural shifts) to the present day. By the time Chaucer was writing, however, lovesickness was a well known illness in its own right, owing mostly to the influence of Arabic works on *ishk*. These were first made available in the Latin West through the translation efforts of Constantine the African, notably in his loose rendering of Ibn al-Jazzār's *Zād al-musāfir*. The *Viaticum*, as he named it, came to form part of the standard medical curriculum.⁷⁵ Several glosses and commentaries on the *Viaticum* became influential in their own right, including texts by Gerard of Berry, Giles of Rome, Bona Fortuna, and two by Peter of Spain (who became Pope John XXI).⁷⁶ Indeed, the European sense of *amor hereos* “developed largely in medieval commentaries upon the *Viaticum*,”⁷⁷ each one reframing that text in the light of Arabic writings on the malady, most importantly those by Rhazes and Avicenna, in ways that parallel important developments in medical knowledge and teaching.

Measured in terms of its contribution to the discourse of lovesickness, the most important of the Arabic writings introduced to the West after the *Viaticum* was Avicenna's *Canon*, which was translated by Gerard of Cremona in the late twelfth century. It gradually became the most important medical compendium in the medieval West. In the third book of his *Canon*, Avicenna describes *ilisci* as a disease that resembles melancholy and is characterized by an obsession over imagined forms; it could be

⁷⁵ Wack, *Lovesickness* 48.

⁷⁶ The major commentaries are all printed in Latin with English translations by Wack in *Lovesickness*: Gerard of Berry, “Glosule super *Viaticum*” (before 1236); Giles (Egidius), “Glose super *Viaticum*” (c. 1220); two versions of Peter of Spain (Pope John XXI), “Questiones super *Viaticum*” (c. 1250); and Bona Fortuna, “Tractatus super *Viaticum*” (c. 1300). In the present work, citations to these texts are by line number.

⁷⁷ McVaugh, Introduction 21.

diagnosed by its symptoms of insomnia, blinking, emotional lability, and sunken eyes.⁷⁸

Following Galen, Avicenna suggests that the name of the object of desire should be discovered by interviewing the patient while taking his pulse and noting changes that occur. It was crucial that the beloved be named so that the appropriate treatment could be provided, which could include marriage—or, alternatively—discussion, diversion, enjoining the patient to love someone else, criticizing the beloved, or aversion (or revulsion) therapy.⁷⁹ Avicenna's text was important because of its theoretical rigour, as it explained the malady etiologically (by its causes), not merely semeiologically (by its symptoms) as had hitherto been the practice in texts on lovesickness known to the Latin West.

Arabic medical texts on lovesickness such as Avicenna's and Constantine's gained acceptance in the West in part because Ovid's texts equipped European audiences to think about painful love as a disease. Moreover, around the time Constantine was translating medical works, the concept of *ʿishk* was also represented in Andalusian poetry, in a body of texts that in turn influenced the troubadours, and through them the aristocratic styles and subject matter identified with "courtly love."⁸⁰ A.R. Nykel provides a list of the motifs common to Hispano-Arabic poetry which is strongly reminiscent of the lists of symptoms found in medical texts. Most salient for the current discussion are these: Love is a potentially fatal disease that can cause madness; it can take hold upon first beholding the beloved; its symptoms are insomnia, melancholy, and crying; and the

⁷⁸ The Latin *ilisci* transliterates the Arabic *ʿishk*, a complex word that means not only the disorder of "passionate love" but also the desire for divine love. Avicenna discusses lovesickness in the chapters on "ilisci" in his *Liber canonis* (Bk. III, fen 1, sec. 4, caps. 24 [definition] and 25 [cures]; fol. 151^v).

⁷⁹ Avicenna, *Liber canonis*, fol. 151^v.

⁸⁰ Wack, *Lovesickness* 36-38, 174. For the Hispano-Arabic origins of "courtly love," see Boase 123-36.

power to heal or kill lies with the beloved.⁸¹ Moreover, Gerard of Cremona's thirteenth-century translations of medical texts on lovesickness—such as Avicenna's *Canon*—later complemented the Spanish poetic route of transmission.⁸²

Drawing from the Arabic poetic tradition, the troubadour poets writing of *fin' amor* also made frequent use of metaphors of illness. Take, for example, Guilhem de Peitieu's (1071-1127) "vers de dreyt nein" ("poem of sheer nothing").⁸³ After describing how the speaker has fallen in love at first sight (11-2), he writes in the third and fourth verses:

No sai quoram fuy endurmitz
ni quoram velh, s'om no m'o ditz.
Per pauc no m'es lo cor partitz
d'un dol coreau,
e no m'o pretz una soritz,
per sanh Marsau!

Malautz suy e tremi murir,
e ren no sai mas quan n'aug dir.
Metge querrai ai mieu albir,
e no sai cau;
bos metges er sim pot guerir,

⁸¹ Nykel 396-8. Several other motifs in his list can be shown to have influenced the "courtly love" tradition, including the ennobling effects of love, the abasement of the lover to the beloved, the need for secrecy and patience in love, and pity on the part of the beloved. For an historical overview of the correspondences among these motifs and the conventions of troubadour poetry, see Nykel's polemical chapter on "Relations Between the Hispano-Arabic Poetry and That of the First Aquitian Troubadours" (371-411). These elements do not often appear together in the same poem, and the references to medicine in these texts are chiefly metaphoric; they would have to be unpacked by readers in the light of their cultural knowledge of medicine contained in medical works (see Nykel 371-41).

⁸² Wack, *Lovesickness* 38.

⁸³ Frede, ed. and trans. 66-9.

mas non, si amau.

I do not know when I am asleep

nor when I am awake, if no one tells me so.

My heart has almost been broken

by deep pain,

and I do not care a mouse for that,

by Saint Martial.

Sick I am and fearful of dying,

and I know nothing about it except what I heard said.

I shall go look for a doctor to my liking,

but I do not know which one;

a good doctor he will be if he can cure me,

but not if I grow worse. (13-24)

As in the Arabic texts, the disease of love as articulated by Guilhem resonates thematically and figuratively with medical theories—but it only resonates. On the surface, the poem evinces little awareness of medieval medical discourse, and in fact it compares well with the ancient Egyptian lyric in the Harris Papyrus. There is, however, an implication in the poem that medical treatment for lovesickness may indeed be possible, but only if a good doctor is found. Although the narrator says that such a search will likely be bootless, the poem does at least acknowledge the existence of medical approaches to treating the malady.

English love lyrics also evince an ambiguous relationship with their medical analogues. The anonymous author of “Alysoun,” which is indebted to French traditions of amatory poetry (and through them the troubadour and Arabic traditions), filled his verses

with metaphoric references to lovesickness—of the kind authorized not only by Ovid but also by contemporary religious poetry which looks back to the Song of Songs (a tradition which I discuss presently).⁸⁴ Yet he also eschewed medical terminology. In “Alysoun,” the lover endures “loue-longinge” (5) and is completely under his beloved’s “baundoun” (power; 8); he irrationally idealizes Alysoun (9-12), evincing the typical symptom of obsession (and possibly also mania); he will lose the will to live and fall down dead if she does not accept him (17-20); he is sleepless, tossing and turning in bed (22, 31); his “wonges waxeþ won” (his cheeks become pale; 23).⁸⁵ The experience is exhilarating, however, and the speaker concludes that it “Betere is þolien whyle sore / þen mournen euermore” (better to suffer while sore than to mourn evermore; 35-6). These elements are so typical in amatory literature that the medical metaphors inherent in them appear almost invisible, fully integrated into the poetic discourse and broader culture.

To be sure, there are obvious similarities between medical lovesickness and the cultural and literary phenomenon of “courtly love.” The modern term is imprecise, but the basic set of conventions surrounding a certain kind of aristocratic love that it purports to describe have been well summarized by S.H. Rigby: “The lover is enticed by the beauty of the object of desire and falls in love at first sight; he is ennobled, his prowess in battle improved and his courtly talents bolstered; he is obsessed with his beloved, and suffers from a variety of ailments such as insomnia; finally the love often remains unrequited, with marriage or physical space intervening.”⁸⁶ The “variety of ailments” often

⁸⁴ Both poems are among the “Harley lyrics” found in British Library, MS Harley MS 2253 (see Brook, ed., *The Harley Lyrics*). The lyrics, both secular and religious, abound in medical metaphors.

⁸⁵ Brook, ed. 33.

⁸⁶ Rigby, *Chaucer in Context* 133. Although Robertson famously criticized modern definitions of “courtly love” as inaccurate, anachronistic, and based on naïve reading of texts that were intended as ironic (especially Andreas Capellanus’s *De amore*) (see esp. “The Concept of Courtly Love”), he and other

corresponds closely to those listed in medical works on *hereos*. Daniel L. Heiple has argued that “the dry medical treatise, which seems at first glance to be so far removed from the experiences that form the content of lyrical poetry, can be shown to have had a direct influence on that poetry and to have been instrumental in enriching its content,” whereas Carol Falvo Heffernan argues that “courtly love” is in part “a literary variant of the medical phenomenon” of *amor hereos*.⁸⁷ The relationship is reversed in D.W. Robertson’s reading.⁸⁸ To be sure, there was discursive exchange in both directions: writers of medical texts on *hereos* such as Bernard of Gordon cited Ovid as an authority on the subject of lovesickness, while poets drew in general ways from the medical descriptions of the *signa*. Both the “courtly love” and medical species of lovesickness were indebted both to Arabic sources and to Ovid. What is more, Ovid himself drew from the medical theories of his day. Thus a complex history of mutual influence and reinforcement explains the close resemblances between medical and literary depictions of lovesickness in Chaucer’s time. It is often difficult, then, to differentiate with any certainty between purely “literary” and “medical” representations of the lover’s malady because they developed in such close proximity. Even if Chaucer’s Arcite were a prototypical courtly lover, he would still be suffering from a conventional condition that has roots in the medical sphere.

patristic critics reserved for use the notion of “‘courteous love’ in which a knight is inspired to courtesy and bravery by love of his lady” (Rigby, *Chaucer in Context* 133).

⁸⁷ Heiple 63; Heffernan, “Chaucer’s *Troilus and Criseyde*” 298.

⁸⁸ Robertson argued that “‘heroic’ love is simply a ‘medical’ variant of the same kind of love that is described by Andreas and illustrated in Chrétien’s *Lancelot*, or in the foolish lover in the *Roman de la Rose*” (*Preface* 457). Yet Andreas Capellanus’ *De amore* drew on medical theory formulated centuries earlier and developed in a foreign language and cultural context.

Further complicating the task of tracing conceptual lineage of Arcite's illness is the fact that Christian texts spanning a range of genres made the case for the superiority of divine love by employing the same language secular texts used to represent erotic love. Thus when the fourteenth-century English mystic Richard Rolle referred to "love-langynge"—and he did so often—the object of desire was never a fair lady (like the "Alysoun" of the English lyric), but "Iesu swete" (35-6).⁸⁹ This was conventional: lovesickness can signify the longing of the soul for God, a common trope suggested by Origen's commentary on the Song of Songs, especially with regard to the phrase, "I languish for love" (*amore langueo*; 2.5, 5.8).⁹⁰ In his Latin Marian poem, "Canticum Amoris de Beata Virgine," Rolle also extended the metaphoric reach of lovesickness in his poetry by making the innamorata the Virgin Mary—whom he identifies variously as "virgo speciosa" (1), "puella pulcerrima" (13), "mira margarita" (29), and whom he calls upon to provide "medicina" (61), in effect "writing a secular poem according to the precepts of Geoffrey of Vinsauf" with the Song of Songs in mind.⁹¹ So literature and medicine also came into contact via the connecting medium of religious discourse. (The similarity between religious and erotic depictions of love was not limited to the Christian West, as the Muslim concept of *ishk* [which became *hereos* in the Latin textual tradition]

⁸⁹ "Jesus sweet now will I sing" [lyric vi], Rolle 50-63.

⁹⁰ Wack, *Lovesickness* 22. Rolle's guide for anchoresses, *Form of Living* (Rolle 3-25), contains a commentary on the famous lines from the Song of Songs in which he uses the term "love-longing" especially liberally (lines 489-818).

⁹¹ As noted by its editor, Raby (501, n. 290). The poem begins: "Zelo tui langueo. virgo speciosa. / sistens in suspirio | mens in amorosa: / diu dare distulit, | diva generosa, / quod cordis concupiit | musa non exosa" (Rolle, in Raby, ed. 442-48, lines 1-4).

embodies a range of meanings, including philosophical and religious ones, having to do with attraction and affinity.⁹²)

Some religious texts were explicitly indebted to specific medical theory, not merely to a shared metaphoric system. For example, *De doctrina cordis*, an immensely popular thirteenth-century religious treatise usually attributed to Gérard of Liège (and sometimes to Hugh of St. Vincent), borrows directly at least ten times from Gerard of Berry's medical gloss on Constantine the African's section on lovesickness in the *Viaticum*.⁹³ In this text, Gérard of Liège compares two kinds of "amor extaticus" (66): one, attested in the work of Pseudo-Dionysius the Areopagite, is pure, modeled on the love of God for man (70-4); the other is a "reprehensible" (78; *reprehensibilis*), secular, libidinous love—a kind of *alienatio mentis* or insanity that physicians call "amor ereos" (75).⁹⁴ The definition—"Ereos dicuntur viri nobiles qui propter mollitiem et delicias vite subiecti sunt huiusmodi passioni" (76-8)—lines up closely with Gerard of Berry's.⁹⁵ Although Gérard privileges divine love and cautions against *hereos*, Wack has noted that the author "confuses the rhetorics of earthly and spiritual loves by using the same *verba* to describe dissimilar *res*."⁹⁶ Consequently, Wack considers this text to have been an important site of religious-medical discursive exchange.⁹⁷ When the text was translated

⁹² Wack, *Lovesickness* 35-8. Avicenna, who wrote about *ishk* in medical terms in his *Canon*, also addresses the concept from a philosophical perspective in his *Risalah fi 'l- 'ishq*, which is available in an English translation (in Fakenheim 211-228).

⁹³ Wack explores the text's medical sources (*Lovesickness* 22, 66); she also lists these in tabular form (Chapter 3, n. 61). The original Latin text enjoyed wide circulation, and survives in 208 manuscripts (Whitehead, Renevey, and Mouron, eds., Introduction to *Doctrine of the Hert* xi); some 70 more MSS are attested in catalogues (*ibid.*). On the text's authorship, see Hendrix 114-17, 129-30, and now Whitehead, Renevey, and Mouron, eds., Introduction to *Doctrine of the Hert*.

⁹⁴ I cite line numbers in Hendrix's edition.

⁹⁵ Cf. Gerard of Berry's "Glosule super *Viaticum*": "hereos dicuntur uiri nobiles qui propter diuicias et mollitiem uite tale pocius laborant passione" (57-9).

⁹⁶ Wack, *Lovesickness* 66.

⁹⁷ Wack explains: "[Gérard of Liège's] incorporation of Gerard's [of Berry's] *signa* not only sanctioned the authority of the medical view, but helped to create contrary conditions for its reception. The *signa* could

into English in the fifteenth century,⁹⁸ however, the translator excised the passage naming and defining *hereos*, substituting a more general statement.⁹⁹ Thus key technical components of the discourse did not enter the language and culture through this text as they might have.

A rich medical tradition centered on the problem of *amor hereos* flourished from the later-thirteenth to the mid-fourteenth centuries, an era which saw the incorporation of the faculties of medicine, and a time when the discipline was re-energized by the texts of the “New Galen” and the increasing scholastic emphasis on Aristotelian logic (reflected in the shift from the *Ars medicine* version of the *Articella* to the *Ars commentata*).¹⁰⁰ Medicine was increasingly enmeshed with an Aristotelian understanding of knowledge as potentially secular in origin, and physicians grew more confident in the authority and status of their discipline.¹⁰¹ During this period, Avicenna’s *Canon* became increasingly influential, replacing Haly’s *Pantegni* as the “bible of the doctors,”¹⁰² and the writings of other Arabic authors were newly made available. The most notable of these writings, in

point to morbid love, or to reprehensible love, or they could signal spiritual love. Like the allegorizations of love-languor in the Song of Songs, this ambiguity enabled the symptoms of illness to become signs of love’s positive value” (Ibid.).

⁹⁸ The Middle English translation survives in four manuscripts (Whitehead, Renevey, and Mouron, Introduction to *Doctrine of the Hert* xxl).

⁹⁹ “Extatik love also is take in anoþer wise. It is take oþerwile for alienacioun of þe mynde be love, as ben such fleschly loveris þat wexin mad for love, þe wiche is caused of overpassyng desire of þe hert and of affliccioun of þoughtes set upon fleschly love. Al such love is reproveable [...]” (Gérard of Liège, *Doctrine of the Hert* 67-70). This simplification is in keeping with the general nature of the changes made by the translator, which are well explained by the editors of the edition of the Middle English text: whereas the original was “an intellectual treatise aimed at educated readers (and most probably preachers) accustomed to the exegetical style, the Middle English version, written for poorly educated nuns, has become a more practical, didactic and devotional text” (Whitehead, Renevey, and Mouron, Introduction to *Doctrine of the Hert* xlvi).

¹⁰⁰ French 88-126.

¹⁰¹ Ibid.

¹⁰² Ibid 75.

terms of its bearing on the subject of lovesickness, was Rhazes' *Liber continens* (translated in 1280).¹⁰³

Furthermore, in this period, William of Saliceto (fl. 1258-75),¹⁰⁴ Arnald of Villanova (ca. 1240-1311),¹⁰⁵ Bernard of Gordon (ca. 1258-1320),¹⁰⁶ Dino del Garbo (d. 1327), John of Gaddesden (*Rosa anglica* completed ca. 1314), John of Tornamira (1330s-1390s?),¹⁰⁷ and several others, produced important texts on morbid love. Arnald of Villanova says that he wrote his *Tractatus* on heroical love to address a gap in knowledge about the malady and to resolve disputes.¹⁰⁸ These joined the body of texts which commented on the *Viaticum* in enacting contemporary debates on the malady. Most, reflecting the larger trend in scholastic medicine, addressed matters of causation more than had previously been the case.¹⁰⁹ The proliferation of Western texts on *hereos*—each of which responded to existing scholarship, introduced newly-available Arabic theories to the discourse, and added its own perspective—demonstrates that the “termes” of the discourse of lovesickness were not monolithic or stable, but variable, open-ended, subject to debate and revision.

The scholastic medical discourse of *amor hereos* was bound up with the interrelated phenonema of the *aetas Ovidiana* and the popularity of the matter of courtly love (itself descended in part from Arabic traditions). When medical writers of this period were not directly referencing Ovid to further the position that lovesickness could be dealt

¹⁰³ Wack, *Lovesickness* 126.

¹⁰⁴ See I. 18, “de melancholia ex amore [...] vocatur ylischi” in Gulielmus de Saliceto, *Summa conservationis et curationes* (n. pag.). Gulielmus includes love-longing for one’s homeland (“melancholia ex [...] desiderio repatriandi”) in this broad category. For classical representations of homesickness as a kind of love-longing, see Ovid’s *Tristia* (III. iv. 57-9; III. viii. 23-42; V. vii. 39-40, V. xii. 3) and *Ex Ponto* (I. iii., esp. 21-2; I. iv. 1-10; I. v. 18; I. x., esp. 5-6, 21-36; IV. x. 11ff.).

¹⁰⁵ Arnald of Villanova, *Tractatus de amore hereoico*.

¹⁰⁶ Bernard’s contribution is addressed at length below, in Section 4.a.

¹⁰⁷ For Tornamira, see Canovas, and the compact bio-bibliography by Pansier, “Jean De Tournemièr.”

¹⁰⁸ McVaugh, Introduction 24.

¹⁰⁹ For this general feature of Scholastic medical texts, see French 108.

with by medical means (even if the prognosis was not always favourable), their works nonetheless benefited from the ubiquity of the very idea—largely popularized by Ovid—that love was akin to disease. Poems about lovesickness were seldom overtly medical. Meanwhile, writers of religious texts negotiated between the medical and literary traditions. This interdiscursive exchange and resistance represents the context in which Boccaccio drew inspiration from Dino del Garbo's gloss on *hereos*, and in which Gérard of Liège borrowed directly from Gerard of Berry's medical gloss on the *Viaticum*; and in which poets, physicians, and priests vied for control of the multivalent—and unstable and ever-evolving—concept of lovesickness.

4. Lovesickness in Chaucer's England

Lowes, Ciavolella, and others have argued that Chaucer knew both translated Arabic and original Western medical writings on *amor hereos*. Their conclusion is based on the observation that his references to the malady in the Knight's Tale appear to align closely with passages in medical texts, and cannot be explained solely as borrowings from Boccaccio. Chaucer's use of his medical sources was, they also concluded, orthodox and accurate. As the brief history sketched above demonstrates, however, the discourse of medical lovesickness itself was not stable—it was an ongoing conversation. Were Chaucer familiar with all of the medical texts which Lowes points to in explaining the passage on Arcite's lovesickness, he would have been, in effect, as well studied in the medical literature on *amor hereos* as any of the authors of conventional medical treatises on the subject. In an age before Google, in which even the major medical writers often seemed unaware of (or uninterested in) the broad range of approaches to the malady, this seems unlikely. Moreover, the fact that the medical discourse of *hereos* was subject to

debate and revision calls into question the notion that any depiction of lovesickness could truly be called orthodox, or even accurate, as has been said of Chaucer's passage on Arcite. Chaucer's selection of elements from medical sources—whatever they were—suggest an interpretive and artistic process, not a slavish or automatic mirroring of existing theory. In presenting a well-researched and technically specific description of the malady, Chaucer appears to be doing more than simply representing or drawing from extraliterary medical discourse: he is in effect entering the contemporary medical debate on the subject, offering his own synthesis of the available data. The fact that he satirizes medical discourse does not alter the fact that his miniature treatise on *hereos* was the most widely-circulated vernacular text of its kind in medieval England.

Lowes takes the passage's obvious indebtedness to its Boccaccian source, coupled with the fact that it closely resembles parts of several separate medical works, as proof that it is not "a paraphrase of a chapter on *hereos* from one of the medical treatises."¹¹⁰ Although the text was not actually a paraphrase of a medical text, it was an original creation, so finely crafted as to invite the comparison. Chaucer's description of Arcite's malady is, in effect, a moment of literary non-fiction, a specialized verse medical text similar to the kind that was immensely popular in his time. In this section, I discuss plausible—and commonly overlooked—sources Chaucer could have worked with in crafting the passage on Arcite's malady. First, I examine three Latin texts on lovesickness which were either written in England, especially popular there in Chaucer's time, or which he likely knew: Bernard of Gordon's *Lilium medicinae*, John of Gaddesden's *Rosa anglica*, and Vincent of Beauvais' *Speculum doctrinale*. The importance of Bernard's text to the passage in question has not been thoroughly explored in existing scholarship, and

¹¹⁰ Lowes 525. Schweitzer notices that if the passage were a paraphrase, it would be incomplete (22).

Gaddesden's and Vincent's contributions to the broader discourse have largely been overlooked. Moreover, all three depict the illness in ways which invite comparisons with imaginative fiction. Second, I examine the discourse—or, rather, the sole utterance—on *hereos* in the English language, represented in a strangely impractical passage in Henry Daniel's *Liber uricrisiarum*, a medical text whose ostensible *raison d'être* was to be practical. In fine, Chaucer surely knew several of the major medical approaches to lovesickness, but he could have encountered their “matere” in fewer, more accessible—and more generically diverse—texts than some have him reading.

4. a. Bernard of Gordon, John of Gaddesden, and Vincent of Beauvais

In the *Canterbury Tales*, the pilgrim Physician's catalogue of medical authorities ends with “Bernard, and Gadesden, and Gilbertyn” (I. 434); the first two wrote about lovesickness. Together, these three function as a synecdoche for the current Latin era of a larger medical tradition that originates, according to the Physician's list, with the mythical figure of Aesculapius. Chaucer's decision to include these doctors—and not, for example, other notables of Western medicine such as Arnald of Villanova or Dino del Garbo—has invited the homely but plausible explanation that “each composed a compendium of practical medicine with a floral title.”¹¹¹ Also, their major works were related through a chain of influence, as Gilbertus Anglicus's *Laurea anglica* (*Compendium medicinae*) (ca. 1240)¹¹² influenced Bernard of Gordon's *Lilium medicinae* (ca. 1305),¹¹³ which in turn influenced John of Gaddesden's *Rosa anglica* (ca. 1314).¹¹⁴ Nationality does not

¹¹¹ Demaitre, *Bernard de Gordon* 1 (crediting George Sarton).

¹¹² As dated by Getz, *ME Gilbertus* liii.

¹¹³ McVaugh, Introduction 33.

¹¹⁴ Lowes 502, n. 5. The chain of influence is identified in Demaitre, *Bernard de Gordon* 1. Sarton claimed that these texts represented, in chronological order, “three stages in the development of the general medical

satisfactorily explain the naming of these particular physicians: although Gilbertus and Gaddesden were Englishmen, Bernard (despite the persistent myth of his Scottish ancestry) was almost certainly of Continental birth.¹¹⁵ Nor does academic affiliation or place of education explain their being grouped, as we do not know with any certainty where Gilbertus studied,¹¹⁶ while Bernard was associated throughout his career with Montpellier, and Gaddesden with Oxford. The three “floral” texts, however, were especially important in the history of practical medicine in England: Gilbertus’s, which existed in a Middle English version, was mined thoroughly by the authors of works in the remedybook tradition that represent a large measure of the Latin and Middle English medical texts of the later-medieval era;¹¹⁷ Gaddesden’s was the first major medical work by a physician trained in England;¹¹⁸ and Bernard, the non-Englishman of the group, produced what became one of the most widely circulated original Latin medical texts in England, surviving in a large number of manuscripts compiled in that country.¹¹⁹ Indeed, seemingly the outlier, Bernard’s text was “renowned in the British Isles” for its appeal to a wide readership beyond university-educated professionals.¹²⁰ It was translated into several vernacular languages,¹²¹ and one incomplete manuscript witness survives of a fifteenth-century Middle English translation (which is missing the material on *hereos*, as I discuss below). According to historian of medicine Luke Demaitre, Bernard, the author of

textbook” (qtd. in Demaitre, *Bernard de Gordon* 58), but Demaitre shows convincingly that the *Lilium* was “an apex rather than an intermediary step in that development” (*Bernard de Gordon* 58).

¹¹⁵ Demaitre, *Bernard de Gordon* 2-11.

¹¹⁶ Getz, *Medicine in the English Middle Ages* 39-40.

¹¹⁷ *ME Gilbertus* xli-xliii. See the Appendix to this dissertation, entry no. 29 (MS Sloane 3534), for a transcription and analytical description of Middle English recipes indebted to Gilbertus.

¹¹⁸ Bullough, “Medical Study at Mediaeval Oxford” 610-11.

¹¹⁹ Demaitre, *Bernard de Gordon* 1-2.

¹²⁰ Ibid. 1-2. See also Demaitre’s “Medical Writing in Transition,” in which he casts the *Lilium* as an intermediary text, more accessible than other contemporary academic works, and therefore attractive to translators and important in the development of vernacular medicine.

¹²¹ For vernacular translations of the *Lilium*, see Demaitre, “Medical Writing in Transition.”

an accessible, practical medical work that was especially popular in England, was “a logical choice for Chaucer’s trio of recent medical authorities.”¹²²

Bernard is also a logical candidate as Chaucer’s source of medical theory on lovesickness. Not only was Bernard’s text popular in England, Montpellier physicians in general “gave the topic [of *hereos*] their special attention,”¹²³ writing several influential studies on the subject, and many of these were influenced by the chapter on *hereos* in Bernard’s *Lilium*.¹²⁴ Also, as Heiple has argued, the proximity of Montpellier to the sites of literary production associated with “courtly love” facilitated the close relationship between medical and literary discourses.¹²⁵ Furthermore, medical writings by physicians associated with Montpellier appear to have been especially important to the development of medical thought in England—a fact that is hardly surprising given the importance of Montpellier as a center of medical thought generally in the later thirteenth and early fourteenth centuries.¹²⁶ Thus Ciavolella’s intriguing but undeveloped claim that the *Lilium* was likely an important source on theories of lovesickness for Chaucer seems eminently plausible. The *Lilium* would have been a logical go-to reference for any Englishman interested in *hereos*, especially one who was not formally trained in medicine and who could benefit from the accessibility (both in terms of its availability and easy style) of Bernard’s text.

Bernard’s description of lovesickness in the *Lilium* appears in Chapter 20 of Part II, which deals with “passionibus capitis” (illnesses of the head).¹²⁷ The chapter directly follows one that looks at mania and melancholy, which were typically closely associated

¹²² Demaitre, *Bernard de Gordon* 2.

¹²³ McVaugh, Introduction 33.

¹²⁴ Ibid. 33-4.

¹²⁵ Heiple 55.

¹²⁶ Infusino and O’Neill 224.

¹²⁷ *Lilium* 210-13.

with *hereos*.¹²⁸ Bernard divides his text up in good scholastic fashion, defining the malady with reference to etymology before moving on to etiology, semeiology, prognosis, remedies, and finally *clarificationes*. He begins: “Amor qui hereos dicitur, est solitudine melancholica propter mulieris amorem” (Love that is called *hereos* is a melancholic anxiety due to love of a woman).¹²⁹ It is difficult to tell whether Bernard is following Avicenna’s *Canon* directly or through the intermediary of Gerard of Berry’s immensely influential and widely disseminated gloss on the *Viaticum* (before 1236), with which it agrees on several key points and occasionally echoes in its language. Gerard reframed Constantine’s text in the light of new theories and terminology made available in translations by Gerard of Cremona (especially the *Canon*), and similarly defined what he called “heros,” after Avicenna, as a “sollicitudo melancholica.”¹³⁰ To be sure, the *Viaticum* attracted a series of commentators whose responses evince the tectonic shifts in medical theory over the thirteenth century as they repositioned the original text in relation to newly available (or newly influential) medical texts by Avicenna, Rhazes, Aristotle, and others; Gerard’s, however, was the first and—judging by the number of extant manuscripts—one of the most influential.¹³¹ A later commentator, Peter of Spain, carried on Gerard’s “assimilation of Avicenna’s psychology into medieval doctrines on lovesickness”¹³² in two surviving texts, and one or both likely influenced Bernard.¹³³

¹²⁸ “De mania & melancholia” (*Lilium* II. 19, pp. 202-10).

¹²⁹ *Lilium* 210. Cf. Avicenna’s definition, in the chapter “de ilisci” (his rendering of the Arabic *‘ishk*): “Hec egritudo est sollicitudo melancholica similis melancholie [...]” (This illness is a melancholic anxiety similar to melancholy [...]; *Liber canonis*, fol. 151^v). (Also see the following chapter, which contains cures.)

¹³⁰ Gerard of Berry 2.

¹³¹ Gerard of Berry’s gloss survives in at least 70 pre-fifteenth-century MSS (Wack, *Lovesickness* 194), compared with at least 123 pre-fifteenth-century MSS of the *Viaticum* (ibid. 179). Bona Fortuna (13-17) and Peter of Spain (“Questiones super *Viaticum* [Version B]” 5-8) also work from Avicenna’s definition. Wack discusses the possible influence on Bernard of Peter of Spain’s “B” text (which followed Gerard of Berry’s in some manuscripts) (*Lovesickness* 106).

¹³² Wack, *Lovesickness* 85

Although Bernard identifies by name the medical writers Avicenna, Galen, and Constantine (he names the *Viaticum*), and two poets (an anonymous “versificator” and Ovid),¹³⁴ these uncredited influences shaped Bernard’s text as much as the ones he identifies explicitly.

After defining *hereos* as a kind of melancholic worry, Bernard identifies its cause as the corruption of the estimative faculty (*corruptio aestimatiuae*) engendered by a fixation on the beautiful form and figure of a woman, endorsing Constantine’s visual-psychological explanation over the parallel somatic cause that the translator also described.¹³⁵ Although Bernard continues to adhere to the spirit of Avicenna’s definition from the *Canon* (and some of its language),¹³⁶ he also provides a material basis for the psychological explanation by invoking theories of faculty psychology first brought into the discourse of *hereos* by Gerard, who in turn drew from Avicenna’s *De anima* (or *Sextus de naturalibus*) and *Canon*, and Salernitan theories.¹³⁷ Most importantly, the explanation of the “the psychological process by which perception leads to apprehension and on to action”¹³⁸ in Avicenna’s *De anima* provided Gerard and subsequent authors on *hereos* with indispensable materialistic explanations for the “ultimately Platonic notion of love as generated by the sight of beauty.”¹³⁹ In order to understand what Bernard is doing

¹³³ Wack suggests that Peter of Spain’s “*Questiones super Viaticum*” were known at Montpellier by 1300, based partly on the observation that Bernard appears to quote from the B version of Peter’s treatise (*Lovesickness* 106).

¹³⁴ *Lilium* 210-213.

¹³⁵ Ibid. 210. For Constantine’s description of the two causes of lovesickness, see “*Viaticum* I. 20” 8-16.

¹³⁶ Gordon uses the stock phrase “*formam & figuram*” (*Lilium* 210) which copies Avicenna’s “*formarum et figurarum*” (*Liber canonis*, fol. 151^v), possibly via Gerard of Berry (4).

¹³⁷ See Gerard of Berry 7-9. Avicenna’s *De anima* was one of Gerard’s major influences in composing his gloss (McVaugh, Introduction 22; Wack, *Lovesickness* 58-9). Indeed, after Gerard, the location of the imbalance or corruption responsible for the malady, especially regarding the brain, would be hotly debated in the usual scholastic fashion in many texts on *hereos* (See, e.g., Peter of Spain, “*Questiones super Viaticum*” versions A and B). The estimative faculty usually came out ahead.

¹³⁸ McVaugh, Introduction 20.

¹³⁹ Wack, *Lovesickness* 59.

in his chapter on *hereos*, we need to look more closely at the scientific explanations of these processes.

In *De anima*, Avicenna partitions the brain into three ventricles, each the site of one or more *virtutes* which describe inner senses or mental faculties.¹⁴⁰ The anterior ventricle houses two senses: first, the common sense (*sensus communis*, also called the *fantasia*), a “passive faculty,”¹⁴¹ receives and integrates the sensible impressions of forms gathered from the five senses;¹⁴² and second, behind the *fantasia*, the *imaginatio* (the “retentive imagination”) retains what the common sense has gathered for later use by the *imaginativa* (the “compositive imagination”).¹⁴³ The middle ventricle is home to two faculties: at the top of the ventricle is the estimative faculty (*estimativa*), and below, the imaginative faculty (*imaginativa*).¹⁴⁴ The function of the *estimativa* is to apprehend the non-sensed intentions (*intentiones non sensatas*) or “insensible connotational attributes”¹⁴⁵ in the *formae*, a function that we might liken to the instinct that tells a sheep to flee from a wolf.¹⁴⁶ The estimative faculty “undertakes most of the day-to-day interactions with the world around us,”¹⁴⁷ judging between what is good or bad, and turning these determinations into action through the concupiscible (desire, attraction) and

¹⁴⁰ Avicenna, *De anima* I. 5 (*Liber de anima seu sextus de naturalibus Avicenna Latinus I-II-III* 79-102).

All references to *De anima* are to this volume and book unless otherwise noted.

¹⁴¹ McGinnis 112.

¹⁴² *De anima* 87, lines 19-22.

¹⁴³ *Ibid.*, lines 22–88, 25. I borrow the terms “retentive imagination” and “compositive imagination” from McGinnis 111.

¹⁴⁴ *De anima* 89, lines 44-53.

¹⁴⁵ McGinnis 114.

¹⁴⁶ “Diende est vis aestimationis; quae est vis ordinata in summo mediae concavitatis cerebri, apprehendens intentiones non sensatas quae sunt in singulis sensibilibus, sicut vis quae est in ove diiudicans quod ab hoc lupo est fugiendum, et quod huius agni est miserendum” (Then there is the estimative faculty, which is the faculty located at the top of the middle ventricle of the brain, and which apprehends non-sensed intentions which are in the individual sensed things [sensibles], just as the faculty in the sheep judges that this wolf is to be fled from and that this lamb is to be pitied; *De anima* 89, lines 48-52).

¹⁴⁷ McGinnis 113.

irascible (fear, repulsion) faculties.¹⁴⁸ The *imaginativa* or “compositive imagination,” located at the *vermis*, has the job of reckoning, uniting, and differentiating among objects.¹⁴⁹ It is active in that it can also produce images of imaginary or impossible things,¹⁵⁰ unlike the merely passive *imaginatio*.¹⁵¹ In humans, the *imaginativa* is also called *cogitativa* when it is serving the intellect.¹⁵² Finally, alone in the posterior ventricle of the brain, the *memoria* retains what the estimative faculty has apprehended about the non-sensed intensions of the object.¹⁵³

Although *De anima*’s explanation of faculty psychology was vastly influential for Gerard, Bernard (directly and through Gerard), and many others who wrote on *hereos*, there was no standard, agreed-upon schemata.¹⁵⁴ For example, Avicenna uses *fantasia* as a synonym for *sensus communis* in *De anima*, yet in the *Canon* he has *fantasia* mean *imaginatio*.¹⁵⁵ Even Bernard himself, in his *Liber prognosticorum*,¹⁵⁶ provides a slightly differing reading of Avicennan faculty psychology, based partly on Avicenna’s *Canon*.¹⁵⁷

¹⁴⁸ *De anima* 100, line 90, to 101, line 3. For the concupiscible and irascible as understood in Christian discourse, where they are conceived in terms of good and evil, see, e.g., Bartholomaeus Anglicus, *De proprietatibus rerum* III. 6 (n. pag.).

¹⁴⁹ *De anima* 89, lines 44-48.

¹⁵⁰ The best known example of this is the impossible composite image, the emerald mountain, invoked most vividly in another influential discussion of faculty psychology by Avicenna: *Liber canonis*, bk. 1, fen. 1, doctrine 6, cap. 5 (fol. 23^{r-v}).

¹⁵¹ For the difference between the passive and storing *imaginatio* (“faculty of imagination”) and the more active *imaginativa* (as in “imagining”), see Hasse 157-8.

¹⁵² “[...] haec est virtus quae, cum intellectus ei imperat, vocatur cogitans, sed cum virtus animalis illi imperat, vocatur imaginativa” (this is the faculty that, when the intellect rules it, is called *cogitans*, but when the animal faculty rules it, is called the *imaginativa*; *De anima* IV. 1 [*Liber de anima seu sextus de naturalibus* Avicenna Latinus IV-V 6, lines 76-8]); cf. “virtutem imaginativam, quae vocatur in hominibus virtus cogitationis” (the imaginative faculty, which in men is called the cogitative faculty; *De anima* III. 8 [*Liber de anima seu sextus de naturalibus* Avicenna Latinus I-II-III 271, lines 81-2]).

¹⁵³ *De anima* 89, lines 53-56.

¹⁵⁴ See Wack, *Lovesickness* 56; and Siraisi 82, figure 13. McVaugh compares Avicenna’s varying accounts of the mental faculties in his *Canon* and *De anima* (Introduction 20-1), and also shows that Gerard of Berry’s terminology can be inconsistent and confusing (ibid. 21-3). For an examination of the various, often conflicting ways in which Avicenna’s psychology was understood in the Latin West, see Hasse 127-53.

¹⁵⁵ A difference noted by McVaugh (Introduction 20-1).

¹⁵⁶ On this text, see Demaitre, *Bernard de Gordon* 42; for a list of MSS, see ibid. 189-90.

¹⁵⁷ “Intelligendum est quod in cerebro sunt tres cellulae, prima quae est in parte anteriori. Secunda quae est in medio. Tertia quae est in postremo. In anteriori parte primae cellulae iacet sensus communis cuius

Roger Bacon used *fantasia* to describe a combination of the *sensus communis* and the *imaginatio*,¹⁵⁸ and in Peter of Spain's writings, *fantasia* is usually identical with what Avicenna describes in *De anima* as *imaginativa* (as it acts as the cogitative faculty when under the rule of the intellect).¹⁵⁹ Moreover, Bartholomaeus Anglicus and Vincent of Beauvais each provided differing explanations, drawing from different authorities. Both texts drew heavily from contemporary medical theory.¹⁶⁰ In Trevisa's translation (1379) of *De proprietatibus rerum*, the key passage reads, "þe brayne haþ þre holowþ places þat phisiciens clepen *ventriculos* 'smale wombes'. In þe formest celle and wombe is ymaginacioun conformed and imaad; in þe middel, resoun; in þe hindemest, recordacioun and mynde."¹⁶¹ Bartholomaeus was borrowing from Haly Abbas.¹⁶² Vincent of Beauvais' description in the *Speculum maius* of the location of the faculties is perhaps the clearest, as he carefully paraphrases from *De anima* (or a faithful intermediary), taking care to

operation est compraehendere omnes formas receptas in sensibus particularibus, & iudicare de eis. Vnde recipit colores, odores, & ita de omnibus aliis. In postrema autem parte primae cellulae iacet phantasia, cuius operatio est conseruare species receptas in sensu communi. Vnde phantasia est thesaurus sensus communis [...]" (It is understood that the brain has three ventricles. The first is in the anterior part, the second in the middle, and the third in the posterior. In the anterior part of the first ventricle lies the common sense, the operation of which is to gather together every form received from the senses, and to judge among them; whence it receives colours, odours [and other respective sensory inputs from the other senses]. Moreover, in the back of the first ventricle lies the *fantasia*, the operation of which is to preserve the forms received by the common sense. Thus the *fantasia* is the storehouse of the common sense; *Liber prognosticorum*, partic. 4, cap. 1; fol. 394^v). Later in the text, it becomes clear that Bernard is working, not with *De anima*, but with the *Canon*: the wording is very similar in places, as when Bernard says that the *imaginativa* can create images of impossible things, such as an emerald mountain (ibid., 395^f; cf. Avicenna, *Liber Canonis*, bk. 1, fen. 1, doct. 6, cap. 5; fol. 23^{f-v}).

