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University of Glasgow
Department of English Language

M. Phil. Thesis

**An analysis of the language and style of a late-medieval
medical recipe book; Glasgow University Library MS
Hunter 117.**

Marie Claire Jones

January 1997

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Abstract

This dissertation is a textual analysis of a fifteenth-century medical recipe book, Glasgow University Library MS Hunter 117. The language of selected texts is analysed and a general structure for the texts is established. The linguistic features discussed may have aided the medieval practitioner to make practical use of a book which initially seems too random and disorganised to be of any assistance in the work of a doctor.

The approach to the texts is influenced by modern techniques of discourse analysis, and is intended to illustrate aspects of the levels and use of literacy by members of a professional class in the later Middle Ages. Such linguistic study helps to define potential audience, which is a problem for many scholars dealing with medieval medical and scientific texts.

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Introduction

Peter Murray Jones poses the question: ‘What use would a fifteenth-century medical practitioner have for written information?’¹ He goes on to answer this question by his analysis of a fifteenth-century medical ‘commonplace book’, Harley MS 2558. However, when considering further examples of this type of book, the modern reader is frequently faced with another question: How would such a medical practitioner make use of the written information available to him?

A number of studies have been undertaken on medieval medical recipe books, mostly in the form of editions, but also including some short studies about the ownership and composition of such books.² However, other than a few vocabulary studies, and some recent discussion of bilingualism,³ the language of such texts has been virtually ignored. Although these books cannot be said to have much literary merit, they serve as clear examples of books in use during the late-medieval period, and as such provide insights into the use of language and the written word by a section of the professional classes.

Some recipe books are structured for ease of reference. Many follow the principle of ‘de capite ad pedem’; remedies for the head are listed first, followed by remedies for the neck, and so on down to the feet. Others are compiled on what Jones has termed the ‘commonplace book principle’. Each heading is allotted a share of material (membrane or paper) and then information, recipes and notes are added below these headings.⁴ These books were frequently copied, and in the copying process the signs of this type of compilation, such as gaps in the text and ink changes, disappear. Many other books, however, seem to have been copied on a much more random principle, rather like a notebook in which recipes and notes have been copied down as they came to hand, without being allotted particular space in the book. Fair copies of this type of book appear to be chaotic in structure, and present a daunting task to the modern reader, accustomed to tables of contents, indices, clear chapter headings and the like. The purpose of this study is to look at the language of one such book and to establish the linguistic features of selected

texts which may have aided the medieval practitioner to navigate his way around the book and to use it as a daily tool of reference.

Recipes have been selected for analysis under a number of different headings: specific ailments, such as eye diseases or broken bones; therapies such as unguents or Gracia Dei; prognosis and diagnosis, and descriptions of disease. These form a sample representative of all sections of the book. Sections on the use of Latin, and 'efficacy phrases' are taken from a larger sample, and are intended to give a general overview of these features in the book as a whole.

Analysis of the language of this type of book will illustrate aspects of the literacy practices of late-medieval medical practitioners; linguistic and extra-linguistic cues which help to make sense of texts which are so randomly organised as to be virtually unusable to the modern reader. Modern techniques of discourse analysis, although not overtly used in this thesis, have been influential in my approach to these texts. In particular, I have adapted techniques of analysis of schematic structure in terms of stages from those proposed by Hasan,⁵ and those applied to modern recipe texts by Eggins.⁶ Concepts, if not practice, from theories of genre analysis as defined by Swales and Bhatia have been adapted to explain certain aspects of the language and structure.⁷ Such an approach will give a broader view of the type and use of language in such books than has been seen previously.

Note on quires VI and VII

These quires are distinct from the first five in a number of ways. They are not connected by continuous text; quire V finishes with a list and some blank space, and quire six begins in different ink with a new recipe. Although the hand is the same, style of rubrication varies; rather than fully rubricated titles, many are simply underlined, or indicated with red paragraph marks. Quires VI and VII show a much higher incidence of English than the preceding five quires; for example, in the case of 'stock' phrases used as **Efficacy phrases**,⁸ the proportion of these phrases in English to those in Latin is significantly higher in quires VI and VII than in quires I to V. It seems likely that these quires were compiled separately from different sources, and although copied by the same scribe, did not originally form part of the codex as it now exists.

Note on the text

For clarity, transcriptions from the manuscript in the body of the dissertation have been adapted for ease of reading; abbreviations have been expanded silently, medieval punctuation has been removed and replaced with modern punctuation where necessary. A full transcription of the texts referred to can be found in the appendix. The symbol ‘℥’ has been used in place of the manuscript symbol for ‘dragme’, and oz for the symbol for ‘ounce’.

Acknowledgements

Special thanks must go to my supervisor, Dr Kathryn Lowe, for help and support above and beyond the call of duty. I would also like to thank Dr John Corbett for his help with numerous issues of discourse analysis. Dr Jeremy Smith was, as ever, enthusiastic and helpful with the numerous points and issues with which he was confronted. Dr Carole Hough read through a large part of the thesis and made a number of valuable points which were greatly appreciated. I am grateful to all the members of the staff and postgraduate community of the English Language Department at Glasgow for providing a supportive and friendly environment in which to work, and thanks in particular to Professor Graham Caie, Professor Christian Kay, Chris Fee and Carl Grindley.

Professor Linda Voigts of the University of Missouri-Kansas City has been a tremendous help throughout this study, and her enthusiasm and expertise has been an inspiration. Other scholars in this field have also been generous with their time and knowledge; I would especially like to mention Irma Taavitsainen.

I have been very fortunate in having access to the Hunter Collection at Glasgow University Library, and am grateful to the staff of Special Collections, who were, without fail, friendly and helpful at all times. The staff of the STELLA lab, Jean Anderson and Ann Gow, have been more than generous with their time and expertise.

Personal thanks go to my family for support on all levels, and also to John Ford, who proof-read several sections, listened to many of my ideas, and discussed them with a knowledge and enthusiasm for which I am very grateful.

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- 1 Peter Murray Jones, 'Harley MS 2558: A Fifteenth-Century Medical Commonplace Book', in *Manuscript Sources of Medieval Medicine: A Book of Essays*, ed. by Margaret R. Schleissner (New York: Garland, 1995), pp. 35-54. (p.35).
 - 2 For examples of this type of study, see Jones (note 1), and Linda Ehlers Voigts, 'A Doctor and his Books: The Manuscripts of Roger Marchall (d. 1477)', in *New Science out of Old Books: Studies in Manuscripts and Early Printed Books in Honour of A. I Doyle*, ed. by Richard Beadle and A. J. Piper (Aldershot: Scolar, 1995), pp. 249-314.
 - 3 See 'A Review of the Literature' later in this chapter for a discussion of such studies.
 - 4 Jones, p. 41.
 - 5 Halliday, M. A. K. and Ruqaiya Hasan, *Language, Context and Text: Aspects of Language in a Social-Semiotic Perspective*, 2nd edn (Oxford: Oxford University Press, 1989), Chapter 4, pp. 52-69.
 - 6 Suzanne Eggins, *An Introduction to Systemic Functional Linguistics* (London: Pinter, 1994).
 - 7 John Swales, *Genre Analysis: English in Academic and Research Settings*, Cambridge Applied Linguistics Series (Cambridge: Cambridge University Press, 1990); Vijay Kumar Bhatia, *Analysing Genre: Language Use in Professional Settings* Applied Linguistics and Language Study Series (London: Longman, 1993).
 - 8 See section on **Efficacy Phrases**, Chapter 3.

Chapter 1

1: Review of the literature concerning late-medieval medical texts.

2: English medicine in the later Middle Ages - an overview.

1: Review of the literature concerning late-medieval medical texts.

The study of vernacular medieval medical texts attracts scholars from a number of disciplines, including the history of medicine, social history, historical linguistics, palaeography and codicology. This variety means that there are many different approaches taken to these texts, and the literature available reflects this. Recent developments in the study of medieval literature and language have given rise to a new discipline, which may be termed ‘historical sociolinguistics’, and much of the work being undertaken on medical texts from this period could be said to fall into this category.

Innovations in the fields of discourse analysis and sociolinguistics have helped pave the way for new approaches to medieval texts. There is now a trend towards a more ‘holistic’ and practical approach to historical study, rather than a focus on ‘aesthetically pleasing’ literature. The success of Michael Clanchy’s book *From Memory to Written Record* has illustrated the value of a thorough and reasoned approach to the pragmatic uses of written language.¹ This is especially true of research into literacy, which aims to study the actual use of written language in the day-to-day lives of a community. It is also important to consider all types of text when looking at concepts of register and genre.

The literature which has been written on medieval medical texts is frequently characterised by pleas for further study; in his 1970 survey of manuscripts containing Middle English medical texts, Robbins described the field as ‘a Yukon territory crying out for exploration.’² More than twenty years later, phrases such as Voigts’ ‘the vineyard wants workers, and they will be welcome at any hour of the day.’³ are still not unusual. Recent advances in surveying and cataloguing material should, however, mean that the scholar wishing to pursue research in this field will have a far easier task in finding relevant and useful material than was the case even ten years ago.

There are a number of different types of study, covering a broad range of texts and interests. For the purposes of this dissertation I have limited this review to those

which deal either with broad surveys of the field, late-medieval remedy books or specific linguistic issues.

Surveys

Any linguistic study of medieval medical texts has been hampered by the lack of information on the quantity and type of material available; until recently, the only survey of surviving manuscripts containing medical texts was that undertaken by Singer in the early part of this century.⁴ This handlist has now been shown to have a number of errors, and is limited in its use, but was an essential starting point for further study.⁵ Later views included a brief mention of medical texts in Bennett's survey of scientific prose,⁶ but of greater significance was Robbins' invaluable overview of medical manuscripts in Middle English. This served to update the part of the Singer survey which dealt with vernacular English texts.⁷ The most recent survey has been conducted by Linda Ehrsam Voigts, in which she uses material from over 1,500 manuscripts containing Middle English medical texts. This has been made possible through compiling and cataloguing these manuscripts onto one database.⁸

General overviews

The inclusion of both scientific and medical prose in *Middle English Prose: A Critical Guide to Authors and Genres* indicates that pragmatic texts are beginning to be recognised as a valid subject of study within the canon of medieval English literature. In the chapter on 'Utilitarian and Scientific Prose', Laurel Braswell describes the 'late medieval compulsion to transmit information to laymen in the vernacular'; a compulsion which was spearheaded by those working in the fields of science and medicine.⁹ The large increase in the number of such texts in the vernacular indicates a sense of urgency in the need to make knowledge available to the population outside those literate in Latin. As with studies of medical texts, Braswell notes that a number of scientific works can be shown to have belonged to laymen as well as professionals.¹⁰ Linda Voigts' chapter 'Medical Prose' in the same work asserts the importance of placing vernacular medical texts into context, requiring a knowledge of the history of

medicine of the period, as well as an awareness of the Latin and Anglo-Norman medical works also in circulation.¹¹ She makes several suggestions for further study of these texts within the field of the history of English. Obvious subjects for study are the practices and criteria used in the translation and adaptation of Latin works for an English audience, but Voigts also suggests others: the relationship of the development of medical prose and that of Chancery Standard; the connection between prose and verse in medical texts; the extension of the technical capacities of English, not only in vocabulary, but also in grammar. This follows from her earlier article discussing the editing of medical texts, where she encourages further editing of more learned works, rather than recipe books, which she considers have received a disproportionate amount of attention.¹²

Voigts' most recent published work gives a brief overview of the vernacularisation of medical and scientific texts in fourteenth and fifteenth century England, and then proceeds to discuss her work in progress (with Patricia Deery Kurtz) on the *Catalogue of Incipits of Scientific and Medical Writings in Old and Middle English* (VK).¹³ This will complement the Thorndike/Kibre *Catalogue of Incipits of Medieval Scientific Writings in Latin* (TK), possibly the most important research tool for the study of medieval science and medicine. Voigts notes that there is still no comprehensive study of the body of scientific writing in any medieval vernacular. The aim of the VK catalogue is to facilitate such a study, and studies in the field as a whole. It will enable scholars to be reasonably certain that all surviving copies of a particular text will be listed. She gives brief details of the form and structure of the catalogue, and also its relationship to the *Index of Middle English Prose* (IMEP).

Indexing

The issue of indexing medical texts, and especially recipe books, for projects such as *IMEP*, is one which has proved a thorny problem for a number of scholars. The VK catalogue may go some way towards resolving some of these difficulties. Hargreaves states that the initial intellectual problems facing the scholar of medical prose, and recipes in particular, are those of classification and arrangement.¹⁴ This is

especially the case given the criteria laid down for *IMEP*. Recipe collections are not easily indexed, given the number and frequently very short length of the texts, but it is impractical to index each recipe individually.¹⁵ Hargreaves suggests that English recipe collections tended to follow the classical Latin arrangement of listing recipes in the form known as ‘de capite ad pedem’: starting with remedies for illnesses of the head and working down the body, rather than being randomly accumulated. He suggests that this can be used as a basis for indexing these collections. However, Rand Schmidt disputes Hargreaves’ rationale in her recent analysis of the same problem.¹⁶ Her findings show that rather than following the ‘de capite ad pedem’ form which Hargreaves suggests, recipe collections tend to be far less orderly. If this is the case, then following *IMEP* guidelines would leave large sections of text unaccounted for, as many recipes would not fall under banner headings and so would not be included. Rand Schmidt’s study of Eldredge’s volume on the Ashmole collection shows that the repetition in opening sequences of collections, which one would expect if Hargreaves’ theory was correct, is in fact quite rare.¹⁷ She suggests solutions to the *IMEP* indexing problem, involving a change in the guidelines. Three possible options are put forward: maintaining the status quo, which has been shown to be inadequate; index recipes in full, which is impractical; or, as Rand Schmidt advocates, to transcribe the first ten to fifteen words of each recipe, thus creating something of a first line index. Rand Schmidt also notes some problems with the VK index, in that the records are not as comprehensive as would be ideal. Recipes are entered in groups, with some selected for individual indexing, if they cover an area which Voigts and Kurtz considered worthy of special mention. This means that the VK index will hence be of more use to scholars in particular fields than others.

Language Studies

Juhani Norri’s studies on the language of medieval English medical and chemical texts lead him to suggest that there existed a ‘special language’ of the type suggested by Sager, Dungworth and McDonald.¹⁸ This hypothesis is based largely on studies of vocabulary, rather than any other linguistic features. Although the evidence

from vocabulary certainly indicates rapid growth in this area, Norri is vague about his definition of, and criteria for, a ‘special language’. He appears to suggest that medical writers in the Middle Ages selected a particular register for their purpose, in a similar way to that proposed by scholars working with modern scientific and medical texts. Although evidence adduced by other scholars suggests that this is possible,¹⁹ Norri’s work as it stands is insufficient to support such a hypothesis. His observation that ‘the study of special languages is still in its infancy, particularly as regards the history of special languages’, is, however, valid and should inspire further research in this area.²⁰

Norri bases his studies on editions of recipe books, such as those by Ogden and Dawson.²¹ Very little work has been done on specific linguistic aspects of more learned texts. Björn Wallner’s study of some of the language of the Middle English translation of Guy de Chauliac’s *Anatomy* is also restricted to vocabulary, in this case plant names and the possible etymologies of some medical terms. Although in isolation the studies are of limited interest to linguists, they serve to provide useful evidence for those embarked on a more comprehensive study.

The work currently being undertaken in Helsinki on ‘Scientific Thought-Styles’ is one of the first large scale studies of medieval medical language. Through its comprehensive nature it will potentially provide more compelling evidence for the emergence of a ‘special language’ of medieval science than that given by Norri. Following Voigts’ suggestion of categorising medical prose by means of a continuum between the learned academic translation of classical texts and popular household recipe books, the study focusses on comparisons of language styles between different types of text. This involves analysis of linguistic features such as voice, sentence structure and mood, as well as other features such as citation of authorities. Preliminary findings include a higher incidence of the passive voice and complex sentence structure in the learned texts than the recipe collections, as might be expected, given the Latin exemplars of most of the learned texts. However, there are features shared by texts at both ends of the scale, for example citations of classical authorities, most commonly in the active simple present tense, ‘X says; X speaks’, etc. These are common in the learned texts and much rarer in the popular collections; rather than

authorities the recipe lists will emphasise the tested empirical nature of the information transmitted using assurances of the efficacy of the remedies.²²

Getz's research into the Middle English translations of the works of Gilbertus Anglicus leads her to dispute Robbins' assertion, made in his survey of Middle English manuscripts, that only Latin texts were to be associated with university-trained physicians in the fourteenth and fifteenth centuries.²³ She cites Robbins' own work to show that in the fifteenth century some graduate physicians owned medical texts in English.²⁴ She also questions the belief held by some medical historians that English and Latin texts can be said to represent two differing medical traditions. She considers translation practices and the evidence they provide for the existence of adaptation and editorial decision by the compiler according to the nature of the projected audience. Her conclusions are similar to those reached by Jasin in her study of Henry Daniel's *Liber Uricrisiarum*; that there is clear evidence of adaptation in translations of medical texts, rather than a word-for-word copy.²⁵

In her later research, Getz studied the nature and motivations of the translation process;²⁶ she examines the concept of translation as an act of charity, creating a type of 'medical sermon'. She maintains that texts in English were not simply 'folk medicine given a voice', but rather a widening of the audience for learned texts. This implies that England had two learned textual traditions which were not necessarily discrete, as can be seen from Voigts' work and from book ownership evidence. Getz also suggests that the increased activity in translation into English had the effect of changing the nature of both Latin physic and medieval writing in general.

Manuscript Studies

Joanne Jasin's work on a fifteenth-century Wellcome manuscript of the *Liber Uricrisiarum* gives clear evidence for the development of the use of the vernacular to give access to medical works to lay practitioners as well as university educated physicians.²⁷ The *Liber Uricrisiarum* is unusual and very useful in its initial statement of rhetorical purpose. The compiler, Henry Daniel, noted the unavailability of medical works in English and set out to remedy this situation. He was aware of the limited

capacity of English as it stood to express certain concepts.²⁸ As Getz found in her study of English texts of Gilbertus Anglicus, he goes some way towards solving the problem through careful editing and translation practices geared towards the needs and abilities of a particular audience. Daniel's adaptation is characterised in part by his use of synonyms, glosses, and analogy but especially by his heavy use of etymology.

The numerous etymologies...function as both a rather sophisticated method of translation and a creative - and learned - response to the linguistic challenge Daniel encountered in producing the *Liber Uricrisiarum*.²⁹

Comparison with the source text shows that Daniel modified his text heavily, that he had a distinct purpose in mind and adhered to this as a governing principle. Jasin's later article develops this theory, describing Daniel's work as 'an example of technical prose that plainly seeks to broaden the medieval audience for academic texts to include the uneducated practitioner, adapting prose style accordingly.'³⁰

A number of remedy books have been edited, for example, those by Dawson, Henslow and Ogden.³¹ Although these provide valuable source material for linguistic study on this type of text, they are not always as easy to use as might be hoped. Older editions such as those by Dawson are rarely indexed, and the notes, though of interest, are not always clear. Ogden's edition of the *Liber de diversis medicinis* does, however, provide a useful glossary of technical terms.³² More recent editions include Talbot's study of the most common type of medical book - the *vade mecum*³³ - and herbals.³⁴ Two gynaecology tracts have also been edited, indicating a growing interest in the treatment and role of women in medieval medicine.³⁵ However, Rawcliffe suggests that Rowland's edition of *Medieval Woman's Guide to Health* is not always reliable and should be used with caution.³⁶ Other studies look at the manuscripts in terms of ownership, and what can be established about medical practice from these books.³⁷ Peter Murray Jones' study of Harley MS 2558 is of particular interest to those interested in compilation practices and literacy. It is a study of a rare commonplace

book of medical recipes and information written by a practitioner, Thomas Fayreford, for his own use and that of others. It may shed light on the nature of manuscripts such as Hunter 117, the subject of this study, which may be fair copies of this type of commonplace book. Voigts has undertaken a similar study of the 'doctor/book' relationship; this type of study reflects the move towards analysis of manuscripts and texts in context.³⁸

When Charles Talbot wrote his influential *Medicine in Medieval England*³⁹ he was unable to provide a bibliography for his chapter on vernacular texts. Recent years have seen a growing interest in the field, such that a review of this length has to leave out much valuable work. Developments in the techniques of pragmatics and discourse analysis of modern 'non-literary' texts are now being usefully applied to medieval literature, especially in medicine and science. Such an approach is likely to provide results of great interest in the near future.

2: English medicine in the later Middle Ages - an overview

- 1. Background - the classical tradition**
- 2. The Anglo-Saxon heritage**
- 3. The development of the medical profession in England**
- 4. Diagnosis and treatment**
- 5. Medicine, Religion and Magic**
- 6. Medical books in the later Middle Ages**

Introduction

Ideas about medieval medicine are often the stuff of fantasy.⁴⁰ Stories of leeches, bloodletting and curious potions are often more reminiscent of Macbeth's Weird Sisters than clinical medicine. Even in scholarly studies many long held myths are regularly propagated, so much so that eminent scholars have tended to dismiss medieval medical practice as nothing more than superstition and magic.⁴¹ However, the evidence available shows that in medieval Europe the theory and practice of medicine was much more complex and diverse.

One of the major criticisms of medieval medicine is that it was stagnant, showing no change or development of any real value in five centuries. It is indeed true to say that, in the realm of physic especially, the main principles of Western European medicine remained largely the same until after the sixteenth-century Renaissance, and persisted on a smaller scale for quite some time afterwards. In any study of late-medieval medicine it is necessary to look at the origins and transmission of these principles in order to understand why they were so popular and long-lasting, even in the face of their failure to have any effect on many of the illnesses of the time, notably the plague.