¹⁵⁸ Kemp 362.

¹⁵⁹ Peter of Spain, "Questiones super Viaticum (Version A)" 22-9; id., "Questiones super Viaticum (Version B)" 16-7.

¹⁶⁰ For an overview of Bartholomaeus' medical sources, see Seymour and Colleagues 23-6; for Vincent of Beauvais', see Paulmier-Foucart 65-8, 75, and 266-76.

¹⁶¹ John of Trevisa 1: 173, lines 14-18. This translates the Latin: "Ex tribus autem cellulis est distinctum quia cerebrum tres habet concauitates que ventriculi a phisicis nuncupantur. in aneriori cellula siue ventriculo formatur imaginatio. in media ratio. in posteriori memoria & recordatio" (Bartholomaeus Anglicus, *De proprietatibus rerum* V. 3 [n. pag.]).

¹⁶² Bartholomaeus's main source was the section "De signis" in Haly Abbas's commentary on Galen's *Tegni*, in which he describes the operations located in the "concauitates scilicet ventres" (ventricles or wombs) of the *medulle*, with the *imaginatio* in the anterior, the *cogitatio* in the middle, and the *rememoratio* in the rear (*Super Tegni*, fol. 160^f).

differentiate among potentially confusing terms such as the *fantasia* and the *imaginativa*.¹⁶³ Despite all of these differences, in a very basic way the essential layout of the faculties articulated in the *Isagoge* of Johannitius generally holds: the *fantasia* is at the front of the head, the *ratio* or *cogitatio* (i.e. Avicenna's *cogitativa*, which is the *imaginativa* under the control of the human intellect) is in the middle (or in the brain, more specifically), and *memoria* in the back, in the occipital lobe (*in occipito*).¹⁶⁴

With a basic understanding of faculty psychology—and an equally important alertness to how this theory was not, in fact, uniform in Bernard's sources or even in his own writings—we may now return to his definition and etiology of lovesickness. Bernard has told us so far that the *passio* of *hereos* is a species of melancholic worry on account of love, and that its cause is the corruption of the estimative faculty occasioned by the fixation on the form of a particular woman. Bernard is not interested (as are Gerard, Peter of Spain, and other contemporary authors on the subject) in specifying in great detail the somatic features of the malady. Gerard of Berry's explanation, for example, spells out in clearer language the processes that Bernard merely gestures towards. In his *Glosule*, Gerard calls upon the faculty psychology of *De anima* and supplements it with the discussions of melancholy¹⁶⁵ and *ilisci* in the *Canon*, and with theories of *spiritus* and the

¹⁶³ *Speculum doctrinale* XIII. 49 (*Speculum maius* 2: 1201/2). Hasse states that Vincent drew both from texts influenced by *De anima* and from the original in his section on the soul in the *Speculum naturale* (74). Hasse does not discuss the *Speculum doctrinale* specifically, but based on a comparison of the passages, it seems probable that Vincent also had *De anima* or a text closely derived from it at hand when he described the inner senses in that volume.

¹⁶⁴ Johannitius, *Isagoge*, "De Virtute Animalis" (Ed. Maurach 154). Cf., however, the Middle English translation of the *Isagoge* in British Library, MS Sloane 6, fols 1^r-9^r (eVK 3563) (at fol. 2^r), and the schematic visualization of the section on the nonnaturalals (fols 20^v-21^r). These locate "ymaginacioun or fantasie" in the front, "vnderstandyng or reson" in "þe brayne," and "memorie or mynde" in the "middle."

¹⁶⁵ In his chapter on melancholy in the *Canon*, Avicenna states that that condition arises from a surfeit of black bile, which is cold and dry, affecting the *spiritus* of the brain (bk. 3, fen 1, tract. 4, cap. 9; fol. 149^v). Bernard himself builds on this and other current theories in his chapter, "De mania et melancholia," which directly precedes the chapter on *hereos* in the *Lilium*.

“psychopathology of desire” found in Salernitan writings.¹⁶⁶ Although Gerard’s understanding of the locations of the inner senses varies somewhat from Bernard’s, he provides the same Avicennan definition of *hereos* as a species of melancholic worry, and similarly attributes it to a malfunctioning estimative faculty (responsible for the over-estimation of the beloved).¹⁶⁷ The *estimativa*, by operating with great vigor, draws heat and *spiritus* to itself, cooling and drying out the *imaginativa*, which becomes melancholic and fixes its gaze upon the object of desire, and simultaneously causes worry.¹⁶⁸ The *estimativa* controls the *imaginativa*, and the *imaginativa* the concupiscible power, so the person’s whole desire is directed singly to the form of this one woman alone.¹⁶⁹ This explanation is as close to a “standard” definition of lovesickness in the later Middle Ages as is possible to find given the heterogeneity of the discourse—and despite this, as McVaugh rightly observes, even Gerard’s use of faculty psychology is sometimes confusing.¹⁷⁰ Bernard’s account, however, largely agrees with Gerard’s.

Chaucer’s reference to faculty psychology—Arcite’s malady was *not only* like *hereos*, but “lyk manye, / Engendred of humour malencolik / Biforen, in his celle *fantastik*” (emphasis added)—does not seek to identify the location of the original corruption, which most medical writers agreed was the *estimativa* or its equivalent. Rather, Chaucer evinced a knowledge of the process whereby the *passio* of *hereos* threatened to cause *another* melancholic condition, *mania*, in a different part of the brain—which he identifies as the front ventricle housing the *fantasia*. His terminology is in keeping with that of Bartholomaeus, but the general principles involved are the same as

¹⁶⁶ Wack, *Lovesickness* 58.

¹⁶⁷ Gerard of Berry 6-9.

¹⁶⁸ Ibid. 22-27.

¹⁶⁹ Ibid. 15-22.

¹⁷⁰ McVaugh, Introduction 21-3.

those described by Bernard and Gerard. Indeed, Bernard builds on Gerard in explaining that, by a chain of command, the *estimativa* controls the *imaginativa*, which controls the concupiscible power, which controls the irascible, which controls the motive power.¹⁷¹ By this process, the malfunctioning *estimativa* is able to cause specific *behaviours*, and the patient does irrational things, like running in the street, heedless of heat, cold, or other dangers.¹⁷² Bernard also identifies noble men (such as Arcite) as more likely to succumb to the illness on account of their abundance of luxury, thus echoing Gerard's (Ovidian) caution against leisure in cases of painful love.¹⁷³ Then, following Constantine (and naming the *Viaticum*), Bernard says that *hereos* is "an extreme form of pleasure" that, in its excess, brings about *insania*.¹⁷⁴

At this moment in the text, Bernard includes the first of several quotations of short poetic verses that he uses to illustrate his arguments. Although other medical treatises on *hereos* also named poets—chiefly Ovid—as authorities, Bernard's contains several full quotations from the poet, and foregrounds them in important ways. All of his citations of Ovid in this text are to the *Remedia amoris*, and Bernard employs them in the same order that they appear in his source, which suggests that he had the text, or one derived from it, at hand. Having just told us that lovesickness is a kind of madness (*insania*), he cites the final line (indicated here with italics) of a two-line passage on suicide in the *Remedia*: "Cur aliquis laqueo collum nodatus amator, / *A trabe sublimi triste pependit onus*" ("Why has some lover cast the noose about his neck, *and hung, a sad burden, from a lofty*

¹⁷¹ *Lilium* 210.

¹⁷² *Ibid.* 210-11.

¹⁷³ *Ibid.* 210; Gordon loosely paraphrases Berry 57-65. For a discussion of the medical reasons why "noble" persons were thought to be more prone to love melancholy, see Beecher and Ciavolella 75.

¹⁷⁴ *Lilium* 210; cf. Constantine, "Viaticum I. 20" 5-7; cf. Gerard of Berry 64-5.

beam"; 17-18).¹⁷⁵ In its original context, the passage was one of several Ovid used to illustrated the potentially dire consequences of painful love, helping him make his case for why the reader should accept his assistance as healer to those in love. Bernard would claim the same role for himself, and it is significant that he calls on Ovid so frequently to help him do this.

After reminding us that the patient's power to reckon and judge is impaired, Bernard provides another quotation, this time from an unnamed "versificator": "Omnis amans caecus, non est amor arbiter aequus; / Nam deforme pecus iudicat esse decus" (All lovers are blind, Love is not a fair judge; / For he judges an ugly beast to be beautiful).¹⁷⁶ I have identified this as a proverbial couplet, found in numerous contexts.¹⁷⁷ This runs into another popular proverbial line: "Quisquis amat ranam, ranam putat esse Dianam" (Whoever loves a frog, thinks the frog to be Diana).¹⁷⁸ Demaitre calls these borrowings from the *Versificator* "folksy proverbs,"¹⁷⁹ and Ogle has shown that they belong to the convention of "satire on the lover's blindness" which dates back to Ancient Greece.¹⁸⁰ Bernard explains the truth underlying the established wisdom contained in these proverbs with recourse to the latest medical theory (as a medieval commentator on the *Aphorisms* explains Hippocrates): the lover is irrational specifically because of a failure of his estimative faculty. Whereas a functioning estimative faculty might properly judge the form of a woman to be unpleasing, a malfunctioning one overestimates her beauty. Throughout, rather than offering a novel view of the behaviour of the lovesick, he joins

¹⁷⁵ A thirteenth-century French translator of Ovid's *Ars amatoria* commented that his work was useful because it could prevent suicide by hanging of those who are mad with love (Wack, *Lovesickness* 15).

¹⁷⁶ *Lilium* 210.

¹⁷⁷ Walther 20188. For discussions of the anonymous "versificator," see Demaitre, *Bernard de Gordon* 14; Lowes 488, n. 6.

¹⁷⁸ Walther 28967 (as identified by Demaitre, *Bernard de Gordon* 14).

¹⁷⁹ Demaitre, *Bernard de Gordon* 14.

¹⁸⁰ Ogle 245.

other medical writers in attempting to better understand the *signa*, to verify the wisdom of Ovid the Ancient by means of contemporary medical theory.

Next, Bernard provides a concise list of the *signae amoris* based ultimately on Avicenna:¹⁸¹ lovesick patients eschew sleep, refuse food and drink, and their bodies waste away; they get hung up on profound and secret thoughts; they emit sorrowful sighs; and if they should hear a song about the separation of lovers, they immediately become sad and begin to weep; but if they should hear a song about the uniting of lovers, they begin just as quickly to laugh and sing.¹⁸² Lowes points to a particular passage—“amittunt somnum, cibum, potum, & maceratur totum corpus”—as a potential source for Chaucer’s description of Arcite, “His slep, his mete, his drynke, is hym biraft, / That lene he wex,” and this comparison seems eminently plausible:¹⁸³ the symptoms and the order in which they are presented line up perfectly, and this could well be the immediate source. The reference here to the patient’s emotional responses to songs about love, illustrating the extent of the patient’s emotional lability—originally from Avicenna and picked up by Gerard of Berry¹⁸⁴—brings to the fore the power of amatory poetry, which is akin to song, to affect its audience in profound ways. Here, again, Lowes aptly notes a similarity with lines from Chaucer’s passage: “And if he herde song or instrument, / Thanne wolde he wepe, he myghte nat be stent.”¹⁸⁵

¹⁸¹ Avicenna, *Liber canonis*, fol. 151^v; cf. Gerard of Berry 30-42.

¹⁸² “Signa autem sunt, quando amittunt somnum, cibum, potum, & maceratur totum corpus, praeterquam oculi, & habent cogitationes occultas profundas, cum suspiriis luctuosis, & si audiant cantilenas de separatione amoris, statim incipiunt flere & tristari; & si audiant de coniunctione amoris statim incipiunt ridere & cantare” (The symptoms, moreover, are when they eschew sleep, drink, and food, and all the body is wasted away except for the eyes, and they have deep secret thoughts, mournful sighs, and if they hear songs about the sundering of love, straightaway they begin to weep and be sad; and if they hear about the coming-together of love, they begin to laugh and sing; *Lilium* 211).

¹⁸³ Lowes 525.

¹⁸⁴ “[...] fletum cum amoris cantilenas audit” ([...] [he weeps] when he hears love songs; *Liber canonis*, fol. 151^v). Cf. “[...] flet cum audit amoris cantilenas” (Gerard of Berry 39-40).

¹⁸⁵ Lowes 526.

At this point, Bernard, instead of merely summarizing the salient details, tells an illustrative story about diagnosis by pulse drawn from Galen, and of a kind with the Soranus sub-genre.¹⁸⁶ Galen—Bernard tells us—used a pulse test to diagnose the *passio* of love in a young patient who was melancholic, sad, and thin. His pulse was weak, and he did not want to reveal to Galen what was the matter. But when the patient's beloved walked in front of him, his pulse became hard, revealing the cause of his woe; his pulse would return to its normal state when she was gone. Bernard explains that Galen was able to deduce from observing this behaviour that his patient's illness was caused by the love of a particular woman. Bernard takes from this story that, if anyone—we may infer, if a physician—wants to know the name of another's beloved, he could try naming women in his presence, for when the right name is hit upon, the sufferer's pulse will become excited and give up his secret.

Bernard has now covered at some length the definitions, causes, and symptoms of lovesickness, and additionally has given some tips on diagnosis by pulse. His section on prognosis, in contrast, is conspicuously short: “Prognosticatio est talis, quod nisi hereosis succurratur, in maniam cadunt, aut moriuntur” (The prognosis is such that unless lovesick patients are helped, they will fall into *mania* or die).¹⁸⁷ Here we find another medical analogue for the description of Arcite's malady being not only like *hereos*, but rather “lyk manye, / Engendred of humour malencolik / Biforen, in his celle fantastik.” We reviewed these lines before with reference to faculty psychology, and they merit revisiting here. In the chapter on mania and melancholy in the *Lilium*, Bernard explains that black bile can

¹⁸⁶ *Lilium* 211.

¹⁸⁷ *Ibid.*

cause both melancholy and mania.¹⁸⁸ Another medical source for this theory is the gloss on the *Viaticum* by Bona Fortuna, who may have been a Montpellier master around the same time Bernard was there.¹⁸⁹ Bona Fortuna provides a similar prognosis to Bernard's: "quando non curantur fiunt melancolici vel maniacy" ("when they are not cured, they become melancholic or mad").¹⁹⁰ Bartholomaeus, too, described mania as resulting generally from problems in the front of the brain (such as affect Arcite) in his *De proprietatibus rerum*, translated by Trevisa:

Amencia and madness is al one: and Plataerius seiþ þat madnes is infeccioun [of þe furþir celle of þe heed wiþ priuacioun of ymaginacioun, as melancolia is infeccioun] of þe myddel celle of þe heed wiþ priuacioun of resoun. As Constantinus seiþ *in libro de melancholia*, melancolia he seiþ is a *sus[p]*ecciou þat hath maistrie of þe soule, þe which comeþ of drede and of sorwe. And þese passiouns beþ diuers: madnes þat hatte *mania* and madnes þat hatte malencolia, by diuers greuyng and hurtinge of worching for [in] *mania* principalich þe ymaginacioun¹⁹¹ is ihurt [and in þe oþir resoun is ihurt]. And þese passiouns comeþ somtyme of malencoly metis; and somtyme of dringke of stronge wyn þat brenneþ þe humours and turneþ hem into askes; sometyme of passiouns of þe soule, as of besynes, and grete þouȝtes of sorwe, and of greet studie, and of drede [...].¹⁹²

¹⁸⁸ Ibid. 203.

¹⁸⁹ Wack, *Lovesickness* 127-29.

¹⁹⁰ Bona Fortuna 29-30.

¹⁹¹ I.e. not the *imaginativa* but rather the *imaginatio*, in the front of the brain.

¹⁹² John of Trevisa 1: 349, lines 25 to 350, line 7. Latin original: "Amentia idem est *quod* insania. Est autem mania secundum, pla. [Plaeterius] infectio anterioris cellule capitis cum priuatione imaginationis. sicut melancolia est infectio medie cellule capitis cum priuatione rationis (vel vt dicitur constantinus in liber de

What is important to note at this point is that the prognosis is very serious: *hereos* is not puppy love; it is not a fiction of poets, but a serious condition in need of medical treatment of the kind only physicians can provide.

Bernard is especially colourful and creative in his section on cures.¹⁹³ Patients may be divided into two categories: those who are obedient to reason, and those who are not (a division also found in *Bona Fortuna*).¹⁹⁴ If they are obedient to reason, Bernard enjoins the counselor or physician to chastise and admonish them, and remind them of the perils of the age, of Judgment Day, and of the joys of paradise.¹⁹⁵ If they are not obedient to reason, however, you may beat them until they are, and tell them of major sadnesses that will make theirs seem small. Bernard advocates putting things in perspective, as “honores mutant mores” (achievements alter one’s character), a proverbial saying which generally carries a negative connotation.¹⁹⁶ The next category of cures includes types of distraction and diversion, and here Bernard calls on Ovid for considerable support. First, avoid leisure, as Ovid says: “Otia si tollas, periere Cupidinis arcus” (“Take away leisure and Cupid’s bow is broken”).¹⁹⁷ The general sentiment was proverbial, and may be found in Publilius Syrus’s *Sententiae*: “Amor otiosae causa est sollicitudinis” (“Love causes worry in the leisure hour”).¹⁹⁸ Bernard counsels that the patient remain occupied, and he channels two lines from Ovid to support his point: first, “Da vacuae menti, quo teneatur,

melancholia). Melancholia est inquit suspectio dominans anime quam timor & tristias induxerunt. Et differunt passiones iste secundum diuersitatem lesionis operationum quia in mania principaliter leditur ymaginatio, in alia vero ratio. Et generantur hae passiones aliquando ex cibis melancolias. aliquando ex potatione fortis vini exurentia & incinerantis humores. aliquando ex anime passionibus scilicet sollicitudine, tristitia, nimio studio & timor” (*De proprietatibus rerum* VII. 6 [n. pag.]). Bartholomaeus’ main medical source for this passage was Johannes Platearius’ *Practica brevis* (fol. 173).

¹⁹³ The section discussed here is in *Lilium* 211-12.

¹⁹⁴ The agreeing passage in *Bona Fortuna* is at lines 123-27, where he differentiates between *corrigibiles* and *incorrigibiles*.

¹⁹⁵ Cf. *Bona Fortuna* 65-9.

¹⁹⁶ *Lilium* 212. For the proverb, see Walther 11125.

¹⁹⁷ Ovid, *Remedia amoris* 139.

¹⁹⁸ Publilius Syrus, *Sententiae* 34.

opus” (“give the empty mind some business to occupy it”), and second, “Vade per urbanae splendida castra togae” (“frequent the camps that gleam with the city gown”). These are lines 150 and 152 in the *Remedia*. Curiously, one manuscript of the *Viaticum* contains a thirteenth-century marginal note in the section on *hereos* quoting line 152, so it seems to have circulated as a self-contained saying.¹⁹⁹ (Indeed, several manuscripts of that text contain similar marginal glosses from Ovid.²⁰⁰) Bernard’s illustrative verses from Ovid on avoiding leisure and seeking diversions fit Bernard’s text especially well because they derive from sections in the *Remedia* that discuss the very remedies that Bernard is prescribing. The Modern is following the Ancient.

The next quotation Bernard employs, however, which is presented immediately after the preceding one without any intervening text, signals a curious departure from the topic of the present section. Here, Bernard quotes from the section in the *Remedia* in which Ovid advocates revulsion therapy.²⁰¹ In that section, Ovid explains that focusing on the negative aspects of the beloved will dispel the lover’s false impression of her beauty by uncovering its artificiality. Go to her room when she is not there, he says, and you will find the makeup that she relies on to look pretty—“Pyxidas invenies et rerum mille colores” (“boxes you will find, and a thousand colours”).²⁰² This is the line Bernard quotes. As we will see, Bernard takes the tactic recommended by Ovid—and reinforced by Avicenna—to new levels, but he only does this later in his text, so it is unclear what he means by placing the line on *pyxidae* here. The next—and final—quote from Ovid in this section fits better, and has to do with seeking out other lovers as a distraction: “Hortor et,

¹⁹⁹ Wack, *Lovesickness* 15.

²⁰⁰ Ibid.

²⁰¹ Ovid, *Remedia amoris* 200-357.

²⁰² The line is found in Ovid, *Remedia amoris* 353.

ut pariter binas habeatis amicas / (fortior est, plures siquis habere potest)” (“I advise you to have two mistresses at once [a tough man is he who can take on more]”).²⁰³ The final remedy addresses matters of regimen.²⁰⁴ Bernard recommends seeking out the enjoyable company of friends, visiting calming places like meadows, mountains, and pastoral settings; fountains are calming, as are good smells, beautiful things, birdsong, and instrumental music. (It is perhaps ironic that these salubrious environments are also associated with burgeoning love.) Bernard justifies these cures by saying that, because they are effective to treat melancholy—to produce medicinal *gaudia*—they will also work on *hereos*. Most of these remedies were frequently cited in the medical literature, and they belong to therapeutic categories that were well summarized (with regard to this particular malady) by Bona Fortuna.²⁰⁵

In the final major section in the text, Bernard returns to the aversion cure that he had previously introduced, apparently out of place, with the quote from Ovid about makeup boxes. Building on a cure recommended most famously in the medical literature by Avicenna,²⁰⁶ Bernard writes that, if all else fails, seek the counsel of an old woman to disparage the beloved—specifically, seek the ugliest old woman you can find, with big

²⁰³ Ovid, *Remedia amoris* 441-2. The line is also echoed in Gerard of Berry 53-5.

²⁰⁴ *Lilium* 212; cf. Avicenna, *Liber canonis*, fol. 151^v.

²⁰⁵ Cf. “Sed nunc nota documenta universalia: primum igitur est mutatio regionis, secundum est occupatio in litigiosis contentionibus; aliud est necessariis occupationibus; quartum est coitu cum aliis mulieribus” (“But now note universal recommendations: first is change of locale; second is entanglement in lawsuits; third is necessary business; fourth is intercourse with other women”; Bona Fortuna 149-52). Bona Fortuna expands upon these and other remedies throughout his text, differentiating between cures for body and for the mind, because the malady has both somatic and psychological causes (94-97).

²⁰⁶ Cf. Gerard of Berry: “multum valet consilium uetularum ut narrent uituperationes multas et fetidas dispositiones rei desiderate” (“the counsel of old women is very useful, who may relate many disparagements and the stinking dispositions of the desired thing”; 51-3); cf. Bona Fortuna, “Si vero patiens aliquodo modo sit corrigibilis, tunc debemus narrare rem cum feditatibus et turpitudinibus suis et narrare omnia vicia que possumus de re amata” (“If indeed the patient is in any way corrigible, then we ought to discuss the [beloved] object with its filthy and loathsome qualities, and relate all the various things that we can concerning the beloved object”; 142-44). These are all ultimately derived from Avicenna, *Liber canonis*, bk. 3, fen 1, trac. 4, cap. 25 (“De cura”): “Et emittit vetule ad eum incitentur vt vituperent illud quod diligunt ipsi & rememorent eius dispositiones & narrent ei res aliquis de ipso ex quibus horrorem incurrat. & narrent ei de ipso vituperationes multas” (fol. 151^v).

teeth, a beard, and with base and vile habits. Let her take the menstrual rag from the beloved with her when she goes to speak with the patient, and educate him in all of the disgusting things about young women that old women know well. And should this strategy not work, the *vetula* ought suddenly to wave the menstrual rag in the patient's face, exclaiming (Bernard represents this in direct speech): "This is what your beloved is like! This!" If even this final strategy does not work, explains Bernard, the patient is no longer a man, but the Devil incarnate.²⁰⁷ This makes the revulsion therapy that cures Absolon of his "love-longynge" (CT I. 3349, 3679, 3705) for Alisoun in the Miller's Tale seem somewhat less fantastic than it might. In that text, after Absolon has (mistakenly and through japery) kissed Alisoun's "naked ers / Ful savourly" (I. 3734-35), he is "heeled of his maladie" (I. 3756).²⁰⁸ The Miller's Tale, which sends up the narrative of competing lovers and painful lovesickness recounted in the Knight's Tale, ironically contains a successful, (more or less) medically-approved cure for the malady.

The final section of Bernard's chapter comprises five *clarificationes* addressing debated topics in the medical discourse on *hereos*.²⁰⁹ The first three discuss the effectiveness of treatments having to do with non-naturals of coitus and baths, and the administration of wine; the fourth and fifth each address a *res naturale*, namely which members are affected, and whether there is a predisposition to the illness rooted in gender. Coitus was not only the most commonly recommended cure in the medical literature on *hereos*, it was also thought to be the most effective.²¹⁰ And this is hardly surprising: it represents the fulfillment of the frustrated desire that is at the heart of all

²⁰⁷ *Lilium* 212.

²⁰⁸ The identification of the jape in the Miller's Tale as a kind of aversion therapy was first made by Robertson, *Preface* 469.

²⁰⁹ *Lilium* 213.

²¹⁰ For an overview of the medical history of intercourse as a cure for lovesickness, see Wack, *Lovesickness* 66-70.

conceptions of lovesickness. In the first *clarificatio*, Bernard advocates it for those whose temperament will allow it. Second, wine should be drunk moderately; and third, baths are recommended for their humidifying effect. Bernard then identifies the debate, explored more thoroughly by Peter of Spain,²¹¹ on the true cause of—and members affected by—*hereos*. Bernard defines it as a *passio cerebri*, and suggests (perhaps ambiguously) that the seat of the malady may be the genitals.²¹² The last *clarificatio* is on gender: *hereos* affects men more than women because they are naturally warmer and therefore desire more ardently.²¹³

The text closes with a fragment of an oft-quoted lyric on love that Bernard probably got from Peter of Spain:²¹⁴ “Amor est mentis insania, *que* animus uagatur per maniam cerebri, doloribus permiscens pauca gaudia” (Love is a sickness of the mind in which the soul wanders on account of insanity, mixing sorrows with but little joy). (We will recall that Bernard had used the term *insania* previously, when he cited Ovid to show that it could result in suicide.) Variations of this proverbial lyric may be found in numerous manuscripts of several languages,²¹⁵ including in a Middle English rendering:

Loue is a selkud wodenesse
 Pat þe idel mon ledeth by wildernesse,
 Pat þurstes of wilfulscipe and drinket sorwenesse

²¹¹ Peter of Spain, “Questiones super *Viaticum* (Version A)” 10-50; “Questiones super *Viaticum* (Version B)” 5-178.

²¹² Bernard invokes the medical terminology of causation, identifying the testicles as the conjunct cause, and the liver as the antecedent cause (*Lilium* 213). Arnald of Villanova argued that lovesickness was not a *passio* at all, but rather an *accidens* that arises from an underlying condition (McVaugh, Introduction 25-6).

²¹³ On lovesickness and gender, see Wack 109-25, esp. 121-25; McVaugh, Introduction 34.

²¹⁴ *Lilium* 14. Cf. Peter of Spain: “Amor est mentis insania que vagatur animus per inania crebris doloribus permiscens gaudia” (“Love is a sickness of the mind in which the spirit wanders through emptiness, mixing joy with frequent sorrows”; “Questiones super *Viaticum* [Version B]” 10-12). Other versions of the definition appear in verse, and differ considerably.

²¹⁵ See, e.g., Walther 5567, 20187.

And with lomful sorwes menget his blithnesse.²¹⁶

Bernard's text, although medically orthodox (to the extent that this was possible given the variability of the medical discourse of love)—especially when compared with texts like Arnald of Villanova's *Tractatus*, for example²¹⁷—was idiosyncratic in its heavy use of poetic *exempla*. Its popularity both with academic physicians (who cited him in their works) and with non-professionals, coupled with its wide circulation in several translations (including Gaelic, German, Hebrew, French, Castilian, Middle English), attests to the importance of this especially literary discussion for the later-medieval understanding of lovesickness.²¹⁸

For Bernard, lovesickness qualified as an actual medical condition, but it was also one whose description invited a great deal of fictive ornamentation—far more so than his discussion of melancholy, for example. The malady provided an occasion for a comically overblown anti-feminist rant (complete with dialogue), a short detective story about Galen treating a lovesick young man, and the exposition of verses from Ovid and of contemporary doggerel. Although he got the outlines of the story of the old woman's revulsion therapy from Avicenna, there is a fabular element to Bernard's version—a kind of bodily humour that resonates with popular *fabliaux* (such as the Miller's Tale) and medieval narratives of the *vetula* or loathly lady. For example, the Pseudo-Ovidian *De vetula* (13th c.) casts Ovid himself as the protagonist in a comedic folly, recounting how

²¹⁶ "Love's Madness" is printed alongside Latin and French versions in C. Brown, ed. 14-15. *NIMEV* 2005 lists only one MS containing the poem (Oxford, Bodleian Library, MS Douce 139 [SC 21713], fol. 157; printed by Brown). Yet Brown says that he also located the poem in Trinity College Cambridge MS O.2.5 (James 1109), fol. 52 (170). This fourteenth-century MS is comprised mainly of texts on mathematics. I have not been able to consult the manuscript, but James gives an incipit which likely belongs to the poem. Brown prints Latin and French versions of the poem (14, 15). He also prints, for comparison, an echo of lines in Richard de Fournival's *Conseil d'Amours* that have tentatively been attributed to John of Garland (170). Robertson noticed the poem's similarity to the lines in Bernard of Gordon (*Preface* 460).

²¹⁷ McVaugh, Introduction 33.

²¹⁸ Demaitre sees the *Lilium* in translated form as an "intermediate setting between the learning of the *ars* or art and the mentality of the populace or *vulgus*" ("Medieval Writing in Transition" 88).

he is seduced by an old woman; the moral message of the narrative is to eschew sexual vice and embrace spirituality.²¹⁹ Indeed, in his narrative, Bernard delights in describing the old woman, and how she will come prepared with a plan-B shock tactic.

Lovesickness, however, was a *bona fide* medical condition: it was rooted in physiological processes over which the patient had no control. Overmastered by the illness, the patient is stripped of his free will. It has been argued that Bernard's text was in fact moralizing, and therefore not typical of the discourse in general,²²⁰ but it seems instead that his medical stories about *hereos* cast the patient as a hapless pawn of physiological processes. And when the patient resists the most radical of treatments—namely, confrontation with menstrual rags—and the patient is said to be possessed by the Devil, the comedy of the moment potentially overshadows any concern the author might have for the soul of the patient.

I do not wish to advance a wholly ironic reading of the passage. After all, as Demaitre has shown, Bernard's conception of medicine was rational and practically-oriented; he took his work seriously, used his medical sources well, contributed to the body of medical knowledge, and sought above all the naturalistic explanations for medical phenomena.²²¹ Bernard would certainly not have composed a wholly satiric or ironic chapter on a recognized medical condition. Yet he does use his chapter on *hereos* as an occasion to compile a small poetic *florilegium*, stuffing a medical "forme" with a conspicuous amount of the "matere" of fiction, including several lines from a highly ironic Ovidian text—one that, in turn, also inspired a contemporary literary tradition. Chaucer likely had access to this text and mined it for at least a couple of his lines on

²¹⁹ Dimmick 275-6.

²²⁰ See McVaugh, Introduction 33 and n. 63.

²²¹ Demaitre, *Bernard de Gordon* 169.

Arcite. A reader such as Chaucer, however, accustomed to literary depictions of lovesickness (including ones that feature parallel plots, such as narratives of the *vetula*), could not have helped noticing how indebted Bernard's work was to Ovidian material. Indeed, it is difficult to read the chapter on *hereos* unprejudiced by the Ovidian irony with which—intentionally or not—it is suffused.

The second-to-last physician Chaucer names in his catalogue of medical authorities in the General Prologue is the Oxford-educated physician John of Gaddesden, whom we encountered (briefly) in Chapter 1 as a possible model for the pilgrim Physician. Gaddesden completed his *Practica rosa anglica* around 1314.²²² It is a compendium of medical advice compiled from over 1500 sources, intended to make medical knowledge accessible to both professionals and non-professionals, both *medici* and leeches.²²³ Instead of according it its own section, Gaddesden embeds his discussion of lovesickness within his chapter, “De mania desipientia & *melancholia*” (On foolish mania and melancholia).²²⁴

Gaddesden explains that *amor hereos* is a kind of melancholy that affects men and women who desire inordinately.²²⁵ Some become mad—“putant se esse gallos” (they think they are cocks)²²⁶—while others become irrationally fearful. Gaddesden's

²²² Lowes 502, n. 5.

²²³ Getz, *Medicine in the English Middle Ages* 42-43.

²²⁴ John of Gaddesden, *Rosa Anglica*, IV. 2 (fols 169^r-170^r)

²²⁵ *Ibid.*, fol. 169^v.

²²⁶ “Gallos,” accusative plural of *gallus*, meaning “a cock, dunghill cock” (L&S, s.v. “gallus”), also used to denote arrogance. Gaddesden found this in one of the translations of Haly Abbas—i.e., the *Liber Regalis* (fol. 104^r) or the earlier *Pantegni* (fol. 42^r)—or (less likely) in a work that draws from one of these, such as Vincent of Beauvais's *Speculum doctrinale* (XIV. 59). The same comparison is made in Bernard of Gordon, *Lilium* II. 19. Cf. the incomplete Middle English translation of the *Lilium* in Oxford, Bodleian Library, MS Ashmole 1505, fols 73^v-76^v (chapter on mania and melancholy), at fol. 74^v.

In this study, I refer to Stephen of Antioch's (later) translation of Haly as the *Liber regalis*, and Constantine's (earlier) translation as the *Pantegni*.

description of the baseless fears experienced by sufferers of *hereos* evinces a debt to Constantine's *De melancholia* (a liberal translation of Ishaq ibn 'Imram's *Maqala fi l-malihuliya*), which contains examples of irrational thoughts and behaviours and of the emotional lability caused by melancholy rising to the brain.²²⁷ Indeed, Gaddesden seems to have considered *hereos* to be virtually identical with what Constantine called the *accidens universalia* of melancholy (terminology that was expanded by Bernard).²²⁸ Constantine writes that melancholics are depressed, afraid of things that are not frightening, and that they believe irrational and terrible things; they hallucinate threatening black forms, and believe that they themselves have no head; they hear running water and violent storms; still others suffer from corruption specifically of their imagination and reason, and they worry that the sky will fall on them.²²⁹ Bernard followed this same text in his chapter on mania and melancholia in the *Lilium*, explaining that the melancholic humour gives rise to *impossibilia* or *irrationabilia*, and that it also produces diverse and terrible *fantasmata*.²³⁰ *De melancholia* was also a major source, along with the analogous discussion in the *Pantegni* (another Constantine translation),²³¹ of Bartholomaeus Anglicus's description of the effects of black bile.²³² Gaddesden's list

²²⁷ Constantine, *De melancholia* 60-1.

²²⁸ Ibid. 60; *Lilium* 204.

²²⁹ "Sicut tristitia. timor de re non timenda. cogitatio de re non cogitanda. certificato rei terribilis et timorose. et tamen non timende. et sensus rei que non es. Vicent enim ante oculos formas terribiles. et timorosas. nigras. et similia. sicut vidit quidam dictus in passione sua: Videbat nigros homines eum interficere volentes. [...] Sunt alii qui putant se non habere caput. [...] Alii audiunt quasi aquas currentes. ventos tempestuose moventes. [...] Alii corruptam habent imaginationem et rationem [...] Sunt et alii que celum se fugere putant. timentes ne super se cadat" (Constantine, *De melancholia* 60-1). Cf. *Lilium* 204; and on the corruption of the imagination in particular, where he also follows Constantine, see ibid. 203.

²³⁰ *Lilium* 204.

²³¹ Namely, Haly Abbas, *Pantegni* I. 24 (fols 4^v-5^r).

²³² Trevisa 1: 159-62; Bartholomaeus Anglicus, *De proprietatibus rerum* 4, last section (incipit: "Melancolica est humor [...]") (n. pag.). The influence of this medical theory is evident in the Nun's Priest's Tale, a fact explored by Curry 219-40. Aiken argues that Chaucer got his theory from Vincent of Beauvais ("Vincent of Beauvais and Dame Pertelote's Knowledge of Medicine"), who I discuss in more depth below. Also compare the description of the man in black in the *Book of the Duchess* (445).

of symptoms is clearly indebted to this Constantinian tradition: in addition to his own innovations, he echoes Constantine on the fear that the sky will fall (“*quidam figiunt ne super eos caelum*”),²³³ and on the fear of black things (“*timent omnia nigra*”).²³⁴

Gaddesden provides a mere summary of cures: disparage the beloved, make the patient copulate, apply cooling camphor and lettuce to the loins (or liver),²³⁵ and keep the patient from falling into a serious hectic (*ethica*) fever;²³⁶ baths and purgation are also useful, as is the regulation of imbalanced humours.²³⁷ But Gaddesden is not hopeful of a positive outcome.²³⁸

Gaddesden’s brief discussion of *hereos* is far less developed than Bernard of Gordon’s, and its integration within a larger chapter on mania and melancholy is reminiscent more of early discussions of the malady—before the concept of *hereos* had been developed by Western authors²³⁹—than of the contemporary writings on the subject. It is curious that Gaddesden’s text does not evince an understanding of prevailing early fourteenth-century theories on *hereos*, although he knew Bernard’s *Lilium*, the *Viaticum*, and most of the other important texts containing discussions of the malady.²⁴⁰ The whole discussion is compressed and hasty; it appears tacked on.

²³³ John of Gaddesden, fol. 169^v.

²³⁴ Ibid.

²³⁵ “*Dare camohoram & laticiam super renes*” (John of Gaddesden, fol. 170^f). “*Renes*” refers to the loins in this context. Lettuce is indicated for melancholy in Constantine’s *De melancholia* (72) and in *ME Gilbertus* 14. The Rouen *Tacuinum sanitatis* says that it “relieves insomnia and spermatorrhea” and is “harmful to coitus” (Arano, ed. XVIII).

²³⁶ John of Gaddesden, fol. 170^f.

²³⁷ Ibid.

²³⁸ Ibid.

²³⁹ McVaugh argues that in the early Latin translations of Arabic texts, especially in the *Pantegni*, the discourse was “still quite unformed, terminologically as well as conceptually” (Introduction 16).

²⁴⁰ Cholmeley’s monograph on Gaddesden contains a section listing and discussing “Gaddesden’s Authorities,” in which he includes most of the major works on melancholy (166).

A work whose content on *hereos* is often overlooked is the Dominican friar Vincent of Beauvais' *Speculum maius* (completed *ca.* 1260), for which he borrowed heavily from the most current medical theory of his day.²⁴¹ Books 12 to 14 of the *Speculum doctrinale*, the second volume of the massive *Speculum maius*, made obscure medical concepts intelligible to non-professionals. The *Speculum maius* was popular throughout medieval Europe, a fact attested by its influence on the larger culture (as corroborated by references to it in literary works), its survival in a large number of manuscripts and medieval library catalogues, and its translation into several languages (although not English).²⁴² According to M. Paulmier-Foucart, "le *Speculum maius* a bien représenté un outil général de transmission du savoir pendant au moins quatre siècles" (the *Speculum maius* served as a general implement for the transmission of knowledge for at least four centuries).²⁴³ And it is useful to think of texts like this and Bartholomaeus's encyclopedia as *outils*, because, like implements, they may also be used in various ways. The knowledge transmitted in a chapter on *hereos*, for example, could be used to assist in diagnosing a malady, or it could serve to enrich a poem about love. Unlike the *Lilium*, the *Speculum doctrinale* was not an especially influential or important text in England, but it is nonetheless surprising that its chapter on lovesickness is passed over without comment in the major studies on the subject.²⁴⁴ Moreover, as Pauline Aiken has shown, Chaucer

²⁴¹ For the date of completion, see Paulmier-Foucart 23. For Vincent's knowledge of medicine and range of sources, see above, n. 160.

²⁴² Paulmier-Foucart 105.

²⁴³ Ibid.

²⁴⁴ For Vincent's works in England, see Bunt 127. Lowes merely names Vincent and his study (520), and the chapter on *eros* in the *Speculum doctrinale* is not mentioned in the major works by Wack (*Lovesickness*), Ciavolella (*Malattia d'amore*), Beecher and Ciavolella (critical introduction [Part I] to *A Treatise on Lovesickness*), or McVaugh (Introduction).

likely derived a great deal of his medical knowledge from the *Speculum doctrinale*.²⁴⁵ It seems likely that Chaucer was aware of Vincent's chapter, "De melancholia nigra, & canina, & amore qui dicatur eros" (On black melancholy, *melancholia canina*, and love that is called *eros*).²⁴⁶

The title of the chapter groups three conditions (*melancholia*, *melancholia canina*, and *amore eros*) that were related in some literature on the subject. We have already seen how melancholy, *mania*, and *hereos* shared many of the same features, and were associated in the minds of medical writers. But whereas Ibn Sīnā and Ibn al-Jazzār—whose translated writings were the most important sources of information on *hereos* in the Latin west—used the term *ʿishk* to describe the malady of love, other Arabic medical texts compared it to *quṭrub* (Latinized as *coturub*), meaning lycanthropy, which was thought to be a species of melancholy.²⁴⁷ The association was suggested in Byzantine works which predate the Arabic tradition. In his *Synopses*, Oribasius (325-403) places his chapter on "de amore egrotant" right before one on lycanthropy,²⁴⁸ while Paul of Aegina's (mid-7th c.) chapter on "iis qui amore insaniunt" immediately follows his chapter on that condition.²⁴⁹ In Oribasius, those suffering from lycanthropy imitate wolves at night, have hollow dry eyes (and do not cry) and dry mouths on account of a

²⁴⁵ Chaucer names Vincent of Beauvais and his *Speculum historiale* in his *Legend of Good Women* (G. 307); the *Speculum historiale* is a source for his Legend of Cleopatra. Pauline Aiken has published a series of articles which assess the importance of Vincent's texts as sources of Chaucer's medical and scientific learning: "Vincent of Beauvais and Dame Pertelote's Knowledge of Medicine" (1935); "Arcite's Illness and Vincent of Beauvais" (1936); and "Vincent of Beauvais and Chaucer's Monk's Tale" (1942); "Vincent of Beauvais and the Hours of Chaucer's Physician" (1956).

²⁴⁶ *Speculum doctrinale* XIV. 59. The same heading was present in the 1494 edition (Venice, Hermain Liechtenstein), which I have also consulted. I have not been able to consult an early MS of the text, so I do not know if the heading was Vincent's. Yet it is the content of the chapter that is important, not whether Vincent knew to call lovesickness (after Constantine) "eros."

²⁴⁷ Beecher and Ciavolella 60.

²⁴⁸ Oribasius 215-16. For Oribasius, see above, 133.

²⁴⁹ For Paul of Aegina, see above, 133.

lack of saliva; their vision weakens; they are pale; they have wounds on their legs.²⁵⁰

Aëtius (6th c.) and Paul of Aegina describe similar symptoms.²⁵¹ Medical writers likened sufferers of this condition both to wolves and to dogs,²⁵² and *melancholia canina* and lycanthropy were essentially the same condition.

The Arabic writers describe a similar condition. Avicenna's chapter on *cuturub* immediately precedes the chapter on lovesickness in the *Canon*.²⁵³ Al-Rasi (Rhazes), in his *Al-awī* (translated as the *Liber continens* in 1281) presents very similar descriptions to Oribasius's and Paul's, but he explicitly conflates love melancholy with *quṭrub*.²⁵⁴ "[P]atientes coturub vel hereos incedunt de nocte tam quam canes" (Patients of *quṭrub* or *hereos* roam at night as if they were dogs)," writes Rhazes, "et eorum facies sunt croce propter vigilias et eorum corpora desiccantur et continue sitiunt" (and their countenance is yellow on account of sleeplessness, and their bodies are dried out, and they are always thirsty).²⁵⁵ Since the conditions have been discussed together so far, a reader would assume that Rhazes' subsequent description of *quṭrub*, a few pages later (but in the same section), applies to *hereos* as well: patients of *both* conditions, gripped by insanity, roam sepulchers, have wounds on their faces, weakened eyesight, dry tongues, dry eyes, and do not cry; their bodies dry out, they have horrible wounds and dog bites. When they are far

²⁵⁰ Oribasius 216.

²⁵¹ Paul of Aegina 138. For the Latin text of the relevant passage in Aëtius, who mentions both wolves and dogs, along with an English translation, see Heffernan, "That Dog Again" 187.

²⁵² See, e.g., Aëtius, qtd. in Heffernan, "That Dog Again" 187.

²⁵³ I.e. the section on "cutabut" in *Liber canonis*, fol. 151^{r-v}. Avicenna's description is very similar to Rhazes' (for which see the following footnote). He classifies it as a kind of melancholy which makes men want to frequent sepulchers, roaming in the night and hiding during the day; their faces are yellow and their tongues dry; their eyes are weak and sunken. When cures don't work, the physician is advised to apply corporal punishment.

²⁵⁴ The section is in Rhazes, *Continens Rasis*, caps. 22 (description) and 23 (cures) (fols. 18^r-20^v). Rhazes' *Ad almansor* and *Liber divisionem* (both translated by Gerard of Cremona) also contain discussions of problematic love; they were known to Vincent (Paulmier-Foucart 266).

²⁵⁵ *Continens Rasis*, fol. 18^v.

gone, patients run at night, howling like wolves; in this stage of the disease they cannot be treated.²⁵⁶

These last descriptions do not seem to apply very well to lovesickness, but they could be, as Lowes noted (and Ciavolella emphasized), a source for Chaucer's description of Arcite's "waillynge al the nyght, makynge his mone."²⁵⁷ Yet this identification, by itself, does not fully explain the description of Arcite moaning whilst roaming the night. Scholars have overlooked the fact that the *signum* of moaning is also found in the *Roman de la Rose*, as "plaindre et doloser" (2515; "weeping and lamenting"),²⁵⁸ translated into English in the *Romaunt* (in language very similar to that of the Knight's Tale) as "make thy mone" (2396). In the *Roman*, loudly publicizing one's sadness is the tactic listed right after insomnia (which occupies lines 2491-2514), suggesting that Chaucer's combination of the two in the Knight's Tale might owe as much to proximity as to any other authorial consideration. The passage on nighttime moaning in the *Roman*, in turn, is heavily indebted to a passage in Ovid's *Ars amatoria* on the appropriate *signa amoris* a lover should counterfeit—specifically the one that suggests letting the beloved see you at night, pale and sleepless, roaming the streets.²⁵⁹ Indeed, the standard descriptions of lycanthropy drying out the body, causing the skin to turn yellow, and causing hollow eyes, do seem to resonate with the oddly specific description of Arcite as "drye as is a shaft" with "eyen holwe" and a "hewe falow [yellow] and pale." Arcite, then, potentially suffers not only from *ilisci*, but also from another melancholic condition called *coturub*, a disease that

²⁵⁶ Ibid., fol. 20^v.

²⁵⁷ Lowes 526; Ciavolella, "Mediaeval Medicine" 235.

²⁵⁸ Trans. Horgan 39.

²⁵⁹ Compare *Roman de la Rose* 2491-2514 with *Ars amatoria* I. 729-44.

animalizes the patient like a wolf or a dog, and which was linked with the former malady through proximity and conflation in medical texts.

In the *Liber regialis*, Stephen of Antioch's translation of Haly Abbas (who was influenced by Rhazes), *quṭrub* is translated as *melancholia canina*, and discussed in the same chapter as *melancholia* and lovesickness; the material is organized identically to Vincent's.²⁶⁰ In fact, Vincent worked very closely with Constantine's earlier translation of the same text by Haly (which I will identify as the *Pantegni* to prevent confusion between the translations)—so much so that his chapter could be considered a concise paraphrase of Haly's.²⁶¹ Thus Chaucer could have gotten the idea that lovesickness was akin to lycanthropy from Oribasius and the Byzantine writers (who merely group the maladies together), *via* Rhazes, *via* Haly, *via* Vincent.

Vincent's chapter is divided into three sections, one each on *melancholia*, *melancholia canina*, and lovesickness. The first section begins with an etymology from Isidore,²⁶² defining *melancholia* as black (*melan*) bile (*sel = cholen*). Vincent (citing "Hali") then defines the condition that it engenders as "alienatio, siue confusio mentis, sine febre" (an aberration or disorder of the mind, without fever),²⁶³ which replicates Haly's definition—"[m]elancholia est sine febre alienatio mentis"—quite closely. The rest of the subsection on melancholy is also a paraphrase from Constantine's translation

²⁶⁰ Haly Abbas, *Liber regalis*, fol. 104^r. The text was translated in 1127.

²⁶¹ Although Constantine and Stephen of Antioch divide up the material slightly differently, Wack has noted that the material on *hereos* is substantively the same ("Alī ibn al-ʿAbbās al-Mağūsī and Constantine on Love" 165).

²⁶² Isidore of Seville IV.5.5.

²⁶³ *Speculum doctrinale* XIV. 59; cf. Haly Abbas, *Pantegni*, fol. 42^r; cf. *Liber regalis*, fol. 104^r. Subsequent references to the sections in question by Vincent and Haly in the present chapter refer to these locations, unless otherwise noted.

of Haly.²⁶⁴ Vincent describes the symptoms in conventional terms, including the severe mood-swings of the lovesick patient we also encountered in Gaddesden, who likely also drew from one of the translations of Haly: the patient laughs and cries, and he risks taking his own life; other patients think they are vases, and are afraid of being broken.²⁶⁵ These same symptoms are also found in Constantine's *De melancholia*.²⁶⁶

The section on *melancholia canina* sheds light on a reference we encountered earlier when looking at Gaddesden's text. We will recall that Gaddesden divided patients into two categories: those who behave melancholically and those who are manic, acting like puffed-up roosters (*galli*). Not only is this second category of behaviour associated with lovesickness in Haly's and in Vincent's texts (with the latter borrowing from the former), so is the specific reference to roosters (which also appears in Bernard's *Lilium*).²⁶⁷ In the *Pantegni*, Haly provides a description of *canina melancholica* that surely influenced both Vincent and Gaddesden. But Haly makes an interesting and ambiguous rhetorical move to connect lycanthropy with behaving like a rooster. Whereas some patients merely suffer from the delusional thought that they are animals (i.e. therianthropy, "*alii se esse bruta animalia aestimant, & animalium voce clamant*" [others think that they are animals, and bellow in the voices of animals]), he explains, certain people are actually *transformed* by their symptoms. This specific type of melancholy, writes Haly, is called *canina* because patients howl vociferously when night falls, like *galli*. The confusing comparison is held together by a kind of logic that Haly and Vincent

²⁶⁴ A further comparison: Vincent writes, "*Contingit autem aut ex solo cerebro, aut ex membro sibi colligato*"—with which compare the *Pantegni*—"Contingit aut ex cerebro aut ex colligato sibi membro."

²⁶⁵ Another close parallel. Vincent: "*Alii vasa lutea se esse putant, ne frangantur cauent*"; Haly in *Pantegni*: "*Alii vasa lutea se esse putant & cauent ne ea frangant*." Compare Vincent's other major discussions of melancholy in XII. 21 ("De Melancholia") and 25 ("De Signis abundantiae humorum in corporibus").

²⁶⁶ Constantine, *De melancholia* 61.

²⁶⁷ For the sources of the cock reference, see above, n. 226.

both spell out: whereas *galli* crow just as night ends, so *canes* howl when the day ends. Vincent efficiently summarizes Haly's descriptions of the *signa*: patients' skin become yellow; their eyes are dark, dry, and sunken; their mouths are dry and they are thirsty; pustules and wounds appear on their faces. Crucially, this kind of melancholy is incurable. Finally, lycanthropy can be hereditary.²⁶⁸ The description as a whole is not as vivid as in Rhazes (from whom Haly drew), who describes the transformation of lycanthropic patients and conflates the condition with love melancholy in more literal—and more horrifying—detail. The common sign of yellow skin (which Arcite has) is not related exclusively to the discourse of *qutrub*,²⁶⁹ but it does appear to show up with more regularity in texts that associate love with this condition than in texts based more in a tradition of *ishk*.

Then, in both of their texts, Vincent and his source Haly immediately begin their descriptions of lovesickness, and both call it simply *amor*.²⁷⁰ In his section on *hereos*, Vincent is clearly following Haly when he defines lovesickness as follows: “*Amor est anime confidentia suspiciosa in eo quod amatur, cogitationisque in illud assiduitas*” (Love is the hopeful belief of the anxious soul in that which is beloved, and the continual

²⁶⁸ Cp. “*haec passio a parentibus haereditatur*” (Vincent), with “*haec passio a parentibus hereditetur*” (Haly in *Pantegni*); and also with “*passiones huiusmodi a patribus hereditate transire*” (Haly in *Liber regalis*).

²⁶⁹ Constantine (“*Viaticum I. 20*” 21) and Peter of Spain (“*Questiones super Viaticum* (Version B)” 35) both identify yellow skin as a symptom.

²⁷⁰ The section—i.e. the last part of the chapter—is initiated by a paraph mark in the printed edition of the *Pantegni* that I am working with, and it begins simply, “*De amore*.” Vincent’s repurposing of this material reads: “*Amor est anime confidentia suspiciosa in eo quod amatur, cogitationisque in illud assiduitas. Huius signa sunt oculorum concavitas, & eorum assidua motio, maximeque palpebrarum. Omnia autem alia membra corporis praeter oculos attenuantur, sive macerantur, sed visus pulchritudo remanet. Pulsus eius est ut hominis tristis, & si res amata nominetur, pulsus mutatur, diversificatur, atque turbatur. Hae sunt ergo significationes morborum in cerebro nascentium*” (Love is the hopeful belief of the anxious soul in that which is beloved, and the continual meditation on it. Its signs are sunken eyes that continually move and blink. Moreover, all of the other members of the body except for the eyes weaken, or waste away, but beauty of the vision remains. Its pulse is that which is proper to sad men, and if the beloved thing is named, the pulse is changed, becoming unsteady and disordered. Thus these are the signs of burgeoning sickness in the brain).

meditation on it), echoing the *Panegni*, “*Amor est confidentia anime suspiciosa in re amata et cogitationis in eadem assiduitas.*”²⁷¹ The similarity between the *signa* in Haly’s and Vincent’s sections on lovesickness with the *signa* in their adjacent sections on lycanthropy should be immediately apparent: Vincent refers to sunken eyes which move around and blink a lot; he says that all of the members of the body except for the eyes waste away. The specific reference in this list to “*oculorum concauitas*” could be Chaucer’s source for Arcite’s “eyen holwe”—the text would have been more accessible than the other medical texts which Lowes suggests might be the source.²⁷² The next symptom Vincent gives, “*visus pulchritudo remanet*” renders Haly’s clause, “*pulchritudinem habent in visu.*” Wack has shown that Constantine’s translation is ambiguous,²⁷³ and Vincent’s phrase is not much clearer. Finally, the pulse is that of a sad man, and if the beloved thing is named, the pulse leaps; we are reminded that symptoms are shared by several maladies, however, so they must be interpreted with care.

Although they purport to describe similar afflictions, *‘ishk*, as it appears in the Latin translations of the *Canon* and of the *Viaticum*, is one kind of lovesickness, and the kind of love associated with *qutrub* is another. When we read about *qutrub* we are no longer, as Lowes wrote with reference to Rhazes’ discussion of that illness, in the same “world” as Ovid.²⁷⁴ To be sure, these are not the typical Ovidian *signa amoris* and conventional ideas about love that Vincent knew so well and catalogued at length in his

²⁷¹ Cf. *Liber regalis*: “*amor autem est anime sollicitudo in id quod amatur & cogitationis in id ipsum perseverantia*” (love, moreover, is an anxiety of the soul in that which is loved, and persistent meditation on it).

²⁷² Lowes names Albucasis, Rhazes, Avicenna, and Arnald of Villanova as potential sources (526).

²⁷³ Wack examines how Constantine and Stephen of Antioch render this line differently, focusing especially on the ambiguity of the word “*visu*,” which can refer to a face, “the faculty of sight,” or to “what is seen” (“*Alī ibn al-‘Abbās al-Mağūsī and Constantine on Love*” 165).

²⁷⁴ Lowes 508.

own chapter on love (“De amore”) in Book 4 of the *Speculum doctrinale*,²⁷⁵ or which punctuate Bernard of Gordon’s chapter on *hereos*. As medical writers like Bernard of Gordon, Bona Fortuna, and Peter of Spain negotiated between the traditions of *‘ishk* and *quṭrub*, they seem usually to have subordinated the latter to the former, checking it against culturally agreed-upon perceptions of the effects of lovesickness rooted fundamentally in biology, codified in the writings of Ovid, and reinforced both in religious (e.g. Richard Rolle and Gérard of Liège) and popular literature (e.g. in lyrics and narratives about courteous love). Bernard of Gordon, for one, does not seem inclined to represent lycanthropy. Vincent of Beauvais’ *Speculum doctrinale*, however, bodied forth explanations of lovesickness-as-lycanthropy which suggested ways of reading popular tales of werewolves and amatory fiction (and these could overlap) in medical terms—and of reading between the genres. In these writings, as in all medical discussions of lovesickness, the patient is acted upon more than he acts. But in texts drawing from the tradition of *quṭrub*, love animalizes one’s body. Prognosis is even less hopeful. One’s appearance changes, not only by means of anorexia and *vigilia*, or through excessive weeping—or even through the physiological processes which follow black bile having risen to the brain; it changes in profound and disturbing ways that dehumanize the patient.

The effects of love lycanthropy on behaviour are not rooted primarily in actual physiological processes as are most *signa* associated with *hereos*. The lover becomes, not merely a figure of pity prone to suicide, but an abomination, by means of a transformation almost as horrible as Lycaon’s in the *Metamorphoses*,²⁷⁶ only without moral justification. And unlike in the medieval romances, in which a werewolf could return to his human

²⁷⁵ *Speculum doctrinale* IV. 109. Vincent quotes from Ovid nine times in this chapter. Furno identifies the sources of Vincent’s quotations on love and discusses the character of the passage (92, n. 26).

²⁷⁶ For the story of Lycaon, see Ovid’s *Metamorphoses* I. 163-243.

form, there was to be no happy ending for the melancholic werewolf of the medical narrative.²⁷⁷ Those suffering from *quṭrub* were transformed in appearance, like Arcite, who “chaunged so, that no man koude knowe / His speche nor his voys, though men it herde.” But lycanthropy and its related variant of lovesickness could also occasion changes in the fundamental *character* of those it afflicted. Their *signa* were not merely superficial, belying a subject’s intact virtue (as in popular literary narratives of lycanthropy), but were instead faithful signifiers of a fundamental change in their moral orientation. Combined with lovesickness, lycanthropy was doubly terrible, as the pains of libidinous love were accompanied both by a retreat from society and into depression, and also by a more fundamental loss of identification with humankind, and—more seriously—from humanity. Indeed, the patient loses both his created form and his capacity for free will: he is no longer the *imago Dei*, but now the image of one of the created animals over which man is supposed to have dominion. Even if Arcite’s *maladye* is only partly constructed with this species of lovesickness in mind, he is touched by something more serious than a mere literary convention.

Or is he? The depictions of love-lycanthropy become almost comedic in their excess, like Bernard’s. Read as literature, the texts of Bernard, Gaddesden, and Vincent represent a collection of werewolf stories, beast fables (the cock and the wolf), tales of monstrous and loathly ladies (the *vetulae*), detective stories on diagnosis by pulse, risqué Ovidian ditties (encounters with multiple partners), popular sententious boilerplate from a hack “versificator,” and admonitions to drink wine and travel. They contain technical

²⁷⁷ See, e.g., the Middle English *Romance of William of Palerne*, translated from the French *ca.* 1350, which contains a well-known narrative of transformation (see esp. lines 4236-4592). Gervase of Tilbury’s *Otia imperiali* contains a story “De hominibus, qui fuerunt lupi” (Of men who became wolves; 51-52) that was translated into French at least twice in the thirteenth century. Pignatelli and Gerner provide a history of Tilbury’s text and its translations (11-26). Prof. David Williams has explored the origins and meaning of the shapeshifter narratives in medieval literature and culture, touching briefly on werewolves (121-26)

material that is often inconsistent among writers, and even within the *oeuvre* of the same writer. The story these writers tell about lovesickness is entertaining: their texts are good reads, and it easy see how Chaucer, who distrusted medicine and knew his Ovid, could have mined them—as *ouils*—for his poetry.

4. b. Lovesickness in English: Henry Daniel Translates Constantine

Despite its ubiquity in Latin medical writings, lovesickness was not a popular subject in English medical texts. The fifteenth-century Middle English translation of the *Lilium medicinae*, the *Lilye of Medicynes*,²⁷⁸ survives in only one manuscript, and Luke Demaitre has discovered that it is incomplete, the chapter on *hereos* and some other content having been removed.²⁷⁹ Thus we again encounter a lacuna where content on lovesickness should be, analogous to the state of the Middle English translation of Gérard of Liège’s *De doctrina cordis*, which omits much of the technical material on *hereos*.

Indeed, the only Middle English medical text that I have been able to locate which discusses lovesickness substantively was not a direct translation of a Latin work on *hereos*, or a stand-alone treatise, but a section buried in a treatise on uroscopy, the Dominican friar Henry Daniel’s *Liber uricrisiarum* (*Dome of Uryns*). The text circulated

²⁷⁸ Cambridge, Bodleian Library, MS Ashmole 1505, fols 4^f-244^v, ca. 1400-25 (eVK 1595.00). The existence of the English translation in this MS was noted in passing by Moore, “Essay on the History of Medicine in Ireland” (152 and n. 4), but modern scholars have overlooked this obscure study. The authority on Bernard, Dr. Luke Demaitre, was unaware of the English *Lilye* when he wrote the standard study on the physician, *Doctor Bernard de Gordon*, in 1980 (see, e.g., 2). It was not until 1998 that the translation was mentioned in a critical study (i.e., Demaitre, “Medical Writing in Transition”); the MS has been discussed substantively in only one study (Voigts, “The Master of the King’s Stillatories”).

²⁷⁹ I am grateful to Dr. Luke Demaitre for sharing his extensive knowledge on the manuscript with me. Dr. Demaitre explains that the manuscript is doubtless the only manuscript witness of the Middle English translation, and that it contains several lacunae which, due to modern pagination, are only apparent upon close inspection. Although the table of contents points to a chapter on “amor hereos” (modern fol. 49^f), the MS is missing the folios (between modern fols 76^v and 77^f) where it should be; these were the first two folios of a new quire. The MS is missing other content on sexual matters, but it also wants sections on other topics, so the guiding principle of the mutilation is obscure—it was apparently carried out in an *ad hoc* manner.

widely, and it survives in 25 manuscripts.²⁸⁰ Composed in 1379, the *Dome* is an “elaboration” on Isaac Judaeus’s *De urinis* (9th c., translated into Latin in the 11th c. by Constantine the African),²⁸¹ admixed with material from Isaac’s *De febribus* (also translated by Constantine), Gilles de Corbeil’s (Aegidius de Corbeil) *De urinis* (and Gilbertus Anglicus’s commentary on it), Bernard of Gordon’s *Lilium medicinae*, and over two dozen other medical authorities.²⁸²

The passage on *hereos* appears in chapter 15, *conditio* 14, of Book I, which is situated among chapters having mainly to do with the non-naturals, and whose order and titles could have been suggested both by Isaac’s and Gilles’ texts, although Daniel expands freely on his source material.²⁸³ The chapter in question addresses “cur[e]” (1249), which the author defines as “travell & besynes in saule,” which “sterys & travels þe blode & þe humors in þe body, & all distrurbyls þam within” (1249-51).²⁸⁴ In discussing “besynes in saule,” Henry is following the standard advice provided, among other places, in Isaac’s *De urinis*, who advises physicians to take into account the nonnatural of incidents or “accidents” of the soul (“anime accidentia”),²⁸⁵ a category in

²⁸⁰ Keiser 300. Citations to the text, by line number, are all to Book 1, and refer to Jasin’s “Critical Edition of the Middle English *Liber Uricrisiarum* in Wellcome MS 255.”

²⁸¹ Jasin, “Critical Edition of the Middle English *Liber Uricrisiarum*” 12. For Isaac Judaeus, see Veit, “Isaac Judaeus.” Isaac’s works were translated into Latin by Constantine. An early printed edition of *De urina*, accompanied by Peter of Spain’s commentary, may be found in *Omnia opera Ysaac* I, fols 156^r-203^r.

²⁸² Jasin, “Critical Edition of the Middle English *Liber Uricrisiarum*” 9-11.

²⁸³ Chap. 12 is on exercise, rest, and emotions (“travalyng[e] [...] besynes, weryhed, rydyng[e]”); Ch. 13 is on “ire” (“every maner of passyoun in saule” 1118); Ch. 14, diet. The titles of the chapters line up, in order, with Gilles de Corbeil’s list of “natural” and “nonnatural” factors affecting the health of patients: “Aetas natura, sexus, labor, ira, dieta / Cura, fames, motus, lauacrum, cibus [...]” (*De urinis*, n. pag.). Isaac Judaeus’ *De urinis* addresses the affects of the “naturals” of complexion (see esp. fol. 169^v), gender, and age (fols 167^v and 168^v), in addition to the effects of nonnaturals such as diet (fol. 170^v) on the appearance of healthy urine, before moving on to the contra-naturals.

²⁸⁴ Here Henry is building on the connections between psychological and physical wellbeing articulated by Rufus of Ephesus (and transmitted to the West in Constantine’s *De melancholia*), and also by Rufus’s contemporary Galen, who posited somatic causes for psychological states. For Rufus of Ephesus’s influence on Arabic and Latin ideas of the connection between the body and the soul or mind, see McVaugh, Introduction 16-18.

²⁸⁵ Isaac Judaeus, fol. 172^r.

which some medical writers also placed immoderate love, and therefore, lovesickness.²⁸⁶

The *Isagoge* of Johannitius, a free translation of Hunayn ibn Ishaq's *Masa'il fi t-tibb* by Constantine that was the introductory text in medical *syllabi*, defines the *accidens* of the soul thusly (I have interpolated terms from the Latin original and the Middle English translation from British Library, MS Sloane 6, for comparison):

Some incidental states of the soul [*accidentia animae*; accidentz of þe soule] have an effect on the body, such as those which bring the natural heat from the interior of the body to the surface of the skin. Sometimes this happens suddenly, as with anger; sometimes gradually and agreeably, as with sensations of delight. Some affections, again, contract and suppress the natural heat—either suddenly, as with fear and terror [*terror vel timor*; ferdenes or drede], or gradually, as with anguish [*angustia*; disese]. There are some which disturb the natural energy [*naturalem virtutem*; naturel vertu] both in the interior [of the body] and on the exterior, for instance, sorrow [*tristitia*; heuynes].²⁸⁷

The text was at times obscure: medieval readers wishing to flesh out the basic information found in the *Isagoge* could look to its ultimate source, Galen's *Tegni*, or to another Constantine translation, Haly Abbas's *Pantegni*, where they would learn that the accidents of the soul are “ira, tristitia, angustia, timor, & verecundia” (anger, sadness, anxiety, fear, and shyness) with the addition of “gaudi[a]” (joy).²⁸⁸ Crucially, the later, supposedly more faithful translation of Haly's *Kitab* by Stephen of Antioch did not use

²⁸⁶ Heiple surveys meanings and employments of the word in philosophical and in medical discourse (56-8). Arnald of Villanova considered *hereos* an *accidens* (see above, n. 212).

²⁸⁷ Trans. Wallis, *Medieval Medicine* 146. I have interpolated Latin terms from Maurach's edition of Johannitius (160).

²⁸⁸ *Pantegni* I, bk. 5, caps. 109-114 (*Omnia opera Ysaac* 2: fol. 25^v). My comments on the obscurity of Johannitius's text are informed by Wallis, *Medieval Medicine* 139.

the word *angustia*, as Constantine had (both in his translation of the *Isagoge* and in the *Pantegni*), but rather *cura*.²⁸⁹ Indeed, Stephen wanted to correct perceived flaws in Constantine's treatment of the source material.²⁹⁰ *Cura*, like *angusta*, denotes anguish or anxiety, but was also often employed specifically (especially in poetic contexts) to signify "the anxiety of love."²⁹¹ Thus when Henry warns against such things which cause excess "cur" (including sunstroke [1254-59] and "gret study" [i.e. zealous preoccupation on a thing, 1259-65]), it is clear that he is referring to the *accidens* of *cura* (or *angusta*)—what the translator of the *Isagoge* in Sloane 6 simply called "disease." Much depends on word choice.

Henry Daniel's passage on *hereos* has largely escaped the notice of scholars, and is only mentioned (in passing) in one study,²⁹² so I will examine it at some length here.

Henry begins by identifying the subtype of "cur" that will be his subject:

Alsa be cure understand desyrynge & ȝaynynge, as lust & lykyng &
languryng in love; & sumtym it may be withowt vice, bod emang 10
thousand, unethys sall yu fynd syk twa in man or woman. Sumtym we
knew in wyhylk it was þis maner of cure. (1266-70)

Henry immediately places his discussion in a moral frame, writing that the present section will discuss desire and yearning, as are engendered by the lustful desire and by love-languor, respectively a sin and the term for lovesickness employed in religious texts referencing the words *amore langueo* from the Song of Songs (2.5, 5.8). Henry says that

²⁸⁹ *Liber regalis* V. 38, "De anime accidentibus" (fol. 69^f). Vincent of Beauvais, in his comprehensive *Speculum doctrinale*, provides an almost identical list of *accidentia*: "ira, gaudium, tristitia, cura, timor, verecundia, stupor" (XIII. 97). Cf. XIII. 98, on the signs of the *accidentiae* of the soul. Vincent is working closely with the *Pantegni*.

²⁹⁰ As he himself says in the Prologue to the *Liber regalis*, fol. 5^v.

²⁹¹ L&S, s.v. "cura," II.B.

²⁹² Jasin, "Compiler's Awareness of Audience" 520.

this kind of love may sometimes be without vice, but out of ten thousand who have it you will scarcely find two who are so unaffected.²⁹³ Indeed, there seems often to have been slippage between religious and more neutral medical terms for desire and the sexual act. In the Middle English *Isagoge* in MS Sloane 6—a manuscript with solely medical content—the translator renders the Latin *coitus* as “lechery,”²⁹⁴ significantly changing the meaning of the passage on the nonnaturals. Whereas Johannitius was talking about the act of intercourse itself, the anonymous translator broadened the concept to apply to a specific sin and the feelings of desire associated with it.

Henry Daniel then translates the definition of *hereos* from the most influential source on the malady, Constantine’s *Viaticum*. Jasin has noted that the *Liber* abounds in lengthy etymologies and definitions, evincing an “earnest attitude” towards an audience made up primarily of lay medical practitioners.²⁹⁵ This explains the prolix introduction:

Bis maner of malady is callyd of Constantyn in hys fyrst Buk of Medcyns,
20th capitulum, hereos, & þus he discryes & diffynyss it. Dyscrim &
difffrum a thyng is for to tell & to teche what þe thyng is. Hereos is an
overdone desyre with overdone lust & lykyng, & with a tormentry of
thoghtys, bod it is in twa personys withowtyn vice thoght. (1270-76)

Henry omits the initial part of Constantine’s definition, which says that *hereos* is a disease of the brain, although the association of the malady with “cur” already implies this connection, as it refers to psychological conditions with somatic components.

Although Constantine does not employ the term *accidens* in this section of his *Viaticum*,

²⁹³ “Vice” can mean either a moral flaw, in the modern sense, or simply “a deleterious physical condition impairing the body or its functioning, an illness, a disorder” (*MED*, s.v. “vice,” n., 2.c, 1.c.) therefore the sense of the passage is ambiguous, but the moral reading almost certainly predominates based on context.

²⁹⁴ Fol. 4^r.

²⁹⁵ Jasin, “Compiler’s Awareness of Audience” 521, 512.

he writes that *hereos* has “forciora anime subsequencia” (“serious consequences for the soul”; 17),²⁹⁶ and he devotes an entire paragraph to explaining the connections between the soul and the body. He explains that “si non eriosis / succuratur ut cogitato eorum auferatur et anima leuigetur” (“if erotic lovers are not helped so that their thought is lifted and their spirit lightened”; 28-9), they will fall into “anime in melancholiam” (“melancholy from labor of the soul”; 30, 32). In other words, they require medical *gaudia*. This is clearly what Henry means. The remainder of the definition is quite literally translated: “Est autem magnum [overdone] desiderium [desyre] cum nimia [overdone] concupiscentia [lust & lykyngge {i.e. libido}] et / afflictione cogitationum [tormentry of thoghtys]” (2-3).

Henry’s revisiting of the example involving “vice” reminds us that this is potentially a sinful condition—and it seems that this is one of his main concerns. He returns with alacrity to the subject of morality, looking—as Richard Rolle, Gérard of Liège, and other moralists did—at lovesickness through the lens of the *caritas / cupiditas* binary:

It may not be withowtyn sum syn; ne þan þis word lust aw [aught] not to be put in discripcion þareof. For þis word lust betakyns lykyngge & ȝarnyngge, flessly synne, & sa hereos is an overdon desyre with overdon ȝernyngge & turmentry of thoghtys of hyre þat he lovys. Sumtym he discryvis it þus: hereos is a lovyngge with þe mast delyt þat may be & suld be in na creatour, bod anly in creature wha sa be in þis passioun. (1266-82)

²⁹⁶ Constantine, “Viaticum I. 20.” Bracketed references to Constantine’s *Viaticum* in this section are to line number and refer to Wack’s edition.

It is somewhat unusual for a medical text to moralize the condition to this extent, and Henry goes so far as to assert that *hereos* may not be without “some” sin. But his criticism is ambiguous: maybe the word “lust” should not be used to describe the disease, he says, because it denotes sin—this despite his earlier definition of the malady as “overdone lust,” and his statement that “na creatour” should love with as much delight as is the case with the lovesick.

Henry continues his translation of Constantine’s definition, following it somewhat more freely than he had earlier: “Eros est nomen maxime delectationis designatum” [“hereos is a lovyng with þe mast delyt þat may be & suld be in na creatour”] (4-5). Henry omits the lines which follow in the *Viaticum*, “Sicut / autem fidelitas est dilectionis ultimas, ita et eros / delectationis quedam est extremitas” (“For just as loyalty is the ultimate form of affection, so also eros is a certain extreme form of pleasure”; 5-7). For the time being, Henry also glosses over the influential dual causality model popularized by Constantine—who argues that the disease has both somatic and psychological bases (i.e. the contemplation of beauty and the need to expel humours, respectively) (8-16)—moving on to the typical *signa*. I indicate Constantine’s Latin, taken from lines 17-32 of his text, in square brackets:

Hys brayn are hevy [*cogitations nimias*]; he lokys hoole [*fiunt oculi semper / concaui*]; hys eene are ill-colord, id est yeluyss because of hat fume þat comis of mykyll wakyng [*Palpebre eorum graues, citrini ipsorum colores. Hoc ex caloris fit motu qui ex uigiliis consequitur*], mykyll full of thoghtys [*cogitationibus profundatur*], & besy anly to þat thyng þat he ȝarnys sa, & distrakkys in all his doynghys. (1283-86)

Henry finally addresses head-on the dual etiology of the malady found earlier in Constantine:

Bath anentys [pertaining to] þe body & þe saule, unes [= *unethys*,
“scarcely”] may ete for ȝarnynge bod he had had hys love; wonder angre,
nothyng lovyt to here ne to see, bod anely of þat thyng þat hys love is
sette opon. (1286-90)

In this passage, Henry is no longer following his source directly. He includes symptoms including anorexia (indicating either both melancholy or lovesickness), ire or *ira* (“wonder angre”), and a fixation on the object of desire (a major defining characteristic of *‘ishk*). Henry concludes the section with a brief nod to the subject of urine, which is ostensibly a major reason for including his short disquisition on *hereos*, stating merely that “becaus of þis poyntys & oþer in hys malady, þe uryne is owt of kynd compleccion” (1283-90). He omits any mention of cures, though, and although his decision to gloss over the coitus cure might conceivably be attributed to prudishness—especially given his moral take on the malady—it is curious that he also omits Constantine’s behavioural remedies.

The character of this passage is striking when compared with its primary source. Even allowing for the difficult Northern dialect of the scribe of Wellcome MS 225,²⁹⁷ we encounter in the *Liber* a diffuse discussion of *hereos* based only on the chapter in Constantine’s *Viaticum*, and seemingly unaffected by later traditions. In fact, the two major medical texts on lovesickness written in England which treat of lovesickness, the *Liber uricrisiarum* and the *Rosa anglica*, are both based almost entirely on early

²⁹⁷ For the scribe of Wellcome 225, see Jasin, “Critical Edition of the Middle English *Liber Uricrisiarum*” 13-14; and *ead.*, “Compiler’s Awareness of Audience,” *passim*.

translations by Constantine—the *Viaticum* and the *Pantegni* respectively. Despite these shortcomings, the *Liber* was a widely-circulated text, and although its discussion of *hereos* is incomplete, it was nonetheless the main nonliterary source of medical information on the disease for an English readership. Not, primarily, for the educated *medicus*, who would have been able to read Latin, but for the common *leche* in particular and the unlatined literate person in general.²⁹⁸ Indeed, it has been argued that the *Liber* played an important role in the transmission of Latin medical vocabulary into English in the later Middle Ages,²⁹⁹ and that it was “one of the earliest of the major Middle English medical translations.”³⁰⁰ It also represents what Faye Getz has described as charitable medical translation, whereby friars like Henry demonstrated such a firm belief in the utility of Latin medical knowledge that they were “willing to take the chance that it would escape the bonds of Latin and the Church and fall into the wrong hands”—for example, into the hands of quacks and charlatans.³⁰¹ That Henry, a friar, saw fit to include a section on *hereos*, might indicate that he thought it was an important illness, but the fact that that he chose to omit any mention of cures is striking: it evinces an economy that is incongruous with his preference for dilation over abbreviation. He does not tell the audience how to apply the knowledge he conveys in the analysis of urine, and he provides no cures. His veritable commentary on the *Viaticum*, far from being practical, is curiously impractical.

²⁹⁸ For the text’s audience, influence and circulation, see Jasin, “The Transmission of Learned Medical Literature” (esp. 328).

²⁹⁹ Norri, “Entrances and Exits in English Medical Vocabulary” 102; Jasin, “Compiler’s Awareness of Audience” 522.

³⁰⁰ Getz, “Charity, Translation, and the Language of Medical Learning” 12.

³⁰¹ Ibid. 16.

5. Conclusion: The Sources of and Significance of Chaucer's Verse Medical Treatise on *Hereos*

The passage on Arcite's lovesickness may be well explained by referring, not to ten or more specialist medical texts, as Lowes did, but more selectively to those which Chaucer was likely to have had access as an Englishman writing in the later fourteenth century (with the addition of the *Speculum doctinale*, which he is believed to have known). This is not to diminish the breadth (or depth) of Chaucer's reading, which is evident everywhere in his poetry, but rather to readjust the skewed critical portrait of lovesickness as a monolithic and unchanging discourse and to reposition the poet in relation to it. Chaucer simply could not have mirrored, especially not "accurately," a discourse as diverse and conflicted as that which applied medical theory to the problem of unrequited love. He made creative choices. Perhaps the very idea of the innovation was suggested by Ovid; or maybe it was suggested by the unexpectedly fabular and potentially ironic work of Bernard of Gordon. More likely, however, Chaucer was amused by Boccaccio's tentative medicalization of lovesickness in the *Teseida*, and, already knowing something about *hereos*, decided to further amplify the existing medical content in his version of the poem.

Most of the symptoms in the passage on Arcite's lovesickness are identical with the familiar Ovidian *signa amoris* (and rooted in biology) taken from Boccaccio; others may have come from Ovid directly or from the works on love that he inspired; still others are likely from different literary sources (such as the *Roman de la Rose*). The content of the passage, in other words, can largely be explained without looking outside of the literary sphere. The few elements that cannot—the naming of *hereos* and the "celle fantastik," the process by which mania can result from unchecked *hereos*, the *signum* of

yellow skin—were all ideas found in medical works that Chaucer was likely to have known. These include accessible encyclopedias such as Bartholomaeus Anglicus's blockbuster, *De proprietatibus rerum* and Vincent of Beauvais' *Speculum doctrinale*, and widely available and relatively accessible medical texts like Bernard of Gordon's *Lilium medicinae* and John of Gaddesden's *Rosa anglica*.

It is time to offer an alternative to Lowes' famous interlinear list of influences, providing only those medical and literary sources (beyond Boccaccio) that are necessary to explain the passage.

His slep, his mete, his drynke, is hym biraft,	Bernard of Gordon
That lene he wex and drye as is a shaft;	“ ”
His eyen holwe and grisly to biholde,	Vincent of Beauvais
His hewe falow [yellow] [/] and pale as asshen colde,	Vincent [/] Ovid, <i>Ars</i>
And solitarie he was and evere allone,	cf. Ovid, <i>Remedia</i> ³⁰²
And waillynge al the nyght, makynge his mone;	<i>Roman</i> , [Vincent]
And if he herde song or instrument,	Bernard
Thanne wolde he wepe, he myghte nat be stent.	“ ”
So feble eek were his spiritz, and so lowe,	Vincent
And chaunged so, that no man koude knowe	Vincent
His speche nor his voys, though men it herde.	“ ”
And in his geere for al the world he ferde	
Nat oonly lik the loveris maladye	Bernard
Of Hereos, but rather lyk manye,	“ ”

³⁰² “[S]i solus eris, dominaeque relictæ / Ante oculos facies stabit, ut ipsa, tuos” (“If alone, you will be sad, and the shape of your deserted mistress will stand, as if herself, before your eyes”; *Remedia amoris* 583-4; cf. 579-608).

Engendred of humour malencolik

Bernard

Biforen, in his celle fantastik.

Bernard, [Vincent]

And shortly, turned was al up so doun

Bothe habit and eek disposicioun

Of hym, this woful loveure daun Arcite.

The *content* of the passage is now relatively easy to understand, but it is the style in which the passage is presented—so close in places to Bernard and other medical texts as to strongly suggest direct borrowing—and the very fact that Chaucer bothered to create it in the first place, that make it interesting.