1. The Classical tradition

Western European medicine in the Middle Ages was based on principles handed down from Classical Greece. These were so influential that a number of the names of the most eminent writers survive in common usage to this day, most notably in the Hippocratic Oath taken by new doctors. Approximately sixty treatises ascribed to Hippocrates survive, some dating from the late fifth- or early fourth-century BC, but it is now generally accepted that the elusive figure of Hippocrates himself, who is thought to have lived c.460-357 BC, was not the author. Indeed there was not one, but a number of different authors of the 'Hippocratic corpus', as it is still known. This also serves to explain the large number of contradictions and varying theories found from text to text in the corpus.

Classical medicine was fundamentally based on the Greek system of natural philosophy. An important tenet of this system was the concept of man as microcosm and the universe as macrocosm; elements of the one were reflected in the other. A number of medical theories developed from this concept. One of the theories which is found in a number of variations in the corpus is the Theory of Humours, which is the best known of the theories underlying medieval medicine.⁴² The different versions provide varying lists of humours and correlations, but they were generally linked to other 'fours' in the macrocosm; seasons, Ages of Man (childhood, youth, adulthood and old age), qualities and elements (see below). Nutton describes the schema as having 'conceptual neatness',⁴³ enabling the practitioner to predict illness and, ideally, prevent it. 'In humoralism, prophylaxis plays as great a role as therapy.'⁴⁴

The theory, as it came to medieval Europe, was defined and developed in the second-century AD by the physician and philosopher Galen. His writings created a synthesis of Greek medicine in all fields, including the works collectively known as the Hippocratic corpus. Galen's contribution to the system adopted in medieval Europe was to combine the Hippocratic four humours theory with Plato's linking of the four elements of fire, water, earth and air and the four primary qualities, hot, cold wet and dry. This structure could also be adapted to other disciplines, such as physiognomy and

astrology. Galen's theory became dominant in the Islamic world and Europe. His logic in reaching his conclusions is almost flawless, and further revisions by commentators such as the Arabic scholar Avicenna (AD 980-1037) refined the arguments to a point where, if one accepted the original premisses (which Avicenna claimed were 'generally known' and 'common sense'), the argument was virtually unassailable.

The four humours were phlegm, blood, black bile and yellow (or red) bile. It was believed that they were essential to nutrition, as food was transformed into the humours in the liver, and the blood created was then used to nourish the body. Humoral balance was also held to be responsible for the psychological as well as physical well-being of an individual; an individual's humoral balance was known as the 'complexion', and disturbance in the complexion was the cause of illness. Excess of any of the humours was also said to lead to certain personality traits, which were related to the elemental nature of the humours and also to astrology. Bloodletting, one of the most famous of medieval medical treatments, was thus one way in which an excess of one of the humours could be relieved, and was frequently used. The physician, (or, more frequently, the barber-surgeon) was severely restricted by astrological criteria in deciding when to let blood, and which patients were most likely to benefit. Lunaries were written for this purpose; to allow the practitioner to choose the most auspicious days for treatment on a particular patient, and which days were to be avoided.⁴⁵

The Classical tradition came to the medieval West following the Arab conquests which began in the seventh century. A great deal of Greek philosophy and learning was assimilated into the Islamic intellectual world; Greek philosophical and pathological concepts and systems were adopted and expanded. Works available to Arabic commentators were more wide-ranging than those which came to the West from the Roman Empire, where medicine was seen as the practice of slaves or freedmen. In Arabic tradition medicine was still very much in the Greek mould of an intellectual philosophical discipline, rather than a craft, and so theoretical translation and commentary was encouraged.

2. The Anglo-Saxon heritage.

England was unique in early medieval Western Europe in having a vernacular medical tradition.⁴⁶ Evidence for this is mainly provided by a number of manuscripts which survive from the period. Two of these contain the medical texts now known as *Lacnunga*,⁴⁷ *Leechbook III* and *Bald's Leechbook*.⁴⁸ Banham's study of the first two texts shows that the materials in the pharmacopoeia are generally native to Britain, suggesting that these texts were composed locally, rather than translated from continental exemplars. An Old English translation of a Latin *herbarium* also contained within the Harley MS contained much more exotic materials and was hence of less practical use.⁴⁹ The main classical texts were not readily available at this time, though some of the teachings and practices were available second-hand in compilations of later authors. They were often unacknowledged or wrongly ascribed and quite frequently survived in a debased form. Compilers in England at this time were faced with the daunting task of not only translating material from Latin, but also compiling texts in such a way that they could be used by English practitioners with the materials locally available. Many texts in this and the later period show a large number of variant remedies for a single problem, so that the physician should be able to find one suitable for both his resources and budget.⁵⁰

The theory of humours appears to have been known, if poorly understood, in Anglo-Saxon England. Humours tended to be discussed in terms of 'harmful humours' rather than as necessary substances which needed to be kept in balance. It was thought that certain humours dominated and hence caused specific illnesses at certain times of life; phlegm, a slimy thick humour, was thought to cause hemiplegia and to be dominant in old age. This could lead to problems; a young person presenting with hemiplegia may well not be diagnosed as such, despite displaying all the symptoms.

There was no defined medical 'profession' as such in this period. The tradition of medicine as a craft, which survived in part through the later period, was strongly rooted and there appears to have been a wide variety of practitioners, from learned monks to cunning men and women whose medicine bordered on magic.⁵¹ The

monasteries played a part in the preservation of what medical knowledge was available, but very few classical texts were available in this period. Monasteries often had infirmaries where they treated sick brethren and sometimes lay people, but the attitude of the Church authorities to medicine was uneasy, and did not allow for any great expansion of this practice.

3. The development of the medical profession in England

By the later medieval period, a number of different types of medical practitioner had emerged.⁵² The most important groups were the physicians, surgeons and barber-surgeons, each of whom had formed craft guilds by the end of the fourteenth-century. There were also auxiliary professions such as apothecaries and midwives, and in more rural areas the all-purpose leech continued to ply his trade.

The physicians were the only group to be educated at university, and hence formed a very small percentage of the medical profession as a whole. Medicine in university was first and foremost an academic discipline, following in the Greek tradition of seeing it as a branch of natural philosophy, rather than as a healing technology. In twelfth- and thirteenth-century Europe, a number of universities had medical faculties, for example Bologna and Paris, but the most influential practices came from the medical schools at Salerno and then Montpellier. Salerno was particularly important, as it was the gateway for the flood of Arabic teachings into Western Europe, through the teaching of Constantinus Africanus in the twelfth century. The origin of the most widely used medical textbook, the *Articella*, was in Salerno,⁵³ and the curriculum of Salerno was adopted by the medical faculty at Paris, and then eventually by the faculties at the English universities of Oxford and Cambridge.⁵⁴ The development of medical teachings in these institutions was much slower, and indeed the study of medicine was actively discouraged in a number of colleges. Even for those who did go on to graduate in medicine, it was a lengthy process, requiring the attainment of a Bachelor of Arts in the basic trivium of grammar, rhetoric and logic at the very least, and preferably a Masters degree before the study of medicine could even

be considered as an option. Then a number of years - anything between three and seven - of medical study followed before the student was granted a doctorate, which took the form of a licence to teach in any university, and which was always accepted as a qualification to practice medicine. However, the newly qualified doctor may have had virtually no practical experience. Medical study, as with all medieval disciplines, was taught in a rhetorical debate style. The writings of various authorities were compared and discussed, as were the glosses of commentators, and then a consensus was reached. Galen's position as the ultimate authority was never seriously challenged in the Middle Ages, and hence very few real developments in theoretical medicine took place until after the Renaissance of the sixteenth century, when Galenic teaching began to be called into question, and the innovations of surgery began to impinge on the ivory tower of the physicians.

There is little evidence outside the surviving manuscript textbooks to attest to the training of doctors in the Middle Ages.⁵⁵ Thus any discussion of non-university education must to some extent be speculative. However, outside the universities, medicine was seen as a craft, and it is probably safe to assume that the training of new doctors followed a very similar pattern to those of other craftsmen. Some may have followed a family tradition of healing. Surgeons and barber-surgeons were both taught by apprenticeship lasting around six years, and were often trained in the guild system. The surgeons were distinguished from the barber-surgeons by clothes and prestige, as opposed to any professional merit. Barber-surgeons, as their name suggests, cut hair and performed minor surgery, especially bloodletting. Surgeons, perhaps in imitation of physicians, were entitled to wear long robes, whereas the barber's lower status was reflected in his shorter robe. The surgeons, although educated outside the university system, could learn a great deal of the more scholarly works by studying the large numbers of texts which were becoming available in English in the fourteenth and fifteenth centuries. Both types of surgeons had more clinical and practical knowledge than the physicians, and could have made more advances in medical knowledge than their more learned counterparts. However, a combination of desire for immediate

prestige and the physicians' hold on medicine as a profession probably conspired to halt any progress they could have made:

their very learning perhaps served as a handicap
because of their attempts to achieve status and
recognition equal to their learning or to the university-
trained physician ... they increasingly neglected their real
advantage over the physicians, namely, their better
knowledge of anatomy and bodily processes.⁵⁶

There is some evidence that self-teaching was an option for a number of practitioners who wished to learn more of the theoretical medicine taught in the universities. An example of this is the commissioning of translations of renowned medical treatises for a fifteenth-century barber-surgeon.⁵⁷ These were evidently already widely known, given the expense of such a commission, and it is this development alongside the growing literacy of the laity which perhaps helps to explain the huge increase in vernacular medical texts we find in the late medieval period.

The largest number of practitioners are those for whom we have the least evidence; the rural and perhaps provincial doctor who dealt with the illnesses of the poorer classes. These were less likely to be highly literate, at least not in Latin. Like many barber-surgeons, including the fictitious Absalom of Chaucer's 'The Miller's Tale', many will have practiced medicine on a part-time basis. Absalom's other profession as cleric serves to show that the decision of the Fourth Lateran Council in 1215 to stop the clergy from letting blood was not always implemented in practice. Evidence for the practice of 'leeches' has been discussed by Charles Talbot in his study of the *vade mecum*, the physician's handbook.⁵⁸ There is substantial information on the life and practice of one fifteenth century rural practitioner, John Crophill. He left a manuscript which gives details of his activities as both bailiff and medical practitioner, mentioning patients and fees. Further study on this manuscript and related texts may

shed light on the status of semi-professional or part-time practitioners who were also literate in English.⁵⁹

Apothecaries were a recognised profession, the ancestors in many ways of present-day pharmacists. They dispensed drugs prescribed by the physician and so developed close professional relationships with them. These associations were sometimes viewed with suspicion by clients; Chaucer satirises them in his description of the pilgrim physician:

Ful redy hadde he his apothecaries
To sende hym drogges and his letuaries,
For ech of hem made oother for to winne -
Hire friendshiphe nas nat newe to bigynne.⁶⁰

In the early fifteenth century, English physicians tried to suppress the activities of non-university-educated practitioners by means of an Act of Parliament. This proved unsuccessful, despite papal support for these efforts across Europe. Even religious orders who were officially banned from medical practice were known to have provided treatment, especially the growing numbers of mendicant orders such as Dominicans and Franciscans. Many of these were distinguished scholars in liberal arts, where they may have received the basics of medical education as part of the teaching of natural philosophy. Growing lay literacy meant that more people were able to access medical knowledge for themselves, a situation which was to worry physicians for centuries to come.

4. Diagnosis and treatment

Our image of medieval medical treatment is coloured by vivid images of bloodletting, leeches, repulsive concoctions and surgery without anaesthetic. Although all of these formed part of the practitioner's repertoire, the main principles of medieval medicine were not as barbaric as popularly supposed. Part of the Theory of Humours

was the doctrine of the six non-naturals, which were diet, exercise, sleep, excretion, air and mental state. Much of the work of the medieval doctor was prophylaxis, achieved by regulating these for the individual patient in order to maintain the optimum state of health or ‘complexion’; the correct balance of humours in the body. Such a finely tailored programme, known as the *Regimen Sanitatis*, could only be afforded by the very wealthy, attended by the elite of university-trained physicians. Sometimes, however, the patient demanded a more rigorous or dramatic course of treatment than the simple regimen of health his doctor prescribed. Faith in the efficacy of bloodletting, for example, seems to have been widespread. Siraisi cites an example where Peter the Venerable, Abbot of Cluny in the first half of the twelfth-century, demanded that he have blood let, against the more sensible advice of his physician, to cure a respiratory tract infection.⁶¹ It is interesting to note that, despite his misgivings, the physician went ahead with the procedure, indicating that where wealthy and important patients were concerned, the maxim that ‘the customer is always right’ often held sway.

Practitioners used three major types of therapy: medication, diet and surgery. The main types of surgery used, which were often undertaken by barber-surgeons even if prescribed by physicians or master surgeons, were cautery and phlebotomy, or bloodletting. These were used for both internal and external disorders. Cautery involved the application of a heated metal instrument, or a cup or caustic substance to the skin, causing burning, and generally worked on the principle that it could be used to direct good or bad humours to different parts of the body.

Medical practice relied on herbal remedies to a large extent. The ‘*materia medica*’ of many texts cover a huge range of native and exotic ingredients; it is possible to ascertain if some remedies are of native origin by considering the ingredients listed. One of the most famous and influential pharmacological texts was the *Antidotarium Nicholai*, originally produced in Salerno. Many medical texts, including those in Hunter 117, contain condensed versions of this work.⁶² In its original form, this contained a long list of remedies for various illnesses, with, as Siraisi notes, ‘little attention to pharmaceutical theory.’⁶³ The physician’s choice in prescribing often had a

financial motive at heart. Remedies considered to be equally effective were prescribed according to the wealth of the patient; the pills of the rich were often gilded, whilst the poor were advised to drink particularly nasty concoctions in the dark.⁶⁴ If required, certain apothecaries could import more exotic ingredients, but this type of expense was usually restricted to the wealthy attendants of wealthy patients such as nobility and monarchy. These remedies were rarely entirely 'folkloric' but tended to contain elements of Greek medicine from various sources.

Diagnosis and prognosis were undertaken by various means, based on the principle that imbalances in the humours would manifest themselves in a number of ways. Uroscopy was one of the most popular, and several medical illustrations from this period show patients queuing with flasks of urine for the physician to examine. Many medical books, including the *vade mecum*, have charts showing colours of urine for quick reference by the physician. The large number of surviving manuscripts which describe this practice suggest that this was the most widely used of diagnostic methods. Medical texts give a number of other means of diagnosis; books such as Hunter 117 contain such texts as 'To know if a man be a leper' which has ten signs, usually involving some form of experimentation.⁶⁵

Prognosis was important to the doctor for economic reasons as much as anything else; he would be ill-advised to take on a patient who seemed certain to die, and from whom he would be unlikely to extract a fee. More expert physicians managed to save face when their prognostications were proved incorrect by using hindsight and blaming junior partners.⁶⁶ Prognosis was frequently done by means of astrology, and a number of complex theories were developed in this area. Astrology played a crucial part in all the work of the doctor; perilous and auspicious days for bloodletting were adhered to, and treatment was gauged according to the astrological profile of the patient, and the positions of stars and planets at the time. This was firmly based in medieval science: man was seen as a microcosmic reflection of the universe and was influenced by the state of the heavens at all times.

5. Medicine, religion and magic

Christian theology demanded that the health and welfare of the soul should always take precedence over that of the body.⁶⁷ However, this did not preclude the faithful from attempting to prevent or cure bodily illness. The Church recognised both religious and secular healing, but emphasised the supremacy of supernatural healing sent from God over the skill of the physician. The following letter from the twelfth-century Bishop Fulbert of Chartres emphasises the supremacy of Christ over medicine, even while making use of secular medicines:

Crede, pater, nullam me compositionem unguenti
laborasse, postquam ad ordinem episcopalem accessi. Quod
tamen pauxillum ex dono cuiusdam medici supererat mihi
fraudans tibi largior, rogato sospitatis auctore christo, ut tibi
illud faciat salutare.⁶⁸

Christianity was frequently seen as a healing religion, and even promoted this concept. The *Lives of Saints* frequently included healing miracles, and St Augustine developed the idea of Christ as the supreme physician of both souls and bodies.⁶⁹ Scot provides a list of Saints associated with the healing of certain illnesses. They appear to have been more akin to specialist consultants than general practitioners.⁷⁰ Such was the popularity of religious healing that, as Keith Thomas puts it: ‘The medieval church found itself saddled with the tradition that the working of miracles was the most efficacious means of demonstrating its monopoly of the truth.’⁷¹ Thomas claims that ‘there was no objection to attempts to heal the sick ... by purely natural means. The Church never discouraged the use of medicine, for example.’⁷² While this may have been the official stance of the Church, there is evidence to show a widespread distrust of doctors and their practices within clerical ranks. The influential Bernard of Clairvaux had voiced his disapproval of the clergy’s involvement in medicine in the early Middle Ages:

I fully realise that you live in an unhealthy region, and that many of you are sick... It is not at all in keeping with your profession to seek for bodily medicines, and they are not really conducive to health. The use of common herbs, such as are used by the poor, can sometimes be tolerated, and such is our custom. But to buy special kinds of medicines, to seek out doctors and swallow their nostrums, this does not become religious.⁷³

In 1215 the Fourth Lateran Council decreed that clergy in major orders were not to perform cautery or make surgical incisions. Although the monasteries had traditionally been centres of medical practice and learning, with translation of medical texts being seen as an act of charity, this decree affected and reflected the increasingly secular nature of medicine. Criticisms of medicine from religious voices were not solely based on doctrine. A number doubted the integrity of practitioners in giving priority to the interests of their patients, as opposed to their own profits and status. In the popular mind, these debates were less important. In a society beset by ills from poor diet and hygiene and numerous epidemic and endemic diseases, people looked everywhere for help in curing their ailments. Belief in the efficacy of religious healing helped maintain the tradition of pilgrimage as described by Chaucer. However, the presence of a physician of some apparent eminence in the *Canterbury Tales*' company indicates that for most of the population there was no difficulty in reconciling medicine and religion. The pronouncements of the Church authorities as regards magic also became blurred as they filtered down to the general congregation, and these blurred boundaries are evident in medical texts of the period.

Magical healing was popular at all levels; amulets and charms were sold to ward off illnesses, or to cure dog bites, for example. Medical manuscripts contained a number of items which can only be described as magical. Kieckhefer describes one such text which has a parallel in Hunter 117, where the afflicted person is to copy out a

series of apparently meaningless letters on to membrane.⁷⁴ The Hunter 117 text is the third under a heading of ‘ffor wormes in a man’, and reads as follows:

Item ad idem . Wryte yis lettres in a rolle of parchmyn &
byndet al a bouten a mannes bely & alle ye wormes shuln gon
out of his bely . p . a . c . p . e . v . o . x . a . g . t . l . os ⁷⁵

Charms and prayers were frequently written down and worn, burnt or sometimes eaten. Christian prayers are frequently used in these formulae, and in practice it is difficult to clarify the distinction made by the Church between occult charms and Christian supplication.

7. Medical books in the later Middle Ages

Medical knowledge came from Classical Greece to Latin Europe by a rather roundabout route. The ‘Hippocratic’ and ‘Galenic’ works in use in early medieval Europe were very corrupt versions of the classical works, and little commentary or study had been made of them. The explosion in medical study in later medieval Europe came about largely because of the influence of Islamic medicine. Islamic versions of these texts were more coherent; as already mentioned, it was Islamic writers who drew together the various threads of the Galenic and Hippocratic corpuses into the rational system taken up by Western medical practitioners. These Arabic works were eventually translated into Latin, and became the basis for medical scholarship across Europe.

There has been much debate as to best means of categorising the medical texts surviving from this period; some have divided them into prognosis, diagnosis and treatment, but so many texts cover all three categories that this is unsatisfactory. A popular means is to divide them according to intended audience, but here problems arise, as the neat generalisations of types of practitioner and types of text, which appear to correlate well, do not, however, agree with what is known of ownership.

At the highest academic level, medicine was seen as a branch of natural philosophy. Thus a number of the more abstract treatises may have been owned by academics who did not actually practice medicine. This is probably a later development, given the discouragement of medical study in this period, but it is one which should not be dismissed altogether. There were certain standard textbooks, such as the *Isagoge* of Johannitius, and the Latin translation of Avicenna's reworking and commentary on Galen's treatises, forming the encyclopaedic *Canon*, which we can assume belonged to the graduate physician, who must have been literate in Latin. The most commonly used textbook was the *Articella*, which originated in Salerno. It was a professional text, containing short tracts of Greek, Byzantine and Arabic origins. It survives in various types of manuscript. Some were evidently commissioned by the Church and were elaborate and expensive; others survive in fragments and were perhaps copied by the students themselves.⁷⁶ However, this period saw a huge increase in the number of texts translated into, and sometimes composed in, the vernacular. This would not have arisen had Latin literacy been a prerequisite for medical study. A number of the translated texts were highly complex works, requiring a high standard of literacy and philosophical knowledge on the part of the reader. As has already been noted, some individuals commissioned these works for their own use. We cannot, therefore, limit the intended audience of the more learned texts to the graduate physicians alone.

This period also saw a large increase in the number of vernacular surgical treatises. Stylistically these have some of the elements of the learned texts, but are of a much more practical nature, and this is reflected in the language. Many examples survive, such as Middle English versions of Guy de Chauliac's *Chirurgia*, John of Arderne's *Treatise of Fistula in Ano*, and Benvenuti's treatise *De Oculo*.

The largest surviving group of texts are the recipe books. These survive in large quantities, and a number have been edited. Many are structured 'de capite ad pedem'; starting with remedies for illness in the head, neck, torso and so on down to the feet. Others, such as Hunter 117, seem to be randomly organised. There may be a number of reasons for this, such as the 'commonplace book principle' discussed by Jones.⁷⁷

Although these are eminently practical texts, they still contain a number of the features characteristic of the more learned works, such as citation of (usually spurious) authorities. These are also the most closely related to the works of Anglo-Saxon medicine, such as *Bald's Leechbook*, *Lacnunga*, and *Leechbook III*. These texts are related to the tradition of medicine in Northern Europe which preceded that growth of classical medical scholarship, and many similar features are consistently found in tenth-century and fifteenth-century works.

The text which would have been used most frequently, however, was the physician's handbook; the *vade mecum*. These were small books, measuring about seven inches by two inches, and would usually be carried on the belt. They contained tables of various kinds which would enable the physician to make calculations about appropriate times for bloodletting and various treatments. The tables included astrological charts, a calendar, a canon of solar eclipses, rules for phlebotomy and an analysis of urines. There were also illustrations accompanying some of the tables, and by the consistency of these from manuscript to manuscript, it is possible to see evidence of a flourishing trade in these 'ready reckoners', and gain some idea of the actual day-to-day practice and use of texts of the general practitioner.⁷⁸

Notes to Section 1

- 1 Clanchy, Michael Thomas, *From Memory to Written Record: England, 1066 - 1307*, 2nd rev. ed (London: Blackwell, 1993).
- 2 Robbins, Rossell Hope, 'Medical Manuscripts in Middle English', *Speculum*, 45 (1970), 393-415 (p. 413).
- 3 Linda Ehrsam Voigts, 'Editing Middle English Medical Texts: Needs and Issues', in *Editing Texts in the History of Science and Medicine*, ed. by Trevor H. Levere (New York: Garland, 1982), pp. 39-68 (p. 57).
- 4 Singer, Dorothea W., 'Survey of Medical Manuscripts in the British Isles Dating from before the Sixteenth Century', *Proceedings of the Royal Society of Medicine, Section of History of Medicine*, 12 (1918 - 19), 96-107.
- 5 Robbins, Rossell Hope, 'Note on the Singer Survey of Medical Manuscripts in the British Isles', *Chaucer Review*, 5 (1969), 66-70.
- 6 Bennett, H. S., 'Science and Information in English Writings of the Fifteenth Century', *Modern Language Review*, 39 (1944), 1-8.
- 7 Robbins, 'Medical Manuscripts'.
- 8 Linda Ehrsam Voigts, 'Some thoughts on over 1,500 medical manuscripts in Middle English.' Paper presented at the Wellcome Institute Workshop on Medieval Medical Manuscripts in the British Isles, 21st May 1996. Published as 'What's the Word? Bilingualism in late Medieval England', in *Speculum*, 71 (1996), 813-26. It should be noted that Voigts' emphasis in this survey is on language mixing, but the breadth of the material used makes it a valuable update to Robbins' survey. Also see the VK database (below).
- 9 Laurel Braswell, 'Utilitarian and Scientific Prose', in *Middle English Prose: A Critical Guide to Major Authors and Genres*, ed. by Anthony S. G. Edwards (New Brunswick: Rutgers University Press, 1984), pp. 337-87 (p. 344).
- 10 Braswell p. 355.
- 11 Linda Ehrsam Voigts, 'Medical Prose', in *Middle English Prose: A Critical Guide to Major Authors and Genres*, ed. by Anthony S. G. Edwards (New Brunswick: Rutgers University Press, 1984), pp. 313-35.
- 12 Linda Ehrsam Voigts, 'Editing Middle English Medical Texts: Needs and Issues', in *Editing Texts in the History of Science and Medicine*, ed. by Trevor H. Levere (New York: Garland, 1982), pp. 39-68.
- 13 Linda Ehrsam Voigts, 'Multitudes of Middle English Medical Manuscripts, or the Englishing of Science and Medicine', in *Manuscript Sources of Medieval Medicine: A Book of Essays*, ed. by Margaret R. Schleissner (New York: Garland, 1995), pp. 183-96.
- 14 Henry Hargreaves, 'Some Problems in Indexing Middle English Recipes', in *Middle English Prose: Essays on Bibliographical Problems*, ed. by Derek Pearsall and Anthony S. G. Edwards (London: Garland, 1981), pp. 91-114.
- 15 For details of IMEP guidelines, see Ralph Hanna, *The Index of Middle English Prose. Handlist 1: A Handlist of Manuscripts containing Middle English Prose in the Henry E. Huntingdon Library* (Cambridge: Brewer, 1984). The Guidelines include the following:
 'Macaronic materials appear in an appendix and are recorded only by opening lines.' (General Introduction, p. 2.).
 'Certain categories of material, notably groups of sermons and groups of recipes, pose particular problems. We have sought to index each sermon separately, but have not attempted this for groups of recipes, giving instead the openings of the initial three recipes and the concluding lines of the final one. Individual recipes in the main text-hands are transcribed; those added by later users of the manuscripts are simply noted.' (General Introduction, p. 6.).

- 16 Kari Anne Rand Schmidt, 'The *Index of Middle English Prose* and Late Medieval English Recipes', *English Studies*, 75 (1994), 423-29.
- 17 L. M. Eldredge, *The Index of Middle English Prose: Handlist IX. A Handlist of Manuscripts Containing Middle English Prose in the Ashmole Collection*, Bodleian Library, Oxford (Cambridge: Brewer, 1992).
- 18 Norri, Juhani, 'Notes on the Study of English Medical Vocabulary from the Historical Point of View', *Mémoires de la Société Néophilologique de Helsinki* 45 - *Neophilologica Fennica* (1987), pp. 335-50 (p. 349).
J. C. Sager, D. Dungworth and P. F. McDonald, *English Special Languages - Principles and Practice in Science and Technology* (Wiesbaden: Brandstetter, 1980).
- 19 For example, the ongoing work in Helsinki on 'Scientific Thought-Styles'.
- 20 Norri, 'Notes' p. 349.
- 21 Margaret S. Ogden, *The 'Liber de Diversis Medicinis'*, Early English Text Society, Original Series, 207 (London: Oxford University Press, 1938); Warren R. Dawson, *A Leechbook or Collection of Medical Receipts of the Fifteenth Century* (London: Macmillan, 1934).
- 22 Paivi Pahta, 'Scientific Thought-styles: Aspects of Medieval Medical Writing.' Paper presented at ESSE Conference, Glasgow September 1995. Also see **Efficacy Phrases**, Chapter 3 of this dissertation, for further analysis of this phenomenon.
- 23 Robbins, 'Medical Manuscripts', p. 394.
- 24 Getz, Faye Marie, 'Gilbertus Anglicus Anglicized', *Medical History*, 26 (1982), 436-42.
- 25 Joanne Jasin, 'The Compiler's Awareness of Audience in Medieval Medical Prose: The Example of Wellcome MS 225', *Journal of English and Germanic Philology* (1993), 509-22; 'The Transmission of Learned Medical Literature in the Middle English Liber Uricrisiarum', *Medical History*, 37 (1993), 313-29.
- 26 Getz, Faye Marie, 'Charity, Translation, and the Language of Medical Learning in Medieval England', *Bulletin of the History of Medicine*, 64 (1990), 1-17.
- 27 Jasin, 'Compiler'; and 'Transmission'.
- 28 For example, in Hunter 117, the manuscript analysed here, the concept of 'patient' is frequently expressed by complex nominal phrases such as 'hym yt is in dowte qwheyer be lepre er nouht lepre' (fo. 15 r).
- 29 Jasin, 'Transmission', p. 317. An examples of such etymology is Daniel's discussion of 'man': 'Undirstand þat man is called arbor eversa (a tre turned up sa down). He has all hys rotys fra upwards, for all þe cerebris ... þarefore Grekys callys man antropos, id est arbor eversa, as I said.' (Jasin, 'Compiler', p. 518). The use of Latin to connect Greek and English is a common feature of Daniel's glossing.
- 30 Jasin, 'Compiler' p. 522.
- 31 Dawson, *A Leechbook*; George Henslow, *Medical Works of the Fourteenth Century* (1899; repr. New York: Franklin, 1972); Ogden, *The 'Liber de Diversis Medicinis'*.
- 32 A useful glossary of medieval scientific terms is also found in Lister M. Matheson, ed. *Popular and Practical Science in Medieval England* (East Lansing: Colleagues Press, 1994).
- 33 Charles H. Talbot, 'A Medieval Physician's Vade Mecum', *Journal of the History of Medicine*, 16 (1961), 213-33.
- 34 For example, Pol Grymonprez, *Here men may se the vertues off herbes*, Scripta: Mediaeval and Renaissance Texts and Studies, 3 (Brussels: OMIREL, 1981).
- 35 M-R. Hallaert, *The 'Sekenesse of Wymmen' - a Middle English Treatise on the Diseases of Women*, Scripta: Medieval and Renaissance Texts and Studies, 8 (Brussels: Scripta, 1982); Beryl Rowland, *Medieval Woman's Guide to Health: The First English Gynaecological Handbook* (Kent, OH: Kent State University Press, 1981).
- 36 Carole Rawcliffe, *Sources for the History of Medicine in Late Medieval England* (Kalamazoo: Medieval Institute Publications, 1995), p. 125.
- 37 James K. Mustain, 'A Rural Medical Practitioner in Fifteenth-Century England', *Bulletin of the History of Medicine*, 46 (1972), 469-76; Earnest W. Talbert, 'The

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- Notebook of a Fifteenth Century Practising Physician', *Studies In English*, 22 (1942), 5-30; Peter Murray Jones, 'Harley MS 2558'.
- 38 Linda Ehram Voigts, 'A Doctor and His Books: The Manuscripts of Roger Marchall (d.1477)', in *New Science out of Old Books: Studies in Manuscripts and Early Printed Books in Honour of A. I. Doyle*, ed. by Richard Beadle and A. J. Piper (Aldershot: Scolar, 1995), pp. 249-314.
- 39 Talbot, Charles H., *Medicine In Medieval England* (London: Oldbourne, 1967)

Notes to Section 2.

- 40 The *Companion Encyclopaedia to the History of Medicine*, 2 vols., ed. by W.F. Bynum and Roy Porter (London: Routledge, 1993), is an invaluable resource for further reading into all aspects of medical history. Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990) is a good introduction to medieval European medicine, but shows a slight bias towards Italian medical history. An excellent overview of later medieval English medicine can be found in Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Sutton, 1995).
- For a wide range of primary source material for European medicine from antiquity to the later Middle Ages, see *A Source Book in Medieval Science*, ed. by Edward Grant (Cambridge, MA: Harvard University Press, 1974). Similar source material for the later medieval period in England, together with clear and concise discussions of medical theory and practice can be found in Carole Rawcliffe, *Sources for the History of Medicine in Late Medieval England*, TEAMS Documents of Practice Series (Kalamazoo: Medieval Institute Publications, 1995).
- 41 Malcolm Cameron gives a concise summation of the arguments surrounding these ideas with relation to early medieval English medicine in, *Anglo-Saxon Medicine*, Cambridge Studies in Anglo-Saxon England (Cambridge: Cambridge University Press, 1993), pp. 2-3.
- 42 For a concise description of the Theory of Humours, see Rawcliffe, *Sources*, Chapter 1, 'The Theory of Humours', pp. 13-22.
- 43 Vivian Nutton, 'Humoralism', in *Companion Encyclopaedia to the History of Medicine*, vol. I, pp. 281-91 (p. 286).
- 44 Nutton, p. 281
- 45 A comprehensive study of lunaries in Middle English can be found in Irma Taavitsainen, *Middle English Lunaries: A Study of the Genre*, Memoires de la Societe Neophilologique de Helsinki (Helsinki: Societe Neophilologique, 1988).
- 46 For an interesting and very readable account of medicine in the Anglo-Saxon period, see Cameron, *Anglo-Saxon Medicine*.
- 47 British Library (hereafter BL) Harley MS 585 (Ker 231), sx/xi
- 48 Both contained in BL Royal MS 12 D xvii (Ker 264) s.x^m
- 49 Debby Banham, 'Theory and Practice: Evidence for Use in Anglo-Saxon Medical Manuscripts.' Paper presented at the Wellcome Institute for the History of Medicine *Workshop on Medieval Medical Manuscripts in the British Isles*. May 21st 1996.
- 50 For example, in MS Hunter 117, there are several recipes for Gracia dei, which use a variety of different ingredients. See Chapter 3 'Structure of recipes for Gracia dei'.
- 51 For a useful study of the latter type of practitioner, see Richard Kieckhefer, *Magic in the Middle Ages*, Cambridge Medieval Textbooks (Cambridge: Cambridge University Press, 1989), especially Chapter 4.
- 52 For a good overview of the profession in this period, see Rawcliffe, *Medicine and Society*, Chapter 5-7, pp. 105-69. The most important survey of actual practitioners in the period is *Medical Practitioners in Medieval England*, ed. by Charles H. Talbot and E. A. Hammond (London: Wellcome, 1965).
- 53 See further section 7 in this chapter.
- 54 For the teaching of medicine in Oxford during this period, see Faye Marie Getz, 'The Faculty of Medicine before 1500', in *The History of the University of Oxford, Volume*

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- II, Late Medieval Oxford*, ed. by J. I. Catto and R. Evans, 8 vols (Oxford: Clarendon, 1992), pp. 373-406.
- 55 For medical education outside the universities, see Vern L. Bullough, 'Training of the Non-university educated Medical Practitioners in the Later Middle Ages', *Journal of the History of Medicine and Allied Sciences*, 14 (1959), 446-58.
- 56 Bullough p. 458.
- 57 For example, the compendium of technical and theoretical works commissioned by Thomas Plawdon, a London barber-surgeon (d.1413). See Siraisi, pp. 33-4.
- 58 Charles Hugh Talbot, 'A Medieval Physician's Vade Mecum', *Journal of the History of Medicine and Allied Sciences*, 16 (1961), 213-33.
- 59 James K. Mustain, 'A Rural Medical Practitioner in Fifteenth-Century England', *Bulletin of the History of Medicine*, 46 (1972), 469-76; also Earnest W. Talbot, 'The Notebook of a Fifteenth Century Practising Physician', *Studies in English*, 22 (1942), 5-30.
- 60 General Prologue to *The Canterbury Tales*, edited by A. C. Cawley, revised edition (London: Everyman, 1990), lines 415-19.
- 61 Siraisi, pp. 115-17.
- 62 In Hunter 117 a condensed version of the *Antidotarium Nicholai* is found on fols 34v. to 36v.
- 63 Siraisi, p. 142.
- 64 Talbot, *Medicine in Medieval England*, p. 137.
- 65 See Chapter 3, 'Structures of Diagnosis and Prognosis Texts'.
- 66 Siraisi, p. 134.
- 67 Kieckhefer, *Magic in the Middle Ages* is a good introduction to medieval magic in general. Chapter 4 deals with the relationship between medicine and magic. Keith Thomas, *Religion and the Decline of Magic* (Harmondsworth: Penguin, 1973), despite focussing on the sixteenth and seventeenth centuries, is of great value to the study of earlier beliefs and practices.
- 68 'Believe me, father, I have not prepared any ointments since I was raised to the bishopric. But the little that is left of what a doctor gave to me I am sending as a gift from me to you with the prayer that Christ, the author of good health, may make it help you.' Letter 24, *The Letters and Poems of Fulbert of Chartres*, ed. and trans. by Frederick Behrends (Oxford: Clarendon, 1976), pp. 44-7.
- 69 Augustine, Letter 211, no. 49, *Select Letters* ed. and trans. by James H. Baxter, The Loeb Classical Library, 239 (London: Heinemann, 1930).
- 70 Reginald Scot, *The Discoverie of Witchcraft* (1584), edited by Brinsley Nicholson (London: Stock, 1886; repr. Wakefield, EP Publishing, 1973).
- 71 Thomas, p. 26.
- 72 Thomas, p. 254.
- 73 Bernard of Clairvaux, Letter 388, *Letters*, trans. Bruno Scott James (London: Burns, Oates & Washbourne, 1953), pp. 458-9.
- 74 Kieckhefer, p. 4
- 75 MS Hunter 117 fo. 15v.
- 76 Roger French, 'British Versions of the Medieval Textbook of Medicine'; paper presented at the Wellcome Institute for the History of Medicine *Workshop on Medieval Medical Manuscripts in the British Isles*, 21st May 1996.
- 77 Peter Murray Jones, 'Harley MS 2558: A Fifteenth-Century Medical Commonplace Book', in *Manuscript Sources of Medieval Medicine: A Book of Essays*, ed. by Margaret R. Schleissner (New York: Garland, 1995), pp. 35-54. (See **Introduction** for further discussion.)
- 78 Charles Talbot, *Medicine in Medieval England*, p. 126.

Chapter 2

The Manuscript

The Manuscript

The basis for this study is a manuscript located in the Hunterian Collection, Glasgow University Library, MS Hunter 117/T.5.19. It is datable by means of palaeographical and binding evidence (see below) to the late fourteenth or early fifteenth century.

Present Location: Glasgow, University Library, Hunterian Collection MS 117/T.5.19

Contents: Medical recipes

1) (No MS heading) **Recipes: English and Latin**

fo.1r.- fo. 34v. line 13

Incipit: (fo. 1r. line 1) þis eletuarie & þis receit is . good for . a . mannes bodi

Divisions: Running titles in English and Latin, mostly rubricated, others underlined in red or indicated by red paragraph marks followed by Item

fo. 33r. lines 5-34 - Latin prayer : Contra febre

Explicit: (fo. 34v. line 13) And lei . o . þei wounde . a . red col lef

2) **Condensed version of the *Antidotarium Nicholai***

fo. 34v. line 14 - fo. 36v. line 29

Incipit: (rubric)

(line 14) heer be writtene al þe names of diuerse receytes for alle eueles / but heer failien manye for þe defaute of þe saumplarie

Divisions: List in alphabetical order. Each entry marked with large red initial.

Recipes in English to fo. 35r. line 6. Latin from line 7 to fo. 36v. line 29

Explicit: Expliciunt recepta Nicholai

3) Herbal - Latin

fo. 36v. line 29 - fo. 40r. line 6

Incipit:

(line 29) ¶ Incipit . To knowen all herbes & / gumms . & tres & stones & frutes of
qwhat vertu þei ben & in qwhat gre / up fisyk.

Divisions: List: each entry marked with large red initial.

Explicit: Explicit

4) Price List - Latin¹

fo. 40r. line 8 - fo. 40v. line 11

Incipit: (line 8) Septem sales sunt isti

Explicit: (line 11) Asa fetida per libra

Lines 12 and 13 are additions by different (later) hands.

5) (No MS heading) English recipes

fo. 41r. - fo. 55v. line 17

Incipit: (fo. 41r. line 1) Unguentum geneste for alle maner akynkes & for þe splen .

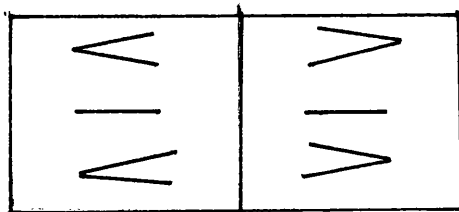
Divisions: Running titles in English and Latin, underlined in red. Individual recipes marked by large red initial. Within this section there is also a short section on bloodletting (fo. 46r. lines 7-32), a Latin prayer (fo. 48v. lines 23-31) and an English charm (fo. 48v. line 31 - fo. 49r. line 15).

Explicit: (fo. 55v. line 17) And dredet nouht for it wil do wel .

6) Miscellaneous recipes:

From fo. 55v. line 18 - fo. 56v. there are a number of additions in contemporary and later hands, some of which are also recipes and others which appear to be notes.

Binding: Contemporary; crimson leather, heavily worn, over bevelled oak boards; cover turned in with mitred corners and pasted down, with one leaf originally a pastedown on each board. Probably original sewing (no puncture marks across quire hinges visible, but the binding is very tight). Boards attached with straps (vellum?) drawn through and pegged in V I V style as in diagram below. Projecting bands on the spine, which has been rebound. Boards are taller (but not wider) than the leaves of the book, which, together with the pattern of the pegged straps, suggests that the binding dates from the fifteenth, rather than the fourteenth century.² Evidence of clasps on the cover; marks on the right hand edge of the front cover and two corresponding holes in the centre of the back cover.



Material: Membrane of varying quality; quires six and seven are of a finer grade than one to five - all sheets of poor to medium quality, with varying grade within quires. The first quire has the widest variance in sheet size and shape and is the most damaged. Fo. 1r. is very dirty and difficult to read. The other quires are more uniform and show less evidence of damage, although the manuscript shows signs of wear and tear throughout. Leaves arranged with hair facing hair and flesh facing flesh. There is a crack or cut in fo. 13 and staining on fo. 6v. and fo. 7r. There are several small original holes and possible rodent damage at the edges.

Dimensions: Average 224 x 144mm: there are small variations in leaf size of up to 2 mm either side. Evidence of cropping in Quires VI and VII. The first quire has several irregularly shaped leaves.

Format: Single column, single ruled in ink, 34 - 36 lines per column. Writing below top line and on ruled lines. Prickings 5 mm apart. Ruled frame varies within quires and from quire to quire. (Measurements in mm):

Quire I: 167 x 113

Quire IV: 169 x 108

Quire II: 165 x 105 - 172 x 100

Quire V: 166 x 109 - 170 x 114

Quire III: 172 x 105

Quire VI: 166 x 105

Quire VII: 166 x 111 - 174 x 117

Collation: [I - VII]⁸. Quires VI and VII may have been booklets originally. Hair facing hair and flesh facing flesh throughout.

Catchwords:

fo. 8v: & stale

fo. 16v: Tak (The first word of fo. 17 r. was originally betonie', but the scribe has added 'Tak' in the left hand margin next to this in the same ink as fo. 16v, but not the same as the rest of fo. 17 r.)

fo. 24v: membra

fo. 32v: mouth

fo. 40v: No catchword

fo. 48v: blood

All catchwords are accurate.

Quire and Leaf signatures:

Original: On the first page of each quire above the top line the quire is signed: ‘Quaterno prima’; ‘secunda’; ‘tercia....’ etc. in red (not the same red ink as is used throughout the rest of the manuscript). The number is repeated on the centre leaves of each quire.

Modern: The top right hand corner of the first folio of each quire has a small pencil notation of the folio number in a modern hand.

All quire signatures are accurate.