John of Gaddesden and Henry Daniel, the two Englishmen responsible for the barely audible murmur that passed for a medical discourse of *hereos* in England—a concept being explored here for the first time—are excluded from the list for different reasons. First, Gaddesden's description is derivative of Haly's *Pantegni*, and it seems likelier that Chaucer would have had access to and read Vincent's clear synopses of Haly on love than Gaddesden's vague ones (which are, in any event, buried near the back of a work that is difficult to navigate). Furthermore, Vincent has been shown elsewhere to have provided Chaucer with some of his medical knowledge. Henry Daniel is excluded because his treatise lacks the technical information required to qualify as an analogue.

Both Arcite and his Boccaccian model belong as much to the dark world of transformation described in Ovid's *Metamorphoses* as to the world of the *Ars* and the *Remedia*. The discourse of *quṭrub* is present in Chaucer's passage in traces—chiefly in the references to yellowness and to dryness, and Arcite's changed appearance and moaning at night. The logical medical source for this is Vincent's text, where we find the description of lycanthropy in the same chapter as—and very much related to—his

description of lovesickness. Yet Boccaccio's Arcites also clearly suffers from melancholic lycanthropy: "He was not only pale, but his skin looked almost black; / and his melancholy eyes were barely visible in his head. His cheeks, covered with the down of their new growth, were sunken, and his thick and sharp brows gave him a fearsome appearance, while his locks were stiff and shaggy. He was more completely changed, than anyone could have imagined." Only later does Chaucer give his version of these lines:

Arcite

caughte a greet mirour,
 And saugh that chaunged was al his colour,
 And saugh his visage al in another kynde.
 And right anon it ran hym in his mynde,
 That, sith his face was so disfigured
 Of maladye the which he hadde endured. (I. 1399-1405)

Chaucer's earlier addition of "falwe" (yellow) was a corrective move: it supplemented Boccaccio's symptoms that he derived from medical theories of lovesickness-as-*coturub*. Yet Chaucer only gently amends Boccaccio's description: the feature of primary importance here is not Arcite's yellow hue, but the basic fact of his changed appearance. Arcite is certainly not as lycanthropic as Boccaccio's Arcites, but his transformation has to be justified somehow for reasons of plot—he could not be recognized by others—and Chaucer knew to take the appropriate colour from the appropriate discourse.

Arcite, now become Philostrate, is literally "overthrown by love" (*philo* + *stratus*),³⁰³ turned "up so down" (I. 1376) in ways that prefigure his eventual, literal over-

³⁰³ The dual Greek and Latin etymology of the word is suggested by Vincent J. DiMarco in the Explanatory Notes to the Knight's Tale, *Riverside Chaucer* 832, line 1428.

turning by the malevolent Saturn. This last, fatal event gives rise to another occasion for the use of medical “termes” in describing the ensuing wound and its failed treatment.

After Arcite has been knocked from his horse, we overhear the opinions of onlookers as to his prognosis:

Men seyde eek that Arcite shal nat dye;

He shal been heeled of his maladye.

.....

That with a spere was thirled his brest boon.

To othere woundes and to broken armes

Somme hadden salves, and somme hadden charmes;

Fermacies of herbes, and eek save

They dronken, for they wolde hir lymes have. (I. 2705-14)

And yet Arcite’s wound cannot be cured by medicine any more than his wound of the heart could. Arcite is once again the pawn of astrological and material forces operating on his body—causing him to fall in love, to become ill, to fall from his horse; and now,

Swelleth the brest of Arcite, and the soore

Encreesseth at his herte moore and moore.

The clothered blood, for any lechecraft,

Corrupteth, and is in his bouk ylaft,

That neither veyne-blood, ne ventusyng,

Ne drynke of herbes may ben his helpynge.

The vertu expulsif, or animal,

Fro thilke vertu cleped natural

Ne may the venym voyden ne expelle.

The pipes of his longes gone to swelle,
 And every lacerte in his brest adoun
 Is shent with venym and corrupcioun.
 Hym gayneth neither, for to gete his lif,
 Vomyt upward, ne downward laxatif.
 Al is tobrosten thilke regioun;
 Nature hath now no dominacioun.
 And certainly, ther Nature wol nat wirche,
 Fare wel phisik! Go ber the man to chirche! (I. 2743-60)

This passage parallels the earlier one on Arcite's lovesickness, and it similarly draws from contemporary medical theory in ways that were novel and unexpected in a poetic context.³⁰⁴ Saturn, who is responsible for Arcite's overthrow, tells us that he is associated with "maladyes colde" (I. 2467), specifically with melancholic maladies like pestilence (I. 2467). He represents, not the textual and obscure world of lovesickness, but the very real threat of imminent, unpreventable, and unexpected death that was especially feared in times of plague. And Arcite represents, not just a lover turned aside by love, but the world turned upside down by illness.

While lovesickness provides Bernard of Gordon with an opportunity to cite poetry, Chaucer uses his tale of literary love as an occasion to explore the malady scientifically, even if he ultimately renounces his own experiment. Henry Daniel does not seem to take the malady very seriously, not even bothering to list remedies. Chaucer can

³⁰⁴ For an analysis of the description of Arcite's wound in relation to the New Galen, see Infusino and O'Neill. They show that Chaucer medicalizes the Boccaccian passage in the light of medical theory (see esp. 227). Schweitzer notices the similarities between Arcite's wound and his malady of love in his essay on "Fate and Freedom in *The Knight's Tale*," but my concerns, methodology, and conclusions differ from his.

medicalize lovesickness and play with it in an overt fashion—in ways quite unlike his subtle handling of the plague—because the medical discourses of *hereos* and *coturub* are so foreign and obscure, just as the pagan setting of the tale helps him explore the subject of Providence. Yet his readers would have known and experienced the universal physiological symptoms of the malady, and they would also have enjoyed encountering the familiar poetic ones that were exaggerated versions of these. Chaucer's use of the “termes” of medicine in literature about love would not have been wholly unexpected, because it was an amplification of an existing relationship between medical and literary texts on *hereos*. Yet lovesickness was an actual psychosomatic state before it became Ovidian; Ovidian before it was medicalized by Galen and then by Byzantine and Arabic writers; and finally popularized as an Ovidian and as a medical concept in the Latin West. Chaucer can risk amplifying the medical aspects of Arcite's lovesickness, and still avoid having his text disintegrate due to the generic conflict it creates (as Ovid's does, “failing” ironically and gloriously), because he punctuates the final fit of medical content in his poem with a clear renunciation of human medicine and its discourses: “Fare wel phisik!” (I. 2760). This comes at the close of the medical passage describing Arcite's fatal wound, which parallels the passage on lovesickness in its technical specificity and discordant position within its poetic context.

The narrator's renunciation of medicine signals a departure for the audience from the universe of human love described in Ovid's medically-themed and -structured *Remedia*, and also from the dark world of change described in the *Metamorphoses*. Theseus's “Firste Moevere” speech (I. 2987-3074) offers a new perspective: the world of Boethius's curative philosophy, which similarly drew from contemporary medical theory

for its model of rational healing.³⁰⁵ We have moved from the worldview of “Chaucer’s favourite poet”³⁰⁶ to that of his favourite philosopher. Only a philosophy that is aware of the instability of Fortune and the superiority of harmonious, divine love could put right a world that had become discordant and disordered because of Arcite’s malady of romantic love. Lovesickness is a failure of the estimative faculty, and Arcite had mis- and over-estimated Emelye as a good, when in fact he merely desired her as a good of Fortune. The medical biography of Arcite ends with the failure of medicine. And the kind of medicine practiced by the Physician and his colleagues could not save the English from the plague, either. In Chaucer’s view, it was preferable to look to the stability and eternity of God—the big picture—than to examine the minutiae of physiological processes. In the thematic world of the *Canterbury Tales*, healing is of central importance, and medical language is ubiquitous, but Chaucer does not seem truly to believe in human medicine as it was practiced by the university-educated *medici*, and uses its own discourse to engage it in critique.

There is no pretense of offering practical information: Chaucer’s “treatise” is a pastiche of medical words and ideas picked up from handy sources. They apply to Arcite, but they do not work for him; they are not practical, and by extension medicine as a field is also shown to be wanting, and even in competition with common-sense notions about the nature of romantic love. Jumbling the terms of medicine with the terms of love shows how the metaphoric power of the concept of lovesickness is challenged when it is removed from the philosophical and poetic spheres and given over to medical discourse. Yet ironically, Chaucer’s text manages to convey, albeit in fragments and through the

³⁰⁵ For an analysis of the medical theory underlying the abundant medical metaphors in Boethius’s text, see Phillips.

³⁰⁶ As noted by Calabrese 1.

medium of imaginative verse, more accurate and up-to-date medical information about *hereos* than does the only other widely-circulated English discussion of the malady, Henry Daniel's *Liber uricrisiarum*. The Knight's Tale is a medical biography of the knight Arcite, a narrative of the interrelated cosmic and microcosmic forces which act upon him; in this universe, as in the universe of the Canterbury pilgrims, human medicine can merely describe illness, not actually effect healing. And for Chaucer to retain control of his narrative, he has to reclaim control from the physicians and their prognosis, and assert his own poetic agency.

CHAPTER 3

“Make Þis Þi Gouvernaunce”: Lydgate’s Prescription for a Way of Life in the *Dietary*

Whereas Chaucer employed medical discourse in the service of anti-physician satire, literary experiment, and cultural commentary, his literary successor John Lydgate composed accessible and memorable verse medical texts in the remedybook tradition. Lydgate joined the ranks of medical writers like John of Burgundy and Henry Daniel by composing texts which enabled audiences to manage their own healthcare autonomously, bypassing the medical profession altogether.¹ Indeed, along with these authors, Lydgate sought to convey the medical knowledge that originated with God directly to the English people. In identifying what this knowledge consisted of, he relied chiefly on works (and sections of works) conceived in the remedybook tradition of medical writing. Lydgate’s imagined audience either distrusted or could not afford the services of physicians such as Chaucer’s Doctour of Phisik, but they believed in the principles of learned medicine sufficiently to want to acquire them.

Lydgate composed several poems which contain practical information on the preservation of health,² but his most important medical poem is a regimen now known as the *Dietary*, which is a close translation of an anonymous fifteenth-century Latin *Dietarium*. The *Dietary* survives in complete and fragmentary versions in at least fifty-six

¹ John of Burgundy wrote in *De epidemia* that he was “pietate motus et cladi hominum condolens et compatiens [...] ut unusquisque suos phisicus sibi ipsi esse possit” (“[m]oved by piety and pity for the destruction of men [...] so that anyone may be his own physician”; *De epidemia* 248-9, 252; trans. Horrox 192). Similarly, Henry Daniel wrote his *Liber uricrisiarum* for laymen (see Getz, “Charity” 16-17).

² Mullett surveyed most of these, without much comment, in “John Lydgate: A Mirror of Medieval Medicine” (1948). As the title suggests, Mullett understood medical content in poetry as a mimetic reflection of medicine, not *as* medicine. For a more focused (and recent) study which historically locates Lydgate’s metaphorical use of medical references in two of his poems, see L. H. Cooper, “‘His guttys wer out shake’.”

manuscripts (for which see the Appendix, a working handlist that contains information on every known manuscript witness of the *Dietary*), more than any other Middle English poem except *Piers Plowman*, the *Canterbury Tales*, and the *Prick of Conscience*.³ It was also one of the first medical texts to be printed in English.⁴ Although its contemporary popularity is widely acknowledged, its date of composition remains undetermined.⁵ The poem's authorship is attested in only two manuscript witnesses,⁶ but scholars unanimously attribute it to Lydgate.⁷ Crucially, contemporary readers would have associated the *Dietary* with Lydgate because of its presence in several manuscripts which "take his authorship as an organizing principle."⁸ These include important Lydgate anthologies⁹ and other manuscripts which contain groupings of his poems.¹⁰

³ Every manuscript witness of the *Dietary* (NIMEV 824; not in Keiser) cited in this chapter has an entry in the Appendix that may be consulted for more information than can reasonably be included in these footnotes. William Langland's *Piers Plowman* (NIMEV 1459) survives in approximately 55 manuscripts, plus numerous extracts, the *Canterbury Tales* (NIMEV 4019) in 87, and the *Prick of Conscience* (NIMEV 3428) in over 90 (in addition to other versions, incl. NIMEV 3429). The "Prayer to the Virgin" in the *Speculum Christiani* (NIMEV 2119) is present in approximately 56 manuscripts, including extracts. The most useful resources for textual scholarship on Lydgate are NIMEV and Renoir and Benson.

⁴ The *Dietary* was printed by William Caxton as the second item in the *Governayle of Helthe* (1489; STC 12138); reprinted as *Gouernall of Helthe with the Medecyne of the Stomacke* by Wynkyn de Worde (1506; STC 12139). Richard Pynson printed a version of the text in his *Kalendar of Shepherdes* (1506; STC 22408), and this was reprinted numerous times (STC 22408-12, etc.). Sowers claims that Caxton's edition was the first medical text, excluding plague treatises, to be printed in English (9). A similar assessment is offered by Bennett, *English Books & Readers* 103.

⁵ Pearsall writes that the *Dietary*, which is "Lydgate's most popular work, to judge by the number of surviving copies, cannot be dated or placed at any point in his career" (*Bio-Bibliography* 42). See the Appendix for dates—almost all approximate—of known MSS.

⁶ Oxford, Bodleian Library, Bodley MS 686 (SC 2527) ("Tretis for mannes helthe of his body compiled and made compen in Balade be Dan Iohn lydgate Monke of Bury" [fol. 187^v]); and Oxford, Bodleian Library, Rawlinson MS C.48 (SC 11914) ("Lidgate" [fol. 130]). A later hand added the attribution "By Lydgate" in Edinburgh, National Library of Scotland, MS Advocates' 1.1.6 (the Bannatyne MS), fol. 74. British Library, Add. MS 10099, ascribes the poem to a "Thomas Burtone" (fol. 212^v). Alexandra Gillespie points out that the *Dietary* as it appears in its first printed edition (Caxton, 1489), is not identified as Lydgate's, and that the manuscript witnesses do not consistently attribute it to the poet, allowing the text to function apart from the construct or function of the author (54). See, however, my comments above regarding the poem's appearance in clusters of texts firmly associated with Lydgate.

⁷ See, e.g., MacCracken, "Lydgate Canon" xv (no. 30); and Schirmer 267.

⁸ Boffey and Edwards, "Literary Texts" 558-9.

⁹ E.g. Oxford, Bodleian Library, MS Laud Misc. 683 (SC 798); Oxford, Bodleian Library, MS Rawlinson C.48; Cambridge, Jesus College MS 56 (Q. G. 8); British Library, MS Lansdowne 699; British Library, MS Add. 34360; British Library, MS Harley 2251; and Leiden, University Library (Bibliothek der Rijksuniversiteit), MS Vossius Germ. Gall. Q.9.

Despite its evident contemporary appeal, however, the *Dietary* has largely been overlooked in modern scholarship. On the one hand, scholars of literature exclude it from serious analysis because they consider it insufficiently literary, while on the other, historians categorize it as a poem *about* medicine—a curious footnote in the medical history of England, but not worthy of rigorous study in its own right. The authors of the four literary-biographical works on Lydgate, despite presenting competing accounts of his role in English literary history, share the view that the *Dietary* is didactic and consequently of little scholarly interest. Therefore it suffers a similar fate as “A Pageant of Knowledge,” which we encountered in the Introduction. Walter F. Schirmer, in his seminal study, *John Lydgate: A Study in the Culture of the XVth Century* (1952; trans. 1961), wrote that the *Dietary* was clearly intended to be of practical use and as such could “no longer be regarded as literature”¹¹—a view echoed by Derek Pearsall (1970), who wrote that “[l]iterary criticism has no part here, except to say that what had to be done is well done, and with assurance, and that the manner is well suited to the matter.”¹² In contrast, while Lois Ebin does not explicitly denounce the *Dietary* as unliterary in her monograph (1985), she offers only a few remarks on the poem, noting its popularity and utility in a larger section focusing on Lydgate’s didactic poetry.¹³ Alain Renoir (1967) overlooks the *Dietary* completely.¹⁴ Furthermore, influential surveys of medieval

¹⁰ E.g. Oxford, Bodleian Library, MS Bodley 686 (SC 2527); Oxford, Bodleian Library, MS Rawlinson C.86 (SC 11951); British Library, MS Cotton Caligula A.II; Edinburgh University Library MS 205; British Library, MS Cotton Titus D.XX; British Library, MS Stowe 982; and Bethesda, MD, National Library of Medicine MS Schullian 514 (*olim* [DeRicci Bond & Faye] MS 4).

¹¹ Schirmer 109.

¹² Pearsall, *John Lydgate* 220. Pearsall mentions the *Dietary* in passing in *Bio-Bibliography* 42.

¹³ Ebin 101-2.

¹⁴ Renoir, *The Poetry of John Lydgate* (1967).

literature merely note the poem's contemporary popularity, when they mention it at all.¹⁵

The *Dietary*'s relative neglect by literary scholars is striking given the resurgence of interest in Lydgate, a phenomenon evinced by a virtual flood of recent scholarship on the poet.¹⁶ To be sure, Lydgate was the author of over 140,000 lines of poetry, and there is much else in his *oeuvre* that deserves critical attention, but it is nonetheless curious that his most widely-circulated work—what Rossell Hope Robbins called “the most outstanding poem” in his anthology of *Secular Lyrics of the XIVth and XVth Centuries* (1952)¹⁷—has attracted little attention from scholars of literature.

For their part, historians have also had little to say about the *Dietary*. Keiser does not notice the poem in his important entry on medicine in the *Manual of the Writings in Middle English*.¹⁸ Robbins merely noted (in his groundbreaking article on “Medical Manuscripts in English” [1970]) that the *Dietary* was “a practical regimen”¹⁹—an example of *regimen sanitatis* literature rooted in the medical theory of the age. Regimens

¹⁵ Bennett notes that the *Dietary* was the most popular verse medical text in Middle English (*Chaucer and the Fifteenth Century* 158). The poem is not mentioned in the expansive *Cambridge History of Middle English Literature* (Wallace, ed.) or in Simpson's *Reform and Cultural Revolution*.

¹⁶ The large amount of recent scholarship on the formerly neglected poet owes partly to the influence of David Lawton, who argued in his influential essay, “Dullness and the Fifteenth Century” (1987), that what modern readers may perceive as dull style was in fact an intentional strategy on the part of writers who wished to deliver potentially unwelcome advice without ruffling the feathers of those in power. Another stimulus for the resurgence in interest in Lydgate's works is identified by Derek Pearsall, who credits James Simpson's 1997 graduate seminar on Lydgate at the University of Connecticut at Storrs with having “unleashed Lydgate enthusiasms throughout New England” (“The Apotheosis of John Lydgate” 30). For an especially comprehensive overview of Lydgate criticism, from the earliest examples to 2005, see Mortimer 1-24. See also the recent critical summary by Scanlon and Simpson in the introduction to *John Lydgate: Poetry, Culture, and Lancastrian England* (1-11). Recent important scholarship by Nolan (e.g. *John Lydgate and the Making of Public Culture*); Strohm (e.g., “John Lydgate, Jacque of Holland, and the Poetics of Complicity”); and Mortimer (*John Lydgate's Fall of Princes*), does not engage with the *Dietary*. Neither is the poem discussed substantively in the essays in two important recent collections: Scanlon and Simpson, *John Lydgate: Poetry, Culture, and Lancastrian England*; and Cooper and Denny-Brown, *Lydgate Matters: Poetry and Material Culture in the Fifteenth-Century*.

¹⁷ *Secular Lyrics* 251.

¹⁸ This is not because the poem had already been described in the *Manual* entry on Lydgate in Renoir and Benson: Keiser cross-references the “Doctrine for Pestilence” (p. 3667).

¹⁹ Robbins, “Medical Manuscripts in English” 404.

of health counseled moderation of the non-naturals in order to balance the humours.²⁰

(Recall the *regimen sanitatis* component of John of Burgundy's tract.) Robbins based this reading largely on his observation that the poem "often occurs in medical manuscripts."²¹

A survey of surviving manuscript witnesses, however, shows that the *Dietary* only appears in twelve manuscripts whose content is primarily medical,²² and in an additional five which contain a significant amount of medical content or in which the poem is grouped with medical texts.²³ As the Appendix shows, the poem appears in such a diverse range of manuscript genres that it is difficult to make categorical statements about its own genre based on the company it keeps.

Robbins' identification of the poem as a medical regimen has not been seriously challenged or elaborated on in major introductory studies on the history of medicine in England. We find similar—and equally brief—notices of the *Dietary* in Robert S. Gottfried's *Doctors and Medicine in Medieval England: 1340-1530* (1986);²⁴ Carole Rawcliffe's *Medicine & Society in Later Medieval England* (1995);²⁵ Faye Marie Getz's *Medicine in the English Middle Ages* (1998); and Margaret Healy's *Fictions of Disease in*

²⁰ For the *regimen sanitatis* genre, see Weiss-Adamson, *Medieval Dietetics* (esp. 10-24); and *ead.*, "Regimen Sanitatis."

²¹ Robbins, "Medical Manuscripts in English" 404.

²² Oxford, Bodleian Library, MS e Musaeo 52; Oxford, Bodleian Library, MS Add. B.60; British Library, MS Harley 5401; British Library, MS Sloane 775; British Library, MS Sloane 989; British Library, MS Sloane 3534; London, Wellcome Library MS 8004; Bethesda, MD, National Library of Medicine MS Schullian 514 (*olim* [DeRicci Bond & Faye] MS 4); Cambridge, Trinity College, MS O.2.13 (James 1117); London, Wellcome Library, MS 406 (*olim* Loscomve, *olim* Ashburnham 112); London, Wellcome Library, MS 411; Cambridge, Fitzwilliam Museum MS 261; and the scientific MS, Edinburgh, National Library of Scotland, MS Advocates' 23.7.11, Part G, fol. 66.

²³ Oxford, Bodleian Library, MS Rawlinson C.86 (SC 11951); British Library, MS Cotton Caligula A.II; British Library, MS Egerton 1995; British Library, MS Harley 941; British Library, MS Harley 2252; British Library, MS Royal 17.B.XLVII; British Library, MS Stowe 982; British Library, MS Sloane 775; Edinburgh, National Library of Scotland MS Advocates' 1.1.6 (the Bannatyne MS); London, Lambeth Palace Library MS 444; London, Society of Antiquaries MS 101; Lille University Library MS 204; and British Library, MS Harley 116.

²⁴ Gottfried points to the *Dietary* as an example of verse used "to make prescriptions easier to remember" (*Doctors and Medicine* 185).

²⁵ Rawcliffe, *Medicine & Society* 37.

Early Modern England (2001).²⁶ Getz's pithy comment that the poem is "a dietary in bad English verse" only slightly amplifies the orthodox scholarly view of the poem.²⁷ The lack of sustained interest in the *Dietary* among historians, however, is not likely indicative of a bias against medical texts in verse in the same way that the lack of interest among literary scholars owes to a stated formal bias against poetry whose primary function is didactic or utilitarian. The Salernitan health regimen, *Regimen sanitatis salernitanum* (also known as the *Flos medicinae*; hereafter *Flos*), for example, is accepted as a legitimate medical text despite its being composed in verse. Furthermore, the large number of references to scholarly works on Middle English medicine cited in this dissertation alone demonstrates that historians' lack of interest in the *Dietary* cannot be attributed to the poem's derivativeness or vernacularity, either. Rather, historians appear to neglect the *Dietary* largely because of its ostensible ordinariness and limited literary appeal. These are longstanding criticisms of Lydgate's poetry,²⁸ and indeed they are the very same attributes which have also alienated literary scholars. From a modern perspective, the *Dietary* may suffer from poor style and dull subject matter, but I posit that its diffuseness, simplicity, and vague generic status—the very features which have repelled modern scholars—were in fact largely responsible its wide circulation. Moreover, the poem may seem boring, but it was not typical, and I will show in this chapter that the ways in which the *Dietary* differs from most other medical regimens provide further clues to the reasons for its impressive circulation.

²⁶ Healy 57

²⁷ Getz, *Medicine in the English Middle Ages* 59-60.

²⁸ For a discussion of Lydgate's unappealing style, which constitutes an important underlying reason for the poem's neglect by modern scholars, see Pearsall, *John Lydgate* 7-14. The *locus classicus* of anti-Lydgatian invective remains Joseph Ritson's 1802 description of the poet as a "voluminous, prosaick [sic.], and driveling monk" (87). See above, n. 16, regarding Lawton's revisionist argument about Lydgate's style.

The *Dietary* is, quite simply, the least thoroughly examined, and consequently the least understood, of Lydgate's important poems (it is "minor" only in length). Crucially, as I demonstrate in Section 1 of this chapter, the situation is exacerbated by the decision of many to refer to an edition of the poem that contains an unrepresentative, variant text. Indeed, although the authors of the only three extended studies of the *Dietary*—William Snell,²⁹ Bryon Lee Grigsby,³⁰ and Claire Sponsler³¹—move beyond simply identifying the poem as "didactic" (as do literary scholars) or as a typical example of vernacular *regimen sanitatis* literature (as do some historians), their explanations of the reasons for its popularity are founded on determinations of genre; and these determinations are based largely on evidence taken from lines unique to the variant text. Section 2 of this chapter is, in part, a source study that demonstrates how parts of the *Dietary*, via the Latin *Dietarium*, are based loosely on the *Flos*, and possibly on the *regimen sanitatis* material in the pseudo-Aristotelian *Secretum secretorum* (hereafter *Secretum*). I will also show, however, that the *Dietary* is not only a medical text, but that it largely resists generic classification,³² and that it announces this resistance by means of multiple generic self-identifications. In Section 3, I analyze the version of the text that was known to the vast majority of its contemporary readers, to answer the question of why an unprepossessing medical regimen "in bad English verse" (to recall Getz's characterization), was so widely disseminated in its time.³³

The reasons for the *Dietary*'s survival in a large number of manuscripts, however, can only partially be explained by formalist or intertextual analysis—that is, by reading

²⁹ Snell, "Lydgate's *Dietary*."

³⁰ Grigsby 131-38.

³¹ Sponsler, "Eating Lessons."

³² Cf. Pearsall's discussion of didactic poems including the *Dietary* as forming a genre which "resists classification [...] since it is avowedly informational and practical" (*John Lydgate* 218).

³³ Pearsall similarly refers to the poem as a 'freak' (*John Lydgate* 285).

the poem closely and comparing it with other texts. Therefore I also take into account the various manuscript contexts in which the poem survives. The *Dietary* appears in miscellanies (including literary miscellanies, most notably Lydgate anthologies), compendia of religious works, commonplace books, conduct manuals, and medical collections of various degrees of sophistication. Thus it became the most widely-circulated of Lydgate's poems, and one of the most copied English medical texts of the fifteenth century, not because it was exemplary of any one genre, but because it borrowed from many and was beholden to the rules of none.

1. Establishing the Text and Genres of the *Dietary*

The present state of criticism requires that the *Dietary*'s sources and analogues, genre, manuscript contexts, potential audience, and the reasons for its supposed popularity, all be reviewed and reconsidered with an alert critical eye. There is also a less obvious, yet more pressing problem that must be resolved, however, and this has to do with the choice of which version of the text to privilege. Simply put, What did the *Dietary* look like to the majority of its readers? The definitive answer, amply demonstrated by the survey of known manuscripts containing the *Dietary* presented in the Appendix to this chapter, is that the *Dietary* survives in two main forms:

- I. In an "A" version—that is, the *Dietary* proper—which appears in approximately forty-eight of fifty-six surviving manuscripts (allowing for some variation, alteration, reordering of stanzas, and imperfect copying, but excluding fragments). This version contains ten stanzas of eight lines rhyming *ababbcbc* (i.e., Monk's Tale stanzas), and it is a very close translation of the *Dietarium*, an anonymous fifteenth-century Latin poem,

also in ten stanzas. Whatever medical traditions the *Dietary* engages with, it accesses through its source. As I will demonstrate, the *Dietarium* is, in places, a condensation of fundamental regimenal wisdom drawn in part from the *Flos*, and potentially from the *regimen sanitatis* section of the *Secretum secretorum*.

II. In a “B” version, which survives in only two manuscripts (British Library, MS Lansdowne 699, and its relative, Leiden, Bibliothek der Rijksuniversiteit, MS Vossius Germ. Gall. Q. 9).³⁴ This is a twenty-one stanza variant that Curt F. Bühler (1934) entitled “Rules of Health,” printing the text with collations from several manuscripts.³⁵ The “B” version of the *Dietary* is comprised, in order, of:

- i. The poem “A Doctrine for Pestilence” (Lydgate’s translation of a three-stanza French ballade against plague by Eustache Deschamps; hereafter “Doctrine”);
- ii. The first stanza of the “A” version;
- iii. Eight additional stanzas mainly on diet, possibly also by Lydgate, substantively similar to the *Dietary* and clearly indebted to the same basic sources; and
- iv. The nine remaining stanzas of the “A” version.

³⁴ These MSS contain several of the same texts, in the same order. The two MSS were likely both copied from a lost anthology rather than one from the other (van Dorsten 320). For Lansdowne 699, see the Appendix, no. 24; for Vossius Q.9, see the Appendix, no. 42.

³⁵ Bühler, “Lydgate’s ‘Rules of Health’.”

Additionally, the “Doctrine” also appears alongside the “A” version in seven manuscripts, usually set apart as a separate poem, but occasionally without a clear division.³⁶ The *Dietary* was far more stable and less subject to large-scale revision and modular excerpting than were the various components which make up “A Pageant of Knowledge,” for example: it is possible to state unequivocally that the “A” version is normative.

The “A” version of the *Dietary* was printed by Max Förster from ten manuscripts (including, as a base text, the preferred witness, London, British Library, Sloane MS 3534), and one early printed text, in 1918³⁷—producing an excellent edition that Bühler called “by far the best.”³⁸ Although there exist numerous other modern editions of the “A” version, printed from various manuscripts,³⁹ Förster’s remains superior by virtually every measure—including his choice of base text and the number and quality of collations.

Unfortunately, the “B” version became the one most referenced by modern scholars after it was published in the second volume of Henry Noble MacCracken’s *Minor Poems of John Lydgate* in 1934.⁴⁰ MacCracken’s edition of the *Dietary* had the single advantage over Förster’s of being published, not in a German journal, but in a volume for the Early English Text Society. It has since been republished in other

³⁶ Oxford, Bodleian Library, MS Laud Misc. 683 (SC 798); Oxford, Bodleian Library, MS Rawlinson C.48 (SC 11914); Cambridge, MS Jesus College 56 (Q. G. 8); British Library, MS Add. 10099; Dublin, Trinity College MS 537; Bethesda, MD, National Library of Medicine MS Schullian 514; San Marino, CA, Huntington Library, MS HM (*olim* Hawkins) 183.

³⁷ Förster, “John Lydgate’s ‘gesundheitsregeln’ (Dietary).”

³⁸ Bühler, “Lydgate’s ‘Rules of Health’” 51. The *Middle English Compendium HyperBibliography* (associated with the *Middle English Dictionary*) also considers Sloane 3534 the preferred manuscript (“Entry for ‘Dietary’ of ‘John Lydgate’ in Middle English Compendium HyperBibliography”).

³⁹ See the Appendix for a list of modern editions.

⁴⁰ Lydgate, *Minor Poems* 2: 702-7. MacCracken printed Lansdowne 699 with collations from Leiden, MS Vossius Q.9 and Oxford, University College MS 60.

volumes.⁴¹ Bühler, in a tepid review (1936), specifically targeted MacCracken's text of the *Dietary* for criticism, noting that, because the poem survives in so many manuscripts, it at least deserved a fuller collation.⁴² Indeed, the fact that the "B" version of Lansdowne 699 "seems to differ from other copies" was noted as early as 1819, in the *Catalogue of the Lansdowne Manuscripts in the British Museum*.⁴³

Further complicating matters, the *Dietary* is described in studies and in reference works as containing varying numbers of stanzas, despite the evidence that it contained ten (like its close source) in most manuscripts, including the best and earliest ones (e.g. Sloane 3534)—evidence that was presented by Förster as early as 1918 and endorsed by Bühler in 1934. For example: MacCracken, in his important but now outdated resource, "The Lydgate Canon," which opens the first volume of *Lydgate's Minor Poems* (1911), identified the poem as properly having eleven stanzas, although only one witness does,⁴⁴ in the entry on the *Dietary* in their excellent section on Lydgate in the *Manual of the Writings in Middle English*, Alain Renoir and C. David Benson state that the *Dietary* proper is comprised of eighteen stanzas (i.e., presumably, the "B" version minus the

⁴¹ I.e. in Rawcliffe, comp., ed., and trans., *Sources for the History of Medicine* 80-1 (1995); Byrne, *Black Death* 162-66 (Modern English trans. by Margaret Montaverde) (2004). Byrne does not mention that the "Doctrine" and *Dietary* are properly distinct and discusses this version of the poem as if it were normative.

⁴² Bühler, "Review" 237 and 238. Furthermore, it should be noted that MacCracken does not indicate that the extra eight stanzas inserted between stanzas one and two of the "A" version appear on the recto and verso of a single folio (fol. 86) that could have been inserted (as a singleton or as part of a new bifolium—I have not been able to examine the manuscript) between folios 85 (which contains the three-stanza "Doctrine for Pestilence" and the first stanza of the *Dietary* proper on the verso) and 87 (which picks up at the second stanza of the "A" version on the recto).

⁴³ Ellis and Douce 161.

⁴⁴ MacCracken, "Lydgate Canon" xv (no. 30). The only witness that I have been able to confirm contains eleven stanzas is British Library, Royal MS 17.B.XLVII, fols 2-3^v (it is possible that the version in San Marino, CA, Huntingdon Library, HM [*olim* Hawkins] 183, fol. 5^v [Article 4], also contains eleven stanzas, but I have not been able to see the MS). Prof. Stephen R. Reimer had been preparing a highly anticipated replacement for MacCracken's resource ("Lydgate Canon"), but this has been delayed.

three-stanza “Doctrine”);⁴⁵ and Schirmer says that the poem contains twenty-one stanzas (i.e., presumably, that the “B” version is normative).⁴⁶ Remarkably, some scholars have claimed that the “B” version is in fact *preferable* to “A.” For example, Sponsler finds fault with the witness of the poem in Oxford, Bodleian Library, Rawlinson MS C.86 (which is in fact a representative example of an “A” version), because it “lacks the three stanzas of the ‘Doctrine for Pestilence’ and also, much more drastically, omits stanzas five through twelve, which is to say that it omits all of the dietary advice.”⁴⁷ (Sponsler makes a similar claim about the composite “A” version of the “Pageant” being “complete.”⁴⁸ Indeed, the unstable textual status of the *Dietary* and the “Pageant” both owe in part to editorial decisions made by MacCracken.⁴⁹) Shuffleton makes a similar claim, writing that “[i]n most manuscripts, the text contains twenty-one stanzas, whereas Ashmole 61’s text has only ten”; he notes that some other manuscripts “preserve a similarly reduced text.”⁵⁰ Snell also claims that Lansdowne 699 (the “B” version) contains “the most complete example” of the poem.⁵¹ Finally, Dickens claims that the witness in the sixteenth-century manuscript, Oxford, Bodleian Library, Lat. theol. d. 15, is incomplete because it “shows many variations from the best texts; [Parkyn] included only stanzas 4 and 13-21 of the version printed by the Early English Text Society.”⁵² In other words, it includes the “A” version.

⁴⁵ Renoir and Benson 34. This causes confusion in the bibliographic apparatus at the back of the volume, where several manuscript witnesses and printed editions are identified as “incomplete” because they contain only ten stanzas.

⁴⁶ Schirmer 111-12.

⁴⁷ Sponsler, “Eating Lessons” 21. It is not strictly true that removing the eight added stanzas removes “all” of the dietary advice, but it does remove most of it.

⁴⁸ Sponsler, “Explanatory Notes to Pageant of Knowledge” 126.

⁴⁹ For the analogous critical problem facing the “Pageant,” see the Introduction, Section 2.

⁵⁰ Shuffleton 530.

⁵¹ Snell, “Lydgate’s *Dietary*” 121.

⁵² Dickens 59.

Thus modern scholars' reliance on MacCracken's unrepresentative version is widespread. Ebin, Mullett, Rawcliffe, Schirmer, Shuffleton, and others, all work with this particular edition of the "B" version, as do the authors of the only extended studies of the poem, Sponsler, Snell, and Grigsby. Numerous other critical works which contain notices of the poem also refer to MacCracken's edition.⁵³ MacCracken's poor choice of text, endorsed by its publication in the standard volume of Lydgate's poems, is erroneously assumed to be superior. A major consequence of this practice can be seen to affect explanations of why so many copies of the *Dietary* survive—notably those offered by Snell,⁵⁴ Sponsler,⁵⁵ Grigsby,⁵⁶ and Glending Olson.⁵⁷ These explanations are based on determinations of the poem's genre that are, in turn, based on evidence culled from the "B" version of the poem. Yet the "A" and "B" versions are quite strikingly dissimilar. For example, the additional eight stanzas in the "B" version are chiefly on food. These stanzas are essential to Sponsler's discussion of how the *Dietary*'s popularity "testifies to the awakening powers of the self-fashioning bourgeois consumer,"⁵⁸ and also to her generic identification of the poem as a "conduct manual" primarily on the moderate consumption of food.⁵⁹ Similarly, the "Doctrine for Pestilence" that begins the "B" version enables Snell, Grigsby, and Byrne to claim in their studies that the (properly and usually separate) *Dietary* was popular specifically because it was (or functioned primarily as) a plague

⁵³ E.g., Byrne, *Daily Life During the Black Death* 217; Olson, *Literature as Recreation* 52; Dickens 69.

⁵⁴ Snell, "Lydgate's *Dietary*" 123.

⁵⁵ Sponsler, "Eating Lessons" 4.

⁵⁶ Grigsby 131.

⁵⁷ Olson, *Literature as Recreation* 52.

⁵⁸ Sponsler, "Eating Lessons" 19.

⁵⁹ *Ibid.* 18, and *passim*. Norri briefly notices the *Dietary*'s popularity, and similarly claims that it focuses on diet (*Names of Sickneses* 30).

tractate.⁶⁰ Indeed, the “A” version would not have been suitable in the least for any of these studies because it does *not* focus primarily on diet (as Sponsler admits when she states her preference for the “B” text), and it only mentions plague once.⁶¹

The sources of the additional material in the “B” version have not been sufficiently examined, but the eight extra stanzas resemble the *Flos* more than the *Dietary* proper (via the *Dietarium*) does. A close study of the eight extra stanzas, whose authorship has not conclusively been demonstrated, is beyond the scope of the present study.⁶² The source of “A Doctrine for Pestilence,” however, can be established definitively here. MacCracken suggested in his entry on the poem in “The Lydgate Canon” that its potential source was to be found “at art. 21” in Trinity College Cambridge MS R.3.20 (hereafter TCC R.3.20).⁶³ This manuscript, a lengthy literary anthology featuring French ballades and poems by Lydgate, was copied by John Shirley in 1430-1432.⁶⁴ It has at article 21 a French ballade by Eustache Deschamps that has been published in is *Oeuvres complètes* from the other known surviving manuscript witnesses (i.e., Paris, Bibliothèque nationale de France, MS Français 840 with collations from Paris, Bibliothèque nationale de France, MS NAF 6221).⁶⁵ Snell rejected MacCracken’s identification, contending that a comparison of the “Doctrine” with the French ballade in

⁶⁰ Byrne, *Daily Life During the Black Death* 217; Grigsby 121; Snell, “Lydgate’s *Dietary*” 123. All three base explanations of the text’s popularity on analyses of the “B” version, which they consider to be normative.

⁶¹ I.e. in the second line of stanza six.

⁶² Bühler’s determination that the extra lines were by Lydgate (“Lydgate’s ‘Rules of Health’” 56) was accepted as conclusive by Snell (“Lydgate’s *Dietary*” 124), but Bühler relied solely on a very cursory (as he himself admitted) comparison of the *Dietary* with Lydgate’s *Secrees of Old Philosoffres*. This is problematic because it is possible that *Secrees* and the *Dietary* proper shared the same source, i.e. the texts of the *Secretum* tradition.

⁶³ MacCracken, “Lydgate Canon” xv (no. 31). MacCracken also incorrectly identified the poem as properly having *four* stanzas.

⁶⁴ For the contents of the manuscript, see James 600. For an overview of the French lyrics in the manuscript—including the source of “A Doctrine for Pestilence”—and a discussion of the publisher Shirley, see Connolly and Plumley.

⁶⁵ Deschamps, *Oeuvres* 6: 100-101.

TCC R.3.20 “reveals only a tenuous correspondence [...] in fact they could not be more dissimilar in form and construction.”⁶⁶ But this statement resulted from an understandable error: Snell, as he himself indicated,⁶⁷ was following a modern table of contents that has been inserted into the manuscript, and which identifies a different poem as *its* twenty-first item because its author grouped several of Lydgate’s poems together as ‘article two’ and many of the French ballades as ‘article three’ (see p. 1 of the modern table of contents in TCC R.3.20). In actuality, article 21 in this modern table of contents corresponds with *item 67* of the manuscript proper (as correctly noted by M.R. James), identifying an item that is, indeed, quite dissimilar to Lydgate’s poem.