Leaf Signatures: Original:

Quire I:	fo. 1r. - ai	Quire II:	fo. 9r.- bi	Quire III:	fo. 17r. - ci
	fo. 2r. - aii		fo. 10r. - bii		fo. 18r. -
	fo. 3r. - aiii		fo. 11r. - biii		fo. 19r. - ciii
	fo. 4r. - aiiii		fo. 12r. - biiii		fo. 20r. - ciiii
Quire IV:	fo. 25r. - di?	Quire V:	fo. 33r.-	Quire VI:	fo. 41r. - f
	fo. 26r. - dii		fo. 34r. - eii		fo. 42r. - fii?
	fo. 27r. - diii		fo. 35r. - eiii		fo. 43r. - giii
	fo. 28r. - diiii		fo. 36r. - eiiii		fo. 44r. - giiii
Quire VII:	fo. 49r. - gi				
	fo. 50r. - gii				
	fo. 51r. - fo. iii				
	fo. 52r. - fo. iiii				

The leaf signatures in quires VI and VII are mixed. One possible explanation is that the quires were signed before the text was copied, but this goes against what is known of normal copying practice for this period.

Ordinatio: Running titles either rubricated or underlined in red, occasionally marked by red paragraph marks. Frequent scribal direction to rubricator; usually executed. Quires IV-VII; recipes indicated by large red initial. Two initial T's missing from fo. 42v. All features within frame. No marginal apparatus. Small amounts of red colour touching on capitals within the text.

Decoration: Rubricated initials occupy two lines. fo. 28v: small (4 line) illustration obliterated.

Script: The script is a good quality Anglicana, with many distinctive Anglicana features, such as two compartment <a>, 8-shaped <g>, although <3> is also used initially.³ There are 3 variant forms of <s>: long, round and sigma used finally. There are two <r> forms; long and the 2-shaped <r>. <3> is also used for initial front spirant. The hand is very consistent, with regular letter forms and few scribal peculiarities. <i> is frequently indicated by a hairline slanting stroke above the letter, but is never dotted, and <y> proper is sometimes indicated by means of a dot. <th> is usually represented by <y>, though there are a few distinct <p>s throughout the text. It is heavily but consistently abbreviated. The hand can be dated to the late fourteenth or early fifteenth century.

Punctuation: Fairly light; *punctus* frequent but generally the only mark. It is sometimes used either side of 'a' or 'o' (meaning 'on'), possibly to ensure that the vowel and surrounding words are not read as one. Paragraph marks used to mark individual titles and beginnings of recipes. *Virgula suspensiva* (//) used as a direction to the rubricator and in a few cases to indicate a missed word.

Correction: Some correction by main scribe and rubricator; very little in text as a whole.

Marginalia: Frequent; some contemporary (*notae* from scribe and rubricator). Notes in later hands of varying dates throughout. Often the notes are repetitions of key phrases in the title,

usually the ailment. Other marginal notes include 'Good' by a number of recipes. Two pointing hands in different styles; one with ruffled cuff (fo. 21r. line 14: pointing away from the text) and one plain (fo. 7r. line 10).⁴ Fols. 55 and 56 have a number of extra recipes and notes in later hands.

Front flyleaves: i¹: 'A great collection of |Recipes, or medicines |in English' in William Hunter's hand.

Below XV(?) cent. hand: . lxi. | de | folijs | et vi | quat | [er]miones

i³ : Pencil autograph: Rx of John | Smythe

fo. 2r. - bottom of page: Richardus nix possedet hunc librumum medicine

fo. 54r. - bottom of page: Ricardus nix postfidet hunc librumum medesine

Back flyleaves: a number of personal names, all in the same hand: george tybye;

Adame Stavaness; Jon Bowton; R. Jenkins. Also on back pastedown: John shalle not tarye there|telle

Richard Nix was Bishop of Norwich 1501-1535. The identity of the other owners or readers has not been established.

Textual Affiliations: Related to Cambridge, St John's College, MS B.15.

Language: Norwich; LALME 1:4622 ⁵

Date: The script suggests that the manuscript dates from s.xiv^{3/4} - s.xv^{1/4}, and thus that it may have been bound in the present binding some time later.

Provenance and Early History: Little evidence of ownership. T.5.19 was owned by Richard Nix, who was Bishop of Norwich 1501-1535. There is no sale record for this manuscript in the library records, although there are sale details of another manuscript owned by Nix in the same collection; MS Hunter 251. This is a fifteenth century manuscript containing Latin versions of John Arderne's works, suggesting that Nix may have had some

interest in collecting medical texts. There are a number of names in the manuscript, including mention of the manuscript being the property of John Smythe, but no more is known of him. It is not known exactly when this manuscript came into William Hunter's possession.

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- 1 *Annotated catalogue of Manuscripts in the Hunterian Library*, Planned and begun by John Young. Continued and completed by P. Henderson Aitken. (Glasgow: James Maclehose and Sons, 1908).
 - 2 Graham Pollard, 'Describing Medieval Bookbindings', in J. J. G. Alexander and M. T. Gibson (eds), *Medieval Learning and Literature - Essays Presented to Richard William Hunt* (Oxford: Clarendon, 1976), pp. 50-65. Pollard suggests that the practice of projecting boards did not begin until the mid-fifteenth century, slightly later than the date suggested by palaeographical evidence in the book.
 - 3 I follow Parkes' definition of Anglicana in my description of this script. Malcolm B. Parkes, *English Cursive Bookhands 1250 - 1500* (Oxford: Clarendon, 1969).
 - 4 There seems to be no consensus as to the terminology for such symbols. The printers' term is 'index', but other suggestions include 'manicules'. I am grateful to Consuelo Dutschke and Jim Marchand for providing information on these 'pointing hand' symbols.
 - 5 Angus McIntosh, M. L. Samuels and Michael Benskin, *A Linguistic Atlas of Late Mediaeval English*, 4 vols. (Aberdeen: Aberdeen University Press, 1986). LALME texts are chosen from the period 1350 - 1450 as a general rule.

Chapter 3

Text Analysis

1. Model

2. Efficacy phrases

3. Recipe structures:

1. Diseases of the eye

2. Unguents

3. Gracia Dei

4. Broken bones

5. Description of illness

6. Diagnosis and prognosis

4. The Use of Latin

1: Model for analysis of selected recipes

The analysis is based on the schematic structure, or ‘staging’ of individual recipes. This type of analysis was developed by Hasan in her study of modern texts,¹ and similar analyses have been applied to modern recipe texts by Eggins.² Hasan and Eggins both use ‘staging’; the sequential order of elements of a text, in order to predict patterns in texts. The analysis used here has been adapted from the basic principles proposed in these studies, but is aimed towards a different purpose. It is intended to find structural and linguistic features which signal a particular type of text, and specific stages within these texts which would enable the reader to know which recipes he wished to use without a close reading of the whole book. The texts can also be described in terms of a ‘Problem/Solution’ structure, as discussed by Hoey.³ Hoey’s definition lists four elements to the structure; Situation, Problem, Response and Evaluation. In the case of recipe texts the situation is assumed; the patient has presented with an illness. The Problem is how to cure it, and this is usually found in the title of the text. The body of the text; **Ingredients, Method, and Application**, indicates the solution, and efficacy phrases the evaluation. Where there is no efficacy phrase the evaluation is assumed.

Recipes have been selected according to their function; whether they are cures for particular ailments, diagnosis, prognosis or recipes for particular types of therapy. The choice of texts was made for a number of reasons: the recipes are a representative sample of all quires of the manuscript; they cover the major different types of text; therapy, surgery, description, diagnosis, prognosis; some recipes, such as unguents, are found throughout the text, but share specific characteristics where they are found in groups, thus suggesting source evidence. The recipes have been transcribed from the manuscript and placed into the above categories. There is some crossing over, for example, where an eye remedy is also an unguent. In these cases the same recipe is considered in each category, with particular attention being paid to the features most characteristic of that category.

The types of recipe selected are as follows:

Remedies for diseases of the eye

Unguent recipes

Gracia Dei recipes

Remedies for broken bones

Prognosis and diagnosis texts

Explanation of diseases

The recipe texts have then been divided into stages, depending upon their function within the text and appearance in the manuscript. These stages are dependent on the type of recipe. Therapy texts, including eye remedies, unguents and Gracia Dei remedies are structured as follows:

Title

Ingredients

Method

Application

Storage

Additional information

Efficacy phrases

Title

This is often either rubricated or underlined in red in the manuscript. The language is noted as Latin, English or mixed, and the linguistic features indicating the title are discussed. This is especially important in cases where rubrication has been omitted. The title has also been used as the major criterion for placing texts into various categories, and any discrepancies relating to a particular title within the body of the text are noted.⁴ The titles have been chosen for this purpose as they are the only stages which are indicated by rubrication in the text, and so will have been the main initial guide to the reader.

Action

This is found in diagnosis, prognosis and broken bone texts, and covers experiments which may or may not include **Ingredients**, **Method** and **Application**. It also includes surgery and manipulation.

Ingredients

The linguistic features which indicate this section are noted, as is its relationship to other sections, and whether it is separate from those sections. The language of the titles is discussed, and any glossing of those titles noted. The quantities of ingredients are noted in a separate sub-section.

Method

This section deals with actions performed using ingredients, whether from an **Ingredients** section, or within the method itself. Linguistic features are noted which help to define this section. Use of technical terms is discussed, whether for equipment or action.

Application

This section deals with the use of the finished product; for example. the means and timing of administration of therapy. Linguistic features which define the section are discussed. Inclusion or omission of relevant detail is noted and discussed, with reference to assumed background knowledge.

Storage

This section details the means of storage of the finished product. The information given is briefly discussed; similarities of storage instructions between recipes in the same part of the manuscript are noted, as are specific instructions for type of vessel. Any reasons or additional storage information are also discussed.

Additional information

Examples of this are further therapy details, such as phlebotomy, or alternative ingredients. Linguistic features are discussed briefly.

Efficacy phrases

These are an unusual feature, characteristic of recipe texts, and so are defined and discussed in the following section.

It should be noted that the above categories represent all *possible* stages within a text. All stages do not occur within all texts, and in the following analyses only those sections which serve to distinguish the text from others, or which have unusual linguistic features are discussed.

Efficacy Phrases

Many of the recipes in Hunter 117 have a short ‘tag-phrase’ attached to them, frequently vouching for the efficacy of a recipe. This is characteristic of many medieval recipe books,⁵ and was noted by Jerry Stannard, who classified the content of these phrases as ‘incidental data’.⁶ Many of the phrases are, as Stannard noted, formulaic in character and cannot be taken to prove scientific trial and proof as we understand it today. Other than a short mention in Stannard’s article and passing notice in Dawson’s edition of a fifteenth-century Leechbook, these phrases have been virtually ignored by scholars of both the history of medicine and of language, but the choice of language and linguistic elements may shed some light on the minds of the author and intended reader.

Hunter 117 contains over one thousand Middle English recipes in total, and nearly three hundred of these contain what I term here ‘efficacy phrases’. There are a number of other ‘tag-phrases’ such as ‘fiat unguentum’. However, these do not serve to attest to the value and power of a recipe, and so have not been considered here, although they are also formulaic in nature. The efficacy phrases in Hunter 117 are in both Latin and English, and provide an interesting example of the bilingual nature of many recipes.⁷

Recipes have been described as ‘macaronic’ in their mix of Latin, English and sometimes French. While it is true to say that some remedies show no easily perceived rationale in their choice of lexical items and juxtaposition of language, a number of the remedies in Hunter 117 show choices being made according to the ‘stage’ of a recipe. Many recipes which are written entirely in English may be completed by a Latin phrase such as ‘sanabitur’, or ‘videbis mirabilia’. In Hunter 117 almost half of the efficacy phrases are in English; over half of these are found in quires VI and VII. There are only three Latin efficacy phrases in these last quires, and there is a much stronger bias towards the use of English throughout this section. Thus we can see that the use of Latin in efficacy phrases predominates in

the first five quires. There are some efficacy phrases which are a mixture of Latin and English, with no apparent reason for this mixture. An example of this is ‘it shal drient & carnem regenerabit & consolidabit.’⁸ Others seem to serve as glosses, such as those which repeat the same phrase in Latin and English: ‘sanguinem sistit & staunchetȝ bledynge.’⁹ An example further on in the text makes this glossing function explicit: ‘sanguinem sistit. yat is for to seyne it staunchetȝ blod.’¹⁰ It is interesting to note that the gloss for ‘sanguinem sistit’, which occurs in both phrases, appears later on in the codex. The reader working from beginning to end has to do some referencing forwards and backwards to make use of such a gloss. These glosses are rare in the manuscript as a whole, and this is the only explicit gloss amongst the efficacy phrases. Other mixed language phrases such as ‘it shal holen hem. probatum est’¹¹ may illustrate the ‘authority effect’ of Latin; the proof being presented in Latin may lend more weight and reassurance to the text.

There are a number of different Latin phrases fulfilling the ‘efficacy’ function. In Hunter 117 the most common by far is ‘sanabitur’, which occurs twenty-eight times. If we include variants such as ‘sanabuntur’, ‘sanabit’, and ‘sanaberis’ this figure increases to thirty-six. This common appearance of the verb ‘to be healed’ is paralleled by the common occurrence of variants on the phrase ‘it shal be hol’ amongst the English efficacy phrases. These phrases can be applied to any of the remedies, and thus their frequency is easily explained. A number of the other Latin tags can also be translated in a similar way, such as those from ‘curare’, variants of which appear eleven times. Most of the phrases are in the future indicative passive, and can be translate thus ‘it will be cured’ or, more rarely, ‘you will be cured’.

Alongside those phrases which mean ‘it will be healed’ there are a number which attest to the value of a recipe through experience. There is only one Latin phrase for this; ‘probatum est’ with rare variants which occurs seventeen times. This is the only Latin phrase used as an efficacy phrase in quires VI and VII, and in

these quires there are a large number of English efficacy phrases which are ‘proof’ phrases like ‘probatum est’. Examples of these include: ‘for it is proued’;³³ ‘for yis is medicine wel proued’;³⁴ ‘for yis is proued at ye fulle’;³⁵ ‘Vse yis medicynes for he ben proued trewe & withouten peryl of purgacioun.’³⁶ As Stannard notes, such a phrase ‘rarely if ever means what we understand by experimentally conducted laboratory tests, clinical trials, pharmacological screening and the like.’¹⁶ If we are to take the claims made in these efficacy phrases with a pinch of salt, then this must be even more the case with the rarer, but quite dramatic claims such as ‘videbis mirabilia’,¹⁷ or ‘et mirabiliter laxabit’.¹⁸ There are no English equivalents to such phrases in Hunter 117, and although it is difficult to form hypotheses on the basis of so few data, it could be suggested that the ‘authoritative effect’ of Latin allows these claims to be made and believed where they would not be accepted in the vernacular.

Some remedies make very precise claims which lead the modern reader to wonder whether there was any legal recourse for the dissatisfied user of such a remedy.¹⁹ Examples of such phrases are: ‘with innen a day it shal slent’;²⁰ ‘it shal ben hol in thre daies’;²¹ ‘And for certeyn he shal ben hol with innen nyne daies’;²² ‘delebit macloram in duobus diebus’.²³ The precision and confidence of such assurances would, if given today, no doubt be of offence to medical ethics. However, in the Middle Ages, all medical practice was seen to be ultimately limited by the will of God, and evidence for this is also to be found in efficacy phrases: ‘liberabitur gracia domina’;²⁴ ‘pro gratiam dominam recuperabitur’;²⁵ ‘gracia dei liberabitur’.²⁶ Another phrase shows another possible excuse for the doctor, should his patient fail to be satisfied: ‘3if he be strong of kynde he shal delyueren hym sone’.²⁷

A ‘sub-class’ of efficacy phrases are those which are specific to a particular recipe, such as ‘dealbabuntur’²⁸ on a remedy ‘to maken qwhyte teth’, or ‘statim cessabit vomitus’ at the end of the recipe entitled ‘To stoppen a vomite’.²⁹ There are also equivalent efficacy phrases of this type in English, such as: ‘ye panne shal

rysen up azen',³⁰ and 'yei the chyld be qwik er ded she shal be delyuered'.³¹ These more detailed efficacy phrases tend to be more complex in structure, with reference to specific aspects of the disease or cure, whereas the more general efficacy phrases such as 'curabitur'³² or 'it shal holent'³³ are much shorter, very simple clauses. The more specific clauses are found most frequently in English, and the most complex types are English; the Latin may mention the disease or symptom, as in 'curabit utericiam',³⁴ but gives very little other information. The English phrases, on the other hand, can be quite detailed. For example: 'he shal casten out al ye venym he hat3 with innen hym',³⁵ and 'yis onyment distroiet3 dedflesh and drawet3 owt broke bones and bonys yat ben bare it fleshet3 hem and synewes yat be bare it fleshet3 and holet3 hem wel'.³⁶ Some of these phrases even serve to explain the recipe a little more; the efficacy phrase on a remedy '3if a mannes flesh rise to miche' is 'he shal no rysyng han of flesh and no likyng to wymman',³⁷ which explains a little more of the rather enigmatic title.

The English efficacy phrases concentrated in quires VI and VII are very similar to their Latin equivalents. The most common are variants on 'it shal be hol' and the 'proof' texts mentioned above. The use of the second person, rare throughout, is slightly more common in the English phrases; 'yu shalt sweten sikerly',³⁸ 'yu shal delyueren ye hugely of rewme & of glet'³⁹ being two instances of this. There is perhaps a more 'personal' touch to some of the English efficacy phrases; there is a comforting tone to the very last of the efficacy phrases in the book which is not found in any of the Latin examples: 'And dredet nouht for it wil do wel'.⁴⁰

These phrases raise some interesting questions about the level of literacy assumed on the part of the reader. The formulaic nature of the Latin phrases means that it is possible that the reader simply had to recognise the root of a word in the efficacy phrase position usually at the very end of a remedy to have a reasonable idea of what was meant. Glosses such as that mentioned earlier, for the more simple Latin phrases, could imply that the source for those particular texts expected

very little in the way of Latin knowledge from his readers, whereas elsewhere in the codex there are large sections of unglossed Latin texts. The predominance of English efficacy phrases in quires VI and VII supports the hypothesis that these sections have a source independent and more heavily vernacular than the first five quires. The use of Latin may be a stylistic choice given that Latin was still very much the language of scholarship and authority, and so would lend weight to whatever was being said. Conversely, it is also possible that the use of English phrases would be more reassuring to some patients who were not literate in Latin and would, like modern day patients, be a little unnerved by medical 'jargon'. The inclusion of both types in Hunter 117, and with such a clear distinction between the two sections, suggests that both situations may have been the case.

Structure of remedies for diseases of the eye

There are a large number of remedies for diseases of the eye in the manuscript, showing perhaps the widest variety of form and structure of any of the groups of recipes chosen for analysis. There are, however, a number of recipes which are repetitions either of ailment or of content, and these have been selected for more detailed analysis.

Title

Titles are in English or Latin; none are mixed. The most frequently used English phrase is 'ffor...', as in 'ffor feble sihte'⁴¹, or 'ffor euel in ye eyne'⁴². Others include the formula 'To + required outcome' such as 'To restoren a mannes sihte'⁴³; 'To don a wei a spot out of a mannes eie'.⁴⁴ The final type includes those which mention the type of treatment. Examples of these are: 'A plaistre for sore eyne'; 'An onyment for sore eyne';⁴⁵ 'Precious powder for ye web in ye eye', and the 'dependent' title 'Pouder for ye selue maladie'.⁴⁶ All other 'dependent' titles in these recipes use the Latin 'Item'. Dependent titles are defined as those which cannot be understood without reference to the main title in a particular section. This is sometimes indicated by the use of rubrication; on some folia the head title is rubricated whereas the dependent titles are indicated by underlining, paragraph marks or not at all. This is not always the case, and the text frequently requires close reading to determine whether a new section has begun or not.

The Latin titles are also very mixed, but generally fit into equivalent categories to their English titles, and cover many of the same ailments. There is no set pattern to the use of English or Latin titles. The first title is unusual in the manuscript as a whole, as it is the only title to use the symbol R_x indicating the Latin *Recipe*, meaning 'Take', which usually occurs in **Ingredients** sections: ' R_x contra dolorem oculorem & tinytum aurium.'⁴⁷

Ingredients

Most **Ingredients** stages are indicated by the word 'Tak' followed by a list of ingredients. A small number use the symbol R_x ; these are usually followed by the Latin forms of ingredients. The exception to this is found on fo. 4r., and this recipe is analysed in detail later in this section. As with other types of remedy, it is frequently hard to separate the **Method** stage from the **Ingredients** stage. In order to make a distinction, I have used the first word, which is almost always an imperative verb, following the title as an indicator of the stage. If the verb is 'Tak', 'Gaddre', or 'Recipe' ' R_x ', this indicates the stage as primarily **Ingredients**; the phrase 'Put yer to' further on in the text indicates a secondary list of ingredients. Most of the other verbs used will place the stage in the **Method** category; very occasionally the first verb indicates application.

There is one particularly unusual **Ingredients** section on fo. 7r. Here the instructions pertain to 'gathering', rather than simply 'taking' herbal ingredients. The semantic distinction is important, as indicated further on in the section, where the reader is advised that this gathering must take place 'a forn midsomer'. From this information it can be assumed that the herbs are to be collected as live plants; later on the reader is instructed to 'drie hem & mak yer of powder'. There is no such indication of the status of the herbs in sections which begin with 'Tak' or 'Recipe'. Of all the recipes selected for analysis, this is the only one to employ this construction, and again raises the question of intended readership or source material, as this is the type of material primarily required by an apothecary, rather than a court physician, for example. However, the majority of practitioners would have had to undertake many roles, rather than 'contract out' certain tasks.

There are a few exceptions to the rule whereby the **Ingredients** section starts with a verb: some recipes start with the main ingredient of the remedy followed by an indicative, rather than imperative, verb. For example:

Quire I

fo. 2r. lines 12-16

Title: ffor feble sihte .**Ingredients + Efficacy:** A sothe pie . restoretz wel sihte**Title:** Item**Ingredients + Method:** A . pie sothen in qwhit wyn . til ich bon gotz fro oyer .yan braied in .a. mort . sihte driet azen y^e sonne . thrie daies .**Application:** yan leie . y^t licour on . a. sor eie**Efficacy:** & it shal helpen al maladies of an eie**Title:** Item**Ingredients + Method:** .a. brent pie in . a. pot**Efficacy:** holetz y^e prikke of an eie . & y^e cardiacle . & .a. cancre in .a. mannes zerde .