Glending Olson tentatively verified MacCracken’s claim by showing that the first stanza of “A Doctrine for Pestilence” very closely resembles the first from Deschamps’ ballade.⁶⁸ He was unable, however, to call the entire English poem a translation from the French because the version of Deschamps’ poem that he consulted—from Deschamps’ *Oeuvres*—differs in several places from the more comparable version found in TCC R.3.20. More recently, in examining this manuscript, Margaret Connolly and Yolanda Plumley have stated that Lydgate’s “Doctrine for Pestilence” is a “translation of the [...] French ballade, ‘Qui veult son corps en santé maintenir’”⁶⁹ by Deschamps.⁷⁰ The correspondence has not been demonstrated, however, so I include here my transcription of the poem from TCC R.3.20, alongside “A Doctrine for Pestilence.”⁷¹ The French

⁶⁶ Snell, “Lydgate’s *Dietary*” 125.

⁶⁷ *Ibid.*

⁶⁸ Olson, *Literature as Recreation* 172-74.

⁶⁹ Connolly and Plumley 318. They posit that Shirley may have gotten his copy of this poem from Lydgate (318).

⁷⁰ *Ibid.*

⁷¹ I reproduce “A Doctrine for Pestilence” from Bühler’s edition in “Lydgate’s ‘Rules of Health’” 52-3.

poem, which occupies the bottom of page 52 and the first half of page 53 (the manuscript is paginated), has the rubric, “un honnouable balade ffrancoys du regyment du corps.”

Deschamps

Qui veult son corps en sante maintenir

Et resister contre lespidemie

Doit Ioye auoir & tristesse fouir

Laisser le lieu ou est la maladie

5 Et frequenter Ioyeuse compayngnye

Boire bone vin / nette viande vser
pinfeccoun⁷²

Port bone odour / contre le punesie

Et ne va hors si ne fait bel & cler

Jeung estomac ne se doit point partir

10 Leuer matin hanter Iardineyre

ffaire bon feu / en ta chambre tenir

Et de femes ay peu ta compaignie

Bains / esteueuz / a ton pouoir de uye /

Car les yumours sy font mal encombrer

15 Sois bien vestus & mannis cher lie

Et ne va hors sy ne fait bel & cler

De grosse char / se soit hom abstenir

Et de tous fruiz / se diston en partie

Lydgate

Who will been holle / & kepe hym from sekeness

And resiste / the strok of pestilence

Lat hym be glad / & voide al hevyness

fflee wikkyd heires / eschew the presence

Off infect placys / causyng the violence

Drynk good wyn / & holsom meetis take

Smelle swete thyng / & for his deffence

Walk in cleene heir / eschew mystis blake.

With voide stomak / outward the nat dresse

Risyng erly / with fyr have assistance

Delite in gardeyns / for ther gret swetnesse

To be weele claad / do thi dilygence

Keep welle thi silf / from incontynence

In stiwes bathis / no soiour that thou make

Opynyng of humours / this doth gret offence

Walke in cleene heir / eschewe mystis blake.

Ete nat gret flessch / for no greedynesse

And fro frutis / hold thyn abstynence

⁷² In Shirley's hand; glosses the word "punesie."

	Mengu conins ta poullaille roster	Poletis & chekenys / for ther tendirnesse
20	Et venaison / sur toute espicerie	Ete hem with sauce / & spar nat for dispense
	Cloux de Girofle / gingembre pomrerye	Verious [verjuice]/ vynegre / & thyinfluence
	Tout d[']aigre vin / de vertgus destremper	Of holsom spices / I dar vndertake
	Dormir au matin cela noublie mie	The morwe sleep / callid gyldene in sentence
	Et ne va hore sy ne fait bel & cler	Gretly helpith ayen the mystis blake.

Viewed side-by-side, it is clear that the “Doctrine” is a close translation of Deschamps’ poem. Some lines are translated closely (e.g. lines 1-4, 6), while others are rearranged (e.g. “ffaire bon feu” in line 11 of Deschamps finds its way into line 10 of the translation as “with fyr have assistance”), and still others are changed (Lydgate does not follow Deschamps [line 21] in naming specific spices). In Chapter 1, I located the poem within a context of representative mid-fourteenth-century plague tracts, demonstrating that its content conforms closely with the contemporary medical advice on the epidemic.⁷³ Arguments about the *Dietary*’s popularity, genre, or utility which rely on evidence from the separate “Doctrine” are vitiated, not only by the fact that these are separate poems, but also—and equally importantly—by the fact that Deschamps’ ballade is of a different subgenre, and is possibly even modeled on John of Burgundy’s *De epidemia*. The “Doctrine” is a completely orthodox regimen against the plague. Sponsler claims, however, that references (which she takes to be both original with Lydgate and part of the *Dietary*) to “gret flessh” (from Deschamps’ “grosse char”), chickens (“poullaille”), “holsom spices” (“epicerie”), and others, evince “an abundance of food,

⁷³ Both Snell (“Lydgate’s *Dietary*”) and Grigsby (131-8) similarly examine analogous plague tractates with which the poem may be compared, but they do so to demonstrate that the *Dietary* (which they take the “Doctrine” to be fundamentally part of) is akin to a plague tract.

an abundance whose very existence poses new problems and calls for new behaviors,”⁷⁴ and most problematically, that this was a new phenomenon, specific to the fifteenth-century.⁷⁵ The primary function of the *Dietary*, she concludes, is that it “teaches the reader how to be a good consumer who can safely negotiate the dangers associated with a world of plenitude.”⁷⁶ But we now know that the lines in question are not listed as examples of plenitude—although they may also have been that—but come instead from a fourteenth century French regimen against plague that offers advice firmly rooted in medical theory. For example, readers should eat “poulaille” (specifically in sauce) instead of “grosse char” because that precisely what John of Burgundy recommends.⁷⁷ What is more, throughout her article, Sponsler does not take into account the fundamental principle which justifies all of the medical content of the *Dietary* (and of all health regimens), namely the nonnaturals, in her explanation of the poem’s jumbling of advice about such things as diet, sleep, and the emotions.⁷⁸

In contrast, Grigsby and Snell take the *Dietary* seriously as a medical text, but because they also draw evidence mainly from the “Doctrine” that is included in the “B” version, not only do they overemphasize the extent to which *Dietary* addresses plague, they assume (with Sponsler) that the “Doctrine” originates in the mid-fifteenth century. For example, Grigsby’s central argument is that the *Dietary* evinces a fifteenth-century phenomenon whereby authors were increasingly less interested in moralizing about the plague than they were in offering practical solutions. Plague, he writes, became “part of

⁷⁴ Sponsler, “Eating Lessons” 9.

⁷⁵ Ibid.

⁷⁶ Ibid. 13.

⁷⁷ John of Burgundy, *De epidemia* 136-42.

⁷⁸ See Sponsler, “Eating Lessons” 18, in which she offers alternative explanations.

the medical warp and literary weft of the social web rather than an apocalyptic sign.”⁷⁹ Grigsby articulates this eminently plausible thesis beautifully (and indeed he demonstrates it elsewhere), but neither the *Dietary*, which is not a plague tractate, nor the separate “Doctrine,” which is based on a French poem from the fourteenth century (or at least wholly based on fourteenth-century theory), are suitable as evidence. In contrast, Snell’s thesis, that the *Dietary* “should be regarded not so much as a general guideline for health, but more specifically as a set of precepts against contracting the plague in that it appears to incorporate advice from plague tractates, notably those written in the later part of the fourteenth century,”⁸⁰ applies not to that text but (quite well) to the separate “Doctrine.” The “Doctrine” does not merely “incorporate” material from fourteenth-century plague tractates: it is a close translation of one (an observation that Snell missed because of his unfortunate encounter with TCC R.3.20’s misleading modern table of contents).

Olson has expressed well the historical importance of the fact that the “Doctrine” is sometimes found alongside the *Dietary*: “That a poem specifically concerned with the plague could so readily fuse with a general regimen reveals both the pervasiveness of pestilence in fifteenth-century life and the widespread familiarity of the rules for dealing with it first announced in the plague *consilia*.”⁸¹ The proximity of the two poems matters, but the two poems should nonetheless be understood as separate in origin and in function—one, a plague regimen found in nine manuscripts drawing from advice found in the *consilia* (or maybe, more specifically, John of Burgundy’s *De epidemia*), and the other a general regimen that appeared in various forms in approximately fifty-six

⁷⁹ Grigsby 138.

⁸⁰ Snell, “Lydgate’s *Dietary*” 123.

⁸¹ G. Olson, *Literature as Recreation* 174.

manuscripts. The *Dietary* was useful in plague time as any regimen would be, but it was not crafted specifically to address the epidemic. Lydgate himself tacitly acknowledged the functional distinction between the two poems when he inserted the first stanza of the “Doctrine” and three stanzas from the *Dietary* into his translation of the *Secretum*—for if the *Dietary* were already about plague, he would not need to draw from another text for specific information on managing the illness. His mixing of these texts in the *Secrees*, however, and the fact that the “Doctrine” only appears in manuscripts that also contain the *Dietary* (and usually next to it; see the Appendix), suggests that Lydgate himself had a hand in associating the texts with one another.

Above all, it is evident that the *Dietary*’s genre and the reasons for its apparent popularity should be assessed only with reference to the normative “A” version, not the “B” version, which is unrepresentative.

The *Dietary*’s genre is also contested for reasons other than the choice of MacCracken’s edition as a working text. Two influential arguments about the *Dietary*’s genre and popularity, both made by Rossell Hope Robbins, are based on observations about the manuscripts in which the *Dietary* is found. First, working with the “A” version in Bodleian Library, MS Rawlinson C.86—the same witness that Sponsler criticized for wanting stanzas—Robbins argued in 1952 that the *Dietary* is a mnemonic teaching text “used by school-children, for it is found along with other teaching poems in small collections to be used by children.”⁸² “In this respect,” he specified, “it might be linked to

⁸² *Secular Lyrics* 251. Robbins prints the version of the text (at 73-76) from Oxford, Bodleian Library, MS Rawlinson C.86 (SC 11951).

the whole ‘*Stans puer ad mensam*’ tradition.”⁸³ In actuality, the poem was not included in many teaching texts intended for children,⁸⁴ but it does often appear beside or very near Lydgate’s own version of *Stans puer ad mensam*⁸⁵ in fourteen manuscripts,⁸⁶ a fact that partially supports Robbins’ argument. (The *Dietary* is also very commonly adjacent to or nearby Lydgate’s “Verses on the Kings of England”;⁸⁷ perhaps the three texts were available in fascicular collections for sale at commercial scriptoria.⁸⁸) Moreover, Frederick J. Furnivall included the *Dietary* (printed from the irregularly-ordered version in London, Lambeth Palace MS 853, a manuscript that was likely compiled with an audience of children in mind) in a collection of teaching texts titled the *Babees Book*,⁸⁹ contributing to the impression among modern scholars that the poem was aimed at children.⁹⁰ The *Dietary* does sometimes resemble the *Stans* in its content and tone, but it derives these features from its immediate sources, which are not aimed at children. Just because a text is didactic and simply written does not mean that its audience is juvenile.

⁸³ *Secular Lyrics* 251. Robbins’ reading of the *Dietary* as a mnemonic text is endorsed by Voigts and McVaugh (19). While it is probable that the *Dietary* and *Dietarium* were intended to be memorized, this is not *definitely* the case: the poem contains a scattering of standard advice that defies easy categorization; it is, quite simply, not very “catchy.”

⁸⁴ The *Dietary* is grouped with instructive texts suitable for children in the following manuscripts: Oxford, Bodleian Library, MS Rawlinson poet. 35 (*SC* 14529); British Library, MS Arundel 168; British Library, MS Add. 31042; British Library, MS Harley 541; Glasgow UL, MS Hunterian 259 (U.4.17); British Library, MS Cotton Titus D.XX; and London, MS Lambeth Palace Library 853.

⁸⁵ For the characteristics and source of Lydgate’s *Stans puer ad mensam* (*NIMEV* 2233; cf. 1694), see Pearsall, *John Lydgate* 219.

⁸⁶ Oxford, Bodleian Library, MS Laud Misc. 683 (*SC* 798); Oxford, Bodleian Library, MS Bodley 48 (*SC* 1885); Oxford, Bodleian Library, MS Bodley 686 (*SC* 2527); Oxford, Bodleian Library, MS Rawlinson C.48 (*SC* 11914); British Library, MS Cotton Caligula A.II; British Library, MS Lansdowne 699; British Library, MS Stowe 982; Leiden, University Library (Bibliothek der Rijksuniversiteit), MS Vossius Germ. Gall. Q.9; and Bethesda, MD, National Library of Medicine MS Schullian 514 (*olim* [DeRicci Bond & Faye] MS 4).

⁸⁷ Oxford, Bodleian Library, MS Bodley 48; Oxford, Bodleian Library, MS Bodley 686 (*SC* 2527); Oxford, Bodleian Library, MS Bodley 912; British Library, MS Harley 2251; British Library, MS Add. 31042; British Library, MS Add. 34360; Dublin, Trinity College MS 516; Oxford, Bodleian Library, MS Lat. theol. d.15; British Library, MS Cotton Titus D.XX; and Nottingham University Library, MS Mellish LM 1 (Me Lm 1).

⁸⁸ Pearsall describes these kinds of collections as “poems or groups of related poems copied in loose quires which would then be held in stock and bound up to the taste of specific customers” (*John Lydgate* 75).

⁸⁹ Furnivall, ed., *Babees Book* 55-9.

⁹⁰ See, e.g., Sponsler, “Eating Lessons” 5.

Second, we saw above that Robbins, in a later article (1970), also identified the *Dietary* as belonging generally to the *regimen sanitatis* genre, observing that the poem appears in medical manuscripts (a designation that, as I demonstrated, applies well to only twelve witnesses, and somewhat more tenuously to another five). This generic determination has been widely embraced by historians. To be sure, contemporary incipits and rubrics appear also to offer support for this position, as they typically identify the poem as medical, regardless of the content of the rest of the manuscript. The poem is called, variously, a “tretis for mannes helthe of his body,”⁹¹ “concilium corporis et anime” and “dietarys particularis,”⁹² “Sapiencia phisicorum,”⁹³ “Antidotarie of helthe,”⁹⁴ and—drawing on the poem’s self-attribution in the last line, as a *dietarie*—“Dietaria,”⁹⁵ “dietarie,”⁹⁶ “Dietarium salutis,”⁹⁷ “a dietarie for the body,”⁹⁸ and “Dietarium salutissimum.”⁹⁹ In most versions of the poem, it commends itself “To al indifferent” (that is, regardless of their status and access to physicians) as “þe rycheeste dietarye.”¹⁰⁰ Still further reinforcing the poem’s identity as a medical text, the *Dietary* also identifies itself in the final stanza as a “receyte”¹⁰¹—a prescription for a medical recipe.¹⁰² The term

⁹¹ Oxford, Bodleian Library, MS Bodley 686 (*SC* 2527), fol. 187^v.

⁹² Both are found in British Library, MS Harley 941, fol. 25.

⁹³ British Library, MS Egerton 1995, fol. 77^v.

⁹⁴ London, Wellcome Library, MS 406 (*olim* Loscomve, *olim* Ashburnham 112), fol. 39^v.

⁹⁵ Glasgow UL, Hunterian MS 259 (U.4.17), p. 50 (the MS is paginated).

⁹⁶ Cambridge, Fitzwilliam Mus MS 261, fol. 30.

⁹⁷ Oxford, Bodleian Library, MS Lat. theol. d.15, fol. 132.

⁹⁸ Nottingham University Library, MS Mellish LM 1 (Me Lm 1), fol. 1.

⁹⁹ London, Wellcome Library MS 411, fol. 2^v.

¹⁰⁰ This is the last line as it appears in Rawlinson C.86, printed in *Secular Lyrics* 76. See the *MED*, s.v. “dietarie,” “A prescribed course of diet; also, a treatise prescribing a course of diet.” This ending is found in most manuscripts, including these ones in Förster’s collation: Cambridge, St. John’s College 191 (G. 23), fol. 168^v; Glasgow UL, Hunterian 259 (U.4.17), p. 52; Oxford, Bodleian Library, Rawlinson C.86 (*SC* 11951), fol. 62.

¹⁰¹ Sloane 3534, fol. 3^v.

¹⁰² *MED*, s.v. “receite,” 4.a.

“receyte” does not originate in the Latin *Dietarium*.¹⁰³ And, as it turns out, it was an apt addition: as was the case with medical recipes, the *Dietary*, too, was sometimes copied by later hands—alone or in the company of other short poetic or medical texts—in blank folios and on to flyleaves in manuscripts which otherwise have little or no medical content.¹⁰⁴

Notwithstanding the evidence for how contemporaries thought about the *Dietary*’s genre presented in rubrics and incipits—and despite the poem’s appearance in medical manuscripts—it is striking that the poem is, in actuality, not mainly about the preservation of physical health. It states straightforwardly in the final stanza that it is a recipe for the health both of “body and soule,”¹⁰⁵ advocating moderation for the former and charity for the latter. The *Dietary*, however, bodies forth an assortment of lessons regarding more general aspects of private and public conduct whose inclusion cannot be explained as straightforwardly medical (for the body) or moral (for the soul). The poem describes health in a metaphorically rich way, encouraging the reader to develop associations between literal and figurative wellbeing. It offers advice, not primarily on the consumption of food (as in the modern sense of the word “diet”), nor even primarily on the preservation of physical or moral health, but on the *diète*, or “way of living,” of its audience (as the Middle English has it).¹⁰⁶

¹⁰³ Compare the Latin, “Ex apothecario sumpsio prorsus emitur nullo” (Sloane 3534, fol. 3^r) with its translation, “This receyte ys boght of non apothecary” (Sloane 3534, fol. 3^v).

¹⁰⁴ E.g.: Oxford, Bodleian Library, MS Bodley 912 (SC 30437); Oxford, Bodleian Library, MS Bodley 48 (SC 1885); British Library, MS Add. 10099; Edinburgh University Library MS 205; London, Wellcome Library MS 406 (*olim* Loscombe, *olim* Ashburnham MS 112). Further investigation is needed to determine if the *Dietary* was also a later addition in these manuscripts: Oxford, University College MS 60; British Library, Harley MS 5401; Cambridge, Trinity College MS O.2.13 (James 1117); Lille University Library MS 204.

¹⁰⁵ Sloane 3534, fol. 3^v.

¹⁰⁶ *MED*, s.v. “diète,” 2.

Indeed, a concept which justifies and unifies the poem's inclusion of such a broad range of advice as much as the theory of the nonnaturals is identified in the second stanza, where Lydgate enjoins his audience to "make þis þi gouernaunce."¹⁰⁷ The Middle English *gouernaunce* was a multivalent term freighted with political and social meanings,¹⁰⁸ and one that Lydgate often explored in his poetry.¹⁰⁹ Here, while retaining its full range of meanings, the word signifies not only a "a regimen prescribed for preserving or restoring health" or "a course of treatment"¹¹⁰ but also, more generally, a "way of life."¹¹¹ It is notable that *gouernaunce*, *diete*, and the Latin *dietarium* share similar—and similarly versatile—meanings.¹¹² *Gouernaunce* does not originate in the Latin source: it translates the Latin *regimen*, whose English cognate was then in regular use. Furthermore, not only is the concept of *gouernaunce* invoked in the text of the *Dietary*, it was in some cases attached to the poem in incipits and rubrics, showing that contemporaries considered it useful as a descriptor. The poem is identified variously as "The gouernans of man,"¹¹³ "A tretisse of good governance,"¹¹⁴ and "A lyttyl trety off gud / governans for a manys body."¹¹⁵ Similarly, one incipit describes the poem as being "de Guvernacione humane Nature."¹¹⁶

It is no wonder that the generically diverse "A" version of the *Dietary* is often described in vague terms—merely as "didactic" or as a *regimen sanitatis*—in modern

¹⁰⁷ Sloane 3534, fol. 1^r.

¹⁰⁸ *MED*, s.v. "gouernaunce."

¹⁰⁹ Ebin identifies governance as an abiding theme in Lydgate's works, but limits the term to its political valences (92).

¹¹⁰ *MED*, s.v. "gouernaunce," 6.a.

¹¹¹ *Ibid.* 4.b. Mooney briefly mentions the *Dietary* as a popular text, and she aptly defines the genre of the dietary as having to do with behavior, not just the consumption of food ("Diet and Bloodletting" 245).

¹¹² The medieval Latin *dietarium* can mean "dietary," or more generally, "rule of living" (Latham, s.v. "dieta").

¹¹³ Oxford, Bodleian Library, MS Ashmole 61, fol. 107.

¹¹⁴ London, British Library, MS Stowe 982, fol. 11.

¹¹⁵ Lille, University Library MS 204, fol. 1.

¹¹⁶ Dublin, Trinity College MS 516, fol. 27^v.

scholarship. But these descriptions, while unspecific and in need of elaboration, are nonetheless more apt than the specific ones advanced by scholars who refer mainly to the “B” version. Indeed, Douglas Gray’s very basic description of the *Dietary* as “a simple list of pieces of proverbial medical and moral advice designed to keep its audience healthy, wealthy, and wise,”¹¹⁷ captures the essence of the poem well, as does Lois Ebin’s statement that it is “a prescription of healthful living.”¹¹⁸ The poem is about the *governaunce* of health in a generous and inclusive way, not in a specific or limited sense.

2. The *Dietarium* and its Sources

Yet the “proverbial medical and moral advice” in the “prescription of healthy living” that is Lydgate’s *governaunce* was not original to Lydgate (as W.L. Braekman wondered),¹¹⁹ rather the *Dietary* is a close translation of an anonymous Latin poem that is called the *Dietarium* after its self-identification in the final stanza.¹²⁰ The date of the *Dietarium* has not been established, but the text’s references in the final stanza to famed physicians Antonio Cernisone and Hugh of Siena indicate that it was composed in the fifteenth century.¹²¹

The *Dietary*’s resemblance to the *Flos* was first noted in modern scholarship by Robert Steele in 1894.¹²² Förster argued in 1918 that the anonymous *Dietarium* was a

¹¹⁷ Gray 245.

¹¹⁸ Ebin 102.

¹¹⁹ Braekman writes: “John Lydgate is the author of what is perhaps only original Middle English verse dietary of a general nature” (45).

¹²⁰ Sloane 3534, fol. 3^v. Förster raises the question of whether the Latin text could be a translation from the English, but determines that this is implausible (179). The text (whole or in part) does not appear in TK.

¹²¹ Fols 3^{r-v}. The identification was made by Sowers in 1963 (9), but has been overlooked in subsequent scholarship. For example, Shuttleton, in his explanatory note to line 79 of his edition, cannot identify the physicians (largely because he only looks to English records).

¹²² Steele, ed., *Lydgate and Burgh’s Secrees* 106-7.

paraphrase, at times very close, of the Salernitan regimen.¹²³ Instead of providing evidence for this claim, he pointed in a footnote to De Renzi's edition of the *Flos* for the benefit of scholars who wanted to verify his claims.¹²⁴ None have done so. The early editor's comments caused confusion for Getz, who wrote that, in Förster's edition, "[t]he poem is printed with matching verses from the *Flos* in Latin that is its source."¹²⁵ Thus she mistook the Latin *Dietarium* which Förster prints alongside the *Dietary* (both from Sloane 3534) for excerpts from the longer Salernitan poem that it actually radically condenses and paraphrases—and only in some places. Replicating Getz's error, Shuffleton writes that the poem is "a close fairly close translation of the twelfth-century Latin *Flos medicinae*" and says that it is printed "with the related stanzas of the *Flos medicinae*."¹²⁶ Similarly misunderstanding the significance of the intermediary Latin *Dietarium*, Roy Vernon Sowers argued that the *Dietary* was a "free translation" of the *Flos*.¹²⁷ Renoir and Benson tentatively follow Förster when they write that the poem is "presumably based on a twelfth-century Latin text" (meaning the *Flos*).¹²⁸ Others have been even more cautious, stating more vaguely that the *Dietary* draws from the Salernitan regimen.¹²⁹ The relationships which obtain between the *Dietary* and its sources clearly require fuller elaboration. Indeed, the *Dietarium* has not been examined critically since Förster's study, and the view that it is wholly indebted to the *Flos*—which itself was a much longer, variable text—needs to be assessed with reference to the textual evidence.

¹²³ Förster 179.

¹²⁴ Ibid. 179, n. 1.

¹²⁵ Getz, *Medicine in the English Middle Ages* 124, n. 201.

¹²⁶ Shuffleton 528, 530 (following Getz).

¹²⁷ Sowers 9.

¹²⁸ Renoir and Benson 34. Förster had argued that the Latin original was based on the twelfth-century *Flos*, not that the Latin original itself was from the twelfth century.

¹²⁹ G. Olson, *Literature as Recreation* 52; Healy 57-8.

The *Dietarium* exists uniquely¹³⁰ in Sloane 3534, at fols 1-3^v, where it appears in alternating stanzas alongside the *Dietary*.¹³¹ Unlike the fashionable and highly theoretical body of writings on *hereos* with which Chaucer experimented, the medical content in the *Dietarium* (which is not its largest component) is taken largely, not from other contemporary texts, but from the *Flos medicinae*, potentially with additional borrowings from the influential *regimen sanitatis* portion of the *Secretum secretorum*. The *Flos* itself may indeed be based partly on this section of the *Secretum*.¹³²

The *Secretum* circulated in two main versions in the original Arabic: a shorter “Western” version (*ca.* 10th c.), which focused mainly on regimen and was translated into Latin by John of Spain in the twelfth century; and a second, longer “Eastern” version, translated by Philip of Tripoli in the thirteenth century.¹³³ Philip of Tripoli drew on John of Spain’s text for the *regimen sanitatis* portion of his translation. The longer version was edited and copiously glossed by Roger Bacon in the thirteenth century. Numerous Middle English translations of the longer (and at least one of the shorter) version of the *Secretum* have survived.¹³⁴ Notably, at the end of his life, Lydgate himself translated a large part of Philip of Tripoli’s Latin translation of the longer, “Eastern” version of the Arabic *Secretum* into English as *Secrees of Old Philosoffres* (hereafter *Secrees*).¹³⁵ Lydgate or his associate Burgh added a four-stanza section on “how a leche shal gouerne a prynce

¹³⁰ The first two stanzas of the *Dietarium* also appear alongside the first stanza of the English version in London, British Library, MS Arundel 168 (fol. 14^v).

¹³¹ Furnivall dates the manuscript to 1460 (*Babees Book* 55); Förster dates it to the mid-fifteenth century (178-79).

¹³² On the possibility that the *Secretum* is a source for the *Flos*, see Cummins x; Pack 309; and S.J. Williams 184.

¹³³ For a brief summary of the history of the *Secretum*, see Pack 307.

¹³⁴ Printed in two collections for the Early English Text Society: Manzalaoui, ed., *Secretum Secretorum: Nine English Versions* (EETS 276); and Steele, ed., *Three Prose Versions of the Secreta Secretorum* (EETS ES 74).

¹³⁵ The translation was finished by Benedict Burgh after Lydgate’s death (Pearsall, *John Lydgate* 296-98).

slepyng & wakyng” (note again the use of the word “govern”) to the already lengthy *regimen sanitatis* section of his *Secrees*.¹³⁶ This added section comprises, in order: the first stanza of the “Doctrine,” followed by the second, eighth, and tenth stanza of the *Dietary*,¹³⁷ each adapted to conform to their new formal and thematic context.¹³⁸ This addition suggests that Lydgate or Burgh recognized the similarities in content, style, and didactic function, shared by the *Dietary* and the *Secretum*.¹³⁹

The quintessential regimen of health, the *Flos*, was composed after 1240 and circulated widely throughout Western Europe well into Lydgate’s time and into the early modern era.¹⁴⁰ The core text, sometimes attributed to Joannes de Mediolano, comprises several hundred lines, but it accumulated much additional material in later versions.¹⁴¹ Its primary concern (in the shorter versions) is diet, although not overwhelmingly so, as it addresses all of the non-naturals, and in many versions contains a disquisition on the seasons as well as a practical text on phlebotomy. The core text attracted a lengthy commentary erroneously attributed to Arnald of Villanova; this commentary, accompanying the Latin *Flos*, made its way into French in the late fifteenth century,¹⁴² and into English in 1528.¹⁴³ The poem itself was not translated into English until 1607.¹⁴⁴

¹³⁶ Stanzas 182-85 of *Secrees* (p. 41).

¹³⁷ This was first demonstrated by Förster 181-2.

¹³⁸ Bühler, “Lydgate’s ‘Rules of Health’” 51, n. 3.

¹³⁹ Pearsall rightly cautions, however, that “Lydgate’s part in the translation is so fragmentary and amorphous that the continuator [i.e. Benedict Burgh] could easily have rearranged the stanzas [...]” (*Bio-Bibliography* 39). Pearsall was referring to other content in the poem, but his statement applies just as well to the excerpts from the *Dietary* and “Doctrine.”

¹⁴⁰ Weiss-Adamson, *Medieval Dietetics* 97. Also see Packard; Parente.

¹⁴¹ The Latin text is in Leonine lines whose number varies dramatically depending on the edition: Parente identifies 300 (21); Weiss Adamson, 364 (*Medieval Dietetics* 97), and de Renzi prints a 3520-line version (*Collectio salernitana* 5: 1-104).

¹⁴² Edited by Cummins as *A Critical Edition of Le Regime Tresutile et Tresproufitable Pour Conserver et Garder La Santé du Corps Humain*.

¹⁴³ Thomas Paynell, trans., *Regimen sanitatis Salerni*. STC 21596.

¹⁴⁴ John Harington, trans., *The Englishmans Doctor*. STC 21605.

There is evidence that the *Dietarium* / *Dietary* were linked with the *Flos* in the minds of contemporary readers. Two witnesses of the *Dietary* contain incipits that derive from the *Flos*: First, the version of the poem in Cambridge, Trinity College, MS B.11.24, has the incipit, “Dietarium locarium et itinerarium / Si tibi deficiant medici medici tibi fiant / Hec tria mens leta labor moderata dieta”;¹⁴⁵ and second, Bethesda, National Library of Medicine, MS Schullian 514 (*olim* 4), provides the incipit (possibly added later as a gloss?), “Si tibi deficit medice, medici tibi fiant et sint haec tria metres leta [...]”.¹⁴⁶ Both of these incipits reproduce lines 19-20 of the *Flos*: “Si tibi deficiant Medici, medici tibi fiant / Haec tria: mens laeta, requies, moderata dieta” (If you do not have a physician, let these three be your physicians: a cheerful disposition, relaxation, and a moderate diet). The *Dietary* itself paraphrases these very lines in the second stanza, solidifying the poem’s identification with the *Flos*.¹⁴⁷ Moreover, the version of the *Dietary* in the sixteenth-century Bannatyne Manuscript (Edinburgh, National Library of Scotland, MS Advocates’ 1.1.6), immediately follows a poem on “preceptis of medecyne” (at fols 72^r-73^r; unique MS witness). “Preceptis” is an English summary of medical wisdom from the *Flos*, which it occasionally translates closely.¹⁴⁸ The text deserves a fuller study, but lines obviously indebted to the *Flos*—and therefore resembling the *Dietarium* / *Dietary*—include the *incipit*, “Quha wald thair bodyis hald in heill / Sowld with thir thingis thre thame deill” (fol. 72^r),¹⁴⁹ and the *explicit*, “Fra all excess to keip the ay / Sua may thow weill thyn awin lech be / And neuir gar vthir be socht to the / Quhair thyn awin

¹⁴⁵ Fol. 26^v.

¹⁴⁶ Qtd. in Mayer 384.

¹⁴⁷ Sloane 3534, fol. 1.

¹⁴⁸ I work with the facsimile: *The Bannatyne Manuscript: National Library of Scotland Advocates’ MS. 1.1.6*.

¹⁴⁹ Cf. the first line of the first stanza and the first two lines of the second stanza of the *Dietary* in Sloane 3534, fol. 1 (examined below).

gouernance may hald thyn hele / Preiss neuir with medicinaris for to dele” (fol. 73^r).¹⁵⁰

Notably, in Sloane 3534, a couplet on the moderate consumption of wine from the *Flos* appears on the same folio as the last stanza of the *Dietary*, added by another hand (fol. 3^v): “Vinum subtile creat in se[ne] cor iuuenile / Si vinum sit vile iuuenile facit senile” (Fine wine makes the heart young in the old / but if the wine is poor it makes the young old).¹⁵¹

Many regimens of health were lengthy, and were particularized for specific patients. For example, the physician Gilbert Kymer wrote a twenty-six chapter *Dietarium de sanitatis custodia*¹⁵² for Lydgate’s sometime patron, Humphrey, Duke of Gloucester, in 1424.¹⁵³ The *Dietarium*, in contrast, contains a thoroughly condensed regimen emphatically of universal application. It inherits this spirit from its main medical sources. Although both the *Secretum* and the *Flos* are presented as epistles to royalty written by authorities—the former as advice from Aristotle to a campaigning Alexander, and the latter as a *consilium* from the medical school at Salerno to the King of England—they both provide general and accessible rather than specific or theoretically sophisticated advice.¹⁵⁴ Unlike its two main medical sources, however, the “receyte” in the *Dietarium* /

¹⁵⁰ Cf. the last stanza of the *Dietary* in Sloane 3534, fol. 3^v (examined below).

¹⁵¹ This couplet is found in the alternate edition of the *Flos* in vol. 5 of De Renzi’s *Collectio salernitana*, lines 412-13: “Vinum subtile facit in sene cor iuvenile, / Sed vinum vile reddit iuvenile senile.” It is also proverbial: see the many sources listed in Walther 33497.

¹⁵² I take the title from the incipit of the text as it is printed in the *Liber Niger Scaccarii*: “Dietarium de sanitatis custodia praeinclinatissimo principi ac metuendissimo Domino, Domino Humfrido, Duci Gloucestriae [...] scriptum & compilatum per venerabilem doctorem, Magistrum Gilbertum Kymer, Medicinarum professorum [...]” (Appendix IX, 550). The text is dated 6 March 1424 (Ibid. 559). This printed edition only includes two of the 26 chapters, the table of contents, and the explicit.

¹⁵³ For the text and its author, see Getz, *Medicine in the English Middle Ages* 63, and 127, nn. 230-6.

¹⁵⁴ Indeed, the earliest Latin translation of the *Secretum*, the *Epistola* of John of Spain—which contained the medical section repurposed in the later translation by Philip of Tripoli (and which is potentially also a source for the *Flos*)—owed much of its popularity to the fact that it is “more a letter to a layman than a philosophic treatise intended for an audience of scholars” (S.J. Williams 191). For the influence of the *Secretum* on Western medical texts, see S.J. Williams 183-189.

Dietary is explicitly prescribed “to alle” (in the *Dietarium*, “cunctis”),¹⁵⁵ and it will *not* need to be filled by an apothecary.¹⁵⁶ The poem distances itself from the kind of expensive medical text that could be commissioned from contemporary celebrity physicians by asserting that it is *not* like the work of Antonio Cernisone and Hugh of Siena (“mayster Antony [...] maister Hiew”; “[Nec] ab Antonio nec ab Hugone magistro”),¹⁵⁷ whose personalized regimens resembled Kymer’s more than they resembled the *Dietary*. Whereas Chaucer’s Physician colludes with apothecaries and charges his patients top dollar, the *Dietarium* appropriates the most basic principles of his medical knowledge and delivers them directly to the English people. Although the *Dietarium* contains similar material to the *Flos* and the *Secretum*, it claims its authority by means of a different conceit: it does not, like its sources, attempt to pass itself off as a *consilium* by a great medical school or ancient philosopher, but instead draws from the realm of God-given medical wisdom.

3. The *Gouvernaunce* of the *Dietary*

In the course of the present analysis I reproduce the entire “A version” of the poem, transcribed anew from Sloane 3534.¹⁵⁸ The manuscript provides clues to the perceived generic character and potential contemporary use of both the *Dietary* and its Latin original.¹⁵⁹ It is a slim paper booklet of 9 folios (possibly originally a *quinio*, now

¹⁵⁵ Latin, fol. 3^r; English, fol. 3^v.

¹⁵⁶ “This receyte ys boght of non apothecary” (fol. 3^v); “Ex apothecario sumpsio prorsus emitur nullo” (fol. 3^r).

¹⁵⁷ Latin, fol. 3^r; English, fol. 3^v.

¹⁵⁸ I have opted to do this instead of copying Förster’s edition because he punctuates the text in ways that are sometimes potentially misleading.

¹⁵⁹ Unfortunately, I have not been able to examine the text *in situ*, only on microfilm and (in part) in high resolution colour images. No serviceably descriptive catalogue of the manuscripts in the Sloane collection has been printed. Very little information about the contents—and none about the pertinent physical

missing one folio, or a *quaternio* and a singleton), measuring approximately 32 cm x 22 cm,¹⁶⁰ the work of at least three hands, plus some marginal scribbles and one short addition (on fol. 4^v) by a later user probably writing in the mid- to late-sixteenth century.¹⁶¹ It was likely originally part of a larger codex, and the folio numbers are written boldly to obscure earlier ones (originally beginning with “132”?).¹⁶² The main hands employ versions of a clear secretary script with some Anglicana features typical of the mid-fifteenth century, and judging by variations in the colour of the ink and in the angle at which the pen was cut or held, they added material in a number of stages.

A serviceable description of the manuscript’s contents has never been published; therefore, I provide one in my entry on the manuscript in the Appendix (item no. 29). In brief, its contents are: (1) the Latin *Dietarium* and the English *Dietary*, in alternating stanzas (fols 1-3^v); (2) a poem on the supremacy of faith over reason that a rubric attributes to Reginald Pecock,¹⁶³ also Latin with an English translation (fol. 3^v); (3) two couplets of proverbial wisdom in Latin, one of which (discussed above) is a close paraphrase of lines from the *Flos* (fol. 3^v); and (4) approximately 43 medical recipes, of which 28 are in Latin and 13 in English; another two are bilingual (fols 4-9^v).¹⁶⁴ The English recipes belong to a prolific family of texts attested in numerous manuscripts

characteristics—of Sloane 3534 is to be found in the two standard resources, Ayscough’s *Catalogue* (1782) and Scott’s *Index* (1904) (which supplanted Ayscough). The manuscript has not been discussed substantively in any study. Some confusion has been created by a typo on Furnivall’s early edition of the *Dietarium*, printed from this MS, in which he called it Sloane 3554 (*Babes Book* 58, unnumbered note). This typo was replicated by Sponsler, “Eating Lessons” (12).

¹⁶⁰ The measurement is approximate. Beginning on fol. 5^r, the folios are ruled, with frames measuring approximately 25 cm by 16 cm.

¹⁶¹ The date is approximate, based solely on paleographical grounds.

¹⁶² I thank Prof. Michael Van Dussen for emphasizing the importance of the bold folio numbers, and for discussing the manuscript and its contents with me.

¹⁶³ Perhaps, however, the poem is actually *about* Pecock. For the text of the poem, see below, n. 202. Also see the Appendix, no. 29.

¹⁶⁴ The ambiguity in the numbering is caused by the presence of fragments or potential fragments; additionally, some items are elaborations on previous items and may not properly be distinct.

dating mainly from the fourteenth and fifteenth centuries, and are sometimes indebted to passages in the fifteenth-century vernacular English translation of Gilbertus Anglicus's *Compendium medicinae* (composed *ca.* 1240).¹⁶⁵ Sloane 3534 is bilingual, not preferring one language over the other. This was not uncommon for recipe collections, and medical manuscripts in general were often bi- or multilingual.¹⁶⁶ The language of the recipes in Sloane 3534 was likely determined by that of the source text: its compilers copied the recipes, over a period of time, just as they were written in the various manuscripts which came their way.¹⁶⁷ It is unusual, however, that the *Dietary*, and the poem by Pecoek, both be presented in bilingual editions.

Viewed in the context of Sloane 3534, the *Dietary* / *Dietarium* is the first item in a manuscript that begins in the manner of a thematically-diverse, bilingual commonplace book or miscellany, featuring the poetry of Lydgate and Pecoek and couplets of proverbial wisdom. Yet the manuscript ends up as a copybook for medical recipes. In this context, the “receyte” that is the *Dietarium* / *Dietary*—proverbial, sententious, alert to moral themes, medically useful, and bilingual—sets the stage for the rest of the manuscript, in effect serving as an introduction that imputes a certain unity to the items which follow. But unlike the most famous of medical introductions, the *Isagoge* of Johannitus, it is practical rather than theoretical.

After copying the text, a hand indicated the pattern of rhyme (*ababbcbc*, so-called “Monk’s Tale Stanzas,” resembling the *ballade* form, but without the typical repetition of the final line) in the English version throughout, in red ink. The verse form of the

¹⁶⁵ Printed from Wellcome MS 537 by Getz, *ME Gilbertus*. I identify several of these and other source relations in the entry on Sloane 3534 in the Appendix. no. 29.

¹⁶⁶ Voigts, “What’s the Word?” 821. See Hunt, *Three Receptaria from Medieval England*, for editions of three such texts.

¹⁶⁷ The same principle may also explain variations in layout.

Dietarium is inconsistent: the number of lines per stanza varies; each line has a varying number of feet; and there is no consistent medial or end rhyme or regular pattern of stresses. In many lines, however, the dactyl is the basic unit of movement.