The recipes in this stage all begin with the noun ‘a pie’ a magpie, variously modified. Although the second section begins with the word ‘Item’, which usually indicates another recipe, in this case it seems to serve as detail for the previous phrase, which gives no preparation or application detail. Without reference to the following text it is impossible to know whether the ‘sothe pie’ is meant to be applied or ingested. This, however, does not explain the confusing nature of the third recipe. It may refer back to the method and application instructions of the second recipe, or the phrase ‘in a pot’ may have conveyed more to the medieval practitioner than to the modern reader. Another example is as follows:

Quire III

fo. 17v. lines 6-8

Title: ffor feble sihte**Ingredients:** ye ious of walwort**Application:** put lewk in a. mannes ere**Efficacy:** amendet3 michel a. mannes heryngge

Here the ingredient is simply listed and immediately followed by the application.⁴⁸ This structure is usually found in simple recipes, usually with only one or two ingredients and simple method and application.

Quantity

The details of medieval weights and measures are beyond the scope of this work, but it is worth noting that there is no consistency in the system of measurement used from recipe to recipe. Some use precise measures such as pounds, quarts and dragmes,⁴⁹ others abbreviated forms,⁵⁰ but most use either ‘by euene peis’, vague quantities such as ‘an handful’ or no quantity at all. The word ‘ana’ appears frequently, and means ‘equal amounts of each of the preceding’.⁵¹ Thus ‘ana Manipulum’ means ‘a handful of each of the preceding’.⁵² This construction seems to have been extremely common, and although a reversal of the usual order of present-day recipe ingredients, offers a structure and order more familiar to us than many other medieval means of measurement.

Method

As with most of the remedies, the **Method** section usually begins with an imperative verb. A number of these verbs occur frequently, such as ‘meddle’, and ‘sethe’. In the remedies for eye ailments, however, there are a number of complex and unusual method sections. One such example is the following:

Quire I

fo. 7v. line 32 - fo. 8r. line 5

Title: Experimentum bonum ad restaurandum visum oculorem hominum
vel feminarem

Ingredients 1: Tak a swalwes brid out of y^e nest & tak a nedle & prikket
in y^e eyne til it is blynd. Sithe put a 3en y^t brid in to y^e nest &
after ix daies y^u schalt fynden y^t brid wel seande.

Method 1: Tak y^t brid & puttet w^t al ye fetheres in to a clene newe erthene
pot & brennet al to pouder

Ingredients 2: tak yanne y^e galle of a sokande qwhelp y^t hatz soket xxx
daies & tak two partes of y^e pouder of castor

Method 2: & meddle al yis to gidere.

Application: & puttet in a sor eie.

This recipe requires complex treatment of the main ingredient, and this is reflected in the more complex structure of the section. Examples of this include use of the passive: ‘and yu schalt finden yt brid wel seande.’⁵³ ‘Seande’ is the present participle of the verb ‘to see’, implying that the bird’s eyes have healed. This illustrates the medieval concept of healing by analogy: the healing of the bird could imply the healing of the patient. It is unusual in that there is no magic, charm or prayer to suggest why the bird should heal in this way. Details such as the inclusion of the feathers, the state of the pot and the age of the ‘sokande whelp’ seem crucial to this recipe, as this level of detail is rarely found elsewhere. The first **Method** section is very unusual in beginning with ‘Tak’, but as this refers back to an ingredient already mentioned, it is better fitted in the **Method** than **Ingredients** section.

The **Method** section in the following shows a use of reference within the book by the compiler:

Quire VII

fo. 55r. lines 17-20

Title: Item pro oculis bona aqua.

Ingredients: Tak litarge & goolde. of eiye half .a. pound. ffoure an twenty
baies of lorier. & .a. quart of qwhyte wyn.

Method: & braie hem & sethe hem & stille hem as it is Writen her be forn.

The recipe ‘Written here be forn’ is for ‘Aqua pro oculis’, and has a very detailed **Method** stage.⁵⁴ By using cross referencing, the compiler saves valuable time and parchment. The recipe on fo. 4r. for an ‘electuarium ad restuarandum visum’ is unusual in having the **Method** section in Latin. The recipe which follows it in the manuscript has an almost identical **Method** section, suggesting a common source.

Application

Although all the recipes pertain to diseases of the eye, the means of application cannot be assumed. Medieval humoral theory applied to eye diseases as to all other ailments. Remedies need not necessarily be applied directly to the eye, therefore, in order to treat it. Some treatments could be applied to other parts of the body, for example in order to draw evil humours away from the eye. Most applications are, however, reasonably straightforward, and seem for the most part to be more related to folk medicine than humoral theory. **Application** sections are again indicated most frequently by the use of imperative verbs, but there is a distinction between those recipes intended for self administration and those for the practitioner to administer to the patient. Some recipes have no defined object for the therapy, using such phrases as ‘ley of yt licure yer on.’⁵⁵ This is a feature of many recipes in the manuscript, and has no apparent pattern. Examples of the use of the second person, possibly implying self-administration, are as follows:

Quire IV

fo. 32r. lines 27-29

Title: ffor ffeble sihte.

Application: Ete .a. pie. er two. er thre

Method: sothen er rosten. er mak yer of powder.

Application: & etet er drynket.

Efficacy: & it shal amenden michel yi sithte.

This text is also notable for its repetition of the **Application** details before and after the **Method**, and that the first **Method** details are postpositive modifiers of the main ingredient.

Quire VII

fo. 50 r. line 34 - 50 v. line 6

Title: ffor euel in ye eyne

Subtitle: 3if it be of wynd er of blod.

Ingredients: tak water of fenkele. er of rose er of eufrase.

Efficacy: & it wil helen ye.

Alternative 2:

Ingredients: Er tak gleyr of eyren & hony.

Method: & menget to gidere

Application: & puttet in yin eie

Alternative 3: 3if it be aperle er web, er blod michel gadered a bouten ye
bal of ye eye.

Ingredients: tak water of pimpernelle, er of verueyne, er of celedonye

Application: & put in yin eye.

Additional treatment: Also do y^e bleden on y^e elbowes. In y^e hirnes of yin
eyne lyn two veynes. atame hem for blod rennyng er for gotus of
gounde.

The latter recipe also gives phlebotomy instructions, which are relatively scarce in these texts. These are also given in the second person, but it is more doubtful that ‘auto-phlebotomy’ might be attempted by most lay people or even practitioners, especially when the veins in question are in the eye. It is therefore not possible to say with certainty that recipes using the second person are intended for self-administration.

Some recipes have only application and ingredients:

Quire III

fo.17v. lines 6-8

Title: ffor feble sihte

Ingredients: ye ious of walwort

Application: put lewk in .a. mannes ere

Efficacy: amendetȝ michel .a. mannes heryngge

The title of this recipe is rather misleading. It is, as can be seen from a thorough reading, a remedy for poor hearing, rather than poor vision. It is probably a result of scribal miscopying, as it is found amongst three other remedies for hearing ailments. It does, however, show that very few stages are essential; here there is no distinction between **Ingredients** and **Application** stages and there is no **Method** stage. Without the efficacy phrase ‘amendetȝ michel a mannes heryngge’, it would be impossible to know whether the text of this recipe was indeed the result of scribal error, or was possibly an unusual means of application. A more complex application is found in a purgation recipe:

Quire I

fo. 4v. lines 15-20

Title: To purgen a mannes hed & his eyne

Ingredients: Tak ye sed of betes

Method: & mak yer of pouder & distempere yt pouder wt ious of rotes of betes.

Application: & put ye ious in to tweie stalkes qwhiche yt ben sperd o þe to side & opne o þe toþer & do ye seke man lin wydopen & lat yo stalkes droppen ye ious in to his bothe nesethirles.

There is evidently no set pattern to application structures, which depend on the type of therapy to a far greater extent than the other stages. Certain phrases, such as ‘do ye seke man lin wydopen’ are unusual to the modern reader, as they do not use any anatomical detail to indicate what part of the body is to be ‘wydopen’. However, given the context, this would not be necessary.

Other **Application** sections can give an indication of the risks taken in applying certain therapies. The comforting line in the following text about the safety of the powder casts a shadow of doubt over other recipes which do not contain such reassurances, but even in this case the quantity is noted with caution:

Quire VI

fo. 45v. lines 9-18

Title: Precious pouder for ye web in ye eye.

Ingredients + Method: Tak. ii. dragmes of totye & quenchit ix tymes in vynegre or in enrose. And ii dragmes of saug dragoun & i dragme of sucre & braie hem wel to gidere til it ben riht smal poudre.

Application: & tak of yt pouder & cast in ye eye wt outen ony peryl but cast yer inne but a lytel at onys.

Efficacy: & yis medicyne is wel proued.

There is some information about timing of application. This is sometimes in Latin even when the application section is English, and perhaps demands a sub-category for this reason, as do those recipes where the application section is in Latin.⁵⁶

Storage

Few storage details are given in these remedies; most seem designed for immediate application. However, in those recipes which do offer storage information, there is a wide variety of types of vessel, usually noted specifically:

Quire IV

fo. 26r. lines 1 - 6

& puttet up in boystes.

Boystes were frequently used for unguents, and seem generally designed for ointments. This recipe is in fact for a collirium, which, given its ingredients of greases and powders, would have been an ointment rather than an eye-wash. In other collirium recipes the storage advice is not so specific:

Quire IV

fo. 26 v. lines 1-21

Title: Collirium bonum propter oculos lacrimantes.**Ingredients:** Tak ious of ruwe & hony & vinegre be euene porcioun**Method:** & meddle hem alle to giddere, yan wryngget thorw a clene clot3.**Storage:** & puttet up in som clas.**Use:** & cum isto collirio vnge.

Other specific storage details include:

fo. 26v.

yan taket out of y^e bacyn & kepet in a letherene poke

fo. 29r.

And puttent up yanne in some clos vessel y^t neuere kam to werke. Istud est bonum collirium pro oculis

fo. 45r.

& puttet in. a. vessel of bras

The reasons behind the choice of vessel are not made clear. The new vessel ‘yt neuere kam to werke’ seems to the modern reader to be more hygienic, but this is rare, and most storage details are decidedly unspecific:

fo. 26v.

puttet up in som glas

fo. 31v.

& puttet up in .a. clas

Conclusion

Eye remedies are very diverse in type and in structure, with very few common factors. There are a large number of efficacy phrases in these texts in comparison with, say, remedies for gout. There are a number of possible reasons for this: it is possible that these recipes were indeed more effective than those for gout; that the original authors of the source material were more enthusiastic about their cures; or that the cure of eye remedies had a special religious or magical significance, given the number of Biblical references to such cures. If the latter is the case, it serves to explain in part the large number and variety of eye remedies. There are also well-known tracts on diseases of the eye, such as Benvenuti Grassi’s *De Oculi*, and these will have served as useful source material for the compilers of remedy-books. It also helps to explain the increased use of Latin in these remedies.⁵⁷

Structure of Unguent recipes

Unguents were used for all manner of ailments in the Middle Ages, and a number of them appear to have been well known. They form one of the larger groups of recipes in the manuscript.

Titles

The titles for unguent recipes are almost entirely in Latin, except for those in quire VI, which are in a mixture of English and Latin. The titles fall into different categories - some are simply 'Vnguentum' plus a descriptive adjective such as 'viride'. The majority of titles give 'Vnguentum', plus a preposition such as 'ad', 'contra' or 'pro' followed by the ailment against which the unguent is to be used. Examples of this are 'Vnguentum ad podagrum', 'Vnguentum contra omnis infirmitates oculorem'; 'Vnguentum pro omnia gutta'. Some combine these two types: 'Vnguentum frigidam ad guttam calidam.' In quires I-V, only one unguent title contains any English, and this is a gloss: 'Vnguentum ad spasmus yt is ye cramp.' The titles in quire VI have a different structure which consists of 'Vnguentum' + adjective + 'for' + ailment in English. The uses of certain adjectives to name unguents suggests that some, such as 'Vnguentum viride', were very well known. However, the addition of application details in the title suggests that the compiler had glossed Latin originals to cater for a less knowledgeable audience. Some of the unguents are listed as 'bonum', 'optimum', or, in one case, 'nobilissimum'.⁵⁸

Quire VI recipes

These deserve individual mention, as they are found grouped together, follow a rigid structure, and, most importantly, are entirely in English save for two words in the title.⁵⁹ The structure generally follows that of this example:

fo. 41r.

Title: Vnguentum venimecum for skabbe morfyl & skalle
Ingredients: Tak borage . fumiterie . celidonie . ye leues of elna campana
 scabiouse & ye rede dokke & clotes, boyen ye leues & ye rotes
Quantity: of euerich be euene porcioun .
Method: & braie hem alle togidere in .a. mortar . & lat hem lyn . ix. daies in
 qwhit gres . & thanne bulliet up
Storage: & puttet in pottes .

Title: Vnguentum frigidum for y^e hote goute
Ingredients: Tak seynte marie berie . plauntanie . red rose . camomille
 Ribbewort . dayeseie
Quantity: of euerich euene porcioun.
Method: & . braie hem to gidere in a mortar . lettet stonden ix daies in olie
 dolie & yanne bulliet up & wrynget thorw a cloth & slice of y^e
 fatte & puttet azen in y^e panne & bulliet azen .
Ingredients 2: & put yer to a porcioun of virgine wax.
Method 2: & wrynget thorw a clot³
Storage: & puttet in pottes .

The similarity between these recipes is striking, and the structure seems to be a framework into which the variants in ingredients and method can be slotted. The value of this type of structure to the practitioner or apothecary is obvious; in creating a new unguent based on his diagnosis and medical knowledge, the practitioner knows from recipes such as these the basic principles involved in the preparation of unguents at a glance. The structures of unguent recipes in other quires are similar to these, although language mixing is more prevalent and the structure is not adhered to so rigidly.

The recipe for Vnguentum viride⁶⁰ has a number of features which are unusual in this context. Most of the recipes use active imperative verbs such as ‘Tak’ for ingredients, or ‘braie’ (grind), ‘stampe’, etc. However, in this recipe, some of the method uses the passive voice, ‘of yise mak pouder, And yise shuln bolyen o ye fer & qwhil it be o ye fer euermore stiret.’ This use of the passive is also found in the recipe for Gracia Dei on the preceding lines. I have found few instances of this in the manuscript, and suggest that this is evidence for a common source for these recipes. The **Ingredients** section also lists items and quantities in a way which may be more familiar to the modern reader. ‘Tak a pound of olie dolie & a pound of schepes talw & half a poun of alom glas & two vneces of verdegres.’ Although this ‘measured quantity + item’ structure is found in other recipes, it is unusual to have it in the first **Ingredients** section, and to have all the ingredients listed in this way.

Conclusion

Unguentum were evidently a popular form of treatment for many ailments, as the relatively large number of recipes for them in the manuscript shows. The structures are similar, but distinctions, particularly in the use of Latin can be seen in those in different sections of the manuscript which suggest different sources. For example, it is likely that those on fo. 41r. are from a common source separate from that of the recipes on fo. 25r. This also serves to support my hypothesis that quires VI and VII were compiled independently from quires I to V.⁶¹ The addition of information on the action and efficacy of some of the unguents suggests that some were less well known than others; some, such as Vnguentum viride, however, have no such detail, and this suggests that the intended reader would have sufficient background knowledge to enable him to use these texts.

Structure of Gracia Dei recipes

Gracia Dei was an emplaster used widely in the Middle Ages for cleansing and healing wounds. It was made by boiling herbs in white wine and mixing the product with certain waxes and resins. There are five recipes for Gracia Dei in the manuscript. Three are simply for Gracia Dei, two for Gracia Dei minor and one for Gracia Dei major. The structures are similar, with the following stages:

Title

All titles are either rubricated or underlined in red ink. The simplest is Gracia Dei - the title of recipe **E**.⁶² Recipes **C** and **D** give more detail; these use the verb 'to maken' and explain that the substance is to be used for wounds. In **A** and **B** the recipe is introduced by Gracia Dei sic fit/fiet, with the further detail in **B** that the recipe is for Gracia Dei minor. **A** has a second section which lists the 'vertues of Gracia dei'; its action, and ailments it can be used to relieve. This suggests a readership which is rather less familiar with the substance than the expected reader of **B** or **E**, where no detail of application or use is given at all. It could be said that, as **A** comes first in the manuscript, there is no necessity for the compiler to add such detail for following variants. However, the structure of the manuscript texts is so random that this seems unlikely - there is also no distinction between the uses of the minor and major variants. The addition of 'for woundes' in **E** and **D** also suggests slightly less familiarity with Gracia Dei; however, the inclusion of 'maior' in the title of **E** could indicate some knowledge of the variants, either in the source, or by the compiler.

Ingredients

The **Ingredients** section is indicated in all cases by the verb ‘Tak’, followed by a list of ingredients in Latin or English. In all recipes except **D** the quantities required are given in this list. Quantities are indicated in a number of different ways.⁶³ In **A** there is a list followed by the symbol for ‘dragme’ and Roman numerals; others are less specific, requiring ‘of ich an handful’, or ‘of euene peis’. **E** is typical of the imprecise nature of many medieval recipes; ‘of ich half an vnce . saue most of terperntine’ is very vague in comparison to the precise quantities of modern metric recipes. The quantities in **D** are given initially as ‘of euerich euene porcioun’, but some later ingredients are added as ‘a porcioun’. This quantity is not explained until the end of the recipe, where it is added almost as an afterthought: ‘To alle yis erbes yt ben writen a forn to ye porcioun of ye poudres tak an handful of iche herbe.’ This has an ‘oral’ quality, rather like a transcription of a spoken set of instructions; it could equally be the result of scribal omission in copying an exemplar, leaving out specific details, such as ‘euene’. This leaves the vague word ‘porcioun’ which has to be explained later, at the end of the recipe.

Method

The method in most of the recipes is indicated by the use of imperative verbs such as ‘stampe, sethe, drawe’, and the instructions are structured by the use of ‘yanne ... yanne ... qwhanne ...’ etc. However, this is not the case in **E**, where the passive voice is used: ‘yise herbes shuln be stampet & bolied ... yanne shuln ye herbes be clenched’. It is possible that this is evidence that this recipe is from a different source than those which use the active.⁶⁴ The last line uses the more typical active imperative; ‘put yer inne ... stirent il fote til it be cold.’ ‘il fote’ is an unusual phrase found also in **B.**, and in a few other recipes. The most likely meaning is ‘il faut’, thus ‘it must be stirred’, but there are few examples of French in the manuscript, and this may be a remnant from the source text.

Storage

A is the only recipe with any storage details. The last line is 'Et refrigeratur & reponatur' and is one of the few examples of Latin in these recipes.

Conclusion

The lack of application and storage details in most of these recipes suggests that Gracia Dei was a well known treatment. It is worth noting that none of the recipes explain that it is an emplaster. However, the details found in A, and the addition of 'ffor woundes' in E and D imply that the sources from which these texts were taken were perhaps for a less knowledgeable readership than B and E. The number of alternatives would have been valuable to the physician who may have had an unreliable source of exotic materials. The use of the passive in E may suggest that this is from a different source and has been copied without changing the format to that of many of the recipes in this book.

Gracia Dei recipes

A.

Quire III

fo. 27v. line 22 - 28r. line 10

Title: Gracia dei sic fiet.

Additional information:

Subtitle: yis ben vertues of gracia dei.

Information: Ye vertu of gracia dei is to holen alle maner woundes elde & newe & alle bityngges & alle brosoures & venymes . It distroiet3 ded flesh & it clenset3 a wounde & clarifiet3 hym & kepet3 hym fair & clene . It holet3 a wounde more in a woke yan a noyer salve dot3 in a monet . It is good 3if a mannes calf er brawyn be raced . It is good

for igius infernat & for aposteme & brookes & specialiche for ye panne of .a. man zif it be broken . And for alle perliouse sores .

Subtitle 2: Conficturque sic . yus ist mad .

Ingredients: Tak of litargirie oz iiiii of seruse oz iii of ye scrapyngge of bellis oz ii of verdegres oz ii of sarcacolle oz iiiii of mastyk of galbani of armoniacum ana oz iii of cipoponak oz ii of colofonie oz iiiii of franc encens oz iii of bdellii oz iiiii picis grece & picis naualis ana oz semi

Ingredients 2: Qwhanne yis thyngges be redi up ye kraft of chirurgie . yanne tak of alle yis erbes folwyngge euene peis . of betonie of pimperlle of verueyne of consoudes maior & minor of mousere of plauntanie of ribbewort of lanceolata of zarwe of centor ye rede & ye qwhite of auence & of sauge of ich . oz . ii .

Method: Stampe alle yise erbes in .a. mortar & sethe hem in . a. galoun of qwhyte wyn & a potel . qwhan it ben sothen in to ye haluendel & more lat hem restyn sithen & kelen twelue houres large er more . yanne drawe hem thorw .a. streniour panne sette yt licure azen o ye fyr . & qwhanne it be gynnet3 to bollien . put yer to al yise forseide pouders & gummes up ye kraft of chirurgie . & bollie hem wel to giddere . And azens ye ende of ye bolliyng put yer to .a. quarter . er half .a. pound of olie of rose . & stiret ⁶⁵

Storage: Et refrigeretur & reponatur .

B.

Quire V

fo. 33v. lines 6-13

Title: Gracia dei minor sic fit.

Ingredients: Tak. of betonie. & of verueyne. & of pimperlle. of. ich. an handful

- Method:** & stampe hem in . a. mortar . yanne . sethe hem in .a. galoun of qwhyte wyn . til it be sothen in to y^e thridde part . yanne drawet thorw .a. clene strenyour . & put y^e wyn azen .o. y^e fyr .
- Ingredients 2:** And put yer to yanne . a. pound of rosyne . & an vnce of pouder of mastyk . And thre vnces of clene wax .
- Method 2:** & bulliet a. litel to giddere. o. y^e fyr . yanne taket of y^e fyr &
- Ingredients 3:** put yerto half .a. pound of terpentyne .
- Method 3:** & stiret wel il fote til it is cold .

C.

Quire VI

fo. 41r. lines 31-6

- Title:** ffor to maken gracia dei maior for woundes
- Ingredients:** Tak cipopenak . & pokenardak . mirre . virgine wax . asa fetida . galbanum gumme of ync . ceruse . litarge terpentine . olie dolie . clene bores gres pouder of rosyn . of euerich half an vnce . saue most of terpentine
- Method:** bolliet al to gidere . & stiret wel . & settet of y^e fyr .
- Ingredients 2:** & put yer to pouder of verdegres .
- Method: 2:** & stiret wel to gidere .

D.

Quire VI

fo. 41r. line 36 - 41v. line 12

- Title:** To maken gracia dei minor . ffor woundes
- Ingredients:** Tak verueyne . betonie . pimperunelle . spinogre . turmentille . scarnoche of euerich tak euene porcioun . & tak a galoun of qwhit wyn

- Method:** & sethe yis herbes yerine in to ye haluendel . & . strenie hem thorw a clot3 & cast yer to .a. porcioun of virgine wax . & sethe to . gidere & stere alwei . & yanne taket of ye fyr .
- Ingredients 2:** & put yer to .a. porcioun of pouder of rosyl . & stiret wel half a quarter of franc encens poudred . half .a. quartoun of mastyk . poudred . & as michel of galbanum . poudred . & . tak .a. pound of terperntine & cast yer inne . & .a. saucerful . of wymmannes milk of . a. knaue child kast yer to
- Method 2:** & stiret al wei wel til it be cold .
- Ingredients 3:** tak also bawme zif yu miht hauen . & put yer to .
- Quantity:** To alle yise erbes yt ben writen a. forn . to ye porcioun of ye poudres tak an handful of iche herbe .

E.

Quire VII

fo. 56r. lines 9-16

- Title:** Gracia dei .
- Ingredients:** Tak betonye . verueyne . pimpernelle . bugle . of ich an handful .
- Method:** yis herbes shuln be stampet & bolied in .a. galoun of qwhyte wyn in to ye thridde part . yanne shuln ye herbes be clensed fro ye wyn .
- Ingredients 2:** & in ye wyn shuln be put .a. pound of peis resyn . & an vnce of mastyk & thre vneces of clene wax .
- Method 2:** & yei shuln be bolied to gidere .o. ye fer & yanne yei shuln be set of ye fer
- Ingredients 3:** & put yer inne yanne half .a. pound of terperntyne .
- Method 3:** & stirent il fote til it is cold .

Structure of remedies for broken bones

Remedies for broken bones frequently give details of quasi-surgical procedures, involving manipulation of bones and bandaging. For this reason their structures often have stages not found in the purely medical ailments. Surgical texts, from which these remedies may have been copied, account for a large number of the medical and scientific texts which began to appear in the vernacular in the fourteenth- and fifteenth-centuries.

In Hunter 117 a number of these texts are found together, and several of the texts deal with the same injury. In the following discussion these texts will be subject to comparison with each other.

Titles

Most of the titles are in English or Latin. All English titles follow the formula 'ffor + ailment'. Sometimes the ailment is general, as in 'ffor broke legges';⁶⁶ 'ffor brekyngge of legges';⁶⁷ alternatively, the third person is clearly stated: 'ffor a mannes leg yat is broken';⁶⁸ 'ffor broke bones in a mannes hed';⁶⁹ 'ffor brokene pannes of mennes hedes'.⁷⁰ Latin titles refer in all but one case to specific therapies, such as, 'Sirupus pro plagis & fractis ossibus';⁷¹ 'Pocom pro ossibus fractis & plagam curandam'.⁷² The only exception is a Latin version of the same structure as the English titles; thus: 'Ad ossa fracta in capite'.⁷³ Only one mixed title occurs, and this is simply the name of a specific therapy: 'Sirupus ffor woundes & broke bones'.⁷⁴ The structure here is a mixture of the English and Latin structures.

The grammar of the English titles varies considerably. For the same ailment the titles are:

ffor brekyngge of legges ⁷⁵

for a mannes leg yt is broken ⁷⁶

for broke legges ⁷⁷

Action

This section is subdivided, as remedies for broken bones can involve a variety of procedures including manipulation, bandaging, as well as the preparation of plasters, drinks and syrups. The **Ingredients** section is treated in exactly the same way as those of the other analyses; **Method** applies only to the preparation of these ingredients. Some broken bone remedies require only these stages plus the typical **Application** stage found in other therapy texts; for example:

Quire V

fo. 34 r. lines 32 - 36

Title: Sirupus pro plagis & fractis ossibus.

Ingredients: Tak plauntanie & ribbewort & parcile & fenugrek & cicorie & centorie . & horhowne & poliole real & louache & trifolie & wodebynde & mogwort & walwort & ribbewort .

Method: stampe al yise to giddere & drawet thorw a streniour . And meddle ye ious wt qwhyte wyn .

Application: & drynke yt drynk .

Quire II

fo.15v. lines 4-7

Title: Pocom pro ossibus fractis & plagam curandam

Ingredients: Tak betonye & nepte & egrimonie & puliole & ye tendre kroppes of brom .

Quantity: be euene . mesure

Method: & stampe hem alle to giddere. & meddle hem wel wt wyn & poudre of peper .

Application: & drynk yer . of. a. litel cuppeful fastyngge.

The ingredients, when in a separate section, are indicated by ‘Tak’. This only occurs in recipes for a specific therapy and in all cases this therapy is to be ingested.⁷⁸ These recipes are therefore more typical of the ‘therapy’ type, such as unguents or eye remedies, rather than the mixture of medication and surgery of other texts in this section. These texts are also all for wounds and broken bones and provide alternatives to the practitioner depending upon the availability of certain ingredients. The other recipe for wounds and broken bones is more specific. It treats the swelling of wounds: ‘ffor bolnyngge of woundes & broke bones’ and takes the form of a plaster. It has no separate **Ingredients** section; the recipe starts with ‘Mak’, indicating the **Method** section, which here includes the ingredients.

Quire V

fo. 34r. line 37 - 34v. line 2.

Title: ffor bolnyngge of woundes & broke bones.

Method + Ingredients: Mak. a. plaistre of clene qwhete mele & qwhyte wyn.

Application: & leit yer on .

Prognosis:

Positive: And 3if he slepe he is curable shal ben holn.

Negative: & 3if he slepe nouht he is incurabele.

Other actions such as bandaging which are evidently forms of application come under the **Application** sub-heading; others such as manipulation or minor surgical procedures are frequently integrated with these sections and so, where they cannot be separated, come under the banner heading of **Action**.

Action

These sections tend to have clear order and chronological structure, indicated, as in the previous recipe, by the use of adverbs modifying the imperative

verb forms; e.g. ‘fforst ioine.... yanne mak.... sithe bindet’ etc. Manipulation instructions are found in three of the texts and are generally very detailed:⁷⁹

Quire I

fo. 5r.- 5v.

Title: ffor. a.mannes leg yt is broken

Action:

Manipulation: fforst ioine azen ye legges . & lat on helden ye fot .a.
noyer ye kne . til ye leg be set wel to gidere .

Medical - Method + Ingredients: yanne mak. a. plaistre of bol armenyk .
& franc encens & qwhites of eiren .

Application + Timing:

Surgical: & leit on .a . newe lether . er on .a. waxed clotz . & wynd al
ye broke leg yer inne sithe bindet harde .a. bouten wt spliteres . & lat hem
be stille so vnremowned . xxii . daies . sithen lei a bouten ye leg .a. plaistre
of oxirocroceum. oyere. xxii.

Medical: & do hym drynken in yis mene tyme bonwort & daisies.

In this text the manipulation stage is clearly signalled as the initial step by the use of the word ‘fforst’ and the number of people required to assist is also stated; ‘& lat on helden ye fot . a . noyer ye kne’. This process is a little confusing, however, as the use of the word ‘set’ implies at first reading that the assistants will be holding the leg for a long time. The more likely reading is that the assistants are to hold the leg until the following processes are completed. In the **Application** section we are told that the leg is put in splints, so presumably the assistants are no longer needed. This is the only recipe in any of those selected where the use of assistants is explicitly stated.

Quire V

fo. 34r.

Title: ffor brokene ribbes**Link:** 3if. a mannes ribbe be broken.**Action:**

Manipulation: to maken. a fyr as long as ye man is & do hym al naked heten wel hys bely . & his ribbes . sithen onoynte yin handes wt hot hony. & touche yanne ye broke ribbe and be lytel & be lytel liftet esliche up . til it be euene wt ye toyere ribbes .

Application: yanne onoyntet wt marciaton . & lei yer by . emplastrum apostolycon . til it be hol.

The manipulation is very detailed in this text, with preparation highlighted, as is the necessity for caution: ‘be lytel & be lytel liftet esliche up’. This is in contrast to the setting of a leg in the following text:

Quire V

fo. 34r.

Title: ffor broke legges

Action: 3if. a. mannes leg be broken. 3if schiueres ben .o. sondre . & ony hole be o. ye leg fonde

Surgical: to taken is out . wt smale tonges mad for ye nones yanne sette azen ye leg as riht as yu miht . & leit . on .a. bord .

Application:

Medical (1): yanne o noyntet wt unguentum album

Bandaging: & sithen tak .a. lynene cloth. & dabbet al in water of qwhytes of eyren. wynde ye leg yer in wel & sande & latet be so stille al a fourteniht . sithe vndot onoyntet wt marciaton er dente er nerual . lei yer by .a. plaistre of excroceum . til it is hol.

Medical (2): And ye firste day do hyn drynken bon wort in eld ale. & sithen euery thridde day.

The removal of the 'schiueres' shivers: small splinters of bone is carefully noted, in terms of the choice of instrument. The setting is, in comparison with the previous texts, very brief: 'as riht as yu miht'; rather than carelessness, this perhaps implies more assumed knowledge from the intended audience than the other texts.

The phrase 'til it be hol' features in a number of the texts, and encourages caution on the part of the practitioner. Treatment is to be followed completely, until the broken bones are 'hol', rather than 'healing'. There are virtually no **efficacy phrases** in these texts, and one possible reason is to discourage over-confidence which may lead to incomplete treatment in these cases.

Remedies for fractured skull

These are discussed separately, as they form an unusual group. There are three titles which purport to be for fractured skulls. Two are virtually identical:

Quire IV

fo. 31v. lines 33-4

Title: Ad ossa fracta in capite.

Application: Drynk ye ious of betonye & violet cold wt good qwhyte wyn

Efficacy: pro phisicos.

Quire VI

fo. 48r. lines 4-5

Title: ffor broke bones in. a. mannes hed.

Ingredients: Tak betonye & violet

Method: & stamp hem tweyne to gidere

Application: & drynket

It is likely that this remedy was well known, and these two versions come from different sources which originally had a common source; the first recipe is left partially untranslated, and the direct exemplar may well have been in Latin. The second text, which is entirely in English, is found at the end of quire VI, and again reflects the reduced use of Latin in texts in quires VI and VII.⁸⁰ The phrase ‘pro phisicos’ (for doctors) is the only **efficacy phrase** in all the broken bones texts, and is categorised more for its position in the text than any quality of ‘efficacy’ it has. The two recipes are typical therapy texts, and are interesting in their illustration of the possible varieties of staging in two virtually identical recipes.

The third text has a recipe title and an introductory line which suggest a following therapy, but it is in fact an exhortation to practical medicine:

Quire V

fo. 34r. line 13 - 34v. line 2

Title: ffor brokene pannes of mennes hedes .

Information: To hollen ye panne of .a. mannes hed qwhanne it is brosed wt .a. staf er krased wt a swerd sihte & techyngge shal do more yer to yanne ony wrytyngge of bokes . thorw ye craft of chirurgie . ffor in yis bok be writen watres . onymens & entretes & salues to hollen al maner woundes & sores but 3if .a. man be wounded to ye deth .

Surgery was always more practical than theoretical, and this is well illustrated by this text, in which the reader is encouraged to use sight and touch rather than written information.

Conclusion

These texts are likely to have had surgical treatises as their exemplars. This is reflected in the scarcity of Latin and the detailed instructions for manipulation and timing. The process of translation and adaptation was well established in the

field of surgery, as many surgeons were highly literate, but were trained outside the university system, and so were more likely to be at ease with the use of the vernacular for learned treatises. This is shown in the clarity and order of a number of the texts. However, the reliance of surgery on practice and observation is made clear in the final example, as are the limits of all medical practice: ‘but 3if .a. man be wounded to ye deth’.

Structure of ‘Description of Illness’ texts

Hunter 117 contains a small number of texts which describe the symptoms of particular diseases, before providing a remedy for the disease. These are all found on the same folio in the manuscript, folio 23, Quire III, and deal with very similar types of disease. An understanding of the types of diseases and their relationships to one another is essential if the information and stages in the texts are to be understood.

Cancre in this context is best translated as ‘canker’ rather than the modern word ‘cancer’. In this sense it applies to corroding ulcerations of the skin, and frequently serves as a superordinate term for specific types of ulcerative sores. Noli me tangere is frequently linked to cancre; for example, in Trevisa: ‘Noli me tangere is a cankerous postume in the face.’⁸¹ However, in Hunter 117, it is distinct from cancre. Lupus was also a type of ulcerating sore which, in more recent medical terminology, was linked to noli me tangere. Feloun, or ‘felon’ is a small abscess, boil or inflamed sore, and is again a similar type of ailment.

Titles

The titles of description texts are identical to those of therapy texts, rather than prognosis and diagnosis texts. They are:

ffor ye cancre

Pro lupo

Pro noli me tangere

ffor ye feloun

At a first reading, the title does not indicate that this text will serve to assist diagnosis, unlike those listed as ‘Diagnosis’, which have the formula ‘To knowen’ or ‘To wyten’. The description section always comes in the second stage, immediately following the title.

Description

The descriptions given in the chosen texts use varying criteria, including colour, location, shape, smell and toxicity. Colour seems to have been the most important, and is used in three of the four texts. Feloun is described solely in colour terms:

fo. 23r. line 39 - 23v. line 1

Ye feloun is of thre coloures. er it is blak. bleddre er it is qwhit. er it is red
& it is cleped antrax. vel carbunculus.

Both cancre and lupus are black; however, they are distinguished further within the colour criterion:

fo. 23 r. line 1:

ye cancre is . al blak sor brod abouen but litel dep.

lines 15-16

ye sor yt is cleped lupus somtyme it is in ye thy... som tyme in ye fot . & it waxetȝ
blak.

The phrase ‘& it waxetȝ blak’ in the description of lupus suggests observation over time, or at least close questioning of the patient. Lupus and cancre were equivalent in some contemporary texts, for example in Lanfranc’s *Cirurgie*, which states: ‘Summen clepen it cancrum, and summen lupum’.⁸² The size and shape of cancre sores also serve to distinguish them from other, similar sores; possibly a black feloun, which has no other distinction from cancre in its physical description. There are, however, two alternative names given for feloun, and it is possible that the reader of this book may have come across more detailed descriptions of feloun under these names: ‘& it is cleped antrax. vel carbunculus’.

Other than the titles and a single efficacy phrase, this line is the only instance of Latin.⁸³ The alternative names are very common in many contemporary texts.

Location is used in two of the four texts; lupus and noli me tangere. Given the connections already noted between both of these and also with cancre, this additional information is of importance. Location is not mentioned in the descriptions of cancre and feloun; these may have been more general types of sore, with the potential to appear anywhere. The omission of location information would certainly suggest that this was the case, and valuable parchment space is saved by omission of detail deemed non-essential.

Potential misdiagnoses and the importance of observation over time are also highlighted in the detail of the noli me tangere description, which is by far the most detailed of all:

fo. 23 r. lines 24-6

Noli me tangere is .a. sor wel venymous growande in a mannes face
& qwhanne it is newe it styngket3 nouht but qwhanne it is eld
it styngket3 & waxet3 hard lyk a nail & it is contaious to felen.

As with the lupus text, the use of ‘waxet3’ and the progression from ‘newe’ to ‘eld’ suggest long term observation of the condition. Noli me tangere is described as ‘wel venymous’ and ‘contaious to felen’; as the name, meaning ‘Touch-me-not’ suggests.

Treatment

These texts are not simply descriptions, but include treatment sections very similar to other therapy texts. In the cases of the cancre and lupus texts this follows immediately from the description:

Quire III

fo. 23r. lines 1 - 4

Title: ffor ye cancre.**Description:** ye cancre is al blak sor . brod abouen . but litel dep .**Treatment:****Preparation:** ffirst washe ye cancre wt wyn . er wt vinegre . er wt vryne.
er wt leie .**Method + Ingredients:** sithen mak pouder of alom. & of houslek & of
gret salt .**Application:** & leit .o. ye cancre

lines 15-19

Title: Pro lupo**Description:** ye sor yt is cleped lupus somtyme it is in ye thy . som tyme in ye fot
& it waxet3 blak**Treatment:****Preparation:** Washe ye soor wt vinegre . & dryet wt cynces of clene
lynene clot3.**Method + Ingredients:** yanne mak pouder of salt & of barly mele &
meddlet wt hony**Application:** & leit yer on**Efficacy:** & sanabatur

Further treatment sections follow these texts, under dependent titles, such as 'Item'. They are similar in structure to general therapy texts. The initial noli me tangere and feloun therapy sections are flagged. Following the description of noli me tangere is the linking sentence: 'To hollen yis do yus', and the treatment of feloun is introduced by the **Subtitle**: 'Ad sanandum feloun'.

Ingredients and Method

Treatment sections include **Method**, **Ingredients** and **Application**, but the order of these is not easy to discern. Sometimes the sore is first prepared for treatment:

Cancre: ffirst washe ye cancre wt wyn. er wt vinegre. er wt vryne. er wt leie.

Lupus: Washe ye soor wt vinegre. & dry[e]t wt cynces of clene lili lynene clot3.

This is followed by typical **Method** and **Ingredients**, indicated by imperative verbs, for example 'Mak'. Detailed instructions are not given - as the result is to be a powder, this knowledge is assumed.

fo. 23 r. lines 1-4

Title: ffor ye cancre.

Description: ye cancre is al blak sor. brod abouen . but litel dep .

Treatment: ffirst washe ye cancre wt wyn . er wt vinegre . er wt vryne . er wt leie .

Method + Ingredients: sithen mak pouder of alom . & of houslek & of gret salt .

Application: & leit .o. ye cancre

lines 15-19

Title: Pro lupo

Description: ye sor yt is cleped lupus somtyme it is in ye thy . som tyme in ye fot .
& it waxet3 blak .

Treatment:

Preparation: Washe ye soor wt vinegre . & dryet wt cynces of clene lynene clot3 .

Method + Ingredients: yanne mak pouder of salt & of barly mele & meddlet wt hony

Application: & leit yer on

Efficacy: & sanabitur

The feloun text has no method at all. The actions required could possibly be inferred from any or all of the following: the surrounding recipes, which all treat similar ailments; the type of ingredients; or background knowledge.

fo. 23r. line 38 - fo. 23v. line 1

Title: ffor ye feloun

Description: Ye feloun is of thre coloures er it is blak . bleddre er it is qwhit er it is red & it is cleped antrax. vel carbunculus.

Subtitle: Ad sanandum feloun

Ingredients: Tak seynte marie berie & baies of lorer & olie of rose .

Application: & leit yer on .

The **Ingredients** and **Method** sections for noli me tangere are extremely complex, and show consideration of some of the information given in the description. Procedures, including various stages of application, are given in order, and cannot easily be separated. The entire recipe is staged as shown below:

lines 23-38

Title: Pro noli me tangere

Description: Noli me tangere is .a. sor wel venymous growande in .a. mannes face & qwhanne it is newe it styngket3 nouht . but qwhanne it is eld it stynket3 & waxet3 hard lyk a. nail .& it is contaious to felen

Subtitle: to hollen yis do yus .

Method + Ingredients 1: Mak pouder of ros alger . & boliet wt ious of plauntanye & ious of wortes & ious of letuse . afterward driet in ye sonne & mak yer of pouder .

Application (1): & puttet in ye hole of ye sor . & lei wt outhen .a. gold onyment
wt a plaistre . & latet be so thre daies er foure . til ye felthe go out

Ingredients + Method 2: yan tak pouder of salt gomme & tempred wt ious of
plauntanie

Application (2): & leit yer on .o. niht & dot .a. wei in ye morwen wt som
instrument of siluer . yanne washe ye sor dai . be dai . wt water of
coperose . er wt .a. strong leie .

Method + Ingredients 3: yanne mak .a. pouder of salt gomme & arsenyk . &
alom & arnement & of bark of qwhynt vinyes & meddle ye
pouder of alle yis wt leie mad of askes of qwhynt vinyes .

Type of therapy: & mak yer of .a. plaistre .

Application (3): & lei yt. o. ye sor dai be dai til it is slayn . And euery day
qwhan ye remowuest ye plaistre was het wt leie mad of qwhynt
vinyes .

The **Method** here is typical of therapy texts; the **Ingredients** stage is integrated with the **Method**, with ‘Tak’ opening a stage only once. The only unusual feature of the stage as a whole is its order and relationship to the **Application** stage.

Application

This stage is the same for cancre, lupus and feloun texts: ‘& leit yer on’. The type of therapy is not noted, but is probably implied by the ingredients and the type of ailment. The noli me tangere text has, as previously noted, a very detailed and orderly **Application** stage. There are several points of interest: the phrase ‘puttet in ye hole of ye sor’ provides information not found in the description; that there is a hole in the sore. This underlines the importance of thorough reading of the whole text. In 2 the timing is made clear, and the use of ‘some instrument of siluer’ reminds the reader that the sore is ‘contaiuous to felen’. This instruction,

together with the use of a 'gold onyment' in 1 indicates that this is not a remedy for a poor patient; even bearing contagion in mind, the use of the silver instrument is also possibly for a show of status on the part of the physician. The instructions about washing in 2 and 3 are confusing; in 2 there is a choice of washing liquids, and the implication is that this washing continues daily until the end of the treatment. In 3, however, the choice is gone, and the reader is instructed to use a 'leie mad of qwhynt vinies'; also to be applied daily.