The first stanza of the *Dietarium* and its English translation, the *Dietary*, read:

Vixeris ut sanus capud ex algore tegatur
Ne comedas aliqua cruda salubre bibas
Vinum. te pasce leui pane *que* dum petis illos
Surge relin*que* cibos effugias vetulas
Non cito post sompnum bibo letus adito grabatum
Exurgas hiliaris cero *que* [seroque]¹⁶⁸ cena nocet

For helth of body kover from cold thyne hede
Ete no rawe mete take gode hede therto
Drynk holsom wyne fede þe on lyght brede
With thyne appetite ryse from thy dyner also
With women aged fleschely haue not a do
Uppon thy slepe drynke not of the kuppe
Gladde toward bedde at morwe both two
And vse never late for to suppe¹⁶⁹

In this stanza, the Latin original announces itself as a paraphrase of advice resembling the *Flos* (and the *Secretum*). The first clause, “Vixeris ut sanus,” closely echoes the sentiment and language of similar passages in the *Flos*: “[s]i vis te vivere

¹⁶⁸ I reproduce, in square, brackets Förster’s suggested emendations to the Latin text.

¹⁶⁹ Fol. 1^r.

sanum” (if you wish to live healthfully; 2); “[s]i vitare velis morbos et vivere sanus” (if you wish to avoid illnesses and live healthfully; 158; cf. 196). These lines prompt the reader of the *Dietary* to expect advice on the maintenance of “helth of body” of a similar kind contained in the *Flos*. The first two stanzas of the *Dietarium* / *Dietary* make good on this tacit contract, although the definition of “sanus” as it is used in the poem will expand to include the health of the soul, and even into the realm of social and financial wellbeing. But for now, the reader is in the world of the general health regimen in its most economical form. Indeed, it resembles a list in point form as much as it does a poem.

The first piece of advice is to keep one’s head warm, “capud ex algore tegatur,” which finds its origins in the *Flos*, “detecto capite sub frigore non gradieris” ([do not] go forth with an uncovered head in the cold; 161). The next item, “[n]e comedas aliqua cruda” (“[e]te no rawe mete”) draws obliquely from content on the nonnatural of *cibus* in the *Flos* (324-47), whereas the staple of remedybook medical advice, “salubre bibas / Vinum” (“[d]rink holsom wyne”), recalls lines on “bona vina” (good wine; 213) and the phrase “[g]ignit et humores melius vinum meliores” (the best wine engenders better humours; 233). Praise of “leui pane” (“lyght brede”) is found both in the *Flos* (308-14) and in the *Secretum*. *Levis* can mean, not only “light,” as Lydgate puts it in his translation, but also specifically, “easy to digest.”¹⁷⁰ Additionally, *levis* is related to the verb *levo*, “to raise,” and the benefit of bread that has risen by means of fermentation (as opposed to being pan-fried) is extolled in both source texts: “pane [...] levato qui erit perfecte fermentatus” (light bread that was perfectly leavened; *Secretum*);¹⁷¹ “Panis salsus, fermentatus, bene coctus / [...] / Non bis decoctus, non in sartagine frictus” (salted bread,

¹⁷⁰ S.v. L&S, “levis,” I. B. 1.

¹⁷¹ From Philip of Tripoli’s version of the longer (Eastern) version of the Arabic *Secretum* (71, lines 14-15).

leavened, well prepared [...] not twice-baked, not pan-fried; *Flos* 308, 311). Furthermore, the next item, “[s]urge relinque cibos,” the core sentiment of which is captured well in the translation, “[w]ith thyne appetite ryse from thy dyner,” suggests a passage in the *Secretum*: “debes manum erigere, id est cessare a comestione, dum adhuc voluntas seu desiderium comedendi remanserit” (you should stay your hand, that is, stop eating, while you still have an appetite).¹⁷²

So far, the content of the text has had mainly to do with a single nonnatural, food and drink, and the English translation has followed the Latin quite closely. At this point, however, a new nonnatural is introduced, and the Latin and English texts diverge sufficiently to suggest a more active role for Lydgate as translator. Two words from the Latin version, “effugias vetulas” (avoid old women), are translated into the seemingly out-of-place advice, “[w]ith women aged fleschely haue not a do”—that is, do not engage in sexual relations with old women. The sense of this line is found in most versions of the *Dietary*, but not all.¹⁷³ For example, the version of the *Dietary* found in British Library, Harley MS 2251, substitutes the more specific advice, “in thyn age with wymmen have thow not ado,”¹⁷⁴ while Lambeth Palace MS 853 (which, as we saw above, was intended for children) reads, “Lede þi lyf in chastite, þou schalt finde it best.”¹⁷⁵ Both of these revisions depart from the sentiment expressed in the Latin original, and appear to be the result of attempts to make sense of a perplexing line in the light of the moral advice foregrounded later in the poem.

¹⁷² From John of Spain’s *Epistola*, i.e. his translation of the earlier version of the Arabic original of the *Secretum* (447, lines 65–7). Cf. Philip of Tripoli’s rephrasing (he works with both John of Spain’s translation of the Western translation and with the Eastern version of the Arabic text), “Et in comestione debes retrahere tuam manum, id est, cessare a comestione dum adhuc sit comedendi voluntas seu desiderium comendi” (Tripoli 72, lines 5–7).

¹⁷³ For variants, see Förster 183.

¹⁷⁴ British Library, Harley MS 2251, fols 4^v–5^v.

¹⁷⁵ London, Lambeth Palace MS 853, pp. 182–3.

There are a couple of explanations. First, in the original Arabic text of the *Secretum*, in a section on things that “emaciate and weaken the body,” we find listed a strikingly familiar item: “sleeping with old women.”¹⁷⁶ Indeed, the first stanza of the *Dietary* is deeply embedded in the world of advice contained in the *Secretum*, and it resonates especially well with the section on things that weaken the body in which the advice on old women is found in the Latin.¹⁷⁷ Neither of the Latin translations of the *Secretum* known to be available in Lydgate’s day contain this sentiment, and they both substitute advice that resembles the cautions in the Harley and Lambeth Palace manuscripts against venery. In John of Spain’s translation, we find simply, “in Venere mensuram excedere,”¹⁷⁸ which was picked up by Philip of Tripoli (who worked directly with John of Spain’s translation as well as an Arabic version of the *Secreta*) as “in venere modum transcendere” (to overstep the bounds of moderate sexual activity).¹⁷⁹ None of the numerous Middle English translations of the *Secretum* composed in the fifteenth-century evinces an awareness of the prohibition against old women in particular. The “Booke of Goode Governance and Guyding of the Body” an englisying of the *Epistola*, cautions only to avoid “þe cumpany of women oft,”¹⁸⁰ while the *Secrete of Secretes*, cautions not “to be busy in venerien actis.”¹⁸¹ Johannes de Caritate is more specific, writing that a man should not “lyith with a woman, hauing to do with her, qwyll his stomak is fulle.”¹⁸² This reading is also echoed in an English version of a French translation of the *Secretum*, “The

¹⁷⁶ I quote from a modern English translation of the Arabic original (in Philip of Tripoli 176-266, at 209).

¹⁷⁷ This section is found in John of Spain 480, lines 172-82 (“desiccat corpus [...]” [line 173]); and in Philip of Tripoli 82, line 27, to 83, line 13 (“De macerantibus corpus et desiccantibus et debilitantibus nimis” [83, lines 27-8]).

¹⁷⁸ John of Spain 480, lines 189-80.

¹⁷⁹ Philip of Tripoli 83, line 5.

¹⁸⁰ “Regimen Sanitatis: The Booke of Good Governance and Guyding of the Body” (Manzalaoui, ed. 3-9, at 9, line 5).

¹⁸¹ “The ‘Ashmole’ Version of *The Secrete of Secretes*” (Manzalaoui, ed. 18-113, at 60, line 7).

¹⁸² Johannes de Caritate, “Þe Priuité of Priuyteis” (Manzalaoui, ed. 114-202, at 157, lines 6-7).

Booke of the Gouvernaunce of Kinges and Princes Called the *Secreet of Secreets*.”¹⁸³ None of these translations (whose titles, it should be noted, make ample use of the word “governance”) demonstrate a familiarity with the advice against coitus with old women vaguely expressed in the *Dietarium* and more fully elaborated in the *Dietary*. The Latin *Dietarium*, then, may have been composed by someone who had access to a translation of the *Secretum* that was unusual in that it contained the information from the Arabic original on the *age* of women with whom one is not to engage in sexual acts.

The second explanation of the source of the line—or at least, of how Lydgate knew to clarify the Latin original—derives from the literary sphere. Perhaps he is referring to the type of the *vetula*, the old woman who we encountered with reference to revulsion therapy in Chapter 2 (where she starred in Bernard of Gordon’s chapter on lovesickness), and who was a figure of fun in medieval fictions such as the pseudo-Ovidian *De vetula*. Even if this is the case, however, the advice retains its medical basis, as justified in the *Secretum* tradition.

The remainder of the first stanza explores the points of contact between the nonnaturals of diet and sleep. The bullet-point of proverbial medical wisdom, “[n]on cito post sompnum bibe letus adito grabatum,” is translated quite starkly as “[u]ppon thy slepe drynke not of the kuppe.” Again, the *Flos* is the immediate source: “post somnum non bibas statim (don’t drink immediately after sleep; 160). The next phrase, “letus adito [i.e. adite?] grabatum / Exsurgas hillaris” (“Gladde toward bedde at morwe both two”) brings the nonnatural of emotions into the mix. If you should go to bed happy, you would rise happy—a sentiment also expressed in partial form in the *Flos* (17). Finally, we learn that

¹⁸³ “The Booke of the Gouvernaunce of Kinges and Princes Called the *Secreet of Secreets*” (Manzalaoui, ed., even pages 226-384, at 352, lines 15-16).

late suppers are unhealthy: “*cero que [seroque] cena nocet*” (“And vse never late for to suppe”), advice explicitly connected with sleep in Roger Bacon’s gloss on the *Secretum*, “*non debet homo dormire immediate post prandium*” (a man ought not to sleep immediately following a meal).¹⁸⁴

The first stanza of the *Dietarium* is heavily indebted to the universe of medical learning of the *Flos* and the *Secetum*, as it contains a grab-bag of advice mainly on the nonnaturals of diet, sleep, and the emotions. It contains no moralizing content (save the ambiguous reference to the *vetula*), focusing on practical information for “helth of body,” in the spirit of its main sources. The second stanza expands on the content of the first before introducing a new subject which will become a major focus of the poem: the correct performance of one’s social class. The poem does this, however, only after explicitly identifying its target audience in the first line (also note the echo in the last line of the stanza):

Si phisici desint onus *et* [opus est] moderata dieta

Rebus in oppositis non malus esto tuis

Mitis in aduersis in paupertate ioceris

Sis modico diues quod satis *est* placeat

Non tibi murmur erit ut *conuenit* esto iocundus

Si phisici desint hoc tibi fac regimen

Yff so be that leches don the faile

Than take hede to vse thynges thre

¹⁸⁴ Roger Bacon, gloss to the *Secretum* (“Incipit quidam tractatus brevis [...] ista secreta non poterunt eum latere”), in Philip of Tripoli 74, line 27.

Moderate diet moderat trauayle
 Not malicious for non aduersite
 Meke in troubull gladde in poverté
 Ryche with lityll content *with* suffisaunce
 Never grucchyng myry like thy degre
 Yff phisik lakke make þis þi gouernaunce

The first and last lines—addressing those who do not have a physician—recall the similar statement from John of Burgundy that was examined in Chapter 1. More specifically, they identify the poem with the sub-genre of “medicine for the poor” that thrived in the Arabic and later in the Latin Western medical traditions.¹⁸⁵ Exemplars of the genre include Ibn Al-Jazzār’s *Ṭibb al-faqrā* (*Medicine for the Poor and Destitute*) (possibly translated by Constantine the African as the *Liber pauperum*) and Peter of Spain’s *Thesaurus pauperum*.¹⁸⁶ The genre is recognized by its brevity, focus on practical over theoretical advice, and attention to the diseases afflicting the poor.¹⁸⁷ Ironically, the *Flos*, despite its pose as advice for a specific, wealthy patient, announces its affiliation with the genre.¹⁸⁸ Indeed, the author of the *Dietarium* seems to have gotten the line, “[s]i phisici desint onus *et* [opus est] moderata dieta,” and its near-refrain, “[s]i phisici desint hoc tibi fac regimen,” from the most famous phrase in the *Flos*: “Si tibi deficient Medici, medici tibi fiant / Haec tria: mens laeta, requies, moderata diaeta” (Should you lack physicians, make these three your physicians: a happy mind, rest, and a moderate diet; 19-20).

¹⁸⁵ Gerrit Bos defines and discusses the genre in “Ibn Al-Jazzār on Medicine for the Poor and Destitute.”

¹⁸⁶ Bos 366.

¹⁸⁷ Bos 366-8.

¹⁸⁸ As S.J. Williams has noted, despite its conceit as medical advice for royalty (in which it resembles the *Flos*), the earlier (*Epistola*) translation of the *Secretum* also derived much of its appeal from its concise exposition of practical advice (191).

Especially of interest in the present analysis is the fact that the English *Dietary* actually conveys the original sentiment of its primary source better than does the Latin *Dietarium*. The English reads, not simply, “if you want a physician, there is need for [*opus est*] a moderate diet,” but specifically, “Yff so be that leches don the faile / Than take hede to vse *thynges thre*” (emphasis added). This phrase is not in the *Dietarium*, so Lydgate may have had access to the *Flos*, or at least was familiar with some of its passages (which would not be at all surprising given the regimen’s ubiquity). The three physicians recommended in the *Flos* in the absence of a paid physician represent the three nonnaturals that are the primary subject of the first stanza of the *Dietarium*: the emotions (*mens laeta*), sleeping and waking (or rest and exertion) (*requies*), and diet (*dieta*), all of which must be managed for the maintenance of good health. The second stanza of the *Dietarium*, however, although it begins in a manner faithful to the *Flos* by listing moderate diet (*moderata dieta*), departs from its source by not immediately treating the categories of the emotions and sleeping. Instead, it presents advice on moderation of the emotions, shaded with advice on accepting one’s social position: avoid “grucchyng” and be “myry like thy degre,” “ryche with lityll” and “content *with* suffisaunce.” Here, the poem departs from its source, grounding wellbeing in the maintenance of social order. This maneuver is amplified in the English translation: in the final stanza in the Latin original, the audience is advised, if they lack a physician, to make this their *regimen* (“hoc tibi fac regimen”), whereas in the English version, *regimen* is translated as “gouvernaunce,” a term which Lydgate often uses to describe a constellation of areas of behaviour including social (and moral) comportment. Here, *gouvernaunce* means regimen, but in the context of a stanza in which social order is so highly touted, its other connotations are activated.

The nature of the advice changes again in the third stanza.

Non omni mox dicto credas nec impetuosus
Sis aut vlistens materias subito
Pauperibus *vmquam* non monstres te violentem
In verbis lepidus edendo sis mensuratus
Estas si varias mensa *proponi* continget
Non auide sumas nec videaris edax
Loquendo prudens vel *linguam* stude frenare
Non verbo decipiens quod *melius* stude *proferre*
~~Os duplex odias~~¹⁸⁹
To euery tale sone gyff þou not credence
Be not to hasty nor sodenly vengeable
To pore folke do no violence
Curteyse of langage of fedying mesurable
On sundry metys not gredy at thy table
In fedying jentyl prudent in daliaunce
Cloos of tung of word not deceyvable
To sey the best sette all wey þi plesaunce¹⁹⁰

The subject of food is still present, but it is now subordinated to a discussion of manners and general behavioural advice—not really medical at all. Lydgate enjoyed giving advice of this general kind, and he did so using similar language in his *Temple of Glass*, in which the Lady says, “for no tales þin hert[e] not remue: / Woorde is but winde þat shal sone

¹⁸⁹ Here the scribe began copying the first line of the next (fourth) Latin stanza before realizing his error and returning to the English translation.

¹⁹⁰ Fol. 1^v

ouergon" (1182-3), which recalls the first line of the stanza, and "Be curteis ay and lowli of þi spech / To riche and poure [...]" (1166-7), which echoes the third and fourth.

In the third stanza, the poem turned away from its primary medical source, the *Flos*, resembling instead the more general wisdom found in the *Stans* tradition and elsewhere in the many sections of advice in the *Secretum*. The fourth stanza continues the trend:

Os duplex odias ad mensam non paciaris
 Detractus populos iurgantes despice semper
 Non sustine falsos blandos nec adultores
 Tecum scismaticos prospera impredientes
 Rixam mouentes non tecum sunt permanentes
 Sed cum vicinis pace viuendo frueris

Haue in hate mowthes þat ben doubull
 Suffur at thy tabull no detraccioun
 Hane in despite folkes þat ben troubull
 Fals flattery and adulacioun
 With ynne thy hous suffre no devysioun
 Wherþurgh shuld be caused disencrees
 Of alle prosperite weelfare and foysoun
 With thy neighbors lyve euer in rest and pees

These lines contain advice, not for children, but for the head of the household, which turns into a warning against flattery, and an enjoinder to behave oneself in society. The advice becomes more specific in the next stanza.

Munde vestitus tuus ut status exigit esto
Lumina [Limina] ne cellas *et* tua pacta tene
Cum *tribus hominibus* litem tu suscitare nolito
Cum te meliore iurgia nulla move
Contra consortem nullam mouebis quarelam
Contra subiectum pudor esset pandere luctum
Consulo propterea dum vixeris assequi velis
Pacem *et* tibi adquire nomen bonum

Be clenly cladde aftur þine astate
Passe not thy boundes kepe thy *promys* blyve
With thre folke be neuer at debate
First with thy better beware for to stryve
Agayns thy felaw no quarell contryve
With thy sugget to stryve hit were grete shame
Wherfore y kouncell þe pursiew alle thy lyve
To lyf in peeas and gete the a gode name¹⁹¹

Here, we find a familiar admonition to avoid passing one's bounds, and to dress according to one's social rank. That the stanza is aimed at a middle class audience is suggested by the reference to subjects, peers (*felaw[s]*), and betters. The imagined audience is neither noble nor of the peasant ranks. These are the "thre folke"—paralleling the three physicians of the Salernitan regimen that the poem had alluded to above—with which one must avoid social discord. The manuscript evidence shows that there was an

¹⁹¹ Fol. 2^r.

upwardly mobile middle class readership for the poem. Indeed, people of this station could increasingly afford to purchase anthologies of Lydgate's poems, either whole, or piecemeal in readymade, fascicular form, produced by editors such as John Shirley. Although it is not possible to determine the original ownership of most of the manuscripts in which the *Dietary* survives, some have been identified in scholarship as commonplace books compiled by or for well-to-do, but not aristocratic, readers.¹⁹²

In the sixth stanza, the poem returns briefly to the theme of medicine which predominated in the first two, before moving on to the subject of charity:

Ignis in aurora *et* contra nebula cero [sero]
 Aere pestifero nesciat esse foris
 Audi mane missam melius *nam* sic prosperis
 Primo dum eleuas deum [Deum] laudare iuberis
 Pauperes post visita interna dileccione
 Si super egenos pie compaciaris
 Dabit affluenctiam *dominus et* accumulabit [accumulabit]
 Cum incremento tua possessio stabit

Fyre at morow and toward bedde at eue
 Ayenst mystys blake and eyres of pestilence
 Be tymely at masse þe better þou shalt cheve
 First at thy rysyng do god reuerence

¹⁹² For example: Oxford, Bodleian Library, MS Laud Misc. 683 (*SC* 798); Oxford, Bodleian Library, MS Rawlinson C.86 (*SC* 11951); British Library, MS Cotton Caligula A.II; British Library, MS Egerton 1995; British Library, MS Harley 541; British Library, MS Harley 2251; British Library, MS Harley 2252; British Library, MS Harley 4011; British Library, MS Add. 31042; British Library, MS Add. 34360; Edinburgh, MS National Library of Scotland Advocates' 1.1.6 (the Bannatyne MS); London, MS Society of Antiquaries 101; Dublin, MS Trinity College 516; Dublin, MS Trinity College 537.

Then visite the pore *with* entier diligence¹⁹³

Vppon alle nedy hane compassioun

And god shalle sende the grace *and* influence

The to encrese and thy possessioun

In the two first lines of the stanza, we find the only reference to plague in the “A” version of the *Dietary*. Although the phrase, “mystys blake,” also appears in the refrain of the “Doctrine” (“Walke in cleene heir, eschewe mystis blake”), its sentiment remains true to the Latin original. (It does not, however, draw upon the short “Regimen tempore pestis” that de Renzi includes in his edition of the *Flos* [1669-81].) There is potentially an element of moral ambiguity in this stanza, as the audience is counseled to attend mass and dispense charity to the poor and needy, for which they will receive divine and material rewards.

That the author of the *Dietarium* addressed material gain in the same stanza as pestilence is not entirely surprising—indeed, there is a precedent for associating physical and financial wellbeing even in Lydgate’s oeuvre. In the Marian poem against the plague, “Stella Celi Exterpavit,” the speaker asks the “splendaunt sterre, of sterris moost souereyne” (25) to grant him three things:¹⁹⁴

The first is this, I pray the nat disdeyne,

To haue lengthe of lif nat medlid with seeknesse,

Off wordly goodis graunt me also largesse,

Withouten striffe, to Goddis reverence,

The thrid is that my soule, withouten distresse,

¹⁹³ Fol. 2^v.

¹⁹⁴ “Stella Celi Extirpavit (II),” *Minor Poems* 1: 295-6.

May come to the blisse where drad is no pestilence. (27-32)

In requesting a long life, plenty on this earth, and release from the fear of pestilence, the speaker sets up a tension between, on the one hand, the sentiment of the *contemptus mundi* evinced in poems such as the “B” version of “A Pageant of Knowledge,” and on the other, a desire to acquire the goods of Fortune. Moderation in all spheres of life appears to provide *literal* “welth” as well as literal and metaphorical health.

In associating a moderate lifestyle with both wealth and health, Lydgate is engaging with a larger literary tradition.¹⁹⁵ Identifying moderation as a theme in two of Lydgate’s didactic poems, “Measure is Treasure” and “A Song of Just Measure,”¹⁹⁶ Pearsall notes that the latter belongs to the “great medieval tradition of *ne quod nimis*, which finds expression in Chaucer, Langland (‘mesure is mededyne’), Hoccleve, and, at vast length, in Hawes’ seven-stanza anaphora on *Mesure* in the *Pastime of Pleasure*.¹⁹⁷ “Ne quid nimis,” or “nothing in excess” is a proverbial phrase, as Lydgate himself indicates in “A Song of Just Measure”—in that poem, he cites the “olde prouerbe, mesour is tresoure, / Where mesure faileth is disconuenience” (41-2).¹⁹⁸ Lydgate relates the concept of moderation directly to medical care:

Temperyd by mesur is every medysyn,
 Helthe Recuryd, folowyng the doctryne
 Ypocras set in his dietary,
 Surfatt to mesure is noyous and contrarie
 Wher-by is causyd grett in-fermyte,

¹⁹⁵ For moderation in medicine, see Rawcliffe, *Medicine & Society* 37-40. For moderation as a theme in medieval poetry, see Crosland.

¹⁹⁶ Pearsall, *John Lydgate* 211.

¹⁹⁷ Ibid.

¹⁹⁸ “A Song of Just Mesure,” *Minor Poems* 2: 772-5.

In this mattar what sholde I longer tarye,
Wher mesure reygnyth, ther may non exses be. (57-67)

In the kindred poem, “Measure is Treasure,” Lydgate writes that “[m]esour conveyeth and governyth” (4) all the estates, which are then enumerated in detail in the remainder of the poem.¹⁹⁹ Improper self-governance could occasion overabundance or insufficiency, either extreme state potentially resulting in illness. Lydgate’s poetry evinces the ubiquity in medieval culture of the concept of moderation as a desirable mean state, also found in Lydgate’s Benedictine context where it is embedded in the *Rule*, and in medical theory, where the maintenance of health by means of a moderate lifestyle had long been commonplace.²⁰⁰

The seventh stanza continues with general behavioural advice:

Crapulam nulla domo cero [sero] paciari in tua
Cenas repetentes excessu magno edentes
Et capud quod innuit candela accensa *que* igne
Pigricies mane sompnolenta otiositas[que]
Mater viciorum *omnium* est janitrix dicta
Sic *que* ebriosi mendaces luxuriosi

Suffur no surfettes in thy house at nyght
Ware of rere suppers *and* of grete excesse
Of noddying hedes *and* of candillight

¹⁹⁹ “Measure is Tresure,” *Minor Poems* 2: 776-80.

²⁰⁰ The value of moderation is emphasized throughout the *Rule of St. Benedict*, but see especially *Rule* 39, on the quantity of food to be eaten, and *Rule* 48, on labour. The rich relationship between the Benedictines and medicine cannot be fully explored here, but *Rule* 27 and *Rule* 36 provide points of entry into their engagements with medicine and its metaphors. (I refer to *Benedict’s Rule: A Translation and Commentary*.)

Of slouth at morow and slombryng ydilnes
 Whiche of alle vices is cheif porteresse
 Voyde all dronkelew lyers *and* lecchours
 Of all vnthrifty exile þe maystres
 Galauntes disepleyers *and* hasardours

This stanza plays with the areas of overlap between the realms of medicine and morality. As we saw in the first stanza, late dinners and any form of excess are surely to be avoided for health reasons, but the language used here to describe the absence of moderation—“sloth,” “vices,” “idleness,” “lechours,” and the identification of sinful behaviours such as gambling and drunkenness—moves the poem into the realm of moral finger-wagging. Some contemporary readers evidently thought the poem’s moral content sufficient to include it in manuscripts comprised mainly of religious texts (i.e. devotional prose and poetry, hagiography, sermons, psalms, etc.), or adjacent to sections of religious texts within larger manuscripts.²⁰¹ For example, in Sloane 3534 Reginald Pecock’s poem on the supremacy of faith over reason, “Quatrain on the Incarnation,” immediately follows the *Dietary*.²⁰² There was no clear division between medicine and religion elsewhere in Lydate’s poetic, either. For example, “Stella Celi Extirpavit” folds contemporary medical

²⁰¹ Oxford, Bodleian Library, MS Laud Misc. 683; Oxford, Bodleian Library, MS Bodley 48 (SC 1885); Oxford, Bodleian Library, MS Ashmole 61 (SC 6922*); Oxford, MS University College 60; Cambridge, MS Trinity College, B.11.24 (263) (Part II); British Library, MS Arundel 168; Oxford, Bodleian Library, MS Lat. theol. d.15. The poem appears in many manuscripts which also contain religious texts.

²⁰² Hoc mens ipsa stupet apud non sua ratio cernet
 Quomodo virgo <pia> genetrix sit *sancta* maria
 Ac deus almus homo *sed* credat ratio miro
 Namque fides superest cum perfida ratio subsit

Pecok

Witte hath wondir that resoun ne telle kan
 How maidene is modir and god is man
 Leve thy resoun and bileve in þe wondir
 For feith is aboven and reson is vndir (fol. 3^v)

For more on this poem, see above, n. 163, and the Appendix, no. 29.

advice into a prayer to the Virgin.²⁰³ Its source is a well-known Latin prayer against plague, *Horae ad usum Sarum*, printed by Richard Pynson as in 1493. Lydgate creatively translates the prayer, signaling its intended utility in the first four lines:

Thu, heuenly queen, of grace our loodesterre!

With thy chast mylk plenteuous of plesaunce

Gaf Iesu soukyn, puttist away the werre

O pestilence, tappeesen oure grevaunce. (1-4)

The poem begins with a conventional invocation to the Virgin, appealing for an end to the plague. Just how this is to be accomplished in the physical world is indicated in the second stanza, in which the lodestar that is Mary is entreated to cast down her sight, “Off infect heyr the mystis to restreyne, / That be thy gracious moost holsom influence / We haue no cause on hasty deth to pleyne, / Which sleth the peeple by swerd of pestilence” (13-16). Lydgate then makes use of his favourite figure of the plague (compare the first stanza of the “Doctrine,” which Lydgate also added to his *Secrees*), the black mists of “froward heyres causyng infeccioun” (23). In the final stanza the appellant again asks Mary to intercede on behalf of mankind, and to join Lucifer and Phoebus in dispelling the corrupted air (25-32).

This *Dietary*’s shift toward moral advice is short-lived, however, and it is striking that, although it declares one of its major goals to be the maintenance of the health of the soul, it makes only brief overtures towards religion. In the next stanza we return to a blend of medical and general behavioural advice.

Post epulas sumptas sompnum longum non tibi sumas

²⁰³ I quote from the first version here: “Stella Celi Extirpauit (I),” *Minor Poems* 1: 294-5. Three of the six MSS which contain the poem also contain the *Dietary*: British Library, Harley 2251; Cambridge, Jesus College 56, fols 73^{r-v}; and British Library, MS Add. 34360, fols 68^v-69.

Capud pes stomachus frigora non paciantur
 Non contristeris corde molestiam tolle
 Vt poscunt redditus tuam decet regere domum
 Tempore in patere iusticiam semper tuere
 Nec iurare velis quo quisquam decipiatur
 Dum iuuenis fueris monstra te elegantem
 Cum cedit senectus ut sapiens cohibe mentem
 Non semper stabunt mundi gaudia sed variabunt

Aftur mete beware make no long slepe
 Hede fete and stomak *preserve* ay from colde
 Be not pensyf of thoughte take no kepe
 Aftur thy rent maynteine thy housold
 Suffur in tyme with right holde²⁰⁴
 Swere non othes no man to begyle
 In youth be lusty sadde when þou art olde
 ffor wardly joy lastith but a while

We have already encountered advice on not sleeping after eating, and keeping the head from getting cold, and here it is restated and elaborated on. The poem also returns to the nonnatural of the emotions—the *accidentia animae*—as the reader is admonished not to be too pensive, after which he is told to be thrifty, to avoid swearing false oaths, and to behave appropriately for his age (advice that can be related to medical approaches to the

²⁰⁴ Fol. 3^r.

ages of man, but which is more directly related here to the vicissitudes of Fortune and the transience of life).

Stanza nine resembles the first stanza, as it draws—now in spirit, if not directly—from the medical universe of the *Flos*.

Non comedas mane donec tuus appetit vsus
Digestant bene limpidus aer *et corporis* motus
Inter prandendum tibi potus est denegandus
Ni sitis aut labor tibi prestant occasionem
Salsa nimis nocent stomachis debilitatis
Dum nequeant a se contraria pellere queque
Namque pena stomacho interdum maxima crescit
Ex manu veloci dum se reprimere nescit

Dyne not at morow byfore thyne appetite
Clere ayre and walkyng makyn gode digestioun
Betwix melys drynk not for no delyte
But yf thurst or travell gyf the occasioun
Ouer salt mete doth grete oppressioun
To febull stomakes whan they kannot refreyne
From thynges contrary to their complexioun
For of gredy handes the stomak hath grete peyne

Finally, the tenth stanza sums up the message of the poem. We have already looked at the identification of the soul and the body as the poem's two objects of healing (by means of a temperate diet and charity respectively), and the renunciation of

professional medical help, personified in masters Hugh and Anthony (and an apothecary).
 And yet the concluding stanza cannot hope to encompass the diverse range of advice
 given in the poem.

consistit
 Sic in duobus ~~dependet~~ sanitas tota
 Corporis ac anime qui ea sequi velit
 Conuenit saluti cibi sumpcio moderata
 Excessuque salus ab homine est reuocata
 Caritas est anime omnio debita valde
 Ex apothecario sumpsio prorsus emitur nullo
 Hec [Nec] ab Antonio nec ab Hugone magistro
 ditissimum
 Sed cunctis vtentibus est dietarium

Thus in two thynges standityh all welth²⁰⁵
 Of body and soule who so lust hem to siew
 Moderate fode growith to mannys helth
 And surfette doth hele from hym remewe
 Allewey charite to the soule is diew
 This receyte ys boght of non apothecary
 Off mayster Antony nor of maister Hiew
 But to alle that it vse it is a chief electuary

²⁰⁵ Fol. 3^v.

4. Conclusion

Lydgate's *Dietary*, in the normative "A" version, moves among various subjects and genres at a dizzying pace, and in unexpected ways, making it difficult to know what kind of poem it is, what manner of audience it reached in such great numbers, and why. But the answer appears to be that it reached its audience, not because it contained any topical or new information, but because it was orthodox in its themes and content, readily available, serviceable, short, compact, and in the mother tongue. Lydgate speaks "in terme" only colloquially: he does not dazzle with the colours of rhetoric, but rather addresses his audience as one of them, patiently instructing them on the basic tenets of the preservation of health. Moreover, although the poem occupies an indeterminate generic space between literature and medicine—a fact that has caused critics to understand it in radically different ways—contemporary audiences registered no such anxiety about taxonomy and classification, and considered it suitable for inclusion in a variety of manuscript contexts. It is a "receyte," at home with other recipes on the flyleaves of manuscripts and jotted in the available space between longer items, yet it disavows the medical profession—even naming two famous physicians whose regimens it implies are overpriced—and it announces its participation in the genre of medicine for the poor, offering charitable medical advice free of charge. In this way, it is an example of charitable medical translation of a kind with Henry Daniel's *Liber ucririsiarum*—yet it reached a much broader audience. It exemplified the virtue that it professed.

The *Dietary* drew its content on hygiene directly and indirectly from the medical tradition expressed in the *Flos*, a text with which it was associated in the minds of some contemporaries. It also appears to have drawn, perhaps indirectly or via the *Flos*, from the *regimen sanitatis* component of the *Secretum*. Lydgate or his collaborator Benedict Burgh

saw that the texts were analogous, and inserted stanzas from the *Dietary* and the “Doctrine” in the translation of the *Secretum, Secrees of old Philosoffres*. The *Dietary*, via the *Dietarium*, is not derived slavishly from any one source, though, and to call it a paraphrase or a condensation of the *Flos* is to overlook much of what likely made it interesting for its contemporary readers. Furthermore, the poem’s association with Lydgate also greatly increased its chances of being included in manuscripts, as it often appears in Lydgate anthologies and in small groups of his poems in larger codices. Like Quintus Serenus’s *Liber medicinalis*, then, the *Dietary* was taken seriously both as a poem and as a medical text.²⁰⁶

Yet the text was often called—and indeed it called itself—a “gouvernaunce,” and the poem belongs only in part to the genre of *regimen sanitatis* literature, because much of its advice does not touch on the moderation of the nonnaturals, but instead on more general matters of conduct, social order, morality, and fiscal wellbeing that needed to be governed along with one’s health. In sum, the *Dietary* is difficult to pigeon-hole, and this attribute made it easy to include in manuscripts or sections of manuscripts whose main content aligned with any one of the poem’s generic features. It is significant that this poem is associated with the man whose poetry became central to the emergent English literary canon in the fifteenth century. The scrip or prescription for wellness that is the *Dietary* is bound up with the propagation of English texts and the English language; it was a governing poem, a script to be performed by the English people as a *gouvernaunce*, a “way of life,” just as the second unit of the “Pageant” was, but in the private sphere.

²⁰⁶ See the Introduction, 7.

CONCLUSION

Landscaping the Kingdom of the Ill

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.[...] Yet it is hardly possible to take up residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped.

—Susan Sontag, *Illness as Metaphor* 3, 4

After the Black Death, a proliferation of original and translated Middle English medical texts in prose and verse made formerly obscure knowledge on the maintenance and restoration of physical health widely available to unlatined English audiences for the first time. In the same period, Middle English imaginative fiction was being produced at an unprecedented rate; and in the fifteenth century a national literary canon formed around a nucleus of texts including works by Geoffrey Chaucer and John Lydgate. In this dissertation, I have demonstrated that these areas of vernacularization intersected, not only in the formal category of medical verse, but also in poems and passages in longer works by canonical literary authors. Although the medical nature and historical importance of these poems and passages is often overlooked or deemphasized in literary and historical scholarship alike, some are important verse medical texts in their own right, while others are substantive commentaries, enacted with the assistance of medical discourse, on the uneasy contemporary position of learned medicine in the English language and culture.

In *Illness as Metaphor*, Susan Sontag critiques the habit of mind that conceives of illnesses such as cancer and tuberculosis in metaphoric ways. Sontag's premise is that seemingly innocuous metaphors about illness reveal figures of thought which affect the lived experience of those who become residents in the kingdom of the ill. According to Sontag, metaphors matter. In later-medieval England, as now, the kingdom of the ill was never remote, and writers drew from a storehouse of metaphoric conventions to represent journeys to that place—to make sense of the body in states of disorder and to cope with the crisis of epidemic disease. Thus ill health was analogous with bad governance, the body social was made ill by its diseased members, and plague roamed the countryside like a thief. Strikingly, as learned healing traditions entered the English language, this storehouse of conventions increasingly incorporated scientific ways of thinking about illness that were themselves steeped in figurative language. *Topoi* in which illness had been the metaphoric vehicle—the ill lover, the heartbreaking tale, the diseased soul, the unhealthy purse, the diseased body social—were literalized and medicalized: authors could now jumble vehicle and tenor and write about *metaphor as illness*. Chaucer and Lydgate amplified this trend when they wrote “in terme,” employing medical discourse in poetic forms that were ostensibly the natural habitat of metaphoric thought.

In conventional medical poetry, form is a helpmeet to content: a medical poem is rendered in verse primarily to assist in the memorization of the medical knowledge it contains. Chaucer was not interested in writing conventional medical poetry like his contemporary Deschamps or his literary descendent Lydgate, however, but rather saw the creative and didactic potential of employing “termes of phisik” to energize satiric commentaries on the learning and language of medicine in later-fourteenth-century England.

In the General Prologue and sixth fragment of the *Canterbury Tales*, Chaucer trains his ironic lens on a trio of pilgrim healers and their respective discourses. He depicts each pilgrim in the light of contemporary reactions to the varied impact of the plague, a medical crisis which informs the themes of sickness and health that are central to the pilgrimage narrative. Chaucer has a story to tell about physicians, and about the “Good Story” they told their patients: it is about a physician who profits immorally from the plague and from the widespread anxiety about disorder, illness, and death it engendered. Chaucer updates negative literary and social stereotypes of physicians to create a *medicus* and *chirurgus* who appears superficially successful, but is actually incapable of healing, and even threatens to sicken the other pilgrims by means of a tale as poisonous and dark as the black mists of plague. The Pardoner recognizes his own sins of avarice and pride reflected in the Physician, and satirizes his rival’s profession in another equally manipulative and self-serving tale. But the Host, standing in for the body of English pilgrims, is not taken in by either of the charlatan healers on the pilgrimage, and exposes the ways in which they manipulate language to create clients. Privileged above the Physician’s and the Pardoner’s false healing is the kind described and modeled by the Parson, whose remedies for ill spiritual health are desperately needed by the pilgrim audience and by the disordered society they represent. Chaucer observed, along with his contemporaries, that the plague was a source of great anxiety, and potentially also a cause of social and moral decline; he took pains to represent these matters in his poetry (*pace* critical objections to the contrary). Yet for him, plague remained merely a *disordinaunce* of the body, for which moderation in all areas of life was the best prophylactic; poetry and philosophy suitable palliatives; and penance the only effective remedy.

In medieval England, many more people were familiar with Chaucer's specialized micro-treatise on *amor hereos* in the Knight's Tale than with its only significant medical analogue in the vernacular, the section on the malady in Henry Daniel's *Liber uricrisiarum*. Jumbling the "termes of phisik" and of amatory fiction, Chaucer stages a conflict between superficially resonant medical and literary conceptions of lovesickness, showing that they are in reality fundamentally discordant. In his treatise and its surrounding narrative, Chaucer invites his audience to question the legitimacy of a discourse that makes literary lovers into medical patients. Indeed, the Ancients knew that love was a special malady that could not be remedied by medicinal means, and Ovid in particular recognized the fundamental tension between medical and literary understandings of lovesickness. There were professional stakes, as well, for poets and for physicians: amatory fiction traded in motifs and narratives whose very survival was negatively correlated with a belief in medical approaches to *hereos*. Chaucer takes a knife to the rational, scientific understanding of lovesickness-as-pathology, demystifying and dismantling specialized and obscure medical jargon—and the authority it claimed by means of literary references—through ironic critique: lovers do not become as werewolves; medicine cannot cure wounds of the heart. What is more, it cannot even cure physical wounds, like Arcite's fatal trauma. When the narrator says, "Fare wel phisik! Go ber [Arcite] to chirche" (I. 2760), he renounces the specialized medical theory on the treatment of wounds which had occupied the previous thirteen lines. In the same line, Chaucer the satirist is more broadly denouncing medicine and its discourses. The action of the Knight's Tale, which is the tale of the medical biography of the knight Arcite, is now finished. The medical jargon and theories of physicians have infiltrated the language of the poem, but not their healing arts. Chaucer enjoins his audience to follow Boethius in

treating the malady of the soul, to leave behind the tragedy of the humours in the variable and unstable microcosm of the physical body and turn instead to comedy—the stability that may only be found in the eternal.

If Chaucer provided any useable medical information to his audience, it was as a side-effect of a separate didactic or creative goal; in general, he counseled the avoidance of the medical profession. In contrast, writing in the following century, Lydgate worked unironically within an already fully integrated vernacular medical discourse to produce immensely popular verse medical poems in the remedybook tradition. These communicated basic practical knowledge to an audience desirous of instruction on all aspects of personal *governaunce*, including the maintenance of physical health. His major medical works—the *Dietary*, “A Doctrine for Pestilence,” the *regimen sanitatis* components of the *Secretum secretorum* (*Secrees of Old Philosoffres*), and the medical sections in “A Pageant of Knowledge”—are all either definitely or probably translations of works originally written by others, and none represents medical theory in as specialized (or as playful) a way as Chaucer did in his medical passages. Lydgate’s medical verse is derivative, workmanlike, utilitarian, devoid of aureation and experiment—and immensely popular. In the fifteenth century, readers did not have access to an English translation of the popular Latin *Flos*, but they could find Lydgate’s generically-versatile *Dietary*, which condensed some of its teachings (via the intermediary *Dietarium*), in virtually any manuscript context. Stabilizing the text of the poem, and identifying its sources, affords a clearer perspective than has previously been available on one of the most important Middle English medical texts. Moreover, locating the text in its numerous and varied manuscript contexts illuminates ways in which contemporaries understood its genre and utility. Medical texts could keep company with texts of other

kinds in manuscripts just as medical discourse could be employed within ostensibly foreign genres. By providing information on the preservation of health to English audiences, Lydgate was freely delivering the God-given medical knowledge that physicians—such as Chaucer’s Doctour of Phisik—charged for. The *Dietary* is not primarily about diet, nor is it a teaching text for children, or a plague tractate. Those who *did* want instruction on the maintenance of health in plague time, however, and who found the knowledge contained in the translations and revisions of John of Burgundy’s plague tractate difficult to internalize, could recite Lydgate’s “Doctrine for Pestilence.”

In this dissertation, I have attended to concrete moments in which medicine and literature came together, in ways that were historically novel and literarily innovative, within the works of two authors whose texts were especially widely circulated. It is hoped, though, that the present study will encourage further explorations—for example, of other later-medieval English authors, such as John Gower and Thomas Hoccleve, who similarly appropriated and creatively redeployed the language of medicine in literary contexts. And how did Middle English medical poems and poems about medicine affect public perceptions of the healing art—or of the function or role of poetry? Whatever its specific focus, research on medicine and literature in later-medieval England would do well to take into account the historical phenomenon which saw two ostensibly separate categories of writing, rooted in largely distinct and sometimes conflicting traditions and discourses, come together in productive ways.

Literature does not merely reflect, represent, or depict the language of medicine; it has the reciprocal capacity to appropriate and redeploy it. “After all,” as Mikhail Bakhtin wrote, “the boundaries between fiction and nonfiction, between literature and

nonliterature and so forth are not laid up in heaven.”¹ Chaucer probed these boundaries ambivalently, Lydgate deftly elided them, and modern scholars who conceive of them as impermeable miss much of what is important in later-medieval English authors’ uses of medical discourse. Indeed, by medicalizing existing literary figures of sickness and health in texts that circulated as part of a national literary canon, both authors participated in a grand project: along with their literary peers, they landscaped the kingdom of the ill for contemporary audiences who were encountering literature and medicine in the mother tongue for the first time—and perhaps, as well, for modern audiences whose culture and language descend from a literary canon founded on Chaucer and curated by Lydgate.

¹ Bakhtin 33.

APPENDIX

A Working Handlist of the Manuscripts Containing Lydgate's *Dietary*

It became evident during the course of my research that, not only was the information on MSS containing the *Dietary* and its related texts distributed among multiple, sometimes obscure sources, it was often outdated, contradictory, or inaccurate. Even the standard entry on the text in *NIMEV* (824) occasionally leads the researcher astray. This present handlist does not attempt to provide a full reckoning of the contents of each MS, as this information is typically available in the catalogues and studies cited. (The exception is the relatively detailed entry on British Library, MS Sloane 3534 [below, **item 29**], which contains the preferred witness of the *Dietary* alongside the unique witness of its Latin original; the MS has largely been ignored by scholars.) Nor can it cite every critical notice and scholarly discussion. Instead, the information provided here is intended to better contextualize the *Dietary* and its related texts within its several and diverse MS contexts, in order to advance the starting-point for future research on this neglected but important poem. A list of early and modern printed editions of the *Dietary* follows the handlist.

The main sources for this list are: Boffey and Edwards, *A New Index of Middle English Verse* (*NIMEV*); Mooney and Solopova, “*iMEV*: An Open-Access, Web-based Edition of the *Index of Middle English Verse*,” nos. 824 (*Dietary*) and 4112 (“A Doctrine for Pestilence”) (all references to *iMEV* in this Appendix refer to these entries unless otherwise noted); Renoir and Benson, “John Lydgate,” *A Manual of the Writings in Middle English, 1050-1500*, nos. 34 (*Dietary* [= “A” version]), 35 (*Dietary* in disarranged order), and 36 (*Dietary: A Doctrine for Pestilence* [= “B” version]), and pp. 2092-94 (all references to **Renoir and Benson** in this Appendix refer to these entries and locations unless otherwise noted); Voigts and Kurtz, *Scientific and Medical Writings in Old and Middle English: An Electronic Reference*, rev. ed. (**eVK2**); Max Förster, “John Lydgate’s ‘gesundheitsregeln’ [Dietary]” (**Förster**); and Curt F. Bühler, “Rules of Health” (**Bühler**). Additional references to entries in *NIMEV*, *iMEV* (which follows the same numbering system as the *NIMEV* for all texts identified here), and eVK2 are only provided for texts that I consider especially relevant to the contextualization of the

Dietary. A bibliographic treatment of each of Lydgate's poems—including MS witnesses, early and modern printings, and references to critical notices up to *ca.* 1980—can be found in Renoir and Benson.

I have numbered the MSS containing the *Dietary* in the order employed in the most current and accurate reference, *NIMEV* (824). Each entry provides the following data, when available:

- ❖ Notes identifying
 - the number assigned the particular MS witness by Voigts and Kurtz (eVK2);
 - wanting, ambiguous, conflicting, or inaccurate information in catalogues and other resources;
- ❖ Attributed author and/or title;
- ❖ First and last lines, when variants (in most cases determined by consulting the MS, or by referring to *iMEV*, eVK2, and catalogue entries);
- ❖ An overview of the MS context.

The last section of each entry, on the MS context, provides information on date of composition, physical characteristics and writing support, number of folios, contents (in selective summary), and formal and generic complexion. Also often identified in this section are the texts which immediately precede or follow the *Dietary* in the MS, as this may in some cases indicate how a scribe, compiler, “publisher” (such as John Shirley), or patron understood its genre and utility. To be sure, the position of the text in the MS also indicates how it was presented to the reader (but not how it was made available to an audience, if read aloud).

Unless otherwise noted, all versions of the *Dietary* contain ten stanzas and conform generally to the “A” version of the preferred MS, Sloane 3534 (below, **item 29**). Major contradictions among critical resources are identified, but missing information is omitted without comment, with the understanding that it was not located in the sources consulted. An asterisk (*) to the right of an item number indicates that I have examined an image of the MS on microfilm, in facsimile, or in digital form. Examination of the

MSS *in situ*, unfortunately, was not logistically possible while completing this dissertation. Cross-references are indicated in **bold**.

Abbreviations

I employ the following abbreviations in addition to those listed on the Abbreviations page to this thesis (above, vii):

“Doctrine”	Lydgate’s “Doctrine for Pestilence” (<i>NIMEV</i> 4112; Renoir and Benson 36)
<i>First Corpus Compendium</i>	A remedybook in Cambridge, Corpus Christi College MS 388, printed in Hunt, <i>Three Receptaria</i> 85-160
<i>Leechbook</i>	The remedybook in Medical Society of London Library MS 136, printed in Dawson, <i>Leechbook</i>
<i>Rawlinson Compendium</i>	A remedybook in Oxford, Bodleian Library, MS Rawlinson C. 814, printed in Hunt, <i>Three Receptaria</i> 1-83
<i>Second Corpus Compendium</i>	A second remedybook in Cambridge, Corpus Christi College MS 388, printed in Hunt, <i>Three Receptaria</i> 161-92
<i>Secrees</i>	Lydgate’s <i>Secrees of Old Philosoffres</i> (<i>NIMEV</i> 935; Renoir and Benson 166)
<i>Stans</i>	Lydgate’s <i>Stans puer ad mensam</i> (<i>NIMEV</i> 2233 and 1694; Renoir and Benson 171 and 172)
“Verses”	Lydgate’s “Verses on the Kings of England” (<i>NIMEV</i> 3632; Renoir and Benson 100, 101, and 103)

HANDLIST

1. Oxford, Bodleian Library, Laud Misc. 683 (SC 798), fols 60–62

Note: eVK2 1863.00. One of two MSS in which the *Dietary* precedes the “Doctrine” (*pace* Renoir and Benson; the other is **item 43**). The “Doctrine” is listed at fol. 62^{r-v} in eVK2 (8114.00) and in the catalogue, but—less plausibly—at 63^{r-v} in *NIMEV* 4112. Bühler notes that “contrary to [C.] Brown’s statement [in *Register* 2: 388-89] the MS. gives only three stanzas [of the ‘Doctrine’]” (52). (Brown is probably following MacCracken, who was not always reliable, and had stated that the “Doctrine” in this MS has four stanzas [“Lydgate Canon” xv, no. 31].)

Attributed title: “doctryne of ffesyk” (fol. 60) (applies here to both the “Doctrine” and the *Dietary*).

Manuscript context: Coxe, *Bodleian Library Quarto Catalogues II: Laudian Manuscripts*. 15th c. (cf. 1450-1500 [*Bio-Bibliography* 83]). Parchment. 151 fols. Bound with a separate volume (fols 108–) dating to the 17th c. The volume in question is predominantly a Lydgate anthology. Along with Harley 2255, Jesus College 56 (**item 12**), and Lansdowne 699 (**item 24**), this MS is one of the “substantial collections of [Lydgate’s] shorter poems which take his authorship as an organizing principle” (Boffey and Edwards, “Literary Texts” 558-9). Bale, noticing that an inscription identifies a Mistress Cole as the owner of the MS, writes that “the choice of material suggests that it was put together for or by a female reader or writer; it is a generic and fashionable gentlewoman’s book” (115). Several of the texts are religious in theme, and others are “concerned with the ‘household’ and domestic services, parental and ‘maternal’ together with standard devotional ‘fillers’” (Bale 115). Pearsall says the MS contains 20 poems by Lydgate, “mostly prayers and hymns” (*Bio-Bibliography* 83). The *Dietary* and accompanying “Doctrine” are immediately followed by *Stans* (62^v-65).

2. Oxford, Bodleian Library, Bodley 48 (SC 1885), fols 332^v–333^v

Note: eVK2 1865.00.

Attributed title: “Doctrina patris ad ffilium” (properly describing *Stans*).

Manuscript context: SC 1885. Early 15th c. Parchment. 336 fols. A collection of moral prose and verse; Lydgate’s poems added in available space by later hand. The MS begins with Latin moral works by Richard Rolle (*ca.* fols 1-45). The remainder of the MS is in English, incl.: William of Nassyngton’s *Speculum vitae* (fols 47-325^v; *NIMEV* 245); and “The Simonie” (fols 325^v-331; *NIMEV* 4165). Another hand (later 15th c.) added three poems by Lydgate in the blank spaces: (1) “Verses” (fols 45-46^v); (2) *Stans* (fols 331-332^v); and (3) the *Dietary*. These three texts are often found together in MSS (see, e.g., **item 3**).

3. Oxford, Bodleian Library, Bodley 686 (SC 2527), fols 187^v–189^v

Note: The incipit appears to correspond with eVK2 2167.00, and the *Dietary* proper with eVK2 1845.00.

Attributed author / title: “Dan Iohn lydgate Monke of Bury” (fol. 187^v) / “Tretis for mannes helthe of his body compiled and made compen in Balade be Dan Iohn lydgate Monke of Bury” (fol. 187^v).

Manuscript context: SC 2527. First quarter of the 15th c. (cf. 1430-50 [*Bio-Bibliography* 83]). Parchment. 219 fols. Contains the *Canterbury Tales* (fols 1-184^v; incomplete) and several poems by Lydgate (fols 184^v-215^v). The MS is discussed by C. A. Owen, “Pre-1450 Manuscripts of the *Canterbury Tales*,” and Floyd 144-5. The *Dietary* follows the same texts that it accompanies in **item 2**, including “Verses” (fols 183^v-86) and *Stans* (fols 186-87^v).

4. Oxford, Bodleian Library, e Musaeo 52 (SC 3510), fols 80^v–1 or 77^v–78

Note: eVK2 1856.00. In prose (*iMEV*). 16th c.

Manuscript context: SC 3510; Hieatt 45-46. Late 15th and early 16th c. Paper. 80 fols. Incorrectly foliated and misbound in places. In several hands. The MS is largely a remedybook or household medical MSS. Contains numerous medical texts in English, including medical and culinary recipes, astrological texts, and some religious material, admixed with miscellaneous notes that evince the MS' use.

5. Oxford, Bodleian Library, Ashmole 61 (SC 6922*), fols 107–108.

Note: eVK2 1858.00.

Attributed title: “The *gouernans* of man” (fol. 107); “Explicitet the *gouernans* of man” (fol. 108)

Manuscript context: Black; Shuffleton 1-18. 162 folios. Two or more volumes bound together. A miscellany of popular Middle English verse. The MS was compiled by one “Rate”; on this scribe, see Blanchfield, “The Romances of MS Ashmole 61”; *ead.* “Rate Revisited.” The character of the MS is well summarized by Edwards as “a collection primarily of verse narrative works, both secular and religious, including a number of romances, but also satire, burlesque, exempla, and saints’ lives” (“Books and Manuscripts” 26). Discussed with specific reference to Lydgate by Hargreaves (“Lydgate’s ‘A Ram’s Horn’”). The MS begins with several items of didactic verse, including an expanded version of *Stans*, not certainly by Lydgate, but with the first verse following the prologue identical with a verse in Lydgate’s version (fols 17^v-19^v; *NIMEV* 1694; unique witness). Then, romances (including *The Earl of Toulus* [fols 27^v-38^v; *NIMEV* 1681]; *Chasteau d’Amour* [fols 78v-83; *NIMEV* 1677], etc.), and the Northern Passion (fols 87^v-105^v; *NIMEV* 1907). The *Chanson d’aventure*, a lyric of twelve eight-line stanzas (fols 106-107; *NIMEV* 1447; the only other MS witness being Rawlinson C.86 [item 7] [fols 72^v-74]) precedes the *Dietary*. Immediately following the *Dietary*, the

scribe began copying religious texts, including “The Markis of Meditaciouns” (fols 120-28; *NIMEV* 244), and this genre predominates until the end of the MS.

6. Oxford, Bodleian Library, Rawlinson C.48 (SC 11914), fols 128^v–130

Note: eVK2 1853.00. Contains the “Doctrine” (fol. 128^v), which Bühler says is “followed without a break by the *Dietary*” (52). Conceived in this MS as a companion to the *Stans*.

Attributed author / title: “Lidgate” (fol. 130) / “Doctrina patris ad filium” (fol. 128^v) (written above the *Dietary*, this properly identifies the *following* item in the MS, Lydgate’s *Stans* [fols 130-131^v], but serves here as the rubric for both).

Manuscript context: Macray. 15th c. (cf. 1450 [*Bio-Bibliography* 83]). Paper. 136 fols. A Lydgate anthology, containing his *Siege of Thebes* (fols 5-78) and short poems, including Marian verses against the plague. The MS ends with six medical recipes (eVK2 6186.00). The *Dietary* appears to run into *Stans* (fols 130-31^v).

7. Oxford, Bodleian Library, Rawlinson C.86 (SC 11951), fols 61–62

Note: eVK2 1847.00.

Manuscript context: Macray. While the catalogue divides the MS into two volumes, Griffiths identifies “four ‘booklets’” (381) on codicological and paleographical grounds, and by an examination of watermarks. The first booklet, composed in the second quarter of the 15th c. (Griffiths 382; eVK2 1847.00), contains verses on the Passion of Christ, some or all associated with the “Northern Homily Cycle” (fols 1-30). The second booklet was broken up into two sections (now appearing at fols 31-89 and 141-177). Second booklet is late 15th c. or early 16th c. Paper. 159 fols. Verse miscellany, including selected poems by Lydgate. (For the third and fourth booklets, see Griffiths 385-8.) Boffey and Thompson describe the MS as “a kind of peculiar hybrid, the product of both professional and amateur copying” (291). The MS is described further by Boffey and Meale, and is

associated with other London miscellanies by Wiggins 553. *Ca.* 8 medical recipes are scattered throughout the MS (fols 60^v, 79, 81, 88; eVK2 5705.00). One immediately precedes the *Dietary* (fol. 60^v). *Stans* appears at fols 86^v-88.

8. Oxford, Bodleian Library, Rawlinson poet. 35 (SC 14529), fols 17^v–18^v

Note: eVK2 1858.00.

Manuscript context: SC 14529. Late 15th c. (endorsed by Förster 180). 21 folios. Two items: (1) Cato's distichs on good manners, in Latin stanzas accompanied by an English translation, i.e. Benedict Burgh "Cato Major" (fols 1-17; begins imperfectly; *NIMEV* 854); (2) Lydgate's *Dietary*. Harley 116 (**item 56**) contains the same two texts; also cf. Glasgow UL, Hunterian 259 (**item 36**).

9. Oxford, Bodleian Library, Add. B.60 (SC 29179), fols 122^v–124

Note: eVK2 1855.00. In prose according to eVK2; Renoir and Benson. But Gottfried states that it is rendered in verse (*Doctors and Medicine* 185).

Manuscript context: SC 29179. 15th c. Parchment. 131 fols. Numerous medical texts, mainly recipes in English (the largest group of which is found at fols 1-52, *ca.* 312 recipes [eVK2 6541.00]), with some Latin content. The *Dietary* is copied between two groups of English recipes. Before, we find *ca.* 75 recipes (fols 87^v-121^v; eVK2 4684.00), interrupted by short Latin treatises (e.g. at fol. 112^v); and after, five more recipes (fols 124^v-?; eVK2 5908.00).

10. Oxford, Bodleian Library, Bodley 912 (SC 30437), fol. 15^v

Note: eVK2 1854.00. Only three stanzas.

Explicit: "To sey the best sette al way þy plesauns."

Manuscript context: *SC* 30437. A joining of two volumes, “perhaps by [the] same hand” (*SC*). 14th c., with additions in a 15th c. hand. Parchment. 231 fols. The abridged *Dietary* is found in the first volume, inserted on the verso of the last folio of the first item, the French *Bestiare moralisé* (fols 1-15^r). A table of contents follows the *Dietary* (fols 16-22), after which, also in a later hand (the same responsible for the *Dietary*?), is copied Lydgate’s “Verses” (fol. 23^{r-v}).

11. Oxford, University College 60, fols. 192^v–193^v[?]

Note: The location of the text in the MS is unclear. Compare: p. 378 (*NIMEV* and the catalogue, cited below); fols 192^v-93^v (eVK2 1854.00, pointing to University College *D.* 60; *iMEV*); and fols 278-80 (Renoir and Benson; probably a typo for 378).

Manuscript context: Coxe, *Catalogus codicum MSS.* 15th c. Parchment. All items save the *Dietary* appear to be in Latin. The MS contains works on religious themes, including sermons and moral verse. The *Dietary* is the final item (added by a different hand?).

12. Cambridge, Jesus College 56 (Q. G. 8), fols 44^v–46

Note: eVK2 1858.00. Combined with “Doctrine” (fol. 44^{r-v}; eVK2 8114.00), which contains one additional (i.e. fourth) stanza.

Attributed title: “Incipit doctrina sana” (properly for the “Doctrine”).

Manuscript context: James, *Descriptive Catalogue of the Manuscripts in the Library of Jesus College, Cambridge*, no. 56. 15th c. (1450-1500 [*Bio-Bibliography* 81]). Vellum. 92 fols. A Lydgate anthology. Along with Harley 2255, Bodleian Laud misc. 683 (**item 1**), and Lansdowne 699 (**item 24**), this MS is one of the “substantial collections of [Lydgate’s] shorter poems which take his authorship as an organizing principle” (Boffey

and Edwards, “Literary Texts” 558-9; cf. Boffey, “Short Texts in Manuscript Anthologies” 71, 72, and 80).

13. Cambridge, St. John’s College 191 (G. 23), fols 167^v–168^v

Note: In a Scottish dialect. Not in eVK2.

Attributed Title / Incipit / Explicit: “Inc. documentum notabile”; “Expl. documentum ualde vtile quod I to ȝow” (*iMEV*).

Manuscript context: M.R. James, *Descriptive Catalogue of the Manuscripts in the Library of St John’s College, Cambridge*, no. 191. 1487. Paper. 143 fols. A Scots MS. The *Dietary* is the last of three items in the MS, after the *Bruce* (fols 1-163^v; begins imperfectly) and “The Thewis off Gudwomen” (fols 164-167^v). A “Scottish copy” of the *Dietary* (Edwards, “Bodleian Library MS Arch. Selden B. 24” 54, n. 2).

14. Cambridge, Trinity College, B.11.24 (263), Part II, fols 26^v–27^v

Note: James’ entry locates the *Dietary* at Part II, fols 26^v-27^v, whereas *NIMEV* points instead to (modern foliation?) fol. 112^v, and Renoir and Benson more specifically to 112^v-113^v. The incipit quotes closely from the *Flos*, lines 19-20. For another MS that employs these same lines as an introduction to the *Dietary*, see **item 43**. Not in eVK2.

Attributed title / incipit: “*Dietarium locarium et itinerarium / Si tibi deficiant medici medici tibi fiant / Hec tria mens leta labor moderata dieta / For helth of body kepe fro colde thyn hed.*”

Manuscript context: James 263. 15th c. In two parts. Part I contains John Mirk’s *Manuale Sacerdotis*. Part II, which contains the *Dietary*, also has Psalms and other religious texts, ending with poems on sacred love which borrow from the vocabulary and conventions of secular poetry. The prose contents in the MS are described by Mooney, *IMEP 11*: 9-10.

15. British Library, Arundel 168, fol. 14^v (extract)

Note: eVK2 1855.00. Contains the first stanza of the Latin *Dietarium* and the first two stanzas of the English *Dietary*. The remainder of the folio was left blank, leaving sufficient room for all ten stanzas to be inserted (Förster 179). This is the only other MS witness (albeit *incomplete*) of the *Dietarium*.

Manuscript context: *Catalogue of the Manuscripts in the British Museum, The Arundel Manuscripts*. 15th c. Paper and vellum. 85 fols. Religious texts, mainly hagiography. Benedict Burgh's "Cato Major" (*NIMEV* 854) (fols 7^v-14) and Lydgate's "Seven Wise Counsels" (fols 14^{r-v}; *NIMEV* 576) immediately precede the *Dietary*. Long writes that the MS was "[c]opied for personal use" (48, n. 3)—"executed in haste with an eye toward completing it cheaply" (48) by a Norfolk scribe (48, n. 2). She dates the MS to the mid-15th c. (48). Edwards observes that the MS was compiled for a "lay female pious audience" (qtd. in Long 50, n. 8).

16. British Library, Cotton Caligula A.II, fols 15^v–16^v

Note: eVK2 1850.00.

Manuscript context: Planta. 15th c. (cf. 16th c. [eVK2]; 1450-1500 [*Bio-Bibliography* 82]). Parchment. 196 fols. A large collection of Middle English verse, including romances and several items by Lydgate. The catalogue appears to observe an older foliation, causing some uncertainty regarding the location of items. The MS contains John of Burgundy's plague treatise, in prose (fol. 65^v?; eVK2 2284.00). For areas of overlap with other MSS containing the *Dietary*, see **item 18**. Boffey and Thompson describe this text as "perhaps" belonging to the category of "cheaply produced miscellanies" which often feature Lydgate's poetry alongside other improving material (297); other MSS containing the *Dietary* which are more definitely identified with this category include Ashmole 61 (**item 5**) and BL Add. 31042 (**item 32**). The catalogue does not list the *Dietary* as a distinct

item, grouping it instead with the preceding item, *Stans* (fols 14-15^v). Four medical recipes in English (fol. 13^v; eVK2 6414.00) immediately precede the *Stans* and the associated *Dietary*.

17. British Library, Egerton 1995, fols 77^v–78^v

Note: eVK2 1846.00.

Attributed title: “Sapiencia phisicorum.”

Manuscript context: *BL Additions*. For the contents of the MS, see Gairdner i-ii. 15th c. Paper. *ca.* 222 fols. Commonplace book. Didactic, historical, and medical works in prose and verse. Fol. 65 - *ca.* fol. 80 contain medical texts. Medical recipes are jotted on the flyleaves. For areas of overlap with other “London collections” containing the *Dietary*, see below, **items 18** and **21**. Reed argues that the selection of material in the MS evinces the “individual taste” of its compiler and “[chronicles] the interests and aspirations of a rising city burgher” (“The Importance of the Commonplace Book” 30). Reed compares the MS to other commonplace books, including Harley 2252 (**item 21**). “A nobyll tretys of medysyns for mannys body” (the “Gouvernayl of Helthe”) (fols 65-74^v; eVK2 3149.00; Keiser 259; cf. below, **item 28**) is near the *Dietary*, which is followed by directions for bloodletting in verse (fols 79-80; *NIMEV* 3848).

18. British Library, Harley 541, fols 209^v, 211^{r-v}

Note: Not in eVK2. 16th c. Leaf misplaced. Nine stanzas.

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*. 16th c. A miscellany, containing historical, hagiographical, political, epistolary, and literary texts. The MS contains a section of poems whose composition predates by some time the composition of the rest (fols 207–); this earlier section contains the *Dietary*. The MS contains texts with potential medical overtones, including: a prayer to the Virgin for

sleep, i.e. against *vigilia* (fol. 228^v; *NIMEV* 3844; unique witness), and a poem beginning, “bring us in no browne brede for that is made of brane” (fol. 214^v; *NIMEV* 549). There is some overlap with other MSS containing the *Dietary*: e.g., “The Lytylle Childrenes Lytil Boke” (fols 210^{r-v}, 207^{r-v}; *NIMEV* 1920) is also found in Egerton 1995, fols 58^v-60 (**item 17**). The present MS contains an Elegy for Ralph, Lord Cromwell (written *ca.* 1450) (fols 152^v-153^v; *NIMEV* 2411), for which the only other witness is Caligula A.II (57^v-58; **item 16**). For areas of overlap with “London collections” containing the *Dietary*, see **items 17** and **21**. The *Dietary* follows a courtly love lyric (fols 208^v-209; *NIMEV* 4209; unique witness), and is followed by an eight-line poem on nurture and kind beginning “Goddis grace is redy bothe erly & late” (fols 212^v-213; *NIMEV* 995.4; unique witness).

19. British Library, Harley 941, fols 24–25

Note: eVK2 1869.00.

Attributed titles / explicit: “[...] to indifferent rycheft and dietari / *Explicit concilium corporis et anime* / *Explicit dietarys particularis*.”

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*.

Wellcome Trust: <<http://www.bl.uk/catalogues/manuscripts/HITS0001.ASP?VPath=html/74805.htm&Search=941&Highlight=F>>. Second half of 15th c. “Miscellany including treatises relating to history, astrology, magic, astronomy, geography, rhetoric, comprising John Lydgate’s ‘Dietary’ and other verses and medical recipes” (*Catalogue of the Harleian Manuscripts in the British Museum*). The *Dietary* is followed by six medical recipes in Middle English (eVK2 3147.00).

20. * British Library, Harley 2251, fols 4^v–5^v

Note: Related to BL Add. 34360 (**item 33**). Wants the last line of the eighth stanza. Not in eVK2.

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*.
Wellcome Trust: <<http://www.bl.uk/catalogues/manuscripts/HITS0001.ASP?VPath=html/74620.htm&Search=2251&Highlight=F>>. 1464-83 (*Bio-Bibliography* 82). Paper.
Copied from a lost codex by John Shirley (cf. **item 33**). An important Lydgate anthology.
Before the *Dietary* appears Lydgate's "Verses" (fols 2^v-4); after: Lydgate's begging poem, "Letter to Gloucester" (fols 6-7; *NIMEV* 2825). The MS contains other medical content, including: a poem on complexions (78^v-79 [*NIMEV* 3503/4; a fragment of the "B" version of "A Pageant of Knowledge," which appears on fols 22^v-24^v); a poem on physiognomy derived from the *Flos* which resembles the previous item (79-79^v; eVK2 3875.00; *NIMEV* 2624; for this and the preceding item, see the Introduction to this thesis); *Secrees* (fols 188^v-224); and a version of Lydgate's Marian poem against plague, "Stella Celi Extirpauit" (fols 9^v-10; *NIMEV* 3673; also in **item 33**, fols 68^v-69). The MS also contains *Stans* (fols 148-49; begins imperfectly). Hammond determined that the same hand (now the "Hammond Scribe") was responsible for the first eleven items in this MS (including the *Dietary*) and for the same items—copied in the same order—in Additional 34360 (**item 33**) on fols 58 onward ("Two British Museum Manuscripts"; for the *Dietary*, see 7). Her study remains the definitive comparison of the contents of the two MSS.
Harley 2251 is frequently discussed in scholarship: see, e.g., Edwards, "John Lydgate, Medieval Antifeminism, and Harley 2251"; Nolan, "Lydgate's Worst Poem."

21. British Library, Harley 2252, fol. 1^v

Note: eVK2 1863.00. Imperfect. Copied in the early 16th c.

Explicit: "And with thy neybors leve in rest & pese" (Meale, "London, British Library, Harley MS 2252").

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*.
Wellcome Trust: <<http://www.bl.uk/catalogues/manuscripts/HITS0001.ASP?VPath=html/74621.htm&Search=2252&Highlight=F>>. Paper. Late 15th or early 16th c. The commonplace book of John Colyn or Colyns, who compiled the MS in collaboration with

other scribes over a period of several years. Includes didactic, moral, and practical verse, including medical writings. The most thorough treatment of the MS is by U. Frost, *Das Commonplace Book von John Colyns*. Examined by Meale, “The Compiler at Work”; *ead.*, “London, British Library, Harley MS 2252.” Cf. other “London collections” (*ibid.*) which also contain the *Dietary*, including: Egerton 1995 (**item 17**), and fols 207-29 of Harley 541 (**item 18**). Boffey and Edwards classify this as a London miscellany (“Literary Texts” 560; cf. Wiggins 553). Also see Reed (cited above, **item 17**). The updated catalogue entry notes that the MS contains an abridged version of the *Dietary* (Wellcome Trust). Other medical content proximate to the *Dietary* includes Lydgate’s poem on the nine properties of wine (fol. 2; *NIMEV* 4175; eVK2 8171.00) and two 16th century medical recipes (fol. 2; fol. 165^v). A poem on prognostication with reference to the day on which Christmas falls (fol. 154^{r-v}; *NIMEV* 1905; eVK2 2586.00, 3417.00) begins imperfectly (possibly wanting the same lines as it does in Wellcome 411 [**item 51**]?).

22. British Library, Harley 4011, fol. 143^{r-v}

Note: eVK2 1864.00. Ends imperfectly (contains up to line 58).

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*. 1450-1500 (*Bio-Bibliography* 73). Paper. English poems. The Major Lydgate text in this MS is *Life of Our Lady* (fol. 23-119; *NIMEV* 2572/22 [minor typo in *NIMEV*, listing the MS as “4011”]). The MS also contains *The Libel of English Policy* (fols 120-137^v; *NIMEV* 3491). Material by Lydgate includes *Stans* (fol. 1; fragment); an untitled moral poem (fol. 1; *NIMEV* 3655; this item also appears in MSS containing the *Dietary*: Harley 2251, 40^{r-v} [**item 20**] and Bodl 686, 190^{r-v} [**item 3**]); a fragment of the *Fall of Princes* (1^v-2^v; *NIMEV* 1168); and Lydgate’s “Kalendar” (138-142^v; *NIMEV* 1721), which immediately precedes the *Dietary*. Reed identifies Harley 4011 as a commonplace book of a kind with Egerton 1995 (**item 17**) and Harley 2252 (**item 21**), and (perplexingly) dates the MS to the later 14th c. (“Importance of the Commonplace Book” 38).

23. British Library, Harley 5401, fols 103–4

Note: eVK2 1448.00. Contains lines 1-61. Some variant lines.

Attributed title and first line / last line: “Bonum Concilium” (rubric) / “Couir allway from cold pi hede” / “Guffer in tyme of right be balde.”

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*.

Wellcome Trust: <<http://www.bl.uk/catalogues/manuscripts/HITS0001.ASP?VPath=html/74721.htm&Search=5401&Highlight=F>>. Second half of 15th c. Paper and parchment. 105 fols. In two or more hands. A medical miscellany in Latin and English, including works by John of Arderne and other notables, and numerous medical and culinary recipes in English. The *Dietary* is the penultimate item, followed by a culinary recipe (fol. 104^v).

24. British Library, Lansdowne 699, fols 86–88

Note: eVK2 1858.00. Preceded by the “Doctrine” (fol. 85^v), which runs into the *Dietary*. The “Rules of Health” (“B”) version of the *Dietary*, which contains eight additional stanzas. Related to **item 42**.

Manuscript context: Ellis and Douce. 15th c. (cf. 1450 [*Bio-Bibliography* 82]). Paper and vellum. A major Lydgate anthology. The MS contains many of the same texts, in the same order, as Voss. Germ. Gall. Q.9 (**item 42**), with similar variants (van Dorsten 320). Textual analysis suggests that the two MSS were likely copied from a lost common anthology rather than one from the other (ibid. 320). Along with Harley 2255, BL Laud misc. 683 (**item 1**), and Jesus College 56 (**item 12**), this MS is one of the “substantial collections of [Lydgate’s] shorter poems which take his authorship as an organizing principle” (Boffey and Edwards, “Literary Texts” 558-9). The *Dietary* (and associated “Doctrine”), which the catalogue (Ellis and Douce) rightly notes “seems to differ from other copies,” is preceded by Lydgate’s *Stans* (fols 84^v-85).

25. British Library, Royal 17.B.XLVII, fols 2–3^v

Note: *NIMEV* lists this item as Royal 17.B.XLVIII, while Renoir and Benson, *iMEV*, eVK2 (1858.00), and the catalogue (see below, “Manuscript context”) identify 17.B.XLVII. Contains an additional stanza (Renoir and Benson; *iMEV*).

Manuscript context: Warner and Gilson. *Ca.* 1452-56. Paper. 174 fols. Miscellaneous texts on letter writing, law, wills, etc. Also contains medical and sententious poems in English, and medical recipes in Latin and English. Immediately after the *Dietary*, later hands have added recipes in Latin and English, and a quatrain from Lydgate’s “Tretise for Lauanders” (*NIMEV* 3893), accompanied by its Latin original. Nolan writes that the additions constitute “a classic example of miscellaneity, in which the reader or scribe has added what seemed like relevant material after the main composition of the manuscript” (“Lydgate’s Worst Poem” 75).

26. British Library, Stowe 982, fols 11–12^v

Note: eVK2 1858.00. *NIMEV* points to fols 10-11, eVK to 11-12, and Renoir and Benson to 11-12^v. The catalogue and *iMEV* only identify the beginning folio.

Attributed Title: “A tretisse of good governance” (fol. 11).

First line: “For helthe of body couer fro cold thy hed.”

Manuscript context: *Catalogue of the Stowe Manuscripts*. Late 15th c. Paper. 22 fols. A slim MS containing miscellaneous items on manners and veterinary medicine. The *Dietary* is immediately preceded by *Stans* (10-12; *NIMEV* 2233/19; first page written as prose).

27. British Library, Sloane 775, fol 54^{r-v}

Note: eVK2 1855.00. *NIMEV* and eVK2 agree on the location, while Renoir and Benson state that the *Dietary* ends on fol. 56^v.

Manuscript context: Ayscough; Scott. Medical and some legal texts. The *Dietary* is followed by rules for moral conduct (beginning on fol. 54^v or 56^v). Contains an “abridgment,” i.e. “a digest of case-law under alphabetical titles” (Baker, “Books of the Common Law” 418 and n. 49).

28. British Library, Sloane 989, fols 134–136^v

Note: eVK2 1851.00.

Manuscript context: Ayscough; Scott. 15th c. (cf. second half of 15th c. [Förster 180]). Medical manuscript. Contains two items: (1) the *Gouernayle of Helthe* (fols 2-134), comprising 28 chapters of medical content on diet, prognostication, *Secreta secretorum* material, bloodletting, etc. (eVK2 3070.00, 3251.00); and (2) the *Dietary*.

29. * British Library, Sloane 3534, fols 1–3^v.

Note: eVK2 1855.00. *NIMEV* only identifies the folio on which the *Dietary* begins.

Manuscript context: (For a further discussion of this MS, see Chapter 3, above.) Very little information either in Ayscough or in Scott. Mid-15th c. (Förster; “Entry for ‘Dietary’ of ‘John Lydgate’ in Middle English Compendium HyperBibliography”; cf. Wright and Halliwell 127: late-15th or early 16th c.). Watermarks not inspected; a collation is wanting. Paper. A booklet of 9 fols. Approx. 32 cm x 22 cm (with a frame measuring approx. 25 cm. x 16 cm., on fols 5^r, 8^v-9^v). Latin and English poems and medical recipes. Likely originally part of a larger codex, as old folio numbers are partially visible under current ones. Written in stages, in different inks, by at least four hands employing secretary scripts typical of the mid-century; scribblings and a short addition by a later (16th c.)

hand. A typo in Furnivall's early edition of the *Dietarium* (from this MS) misnames the MS, calling it Sloane 3554 (*Babees Book* 58, note); this error has been replicated by Sponsler, "Eating Lessons" (12). The MS may be divided roughly into three parts based on paleographical grounds, layout, genre and form, and other characteristics. I provide a summary of these sections first, followed by a more detailed account of the contents.

- 1) fols 1-3. *Dietarium* and *Dietary* in alternating stanzas (the work of Hand A), ending with the last stanza of the translation on the top of fol. 3^v, leaving much space; (ii) copied into that space, Pecoock's "Quatrain on the Incarnation," written in darker ink than the previous item (Hand B); (iii) two Latin couplets in faded ink embodying proverbial wisdom (Hand C). This section evinces a certain visual, generic, and formal coherence despite its collaborative composition.
- 2) fol. 4. The upper-outside corner of fol. 4 is torn; writing conforms to the remaining space, indicating that damage occurred prior to use. On the recto, three medical recipes (Latin and English). On the verso, a Latin "Billa Magistri Johannis Ryche" (Hand B), and a very hastily scribbled English recipe in a large 16th c. hand (Hand D), in faded ink.
- 3) fols 5-9. Some of the folios in this section are framed (see above). On fol. 5, English medical recipes by Hand A(?) and Hand B, in different inks, but sharing Lombard initials. These English recipes are related to those found in various remedybooks, incl. *Leechbook* (Keiser 263), and some are copied in the same order in which they are found in that text. From the bottom of fol. 6^r to near the top of fol. 8^v, Latin medical recipes by Hand B, with underlined (and usually centered) headings. fols 8^v-9^v, Latin medical recipes on a related theme, also by Hand B, but now with Lombard initials, as before.

Contents:

1[1]. fols 1-3. Vixeris ut sanus capud ex algore tegatur [...] Sed cunctis <ditissimum> est dietarium

Not in TK. The only extant complete witness of the Latin *Dietarium* that is the source of Lydgate's *Dietary* (**item 16**, MS Arundel 168, has the first two stanzas). A regimen for physical, spiritual, social, and financial health. In six-, eight-, and nine-line stanzas. Scribal error on fol. 1^v, line 9, shows that the scribe was copying the Latin from a different exemplar than the English translation, and also suggests that the Latin text was not divided into stanzas. He copied part of the first line of the following Latin stanza before realizing his error. Printed by Furnivall, *Babees Book* 55-9, with the disarranged *Dietary* from Lambeth Palace 853 (**item 57**), and by Förster, with the *Dietary* from this MS.

1[2]. fols 1-3^v. For helth of body kover from cold thyne hede [...] But to alle that it vse it is a chief electuary

The normative "A" version of Lydgate's *Dietary*, which translates **1[1]**. Ten eight-line Monk's Tale stanzas. *NIMEV* 824/29. Printed by Förster.

2. fol. 3^v. Hoc mens ipsa stupet apud non sua ratio cernet [...] Namque fides superest cum perfida ratio subsit / Pecok / Witte hath wondir that resoun ne telle kan [...] For feith is aboven and reson is vndir

"Quatrain on the Incarnation," Latin with English translation, ascribed in an underlined heading to Reginald Pecock, Bishop of St. Asaph and Chichester. *NIMEV* 4181/9 (a typo has the entry incorrectly locate the text at "f. 31"). Printed from this MS by Wright and Halliwell (127); with collations from three other MSS by E. Flugel (174); and by Brown, *Religious Lyrics of the XVth Century* (186). Reproduced above, Chapter 3, 247, n. 202.

3. fol. 3^v. Vinum subtile creat in se[ne] cor iuuenile / Si vinum sit vile iuuenile facit senile [...] Si cur quando fuge veniendi sunt tibi nuge / Frenum vel vestes veniendi sunt tibi testes

Two Latin couplets expressing proverbial wisdom. The first is an epigram on the moderate consumption of wine closely based on a line from (or also found in) the *Flos* (*Collectio salernitana* 5: 412-13). See the many analogues listed in Walther 33497. The second is found in several languages: see, e.g., von Fallersleben 6, lines 49-50; Wander, s.v. “frieren” (vol. 1, p. 1214).