Efficacy Phrases

There is only one efficacy phrase in this selection. It is at the end of the remedy for lupus, and is the most common type of efficacy phrase; the Latin tag 'sanabitur', meaning 'it will be well'. It is one of the few instances of Latin in these texts.

Conclusion

The proximity of these texts to each other in the manuscript and the similarity of their subject matter implies that they are from the same source. They are best understood in relation to each other; were they to be found separately in different sections of the manuscript, their use would be more limited. The similarity of format in at least three of the remedies also supports the source hypothesis; the original compiler may simply have selected these texts from a much longer tract as they related to difficulties he or his client had experienced in accurate diagnosis of such ailments. The lack of any charm material, scarcity of Latin, and inclusion of glosses when Latin does occur suggests that the source was an eminently practical rather than theoretical treatise. The detailed observation, especially over long periods, indicates that the original author was a practising and experienced doctor, rather than a highly educated but inexperienced university theoretician.

Model for Analysis of Prognosis and Diagnosis texts.

These texts do not conform to the same staging patterns as those found in the other texts which have been selected for analysis, although they appear to be similar in terms of vocabulary and superficial structure. Their function as texts can be compared with the other texts in this analysis by using a version of the 'Problem-Solution' P/S structure proposed by Hoey.⁸⁴ As I have noted in the model for the other texts, this structure can be applied to most recipes so that the 'Problem' is found in the title, the stages of the 'Solution' in the **Method**, **Ingredients** and **Application** stages, and the final outcome in the **Efficacy phrase**. The P/S structure can also be applied to **Prognosis** and **Diagnosis** texts, but here the 'Solution' is incomplete. In the case of **Diagnosis** texts, when the illness is diagnosed, the next step is to find a cure for the ailment; going to a therapy text. In the case of **Prognosis** texts, the next stage depends on the outcome. If the patient is curable, then the next step is the same as with **Diagnosis**. If, however, he is incurable, then there is no next step in the text. The 'problem' has no 'solution'.

The stages within these texts appear to be similar in their use of **Ingredients** and **Method** and the lexical signals which indicate these stages. However, these are the means to a different end, and I have placed them under the major heading of **Action**. This follows from the **Title** stages, which always begin with phrases such as 'to wyten' or 'to knowen'. If this phrase is extended to 'To know x, then do y', then 'y', with all its constituent stages, is 'Action'. Action can consist of stages other than the simple **Method** and **Ingredients**. It sometimes requires observation, or simply application.

Analysis of Diagnosis and Prognosis Texts

Title

The titles of these recipes are very similar. They almost always consist of ‘To knowen’ or ‘To wyten’ followed by a conditional such as ‘qwheyer’ or ‘zif’ and then either the ailment to be diagnosed, or the possible outcomes in the cases of prognosis. These are the only texts with such headings, and so are instantly recognisable as either diagnosis or prognosis texts.

The diagnosis titles are as follows:

To knowen zif a man be a lepre (fo. 7r. lines 11-12).

To knowen zif. a. wymman be wt chyld (fo. 14r. line 2).

To knowen qwheyer ye goute be hot er cold (fo. 14v. line 6).

To wyten zif .a. man. be .a. lepre (fo. 15r. line 18).

To knowen qwheyer a man is baranie er a wymman (fo. 48r. line 10).

The titles of **Prognosis** texts are similar in structure, again beginning with ‘To knowen’, but the prognosis element is always made clear: curable or terminal, life or death:

To knowen qwheyer ye dropesye be curable er nouht (fo.2r. lines 27-30)

To knowen zif. a. wounded man shal lyuen er deien (fo. 6v. lines 7-9)

To knowen qwheyer ye cancere be curable er nouht (fo.18r. line 37 - fo. 18v. line 5)

There is only one exception to this rule. The Latin title on fo. 31r. which reads ‘Experimentum bonum si hom potest vnerie’ is also a prognosis text.

Action

Prognosis and diagnosis require steps of action and observation; they are experimental processes in the most part. The first diagnosis text is a set of ten

signs, some of which are simply observation of the patient's condition, others which require active experiments. I have given the list following the **Title** stage the banner heading of 'Signs', following the use of 'signum' in the text:

Quire I

fo. 7r. lines 11-30

Title: To knowen 3if a man be a lepre.

Signs:

Subtitle: primum signum est

Observation: 3if his little fynGRES. waxen starke azens kynde

Subtitle: Secundum signum est.

Action: 3if yu poure ony water on ony membre on hym

Observation: & it lit3 nouht .o. ye skin. but glidet3 .a. wei. & it semet3
as it were onointed

Result: he is .a. lepre.

Subtitle: Tercium signum est.

Observation: 3if ye kirneles vnder his tunge bolnen as. a. swynes don .

Result: tunc est lepersus .

Subtitle: Quartum signum

Action: 3if yu take his blod . & droppet in water .

Outcome:

Observation (1): 3if ye blod turne to water.

Result (1): lepersus est.

Observation (2): si autem non commisteatur

Result (2): non est lepersus

Subtitle: Quintum signum est

Observation: . 3if his blod stynke

Subtitle: Sextum est

Action: qwhan hat3 bled. & his blod be cluddret to gidere lei yer on
kirneles of salt.

Outcome:

Observation (1): & 3if it melten in to blod.

Result (1): est lepersus.

Observation (2): si non liquefiat

Result (2): non est lepersus.

Subtitle: Septimum est

Action: put dropes of his blod. in. a dish ful of water

Outcome:

Observation (1): 3if yo dropes houen a. bouen ye water.

Result (1): lepersus est

Observation (2): sin autem

Result (2): non est lepersus

Subtitle: Octauum est

Action:

Ingredients: Tak vinegre.

Method: &. qwhanne he hat3 bled. & his blod be cold droppe yer
on vinegre.

Outcome:

Observation (1): & 3if it entre in to ye blod & meddle yer wt.

Result (1): non est lepersus

Observation (2): .scilicet si non commisteat cum sanguine.

Result (2): lepersus est.

Subtitle: Nouum signum. est.

Observation: yt he fele nouht his legges ne his armes ne oyere membres.
scilicet sunt quidem insensibilia.

Subtitle: Decimum est.

Action: Tak dropes of his blod & leis in ye paume of yin hand. &
tak yi fynger & rudde yer on.

Outcome:

Observation (1): & 3if yu fele vnder yi fynger smale kirneles. as it
weren sond.

Result (1): lepersus est.

Observation (2): si non sencias arenulas

Result (2): non est lepersus.

I have reproduced these texts in their entirety here as they function as a whole. I will consider the observation and result stages in the next section. The action of diagnosis can involve **Ingredients**, **Method**, and **Application** as in typical therapy texts:

Quire II

fo. 14v. lines 6-9

Title: To knowen qwheyer ye goute be hot [er] cold

Action:

Ingredients: Tak rie mele . & meddlet wt vinegre .

Method: & mak yer of .a. plaistre

Application: & leit o. ye goute.

Outcome:

Observation (1): & ȝif it noie . ye goute .

Result (1): it is .a. kold goute .

Observation (2): & ȝif it helpet .

Result (2): it is ye hote goute .

Other experimental details are more difficult to put into categories.

Quire VI

fo. 48r. lines 10-13

Title: To knowen qwheyer a. man is baranie er .a. wymman

Action:

Ingredients: Tak here eiyeres water.

Method: & put hem in tweyne sondri vesseles . sithen put yer to
barlych & horses dunge .

Observation: & qwheyer vessel so spryngge .

Result: he is nouht baranie .

Here all that is required of the patients is the provision of urine; the experiment is then conducted, as with many diagnoses today, by observation of the reaction of urine with other substances, although today's experiments have less explosive consequences. The **Ingredients** and **Method** sections are, however, noticeably similar to those for preparation of therapies. A more unusual text is as follows:

Quire II

fo. 15 r. lines 18-22

Title: To wyten. ȝif. a. man. be. a. lepre

Action: Do hym. yt is in dowte qwheyer [b]e lepre [er] nouht lepre bleden.
in. a dich.& lei in ye dich. a. raw ey. but [se]e yt ye blod go ouer
ye ey qwhanne ye blod is cold

Outcome:

Observation (1): ȝif ye ey be raw .

Result (1): he [is] no lepre .

Observation (2): ȝif it be clodderet to gidderre as yow he it were sothen er
rosten .

Result (2): he is .a. lepre

Prognosis: & irrecuperabilis.

Observation and Result

One of the most noticeable features of these texts is the use of Latin. It can be seen that the second observation and result, whether negative or positive, is often in Latin. It is frequently possible, however, to understand the meaning of this outcome from its English counterparts, as they are always opposites; life or death; leprosy or 'not-leprosy'. There are no texts which decide if the patient has one of two illnesses, for example.⁸⁵

Conclusion

The diagnosis and prognosis texts are clearly signalled and structured. They are signalled by the title and so are relatively easy to find in the manuscript. the staging is chronological, and shows scientific experimentation, unlike the other texts in the manuscript. They show a curious use of Latin; frequently the last section of the recipe is in Latin. This is usually part of the **Outcome** and hence

frequently has an English counterpart. As these are always opposites, fluent Latin literacy is not essential to understand these sections, and so they may have simply been left untranslated. These texts are therefore almost certainly from Latin exemplars, and the bare minimum of adaptation has been done to make them understandable to the reader with less Latin.

The Use of Latin

In a study of symbols and signs in late-medieval medical and scientific texts, Linda Voigts categorises language mixing of English and Latin into four main types:

- A: Latin texts which have systematic English interpolation intended to aid the reader.
- B: English texts with Latin glosses to aid the Latinate reader, especially in cross-referencing with Latin texts.
- C: More complex relationships between languages which appear to ‘reflect deliberate attempts to exploit the possibilities of working in more than one language’.
- D: Unconscious language mixing.⁸⁶

Categories A and B are generally restricted to more sophisticated theoretical treatises, and as such will not be discussed here. Categories C and D, however, are of interest in the study of medieval recipe books, as the category for the use of Latin in such texts is open to debate. Language mixing which, at an initial reading, seems to be unsystematic and unconscious and hence category D may, on closer inspection, reveal structure and pattern which places it in category C. It seems that these categories should not be seen as closed sets, but rather as points on a continuum, where, for example, a compiler has selected texts from various exemplars which use different language mixing strategies. This may result in a complete codex which appears to be category D but is in fact made up of various forms of category C.

In order to decide where on such a continuum the use of Latin of the texts selected from Hunter 117 should be placed, I will use some of the points made in a recent study by Voigts.⁸⁷ She discusses bilingualism in the late-medieval period,

using language mixing found in scientific and medical texts of the period.⁸⁸ Voigts uses Suzanne Romaine's theories of bilingualism in present-day societies to support her argument.⁸⁹ Concepts such as 'domain' and 'code' are useful in the study of medieval texts, as this period sees the start of a shift in domains. English became an acceptable medium in more and more domains where Latin had previously been dominant, yet few medical or scientific texts in English are free of Latin. Within the larger domain of medical texts, then, there appear to be several sub-domains in which Latin is still the language of choice.

Within the remedy-book genre, which can be described as a sub-domain of the medical genre, there is a lot of code mixing, and this is probably a reflection of the variety of sources used in compiling such texts. Code-mixing occurs in a number of different ways: from recipe to recipe, where one text may be entirely in Latin, the next in English; intersentential; or intrasentential. Latin occurs in all stages, but the frequency of such occurrences varies from stage to stage. For example, Latin is frequently used for titles, but is almost never found in the **Method** stage. To use the terminology given above, the stages function as sub-domains in which a particular language is either preferable, of equal status, or inferior. Texts in Hunter 117 display all these types of mixing.

Latin frequently occurs in **Title** stages. They are often equivalent to the English titles; where the English structure is 'ffor +...', the Latin is 'Ad +...'. However, the possible choice of words is larger in Latin titles. 'Azens' appears rarely, but 'Contra', often heavily abbreviated, is frequent. 'Pro' is also a possible option. Dependent titles are usually Latin; 'Item' being the most frequent.

The **Ingredients** section is also often in Latin. The first word is usually 'Tak' or 'R_x', but this is not a reliable indicator of the language of the following text. There is little intrasentential switching in these sections. Detailed instructions regarding the preparation of ingredients are always in English. **Quantity** information is sometimes in Latin in lists which are otherwise in English; this is the only common type of intrasentential switching, but as this information is frequently

in abbreviated or symbol form, whether this is a switch is debatable. It could be argued that a symbol could be as easily translated into an English word as into the Latin original.⁹⁰ The way in which quantity is most frequently expressed in Latin is by the word 'ana', meaning 'of each of the preceding'. This is sometimes accompanied by a numerical quantity, such as '3 dragmes', or often by 'manipulum'. This is probably because it is a neat and concise way to express longer English phrases such as 'of euerich half an vnice' (C).

Other stages, such as **Application**, **Timing** and **Efficacy Phrases** are also often found in Latin. **Efficacy Phrases** have been discussed in detail in an earlier section, and other stages will be dealt with under individual recipe headings below.

Gracia Dei recipes

The name of the treatment is itself Latin, and is a good example of the relationship between religion and medicine; meaning 'Grace of God', it would have been a well-known phrase. Latin is found elsewhere in the titles, sometimes as a postpositive adjective with a restrictive function, defining the type of Gracia Dei to be made: Gracia Dei minor or Gracia Dei maior B and C. There is further use of Latin in some titles A and B, where the phrase 'sic fit/fiet' is added. This is a tag found in a number of other titles, and simply means 'is made thus.' It is not, therefore, essential to understanding the recipe. A similar tag follows the 'efficacy description' section in A: 'Conficitur que sic' which is immediately followed by the gloss 'yus ist mad' with a change of tense in the translation from future to present, but maintaining the use of the unusual passive.

One list of ingredients listed gives some in their Latin forms A. For example, 'picis naualis' is the Latin form of 'pik naual' (naval pitch). No list, however, is entirely in Latin. Some stock phrases, such as 'ana' are used.

There is no Latin in the **Method** sections, and only one more instance of Latin in all the texts. This is the **Storage** section in A: 'Et refrigeratur & reponatur.' The use of passive voice and future tense is common in the Latin structures in the

texts, but rare in the English text. This line is also the last line of the recipe. This is a common feature of many recipes; when it occurs, Latin is often found in the first and last lines of a text.

Unguent

The unguent recipes are largely written in English. Latin is restricted to certain sections, such as the title, efficacy phrases and storage details. The use of Latin in these sections means that it is found only at the beginning and end of recipes: in the one case where application and timing details are found in Latin,⁹¹ this phrase occurs at the very end of the recipe. The first mention of unguents in the manuscript appears to be a title plus ingredients list, but on closer analysis is revealed to be simply a list of unguents plus two other ointments.⁹² It could be suggested that in adapting these texts for a practitioner who may have had to assume the role of apothecary as well as physician, the compiler has added preparation details in English, glossing the Latin only where he feels this is essential.

Eye remedies

These recipes have a relatively high incidence of Latin. A number of the titles are in Latin, and one in particular is unusual. This is found on fo. 1r., and reads 'R_X contra dolorem oculorem & tinytum aurium'. 'R_X' is generally found in **Ingredients** sections. Ingredients are sometimes found in Latin forms, as in the recipe below, which also shows the extensive use of Latin in some eye remedy texts:

Quire II

fo. 12 r. lines 25-32

Title: Contra omnia vicia oculorem medicina bona .**Ingredients:** R_x succum. apii. rute feniclori veruene . betonice agrimonie.
benedicte . sanamunde. germandrie pimperlle . eufrasia
celidonie saluie . ana**Method:** Stampe al yise to giddere smal .**Ingredients 2:** & put yer to poudere of seuene kirneles of peper . & two
sponeful of hony & thre sponeful of .a. clene maydenes vryne
videlicet pueri masculi .**Method 2:** & meddle al yis to giddere .**Application:** & pone in oculis**Timing:** mane & sero**Efficacy:** & recuperabit visum infra quadraginta dies probatur .

The first **Ingredients** section has Latin forms of ingredients, such as ‘betonice’ for betony. The second ends in the Latin phrase ‘videlicet pueri masculi’, which evidently modifies the preceding phrase; ‘clene maydenes urine’. ‘Maydene’ must therefore be taken to mean ‘virgin’ male or female, rather than the more usual translation of ‘girl’, as the Latin phrase is translated as ‘namely, of a male boy’. In this case, an understanding of the Latin is crucial to using the correct ingredients. From the **Application** section onwards, the text is entirely in Latin. The details are quite specific, including instructions to place the treatment in the eyes in the morning and evening, and the assurance that the patient will recover within forty days.

Broken bones remedies

These texts have very little Latin; no sections are only in Latin, and only the **Title** stage has frequent occurrences. Latin literacy would not have been a

prerequisite for the use of these remedies, as long as the basic meaning of the title was understood. Surgeons were trained in craft guilds rather than universities as a rule, and so would not have needed a high level of Latin literacy in order to qualify and be licensed to practice. It is likely, however, that they were highly literate in the vernacular, as the standard of many surviving texts attests.

Description of illness texts

These texts show a conscious translation of Latin; for example, in the description of feloun, we find the phrase ‘it is cleped antrax vel carbunculus’, thus connecting the native term with the Latin terms. Other than the titles and one formulaic efficacy phrase, this is the only Latin found in these texts. It is likely that this type of text came from authoritative Latin exemplars, but the clarity of description and heavy use of the vernacular underline the importance of the correct diagnosis. Latin is not used for essential sections, so the reader with poor Latin would still be able to recognise and diagnose accurately.

Diagnosis and Prognosis texts

These texts show perhaps the most interesting examples of code mixing. The last line is frequently in Latin, and initially suggests that Latin literacy is essential for correct diagnosis or prognosis. However, the Latin **Outcome** is always the opposite of the English **Outcome**, so that if the English is ‘If x then y’, the Latin will be ‘If not-x then not-y’ where x is an observation and y a possible outcome. For example, a text on fo. 7 recto has the following **Outcome**:

Observation:

1: 3if ye blod turne to water.

Result: lepersus est.

2: si autem non commisteatur

Result: non est lepersus

Thus one need only understand the English section to know what the Latin says. Although ‘y’ and ‘not-y’ are often in Latin, the title, or even the similarity of the word to its English translation which is frequently borrowed from Latin is often sufficient to understanding the possible results.

Conclusion

Code-mixing from stage to stage is not unique to these texts. It is often found in other genres, such as charms:

A late fifteenth-century charm may have Middle English headings and directions but a Latin formula or have a Latin heading and entirely Middle English directions and conjuration.⁹³

The effect of such mixing is to give clear boundaries between the use of Latin and English. This is not to say that rules for mixing can be established from individual texts such as these, nor that any such rules were adhered to with any consistency. It is more likely that each source had its own stylistic patterns for use of Latin or English, and that some of these have been copied directly into the manuscript. The codex was evidently written for a bilingual readership, as large sections, such as the *Antidotarium Nicholai* and the herbal are entirely in Latin. Exemplars for the other sections, however, may have been intended for readers with less Latin literacy; for example, the broken bones or description of illness texts. These may have been books intended for barber-surgeons, apothecaries or lay owners, who could be expected to have vernacular and basic Latin literacy. The *Antidotarium* was originally a Salernitan text, and hence university-standard, though it has been heavily cut and no doubt revised in its inclusion here. The eye remedies may also come from texts which were originally written for graduate

physicians, and which have been translated here to the extent which the compiler thought necessary for practical use by his readers.

The use and mixing of Latin in these texts depends on the exemplars for individual texts. Latin literacy is evidently more important in some sections than in others. Many of the recipe texts can be placed in Voigts' category C, where the language mixing has some purpose, but the effect of mixing different types of category C means that the overall effect is somewhat macaronic and apparently category D. This is partly because the mixing of recipes from different exemplars means that the original purpose of code mixing is lost or very difficult to ascertain. In some cases, such as the **Efficacy Phrases**, the purpose may be to add authority to the assertion that all will be well, and hence to the recipe as a whole; in other cases it may simply not have been necessary to translate. For example, in **Ingredients** stages, both Latin and vernacular names may have been in common circulation. The last line of recipes, regardless of the stage, is often left untranslated. This is not a problem in the cases of **Efficacy phrases**, for example, but where the last line involves application or timing, the information could be crucial. The reason behind this is unclear, but seems to indicate that a certain level of Latin literacy was expected of the readers of these texts. Voigts' caveat that 'we must not bring modern assumptions about the integrity of monolingual texts to... late fourteenth- and fifteenth-century English writings' must be adhered to when analysing the language choices made by scribes and compilers who knew their audience's capabilities far better than the modern scholar.⁹⁴

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- 1 Halliday, M. A. K. and Ruqaiya Hasan, *Language, Context and Text: Aspects of*
Language in a Social-Semiotic Perspective, 2nd edn (Oxford: Oxford University
 - 2 Press, 1989)
 - 3 Suzanne Eggins, *An Introduction to Systemic Functional Linguistics* (London:
 - 4 Pinter, 1994). See page 28 for a discussion of 'staging', and pages 42-6 for a
 schematic analysis of recipe texts.
 - 5 Michael Hoey, 'Signalling in Discourse: a Functional Analysis of a Common
 Discourse Pattern in Written and Spoken English', in *Advances in Written Text*
Analysis, ed. by Malcolm Coulthard (London: Routledge, 1994), pp. 26-45.
 - 6 For example, Titles for Description of Illness texts are the same in structure as
 those for many other types of texts, but the texts themselves form a distinct
 category.
 - 7 Formulaic 'tag-phrases' are also extremely common in many other practical texts
 from the Middle Ages to the Renaissance. They are found in texts from magical
 'spell-books' to sixteenth-century gunner's manuals. (I am grateful to Juris Lidaka
 and Steven Walton for their assistance on this point.)
 - 8 Jerry Stannard, 'Rezeptliteratur as Fachliteratur', in *Studies on Medieval*
Fachliteratur, ed. by William Eamon, Scripta: Medieval and Renaissance Texts
 and Studies, 6 (Brussels: OMIREL, 1982), pp. 59-73 (p. 70).
 - 9 See Voigts, 'What's the Word?' for further discussion of bilingualism in scientific
 and medical texts.
 - 10 fo. 19 r.
 - 11 fo. 8 r.
 - 12 fo. 32 r.
 - 13 fo. 9 v.
 - 14 fo. 44 v.
 - 15 fo. 44 v.
 - 16 fo. 51 r.
 - 17 fo. 53 r.
 - 18 Stannard, p. 72
 - 19 fo. 6 r.
 - 20 fo. 14 r.
 - 21 Rawcliffe, *Medicine in Society*, gives a number of examples of malpractice suits
 involving physicians and surgeons throughout her book. Medieval society was
 often highly litigious, with regard to medical practice. However, I have been
 unable to find any evidence regarding legal action taken over misleading
 information in medical books. This perhaps serves to illustrate something of the
 medieval attitude towards the distinction between book and author/compiler.
 - 22 fo. 14 v.
 - 23 fo. 16 v.
 - 24 fo. 28 r.
 - 25 fo. 6 r.
 - 26 fo. 7 v.
 - 27 fo. 18 r.
 - 28 fo. 22 r.
 - 29 fo. 53 r.
 - 30 fo. 16 v.
 - fo. 15 r.
 - fo. 50 v.