4. fol. 4^r. Probacio de paciente fluxum rubrum vel alium fluxum quemcumque. Take a penywight of þe sede of townecressen and gyff the pacient to ~~drynk~~ ete and aftur gyf hym wyne or watur to drynk and thus do .iij. dayes yf he kepe this he shall recavor and lyve And elles he shall dye

eVK2 4769.00 Medical prognostic recipe in Middle English prose, with Latin descriptor. Ubiquitous in MSS: cf. “Item 3if him to drynke quyth letuse [i.e. townecress {*MED* s.v. “whit,” adj., 1a.3a}] wit þe water and 3if he spewe it, he schal deye sertayn” (*Second Corpus Compendium* 179); cf. “knaynge iff he þat hath þe flux may lyue or nat take a peny wieght of toun cresse seede and giffe the sike to ete and after giff drynke wyne or watir and do thus iij days iff he ceesse he shall lyue *with* help of medecyns and iffe he ceese nat he shall dye [...]” (*Leechbook* 172, no. 527). For types of flux as described in Middle English medical texts, see the items printed in *Leechbook* 126, nos. 333-36, which draw from *ME Gilbertus* 166-7, 187, and 190-1.

5. fol. 4^r. For akyng in veynys or synaws and for the gawte in eny membre wher so euer it be make þis plaistre Take the Iuse of smalache and of Annyse and barly mele and oyle olyfe or of notys and buttur and wyne and frye all thise to gyder in A panne and ley this to the sore place as hoot as may be suffryd and ley clothes about to kepe in the hete þis is prouyd

Recipe for a plaster against aching veins and gout, in English.

6. fol. 4^r. Emplastrum. leve *sed* non *parum* efficaxe sepius probatum & carum valde ideo ne cuiquam dicas. & fiat sic *recipe* [...] genubus & alijs iuncturis quibus apponitur

Latin recipe for a medical plaster.

7. fol. 4^v. Billa Magistri Johannis Ryche / *Recipe galange cinnamomi zinziberi calami*
aromate piperis longe Ana. [half a dram] spici nardi [3 drams] aneti cumumi. marati
anisos sileris montia[niosus] Ana. [2 drams] aloe fiat puluis subtilis

Medical recipe in Latin, for or (more likely) by one John Ryche. The name does not appear in any cognate form in Talbot and Hammond, *Medical Practitioners in Medieval England*, or Getz's supplement, "Medical Practitioners in Medieval England." Although the name was a common one, the title of *magister* points to formal education, and a consultation of Emden, *Biographical Register of the University of Oxford to A.D. 1500*, yields a few possibilities, of which one (tentatively) stands out: John Ryche, Mag [i.e. *magister*], d. ca.1488, in whose memory a donation was made to Merton College.

8. fol. 4^v. To triet a fyfre [?] caus payn or gryf [...] half [?]

Ten lines in a messy and hasty 16th c. hand, in faded ink. The item appears to be a recipe.

9. fols 5^r-6^r. 12 recipes in English:

[fol. 5 ^r]	[1] For the hede Ache Take verveyne beteyn and wor - mode of yche like like myche and sethe hem and þerwith Wasshe the syke hede than make a playstre and ley yt abouene on the molde inne this wyse take the said herbes whan they bene sodyn & wryng hem & grynde hem small in a mortere and tempre hem with the same licor ayen and do therto whete branne for to hold in the lycour and make a garland of a kechife and bynde the sike hede and ley the playste on the molde withynne þe garland as hote as the sike may suffur hit than bynde þe
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hede with a volypere and sette a kappe above and thus
do . iij tymes and the sike shalle hele on warantyse

[2] For clansyng of the hede Take pelestre of spayne &
chewe the rote therof . iij dayes a gode quantite and hit
shall purge the hede and so away the ache of the hede
and fastyne the teth in the gomys

[3] A gode oynement for the vanyte of the hede Take þe
Iuse of walwart and salt & hony and wex & encense
and boyle hem to gyder over the fyre and therwith anoynt
the hede and the temples

[4] For euyl heryng Take grene plantys of aisshe & ley
hem on a branderne and brenne hem and kepe the water
that komyth out at the endys and þerof take a shell-full
and . iij tymes so myche of the Iuse of syngrene and a
shell full of the grees of an ele. And the Iuce of the ne
endes of lekys with the facys a shell full and asmache
of hony and meddill hem to gyder and boyle hem a lytill

[fol. 5^v]

than put hit in a glasse and put therof in the ere on the
hole syde and let the sike ly downe on the open
syde that is deaf and this vse [ix] dayes and with
ynne that defen or lityll more shall he hale and
he be curabull but þou must take the walle of a blak
shepe pullid vnder the Wombe & wete the wolle in
the said lycor and ley it aboven

[5] Anoper medecyn for the same Take the grees of an
ele and the Iuse of the syngren euen porcions. meddyl hem
to gyder and boyle hem a litill and do therof a lytyll in
the hole of the ere and do as ys a forsaid

[6] For hym that may not wele se and hath rede yen
Take white gyngueuer and rubbe hit on a wheston in
to a sane basynne and take the powder and temper hit

with white wyne and lete hit stonde a day & a nyght
in the basynne and thanne take the thynne þat stondeth a
bove and do hit in to a vessell vyall of glass and when
the sike goth ta bedde take a seddyr and wel wete hit
theryn and so anoynt wele the sore iyen and he shall
be hele sycurly

[7] For wateryng iyen take a rede kanle leef and a
noynt hit with the whyte of an eg and ley hit to þe
watteryng iyen when the syke goth to bedde

[8] For to sle the wormes that eten the iye lyddes
Take salt and berne hit in a clowt and than temper
hit with hony and with a fethir anoynt therwith the
iye lyddes whan the syke goth to bedde

[9] For the webbe in the iye Take Enfras a gode quan
tite and stampe hit wele and wryng out the Iuse þerof

[fol 6^r] thurgh a clowth than take bores grees and meddill hem to
gedyr and capons grees also put therto and meddill
alle same in a clene vessell and than boyle hit well
and aftur lete hit kole and colde put hit in to box & do
a lityll in the iyen whan the sike goth to bedde

[10] For sore mouthe or sore throte Take quyntfoyle a
good quantite and stamp hit & boyle it in sane watur
in a posenet And whan hit is boyled ynough hold
opyn the mouth on the passenet so that the breth þerof
may go in to thy mouth and thy throte as hote as as þou maist
suffir hit and so stiew the þerover right wele and whan
the licour is resonably colde suppe therof and kepe hit
in the mouth tylle hit be colde than avoyde out that and
take more and thus do . iij or iiij tymes þus contynning. iij
dayes and thys well make the hele sikurly

[11] For eny quyk thying that is crepen yn at a manys

eres or in to his body or for a feuer in his brest
 that liths ther and somtyme meivith & sterth like
 as hit wer a worme or ano~~per~~ quyk thyng Therfor
 take rewe and wermewode pawne hem and take the
 Iewse and thyme owne fastyng vrid & use this for
 hit ys a verry suer medicyn And provyd
 [12] Ano~~per~~ gode medesyn for the same Take Iubarbe
 and the grese of an ~~alle~~ ele or elles the Iuse of Iaas
 albaa .i. eglemare and put in his ere . eglamare is callid
 gosegrasse or wyldetansy

Recipes for various ailments affecting parts of the head. Cognate with recipes found in numerous remedybooks and smaller groupings, such as *Rawlinson Compendium*, *First Corpus Compendium*, *Second Corpus Compendium*, *Leechbook*, and (ultimately) Gilbertus Anglicus's *Compendium medicinae* (likely *via* the translation, *ME Gilbertus*). The numerous affinities among these and related recipes in other remedybooks—such as those printed by Heinrich, Henslow, Ogden, ed.—are too numerous to identify here, and I examine the first four recipes only. For Middle English medical recipes, see the entries in Keiser 261-87.

[1] eVK 6458.00. A recipe against headache. Cf. *Leechbook*: “Ache off hede make þe for lye of verveyne or ellys of betenye ether of wormod and þese with wasshe thyne hede thrise in þe weke” (18, no. 2). The present recipe also resembles another found in *Leechbook* for “agarland for þe hede ach,” whose phrasing is similar in several places, e.g. “sywe it about his hede as hote as he may suffer hitt” (20, no. 13). Cf. a similar recipe in Anglo Norman with interpolated English translations in *First Corpus Compendium* 93, no. 1, and *Second Corpus Compendium*: “mack leye of Verueyne or of betonye or of filles or of wirmod, and þarwit wasse þin hed þries in þe woke” (163, no. 1). For an earlier, Anglo-Norman analogue, see *Rawlinson Compendium*: “[...] si eschaufez ben le almuce od l’emplastre e le metez ausi chaud desus le chef cum vous porrez souffrer et seit ileques dekes il seit garri” (12, no. 9).

[2] Another recipe against headache. Cf. *Leechbook*: “A gode purgacion for the hede take pelstre of spayne and chew it wele a gode quantitee of the rote iij days and that will purge the hede ad make þe teth stand fast” (218, no. 690). Cf. *Second Corpus Compendium*: “Item a clensyng of þe hed: Tac pellestre and chew þe rote þre dayes and it schal spurgen þin hede and don away þe hete” (163, no. 5). Cf. *First Corpus Compendium*: “Item pur le chef espurger: Tac pellestre and shou þe rote thre dayes and it schal spurgen þe heued and don away þe hete, an waris” (96, no. 50).

[3] Medical recipe against dizziness. Cf. *Second Corpus Compendium*: “Item a oynement for vanite of þe hed: Tac þe ious of walwyrt and salt and hony and wax and recheles and wel hem togedere ouer þe fyr and smer þin hed þerwit” (163, no. 8).

[4] A ubiquitous medical recipe against deafness. Cf. *Leechbook*: “Anothir ffor them that haue euell heres. Take the braunches of asshe when thei bene grene and lay hem on a brandiren in the fyre and gadyr the watir that comyth oute at the endes of heme [...]” (98, no. 266); Cf. *ME Gilbertus*: “If [deafness] comeþ of yuel dispocicion of þe ere withinforþe, it hap proper medicyns [...] take þe bowes of green asshes and leye on þe fyre, and take of þe watir þat comeþ at þe endes of hem þe quantite of a sponeful and halfe” (77). Cf. *Second Corpus Compendium*: “Item quo so may nowit wel here: Tac þe grene bowes of aysche and ley hem on þe fyr. And tack þe water þat rennes out at þe furþer einde, an ey-schelle ful, an þe ious of þe senegrene and als mychel of hony als so mychel of olye, als mychel of þe hed of leck wit alle þe facis þeron, and myng hem togedere and do þerof in þin eres” (163, no. 9). Cf. *First Corpus Compendium*: “Item quo may nowit wel heren: Tack þe grene bowes of hasse and ley hem on þe fyr and gader þe water þat rennez owit of eindez an ey-schell full and þe ius of senegrene als mycel honi” (101, no. 105). For a discussion of this recipe in the context of Middle English recipe collections, see Getz, *ME Gilbertus* xli-xlii. She ultimately traces its origins back to Marcellus of Bordeaux’s *Compendium*, which was a source for Gilbertus.

10. fols 6^r-9^v. *Nota hic optima medicina probat ad omno genus scabei [...]* *Decemum* est quod si aliquis timeat sibi de venens ponat de hac

Approximately 28 medical recipes in Latin, identified by ailment, not in any logical order. Ends with a short treatise on fistula (fol. 9^{r-v}; incomplete). The MS, which is likely a section from a larger codex, ends abruptly.

30. * British Library, Add. 10099, fol. 211^v–212^v

Note: eVK2 1849.00. The “Doctrine” (“Incipit doctrina sana”) is on fol. 211^r, and the *Dietary* begins immediately on the top of fol. 211^v, potentially as if part of same item. The scribe, however, left empty space at the bottom of fol. 211^r instead of copying the first stanza of the *Dietary* there, choosing instead to begin it at the top of 211^v. *iMEV* and Renoir and Benson state, in error, that the text is “disarranged” and contains 13 stanzas, but the three-stanza “Doctrine” is in correct order and is followed by the separate ten-stanza *Dietary*, also in the correct order.

Attributed author or scribe: Thomas Burtone (fol. 212^v).

Manuscript context: *BL Additions*. 15th century. Paper. Contains the *Brut*, an excerpt from Ralph Higden’s *Polychronicon*, and other historical literature. The *Dietary* appears to have been added in available space.

31. Delete [per NIMEV]

32. * British Library, Add. 31042, fol. 97^{r-v} (begins imperfectly)

Note: The Thornton MS. eVK2 0284.00. Imperfect: begins at line 18, at the very top of the folio. Elsewhere, Thornton begins new items with a large initial spanning three or four lines. Here, in contrast, the text begins abruptly, signaling (in this case) that a folio has been misplaced.

First line: “Be noghte hasty nore sodanly vengeable.”

Manuscript context: *BL Additions*. The commonplace book of the Northern scribe Robert Thornton. 15th c. Paper. 183 fols. Contains an imperfect version of *Cursor mundi* (fols 3-32), religious and historical prose and verse, romances and other miscellaneous content Thornton selected for the use and entertainment of his family (Scase 564). The contents of the MS are described by Stern (“The London ‘Thornton’ Miscellany [II]”). Meale and Boffey call this MS a collection of texts for “family reading” (“Gentlewomen’s Reading” 536); Boffey and Edwards draw attention to the MS’s content for children (“Literary Texts” 560). Hanna discusses the possibility that the MS wants a folio (or folios) containing the first lines of the *Dietary* and the last lines of “Verses” (fols 96^{r-v}; incomplete) (“The London Thornton Manuscript” 128-29). This seems likely. The *Dietary* ends at the middle of fol. 97^v, and Thornton copied in the remaining space three items in Latin, which the catalogue lists only as “some saws in *Latin* doggrel [sic],” and a quatrain in English. (A new text on a different subject begins on fol. 98.) The items on fol. 97^v express proverbial wisdom; their inclusion was probably suggested by the *Dietary* (only one [#5] has been printed). They include: (1) “Post visum risum: post risum transit in vsum / Post vsum tactum: post tactum transit in actum / [...]” (four Leonine lines on the sequence of causes and effects leading to love; appearing in numerous MSS [Walther 22072]); (2) “Lex est defuncta quia indicio est iudicis est manus vncta / Propieter vnguentum Ius est in cercere tentum” (against corrupt judges; in numerous MSS [Walther 13695]); (3) “Alterus linge dic quis moderatur habenas / Vix est qui proprie possit habere modum” (from John of Salisbury’s verse dedication to the *Polycraticus* [*Policratici* 1: 8, lines 27-28]; also proverbial: see Walther 864); (4) “A gud Schorte Songe of this dete / This worlde es tornede up sodowne” (a couplet laid out on the page as an accompaniment the previous item; possibly resonant with Chaucer’s “Lak of Stedfastnesse” [*Riverside Chaucer* 654, esp. line 5]); (5) “To thynke it es a wondir thyng / Of this worldis mutabyltye / I ame matede in my mosynge / Of the variaunce the whilke pat I now see” (*NIMEV* 3778; unique witness).

33. * British Library, Add. 34360, fols 63–64

Note: Related to Harley 2251 (**item 20**); wants the last line of the eighth stanza. Not in eVK2.

Manuscript context: *BL Additions*. 1461-83 (*Bio-Bibliography* 82). An important Lydgate anthology, copied by the Hammond Scribe from a lost Shirley codex (see **item 20**).

Discussed with reference to Lydgate by Nolan, “Lydgate’s Worst Poem.”

34. * Edinburgh, National Library of Scotland Advocates’ 1.1.6, fols 73–74

Note: The Bannatyne Manuscript. eVK2 1861.00. In a Scots dialect. The poem contains several variant lines. Followed by proverbial verses ending in “-ly” (fol. 74; *NIMEV* 3087).

Manuscript context: *Bannatyne Manuscript*, ed. Fox and Ringler ix-xvii. 1568. Paper. 375 fols. A great deal of medical, moral, and didactic verse; many of the texts feature medical themes and content. George Bannatyne compiled the manuscript during an outbreak of plague. This MS is “A presentation manuscript, made for a select audience,” as opposed to the more individualized examples of commonplace books (Parker, “Importance of the Commonplace Book” 30). The “select audience” Parker alludes to is described more specifically by Goldstein as “the mercantile and legal classes of Edinburgh who shared a conservative taste for a variety of medieval literary forms—pious devotional lyrics, wisdom and morality pieces, anti-feminist satire, comic narrative and courtly love allegories” (252). See also the discussion of the MS and of the Bannatyne Club by Elliott (“Scottish Writing” 578-81). Of note: The *Dietary* is immediately preceded by “preceptis of medecyne” (fols 72^r-73^r), of which this is the unique MS witness. “Preceptis” is an English epitome of wisdom from the *Flos*, which it occasionally translates closely. Owing largely to its common ancestor, “Preceptis” strongly resembles the *Dietary* in tone and content. The numerous similarities among these texts deserve a fuller study, but obviously related lines include the *incipit*, “Quha wald thair bodyis hald in heill / Sowld with thir

thingis thre thame deill” (fol. 72^r), and the *explicit*, “Fra all excess to keip the ay / Sua may thow weill thyn awin lech be / And neur gar vthir be socht to the / Quhair thyn awin gouernance may hald thyn hele / Preiss neur with medicinaris for to dele” (fol. 73^r).

35. Edinburgh UL 205, fol. 190^{r-v}

Note: The Makculloch Manuscript. eVK2 1870.00. The *Dietary* was apparently inserted by a different hand (than Makculloch’s) in the late 15th c. or early 16th c. In a Scots dialect. Wants the first line of the fifth stanza.

Manuscript context: Borland. Dated 1477. Paper. 203 fols. The main part of the MS is the “student notebook” of Magnus Makculloch, compiled during his period of study in Louvain (Boffey and Edwards, “Literary Texts” 564). The *Dietary* is one of several poems in the Scots dialect—including works by Henryson and Dunbar—added on blank folios and flyleaves by another scribe in the late 15th c. or early 16th c. (Benson and Renoir; the catalogue specifies the early 16th c.).

36. Glasgow UL, Hunterian 259 (U.4.17), pp. 50–52

Note: eVK2 1866.00. Contains nine stanzas.

Attributed title / explicit: “Dietaria” (p. 50); “Explicit Dietaria” (p. 52) (*iMEV*).

Manuscript context: Young and Aitken 210–211. Late 15th c. (cf. third quarter of the 15th c. [Förster 180]). Vellum. 26 fols (possibly originally 32). In addition to the *Dietary*, this MS contains only Benedict Burgh’s *Parvus Cato*, in Latin and English, with an eight-line Envoy (*NIMEV* 3955). The Envoy is listed separately as item 2 in the catalogue. Compare the contents in this MS with Rawlinson poet. 35 (**item 8**).

37. * London, Lambeth Palace Library 444, fols 177^v–178^v

Note: eVK2 1867.00.

Explicit: “To all indefferent richest dyatorye / Wysdome is good to kepe.” (The last line is right-aligned, but it is not a catch-word or -phrase.)

Manuscript context: James, *A Descriptive Catalogue of the Manuscripts in the Library of Lambeth Palace: The Mediaeval Manuscripts*; Pickering and O’Mara, *IMEP* 11: 33-5, 84. A collection comprising four volumes composed in the 13th, 14th, and 15th centuries. The *Dietary* is in vol. IV. 15th c. In two hands: one is careful, compact, and calligraphic (responsible for the majority of the material in the vol.), and the other, later hand is hasty and cursive. The latter hand copied the *Dietary*. The section of the MS in which the *Dietary* appears contains numerous medical recipes in English and Latin. Part of the MS was copied by the scribe Hermann Zurke of Greifswald in 1451 (Voigts, “Scientific and Medical Books” 385).

38. London, Society of Antiquaries 101, fol. 43^{r-v}

Note: eVK2 1862.00. The catalogue identifies the *Dietary*, but says that the item consists of 20 stanzas; Mura clarifies: the MS contains a version of the *Dietary* broken into four-line stanzas (49).

Manuscript context: Willets; Mura. Second half of 15th c. Paper. 101 fols. “Political and religious verse, medical recipes, etc.” (Willets), with medical especially well represented. Indeed, medicine is “of great importance” to the scribe, one “Wardon” (Mura 47). Much of the MS (and most of the last third [fols 77^r–]) is given over to medical content, intermingled with a few texts on horticultural and political subjects.

39. Dublin, Trinity College 516, fols. 27^v–28^v

Note: eVK2 1844.00. Nine stanzas (*IMEV*). Appears to end with an irregular line.

Attributed title / last line: “de Guvernacione humane Nature” (fol. 27^v) / “Of gredy handis the stomake hath grat peyne” (*iMEV*).

Manuscript context: Abbott. For an updated list of notices see Colker. Also see Harriss and Harriss. 1460s and 1470s. Paper and parchment. 224 fols. The commonplace book of John Benet, containing numerous English poems. In addition to the *Dietary*, Middle English medical and scientific content includes precepts in “-ly” (27; *NIMEV* 324 [also see variations listed in the *NIMEV* entry]; eVK2 1098.00), which immediately precedes the *Dietary*, and some other short medical texts (eVK2 0598.00, 0574.00, 1939.00, 1791.00). “Verses” follows the *Dietary*. The *Dietary* is in the third quire, which was written in about 1460 (Harriss and Harriss 154-55, 155 n. 7). Reed identifies the MS as a commonplace book of the same type as Egerton 1995 (**item 17**) and Harley 2252 (**item 21**) (“Importance of the Commonplace Book” 38). Harriss and Harriss also identify the MS as a commonplace book, but differentiate it from other collections on several grounds: they reckon it is “more diverse and compendious than others of its kind” (154).

40. Dublin, Trinity College 537, fol. 74^{r-v}

Note: eVK2 8115.00. 17th c. Four stanzas plus five lines; ends imperfectly (*iMEV*).

NIMEV indicates that the “Doctrine” is located at fols 83-4, but Renoir and Benson point to 73^{r-v}. *iMEV* says the “Doctrine” begins at *page* 74, and is immediately followed by the *Dietary*. The “Doctrine” is almost always adjacent to the *Dietary* in MSS, so this is likely (but not certainly) the case here, despite the inconsistencies in page or folio numbering.

Attributed title / incipit: “Here followeth the governance of healthe.”

Manuscript context: Abbott. 17th c. addition. Contains the *Brut* and miscellaneous items on reforming the Church, etc. Perhaps the *Dietary* was copied from a printed edition?

41. London, Wellcome Library 8004, fols 83^v–84^v (*olim* Clumber)

Note: eVK2 1848.00. *NIMEV* identifies fols 84^v-85^v (following old numbering?). Listed in *iMEV* 824 as MS number 54, “Location Unknown [...] sold Sotheby’s 1937, Lot 1129.”

Incipit: In red, “ffor helth of mannes body here folos a gud trytis”

Manuscript context: Digital images of the complete MS are available on the Wellcome Library Website, <<http://library.wellcome.ac.uk/physicianshandbook.html>>, where it is identified as a “Physician’s Handbook.” This Website also contains the most recent and complete catalogue information. *Ca.* 1454. An attractive English medical compendium compiled for a physician.

42. Leiden, University Library (Bibliothek der Rijksuniversiteit), Vossius Germ. Gall. Q.9, fol. 99

Note: eVK2 1858.00. Contains the “Rules of Health” (“B”) version of the *Dietary*. There is no break between the “Doctrine” (fols 98^v-99; eVK2 8114.00) and the *Dietary* (*Register* 2: 389). Related to **item 24**.

Manuscript context: van Dorsten (analysis, 315-21; description of contents, 321-23). Last quarter of the 15th c. Paper and parchment. 135 fols. The work of three English scribes. An important Lydgate anthology. The MS contains many of the same texts, in the same order, as Lansdowne 699 (**item 24**), with similar variants (Van Dorsten 320). Textual analysis suggests that the two MSS were likely copied from a lost common anthology rather than one from the other (Van Dorsten 320). *Stans* (fols 96^v-98^v) precedes the “Doctrine” and related *Dietary*.

43. Bethesda, MD, National Library of Medicine Schullian 514 (*olim* [DeRicci Bond & Faye] MS 4), fol. 64^{r-v}

Note: eVK2 1845.00. Although *NIMEV* lists the location of the *Dietary* as fols 64-67, it also lists *Stans* at fols 65-66^v and the “Doctrine” at fols 66^v-67. Mayer, who provides the fullest and best account of the MS, locates the *Dietary* at fols 64^{r-v}, and the *Stans* and “Doctrine” at the same folios as they appear in *NIMEV*. It seems, then, that the *Dietary* occupies the recto and verso of 64, and is followed by *Stans*, and then (in irregular fashion) by the “Doctrine.” This is the only MS in which the “Doctrine” is not adjacent to the *Dietary*, and one of only two (with Bodleian Laud misc. 683 [**item 1**]) in which it follows that text. A gloss quotes from the same lines of the *Flos* as Cambridge, Trinity College, B.11.24 (**item 14**).

Incipit: “Si tibi deficit medice, medici tibi fiant et sint haec tria metres leta” (gloss, qtd. in Mayer 384; cf. **item 14**).

Manuscript context: Schullian and Sommer; de Ricci, Faye, and Bond; Mayer. The most thorough description of the MSS’ contents is by Mayer. 15th c. Paper. 117 fols. An important medical MS, mainly in English, including John of Burgundy’s “Treatyse agayn the pestilence” (fols 17-18^v; eVK2 2180.00); many recipes, mainly in English (fols 18^v-46^v, 60^r-62^v, 67^v-75^r, 77^r-81^v, 82^r-88^v, etc.); English treatises on urine (fols 47-57^r, 57^v-60^r, etc.), etc. The *Dietary* is followed by *Stans* (fols 65^r-66^v), and *then* by the “Doctrine” (fols 66^v-67^r).

44. San Marino, CA, Huntingdon Library, HM (*olim* Hawkins) 183, fol. 5^v (Article 4)

Note: eVK2 1858. Possibly contains “Doctrine” at “Article 4” (per *iMEV* 4112).
Additional lines (see below, Explicit).

Explicit: “And all sayntes reioisying in þe trinyte / Bryng vs to þat hy glorious towre” (*iMEV*).

Note: de Ricci, Faye, and Bond; Dutschke. Compiled in the 19th c., but includes nine 15th-16th c. items (Dutschke; but cf. de Ricci et al., identifying 3). Paper. the *Dietary* was copied in *ca.* the second half of the 15th c.

45. Cambridge, Fitzwilliam Museum 261, fols 30–32?

Note: eVK2 1846.00. *NIMEV* specifies fols 30-32, whereas Renoir and Benson and *iMEV* specify fols 30^v-32^v. The entry in Rand, *IMEP* 18, appears to verify the latter designation.

Attributed Title: “Here foloweth the most Riche dietarie” (fol. 30^v) (*iMEV*).

Manuscript context: Rand, *IMEP* 18: 51-54, 89. (Not in M.R. James’ *Descriptive Catalogue of the Manuscripts in the Fitzwilliam Museum.*) *ca.* 1500. A medical manuscript containing numerous regimens and recipes against plague. “Probably made after the accession of Henry VII for his mother, Lady Margaret Beaufort [...] whose arms and badge occur” (Rand, *IMEP* 18: 54). The *Dietary* appears to follow a recipe for theriac (which gives as its stated purpose the dispelling of pestilential air; fol. 29^v) and ten recipes against plague (30^v).

46. Oxford, Bodleian Library, Lat. theol. d.15, fols 132-133

Note: eVK2 1859.00.

Attributed Title: *Dietarium salutis* (fol. 132) (*iMEV*).

Manuscript context: Clapinson 853-54 (no. 48024); Dickens. Compiled, in stages, before 1565. The commonplace book of Robert Parkyn. *Ca.* 157 fols. Theological content in Latin and English, including texts by Richard Rolle. Dickens says of the *Dietary* that, “like other late versions,” it “shows many variations from the best texts; [Parkyn] included only stanzas 4 and 13-21 of the version printed by the Early English Text Society” (59). In other words, it contains the “A” version of the *Dietary*.

47. Cambridge, Trinity College, O.2.13 (1117), fols 132^v; 132^r

Note: eVK2 1849.00, 1515.00. Folio backwards? “Damaged by damp” (*iMEV*).

Manuscript context: James 1117. The MS comprises eight volumes in various hands, dating from the 15th to 17th centuries. Numerous medical texts, in English and Latin, mingled with some other miscellaneous material in prose and verse. The *Dietary* is in vol. 4. Late 15th c. Prose contents described by Mooney *IMEP* 11: 9-10. The volume begins with the *Dietary*, which appears on a single leaf that, I posit, was inserted backwards. Complicating things, the writing is very faint. Thus, the item listed in eVK 1515.00, “Drink water at morrow before your appetite / [] clear vinegar? and walking make good digestion” (fol. 132), is actually the *continuation* of the *Dietary*, which begins on the verso (which should be the recto). Indeed, the lines provided in eVK2 1515.00 correlate—allowing for the faintness of the text—with the first lines of the ninth stanza of the poem: “Dyne not at morow byfore thyne appetite / Clere ayre and walkyng makyn gode digestioun” (Sloane 3534, fol 3^r). The “Tretys” is at fols 179-81 (*NIMEV* 2627; eVK2 7657; see the Introduction to this dissertation, 8, n. 34). The remainder of the vol. is filled with “Two collections of Receipts, mostly in English” (James).

48. British Library, Cotton Titus D.XX, fols 93–94 (begins imperfectly)

Note: Begins at line 35 (Renoir and Benson; *iMEV*). Not in eVK2.

Manuscript context: Planta. In 8 vols. Paper and parchment. 194 fols. Miscellaneous collection of texts in Latin and English, beginning with Alexander Neckam’s *De nominibus utensilium* (fols 1 - ca. 65; Keiser 549), a teaching text, in Latin, with Middle English interlinear gloss and marginal commentary. *De nominibus* is printed by T. Wright in *A Volume of Vocabularies* (96-119). Wright dates the MS to the end of the 13th c., but it is unclear to which volume of the MS he is referring (*Volume of Vocabularies* 96, n. 1). The *Dietary*, probably scribed mid-15th c., is not noticed in the Cottonian catalogue. The

Dietary is copied after a list of parishes, towns, etc., and precedes Lydgate's "Verses" (located at fols 94-96 according to *NIMEV* 3632, but beginning fol. 91 according to the catalogue).

49. Nottingham UL Mellish LM 1 (Me Lm 1), fol 1^{r-v}

Attributed Title: "A dietarie for the body" (fol. 1) (*iMEV*).

Manuscript context: Davis. 15th c. 176 fols. The "Rushall Psalter." Latin with vernacular content including three short items at the beginning of the MS. After the *Dietary*, we find "Verses" (fols 1^v-2^v, in prose), then a stanza from *Fall of Princes* (fol. 2; *NIMEV* 674) and Chaucer's "Truth" (fol. 2; *NIMEV* 809).

50. London, Wellcome Library, 406 (*olim* Loscomve, *olim* Ashburnham 112), fols 39^v-40^v

Note: eVK2 1857.00. Variant. *Ca.* 1575.

Attributed title: "Antidotarie of helthe" (39^v).

Manuscript context: Moorat. 15th and 16th centuries. 48 fols. A medical MS. The first section of the MS was compiled in the 15th c. and early 16th c., by two (?) different hands, and the second section—which includes the *Dietary* and a number of recipes—in the later 16th. Dolan describes the MS as Hiberno-English (20).

51. London, Wellcome Library, 411, fols 2^v-3^v

Note: eVK2 1852.00.

Attributed title: "Dietarium salutissimum" (2^v; as a rubric?); "Explicit dietarium salutissimum" (3^v).

Manuscript context: Moorat. Late 15th c. 63 fols. A medical MS in English and Latin, containing some verse. The *Dietary* is preceded by a poem on prognostication (fols 1-2; begins imperfectly; *NIMEV* 1905; eVK2 0329.00). The poem also appears, possibly in the same imperfect form, in Harley 2252 (**item 21**). Following the *Dietary* is a text on lucky and unlucky days (fols 4-9; eVK2 7262.00, 6719.00).

52. Rome, English College A.347 (also 127 and 1306), fols 86^v–87^v

Note: eVK2 1843.00, noting that the text is incomplete, identifies fols 86^v-87^v (with *NIMEV* and Klinefelter). Renoir and Benson list the end folio as fol. 88^v; *iMEV* points to fol. 87^v as the start.

Manuscript context: Klinefelter. Robbins, “Middle English Diatribe.” Klinefelter dates the MS to between 1436-1456 based on an analysis of watermarks. A large and typical literary miscellany featuring Lydgate’s works, including *Life of Our Lady* (fols 1-65; *NIMEV* 2574).

53. *Delete* [per *NIMEV*]

54. Edinburgh, National Library of Scotland, Advocates’ 23.7.11, Part G, fol. 66

Note: eVK2 1868.00. The first stanza alone, rendered as two quatrains, “added to flyleaf with pentrials” (Web IMEV).

Manuscript context: National Library of Scotland, *Summary Catalogue of the Advocates’ Manuscripts*. Listed in the catalogue with manuscripts whose content is mainly scientific, specifically having to do with astronomy and astrology (no. 1672, p. 126). The entirety of the description: “Astronomical and astrological notes and tables. 14th and 15th cent.” Contains miscellaneous recipes in English and Latin, noticed by Voigts, “What’s the Word?” 821.

55. Lille University Library 204, fols 1–2

Note: Not in eVK2.

Incipit: “here begynnyth A lyttyl trefy off gud / governans for a manys body” (Gray 245).

Manuscript context: As described by Gray: “The Catalogue notices the existence of a Middle English poem, but does not identify it. Most of the manuscript is taken up with the French translation of selections from Bartholomaeus Anglicus’s *De proprietatibus Rerum*. The *Dietary* is followed by two English medicinal recipes ‘ffor the ston and the strangulyoun’ and ‘ffor the dropsye’” (Gray 245). The MS also contains an English translation of the Latin charm, *Longeus miles*.

56. British Library, Harley 116, fol. 166^{r-v} (in disarranged order)

Note: eVK2 2600.00, 3302.00. Eight stanzas, appearing in this order: 2, 1, 8, 9, 3, 6, 5, 10 (Renoir and Benson 36; formerly accorded its own entry in *IMEV* (1418), but now combined with 824 [*Dietary*] in *NIMEV*). This version is followed by or contains associated lines on proverbial wisdom in “–ly” (fol. 166^v?; *IMEV* 1418; cf. *NIMEV* 3087). See **item 57**, the other known witness of this version.

Manuscript context: *Catalogue of the Harleian Manuscripts in the British Museum*; Boffey, “Short Texts” 73-76. 1450-75 (*Bio-Bibliography* 82). Parchment. English poems. In different hands. Major items in the MS include Hoccleve’s *Regiment of Princes* (fols 1-97^v; *NIMEV* 2229), Benedict Burgh’s “Cato Major” (fols 99-124; *NIMEV* 854). A Lydgate anthology. The *Dietary* is framed by medical texts. Before: a medical text beginning, “I saw in the secrets of Aristotle” (fols 162-65^v; eVK2 2516.00); after: six medical recipes in English (eVK2 5844.00). These six are later additions, which Boffey observes were “spawned” by the *Dietary* (“Short Texts” 74).

57. London, Lambeth Palace Library 853, pp. 182-185 (in disarranged order)

Note: A variant version, same as **item 56**. This version is followed by or contains associated lines on proverbial wisdom in “-ly” (185; *iMEV* 1418; cf. *NIMEV* 3087). Not in eVK2.

Manuscript context: James, *A Descriptive Catalogue of the Manuscripts in the Library of Lambeth Palace: The Mediaeval Manuscripts*; Pickering and O’Mara, *IMEP* 13: 59-60. 15th c. (cf. middle or third quarter of the 15th c. [Förster 180]). Vellum. 119 fols. A major collection of religious, moral, and political, and didactic poems, much of it apparently intended for children. The *Dietary* is embedded in a section of didactic texts for children, including *Stans* (pp. 150-55). The lines following (and presumably associated with) the *Dietary* are catalogued in eVK2 (4526.00), but not the poem itself. Boffey draws attention to the religious lyrics in the MS (“Short Texts in Manuscript Anthologies” 79).

58. Location unknown. Private collection, pp. 222-24 (*olim* Duke of Gloucester, sold Christie’s, 2006, 26-27 Jan. 2006, lot 501; *olim* Schwerdt, sold Sotheby’s, 12 Mar. 1946, lot 2254)

I thank Prof. Linda Ehram Voigts for her generous assistance in helping me identify and research this MS.

Note: eVK2 1855, identifying “London, Private Collection MS 45.” Not in *NIMEV*. *iMEV* 824/55 loses track of the MS after the Sotheby’s sale of 1946.

Manuscript context: Information on this MS, including a detailed contents list, is available on the Christie’s Website: <http://www.christies.com/lotfinder/lot_details.aspx?intObjectID=4654654>. Vellum. Third quarter of 15th c. 142 fols. Features *The Master of Game*, a book on hunting (pp. 12-157; eVK2 6844.00; incomplete). It also contains recipes, as well as texts on veterinary medicine (pp. 159-61 [eVK2 5270.50]; 198-219 [eVK2 681.00]; 261-85 [eVK2 4888.00]), the keeping of animals (e.g. on hawks, pp. 259-

61 [eVK2 7439]), and reckoning the equinox (pp. 251-58 [eVK2 2515.00]). The *Dietary* is preceded by a section on veterinary medicine from the *Book of Marchalsi* (pp. 219-221 [3544.00]), and is followed by *Super Palladium* (pp. 225-250 [eVK2 6918.00]), a treatise on aboriculture (i.e., the art or science of the care and study of woody plants) (in English, trans. from Latin original by Godfrey of Franconia).

EARLY PRINTED EDITIONS

- 60.** *Gouvernayle of Helthe*. Westminster: William Caxton, 1489. [Second of two items.] STC 12138.
- 61.** *Gouernall of Helthe with the Medecyne of the Stomacke*. London: Wynkyn de Worde, 1506. STC 12139. [Repr. of Caxton.]
- 62.** *Kalender of Shepherdes*. London: Richard Pynson, 1506. STC 22408. Reprinted numerous times.

MODERN PRINTED EDITIONS

By manuscript, numbered as above (i.e. per *NIMEV*).

- 5.** Shuffleton, George, ed. *Codex Ashmole 61: A Compilation of Popular Middle English Verse*. TEAMS Middle English Text Series. Kalamazoo: Medieval Institute Publications, 2008. 277-79.
- 7.** *Secular Lyrics* 73–6.
- 13.** Skeat, Walter W., ed. *The Bruce; or, the Book of the Most Excellent and Noble Prince, Robert de Broyss, King of the Scots*. EETS ES 21. London, 1874. 537-40.
Skeat, Walter William, ed. *The Bruce* [...]. Scottish Text Society 32. Edinburgh: Blackwood, 1894. 215-18.
- 20.** Halliwell, James Orchard, ed. *A Selection from the Minor Poems of Dan John Lydgate. Early English Poetry, Ballads, and Popular Literature of the Middle Ages*. Vol 2. London: Percy Society, 1840. 66-9. Repr. Neilson, William A., and

- Kenneth G.T. Webster. *Chief British Poets of the 14th and 15th Centuries*. London: Dutton, 1916. 221-2.
24. MacCracken, ed. EETS OS 192. 2: 703-7. [Collation from item 42.] Repr. Rawcliffe, ed. *Sources for the History of Medicine* 80-1; Byrne, ed. *Black Death* 164-66 (in Modern English translation).
- Bühler, "Rules of Health" 51-56. [Collations from items 1, 6, 30, Sommer's reprint of *Kalender of Shepherdes* {see below, no. 62}, and Blades' introduction to his reprint of Caxton's *Gouernayle of Helthe* {see below, no. 60}.]
44. Brydges, Sir Samuel Egerton, ed. *Censura Literaria*. Vol. 7. London: Longman, 1808. 345-9. [Collation from item 20.]
21. Frost, U. *Das Commonplace Book von John Colyns. Untersuchung und Teiledition der Handschrift Harley 2252 der British Library in London*. Frankfurt am Main, 1988. 102. [Not seen.]
29. Förster 182-92. [Collations from items 7, 8, 13, 15, 20, 28, 34, 36, 57, and 62.] [NIMEV states incorrectly that Förster works primarily from item 28.]
34. Fox, Denton, and William A. Ringler. *The Bannatyne Manuscript: National Library of Scotland Advocates' MS. 1.1.6*. London: Scolar Press, in Association with The National Library of Scotland, 1980. Facsimile.
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- Ritchie, William Tod, ed. *The Bannatyne Manuscript*. Scottish Text Society ns 22. Edinburgh and London: Blackwood, 1928. 178-80.
35. Stevenson, George. *Pieces from the Makculloch and the Gray MSS. Together with The Chepman and Myllar Prints*. Scottish Text Society 65. Edinburgh: William Blackwood and Sons, 1918. 30-2.
57. Furnivall, ed., *Babees Book* 54-59. [With Latin *Dietarium* from item 29.] [NIMEV states inaccurately that Förster works primarily from item 56.]
- Stevenson, George. *Pieces from the Makculloch and the Gray MSS. Together with The Chepman and Myllar Prints*. Scottish Text Society 65. Edinburgh: William Blackwood and Sons, 1918. Note IX (296-7).

- 60.** Blades, W., ed. *The Gouernayle of Helthe: With The Medecyne of Be Stomacke*. London, 1858. [Collations from **items 20, 24, 28**; an edition of 55 copies {Bühler 51}.]
- Sowers, Roy Vernon, ed. *A Dyetary, or, The Medicine of the Stomach, as Printed by William Caxton in 1489*. Oxford: Daniel Press, Bodleian Library, 1963.
- 62.** Sommer, H. Oscar. *A Faithful Reprint of R. Pynson's Edition of London 1506, Edited with a Critical Introduction and Glossary*. Vol. 2. London, 1892. 118-21. [An edition of 300 copies {Bühler 51}.]

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Additional 31042

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Harley 2251

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444

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