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- 31 fo. 54 v.
 32 For example, fo. 2 v., 12 r.
 33 For example, fo. 32 r., 43 r.
 34 fo. 2 v.
 35 fo. 15 v.
 36 fo. 24 v.
 37 fo. 48 v.
 38 fo. 48 r.
 39 fo. 49 r.
 40 fo. 56 v.
 41 fo. 2 r., fo. 17 v.
 42 fo. 50 r.
 43 fo. 7 v.
 44 fo. 31 r.
 45 fo. 16 v.
 46 fo. 45 r.
 47 fo. 1 r.
 48 For further analysis of this recipe, see below.
 49 fo. 4 r., fo. 45 r.
 50 fo. 11 v.
 51 Margaret Sinclair Ogden, *The 'Liber de Diversis Medicinis'*, Early English Text Society Original Series No. 207 (London, 1938), p 120.
 52 fo. 7 r.
 53 The passive is also found in another 'bird' remedy for eyes: 'A . pie sothen in qwhit wyn . til ich bon got3 fro oyer .yan braied in a . mort' (fo. 2 r.)
 54 This recipe, which is on fo. 55 recto, can be found in the **Appendix**.
 55 fo. 7v. line 29
 56 For example, fo. 21r. lines 5-12. See section on **The Use of Latin** for more detail.
 57 See section on **The Use of Latin** for more details.
 58 fo. 10r.
 59 See 'Note on quires VI and VII' in **Introduction**
 60 fo. 56 r.
 61 See Conclusion for further discussion.
 62 Gracia Dei texts are found at the end of this section.
 63 For discussion of manuscript symbols for weights and measures, see Linda Voigts, 'The Character of the *Carecter*: Ambiguous Sigils in Scientific and Medical Texts', in *Latin and Vernacular: Studies in Late-Medieval Texts and Manuscripts*, ed. by A. J. Minnis (Cambridge: Brewer, 1989), pp. 91-109.
 64 The recipe for Vnguentum viride on fo. 56 r also uses the passive
 65 Some words are obliterated in the manuscript at this point.
 66 fo. 34 v.
 67 fo. 5 r.
 68 fo. 5 r.
 69 fo. 48 r.
 70 fo. 34 r.
 71 fo. 34 r.
 72 fo. 15 v.
 73 fo. 31 v.
 74 fo. 34 v.
 75 fo. 5 r.

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- 76 fo. 5 r.
 77 fo. 34 r.
 78 fols. 15 v, 34 v and 48 r.
 79 fo. 5 r, fo. 34r. (2 texts).
 80 See 'Note on quires VI and VII' in **Introduction**.
 81 Trevisa, translation of Bartholomeus de Glanvilla, *De proprietatibus verum*, 1398.
 (Citation from OED).
 82 Lanfrank's *Science of Chirurgie*, ed. by Robert von Fleischhacker, Early English
 Text Society 102 (London: K. Paul, Trench, Trubner, 1894) (Citation from OED).
 83 See **The use of Latin** for further discussion.
 84 Michael Hoey, 'Signalling in Discourse: a Functional Analysis of a Common
 Discourse Pattern in Written and Spoken English', in *Advances in Written Text
 Analysis*, ed. by Malcolm Coulthard (London: Routledge, 1994), pp. 26-45.
 85 For further discussion see **The use of Latin**.
 86 *ibid.* p. 96.
 87 Voigts 1996.
 88 Linda Ehram Voigts, 'What's the Word? Bilingualism in Late-Medieval England',
Speculum, 71 (1996) 813 - 26.
 89 Suzanne Romaine, *Bilingualism*, Language in Society Series, 2nd edn. (Oxford:
 Blackwell, 1995).
 90 See Voigts, 'Character', for further discussion.
 91 fo. 4v. line 30
 92 fo. 1r. lines 14-17. It is possible that the original exemplar for these particular
 recipes was a physician's, rather than apothecary's, book, and as such needed
 simply the names and storage details of the unguents, rather than the preparation
 information. For a graduate physician, this would have been undertaken by the
 apothecary, especially as these may have been well known treatments.
 93 Lea Olsan; personal communication.
 94 Voigts, 'What's the Word?' p. 823.

Chapter 4

Conclusion

Medical books became much more widely available in the fourteenth and fifteenth centuries. They were owned by many types of practitioner, from court physicians to village apothecaries. The intended readership of a book such as Hunter 117 is difficult to establish. There is no introduction or compiler's note, nor any surviving sale records. It is likely that this book is a fair copy of a commonplace book such as Harley MS 2588, but as such the signs of such compilation have disappeared.¹ Variation in the language and style of the recipes does, however, still indicate a range of exemplars.

Texts relevant to all fields of medical practice are to be found in Hunter 117. The original compiler or owner of this book may have had to undertake all types of practice from prescribing medicines, surgery to preparation of medicinal treatments. The broken bones remedies are likely to be from a surgical text and are characterised by little use of Latin, and clear, well-ordered instructions. Sources for texts such as the *Antidotarium Nicholai* can be found in the canon of medieval medical texts, but sources for original recipes can at best be said to be from a particular type of book. Citation of authorities, which could potentially be used to establish sources, is very rare in this book.²

The book is very practical in nature, with little theory. It is evidently for a practising, rather than 'teaching' doctor. It also contains many texts which deal with preparation of ointments, salves and other medicines, as well as detailed instructions about gathering raw materials. Such information would have been of great importance to the apothecary, and there is evidence to show that many apothecaries did own books, including the *Antidotarium Nicholai*.³ Literacy became increasingly important for this section of the profession in the fourteenth century. This is indicated by the Paris statute of 1322, which required that there be at least one literate person in every apothecary's shop.⁴ However, books such as Harley 2558, and the Crophill manuscript show that information about gathering and preparation of herbs and drugs was not restricted to apothecaries.⁵ In more rural areas the practitioner would have had to play the roles of physician, surgeon

and apothecary. This is also true of those doctors whose patients were less wealthy, and who required the comprehensive services of the ‘all-purpose leech’ rather than the highly trained but expensive physician and the cost of his ‘sub-contracting’. A book such as Hunter 117 was probably compiled and copied for just this type of practitioner, and illustrates the levels of literacy required of professional, but non-university educated practitioner.

It is evident that the levels of use of Latin in the sources of the texts in MS 117 varied widely, and that the person for whom this book was originally compiled was assumed to have sufficient Latin to be able to read the *Antidotarium* and the herbal. However, the existence of glosses, and restriction of Latin to the extent where most recipes could be successfully read and used without high levels of Latin literacy suggests that fluent bilingualism was not essential at the ‘lower’ end of the scale of medical practice.

The lack of indexing or order found in Hunter 117 is not unusual in books of this type, though indexing and tables of contents had been in use for some time. There are few visual aids to memory and navigation around the book, unlike many other medieval texts.⁶ The reader therefore has to rely on a combination of linguistic cues and memory; a practice far more familiar to the medieval reader than the modern. Reading recipes in present-day Western society requires an understanding of the order in which stages are presented, and can result in frustration if, for example, extra ingredients are added which were not listed in the **Ingredients** stage. The reading and enacting of recipe instructions are often simultaneous actions today, and there are few well used recipe books which do not bear the signs of use in terms of remnants of ingredients on many pages. Although this type of evidence is found in many medieval texts, it is far rarer than today.⁷ Hunter 117, though frequently annotated and quite dirty, does not appear to have suffered from having unguents or syrups spilt on it. The analysis of the language and structure suggests that the approach to reading and using recipes generally employed today would not have been appropriate for the medieval reader. A close

reading of the entire text of a recipe is essential in most cases to ensure that all necessary materials and equipment were to hand. An example of this is the description of Noli me tangere noted earlier, where the application mentions a hole in the sore which is not noted in the description.⁸ It is evident, therefore, that although the genre and many of the stages of the recipe text are recognisable to the present day, the type and amount of assumed background knowledge and the way of reading have changed a great deal. Our concepts of literacy are coloured by our own use of texts: too often 'literacy' is simply taken to mean 'the ability to read' without taking into account the *use* of literacy. To adopt Barton's terminology, it is literacy *practices* - the way in which people use their skills in reading and writing - rather than literacy itself which should be considered.⁹

In order to use a book such as Hunter 117, the practitioner (or interested layman) would have had to use linguistic cues to establish which recipe suited his needs and available materials; the stages as discussed in this thesis provide the information in a variety of ways. He would then have had to rely on his own annotations and visual memory of the appearance of the relevant page in order to be able to refer to the recipe again. The presence of quire signatures and 'mid-quire' signatures provide valuable reference points. It is unlikely that he would have relied on the book as a constant source of reference and re-reference as is done today: the interaction between book and memory was a conscious process throughout the Middle Ages.¹⁰ The practice of reading recipes has changed a great deal, and has become an 'immediate' process; only certain stages of the recipe need be read in order to know whether one is able to carry it out.

A book such as Hunter 117, with its wide variety of source material, also contains recipes which are aimed at readers of differing skills: some practise phlebotomy, others are herbalists, still others set broken bones and heal wounds. Some recipes appear to be intended for self-administration, and use the second person; others, such as some of the broken bones texts, are clearly for the more skilled practitioner. Modern recipe books tend to have texts of the same level of

‘difficulty’ within a particular book; the image of the intended reader is clearer, and can be deduced by looking at the use of technical terms for certain procedures and the level of explanation. Books such as Hunter 117 were almost certainly not intended for such a wide audience, and were probably copied on a ‘personal’ basis. For example, the original collection of texts may have been compiled by a practitioner for his own personal use, and the collection borrowed and recopied by a friend or colleague, with very little editorial redaction in the copying process. The existence of added recipes in a number of other hands certainly helps to support this theory: recipes seem to be added on an *ad hoc* basis as and when they were needed. The presence of large sections of the texts in Cambridge, St John’s College, MS B. 15, which is from the same area as Hunter 117, suggests that such a copying process may have gone on amongst a circle of practitioners in the same area; members of a guild, or perhaps colleagues in an infirmary.

In this study I have adapted a number of contemporary linguistic theories and discourse analysis techniques. The value of applying such theories to earlier texts is evident from a number of studies and merits further investigation. Other possibilities for further study stemming from this work include study of ‘tag-phrases’ in general; many scholars have encountered such phrases in manuscripts and early printed books, but as yet no comprehensive analysis of these formulae has been attempted. It is evident that close analysis of texts which have previously been considered of little merit can yield valuable results. ‘Day-to-day’ texts in many fields will have been the main contact with books and the written word for a large proportion of the population in the later Middle Ages. Further study of such texts will, therefore, reveal more about the literacy levels and practices of the majority of the ‘literate’ population, rather than the highly educated minority.

Attitudes to the book beyond emergent literacy have yet to be comprehensively studied, yet the situation is not dissimilar to the level of 'computer literacy' found in modern society; it is no longer a new and strange technology, and its value is generally appreciated, but levels of use and types of practice vary widely. It is only by looking at the broad spectrum of texts that the clearest view of the types and levels of literacy in any period will be established.

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- 1 Jones, Peter Murray, 'Harley MS 2558'.
 - 2 I have found only two such citations in Hunter 117: fo. 47v. 'as tellet₃ diastorides'; and fo. 44v. 'Pouder of lyf yat frere jon bacheler mad & gaf yt men drynken for feueres & for enpostemes.'
 - 3 Rawcliffe, *Medicine in Society*, p. 165
 - 4 Rawcliffe, *Medicine in Society*, p. 164
 - 5 Talbert, Earnest W., 'The Notebook of a Fifteenth Century Practising Physician', *Studies In English*, 22 (1942), 5-30.
 - 6 A useful discussion of such cues is found in Mary Carruthers, *The Book of Memory*, Cambridge Studies in Medieval Literature 10 (Cambridge: Cambridge University Press, 1990), especially Chapter 7, 'Memory and the Book'.
 - 7 Banham 'Evidence for Use' discussed the presence and implications of mysterious stains in Anglo-Saxon remedy-books.
 - 8 See **Descriptions of Illness** in Chapter 3.
 - 9 David Barton, *Literacy: An Introduction to the Ecology of Written Language* (Oxford: Blackwell, 1994), pp. 34-7.
 - 10 See Carruthers for a thorough discussion.

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Appendix

Transcriptions from MS Hunter 117

Eye Remedies

Quire I

fo. 1r. lines 28-9

R_x contra dolorem oclorem . & tin[it]um <a>urium

Trifera magna diarodon triasaud . rosata . nouett . bundacan . pera . pigra

fo. 2 r. lines 12-16

ffor feble sihte . . A . sothe pie . restoret3 wel sihte ¶ Item A . pie
sothen in qwhit wyn . til ich bon got3 fro oyer . yan braied in a . mort . sithen
driet azen y^e sonne . thrie daies . yan leie . y^t licour on . a . sor eie & it
shal helpen al maladies of an eie// Item . a . brent pie in . a . pot holet3 y^e
prikke of an eie . & y^e cardiacle . & . a . cancre in . a . mannes zerde .

fo. 4r. lines 6-12

Electuarium ad restauradum visum . R_x linsed . fenkel . ana .two pound
Sourmountain . drie rotes of celidonie . ana . half . a . pound . ache . anys per
sile ana . half . a . quarte . puluerizentur . & conficiantur cum melle despumato . & vse
yis letuarie . euen & morwen . Pulius ad visum restaurandum & appeti
tum prouocandum . & ad pulmonem epar & splen . & lapidem & ventositatem
R_x sueris montani . ysopi . flores abrotani . calamenti . granorum Juniperi . feniculi
piperis .ana . oz . 1 . puluerizentur huius . & in cibus vtantur

fo. 4v. lines 15-20

To purgen a man

nes hed & hi^s eyne Tak y^esed of se betes & mak yer of pouder . & dis

tempere y^t pouder w^t ious of rote^s of bete^s . & put y^e ious in to tweie
 stalkes . qwhiche y^t ben sperd . o . y^e to side . & opne . o . ye toyer . & do y^e
 seke man lin wydopenu . & lat y^o stalke^s droppen y^e ious in to his bothe nese
 thirle^s .

lines 27-30

Vnguentum contra omnis infirmitates oculorem . Tak . a . pinte of vine
 gre . & put yer to of brent Jalkcalcl vine . oz . ii . & seth hem to gidere . sithe put yer
 to coperose . oz . 1 . & swynes gres . as mikel as it nedet3 . & mak yer of
 an onyment & . lineatur oculi cum isto vnguento vespere & mane .

fo. 6 r. lines 24-7

ffor spottes & howne^s in . an . eye . . . Tak ious of fen
 kel & puttet in a . mannes eie ¶ Item meddle þe ious of millefolie & wymmannes
 mylk to gidere . & droppet in a . mannes eie ¶ Item droppe y^e ious of centinodie
in . a . mannes eie . et delebit macloram in duobus diebus .

lines 29-33

ffor

dymmehed of eyne . . . Tak ious of fenkele . & aloe . & wymmannes milk
 ana . oz . ii . & meddle hem to gidere . & droppet in . a . mannes eie ¶ Item meddle
 ye ious of celidonie . & ye ious of fenkele to gidere & droppet in . a . man
 nes eie .

fo. 7r. lines 4-9

ffor feble sihte of eyne . . . Gaddre of betonie . celidonie . mynte . en
 frase . & strauberie wises . ruwe . louache . poliol mountain veruene . ysop .
 agrimonie & poliol real . ana . Manipulum . 1 . a forn midsomer . & drie hem
 & mak yer of pouder . tunc R_x . anisi . carni sileris montani croci . ana dragme . 1 . marathri

libram . semi cimini gariofil[.] . 3in3iberi^s . spicanardi . ana . dragme . semi . puluerientur ista
& cum
alio puluere misteantur . & vtatur iste pulius . in cibis & potibus & mane & sero .

fo. 7v. line 32 - fo. 8r. line 5

Experi

mentum bonum ad restaurandum visum oculorum hominum vel feminarem

Tak . a . swalwes brid out of y^e nest . & tak . a . nedle . & prikket in y^e eyne
til it is blynd . Sithe put . a . 3en y^t brid in to y^e nest . & after . ix . daies y^u
8r) schalt fynden y^t brid wel seande . tak y^t brid & puttet w^t al ye
fetheres in to . a . clene newe erthene pot . & brennet al to pouder
tak yanne y^e galle of . a . sokande qwhelp . y^t hatg soket . xxx .
daies . & tak two partes of y^e pouder of castor . & meddle al yis
to gidere . & puttet in . a . sor eie .

lines 23-30

To restoren a .

mannes sihte . . A sothe pie eten . is ^a noble medicine for . a .
mannes sihte . & noble mete for y^e cardiacle ¶ Item . tak . a . pie .
& plukket . & drawet wel & clene . & sethet sithen in qwhyte wyn . til
al y^e wyn be sothen iut . & y^e pies flesh got3 fro ye bones . yan
stampet al to gidere in . a . mortar & tak y^t licure yanne & settet thre
daies by . & by . in y^e sonne . yan tak . a . fair clene flaxen clout . & ley
of y^t licure yer on . & istud ruborem & dolorem oculorem collit . & visum reparat .

Quire II

fo. 9r. lines 17-19

Contra oculos lacrimante^s Tak . iii . peny wihte
of . aloe . & distemperet w^t qwhy^t wyn . & ious of celidonie & wom
mannes mylk ana oz . ii .& vnge oculos.

fo.10r. lines 33-6

Medicina bona propter la
crimante^s oculos .Tak y^e barly mele . y^t lyht a . bouten y^e mille &
distemperet w^t ye ious of rapistri . i . rapes . & put yer to bol armenyk .
& powder of galles . &mak yer of . a . plaistre & leit on . a . mannes frount

fo. 10 v. lines 2 - 4

ffor blood in . a . man
nes eie . Stampe wormod . & qwhanne it is stampet . tak y^e qwhyte
of an ey . & meddlet yer w^t . & mak yer of . a . plaistre . & leit . o y^e sore eyne .

fo. 11 v. lines 17 - 27

Ad purgandum capud de malis humoribus & visum & dolorem capitis
Tak spigornelle . & safroun & euforbium . & qwhy^t bolle seed . ana
dragmes . 1 . ye rotes of qwhit elebre . & blak elebre . ana . dragmes . 11 . & meddle alle
yis to giddere w^t ious of fenkele . & mak pelotes yer of as michel
as pesen . & drie hem w^t outen ony sonne . & qwhanne y^u wit usen
yis pelotes . distempre hem w^t ious of betes & wymmannes milk
& do . a . man lyn wyd open . & droppe y^t in to . a . mannes nese . but
lok y^t be weie it entre in to hys throte . but qwhanne he may no
longere suffrent . set by hym . a . bacyn . & lat hym spitten yider in . & lat
hym helen . a . rote of betes . be twen hys . teth . Istud valet ad visum

& dolorem capitis . & purgandum lepersum .

fo. 12 r. lines 25 - 32

Contra omnia vicia oculorem

medicina bona . . R_x succum . apii . rute feniculi veruene . betonice
agrimonie . benedictie . sanamunde . germandrie pimpernelle . eufrasie
celidonie saluie . ana . Stampe al yise to giddere smal .& put yer to
pouder of seuene kirneles of peper . & two sponeful of hony
& thre sponeful of . a clene maydenes vryne . videlicet pueri mas
culi . & meddle al yis to giddere . & pone in oculis mane & sero
& recuperabit visum infra quadraginta dies probatur .

fo. 15 r. lines 32 - 35

Pro dolore oculorem . . Tak ious of sothernewo

de . & tempret w^t hony . & w^t y^t onym^{nt} onoynte sore eyne & sanabuntur .
¶ Item ad idem . Sethe porrettes er lekes w^t wyn . & mak yer of . a . plaistre
& leit hot . o . sore eyne . & statim sanabuntur .

fo. 16 v. line 22 - 17 r. line 2

ffor sore eyne & rede . . .

Sethe ye red snayles in water . & gaddre y^e gres yer of . & onoynte
a . mannes eyne yer w^t at euen qwhanne he got3 to bedde . A plaistre
for sore eyne . . Tak arn^{ment} . & hony . & qwhites of eiren be
euene wihte . & mak yer of . a . water er elles a plaistre . & leit a . bouen y^e
sore eyne ¶ Item ad idem . Stampe trifolie & meddlet w^t qwhy
tes of eyren . & lei . a . plaistre yer of . o . ye sore eyne . ¶ Item ad idem
Tak a red col lef . & lei yer on gleir of eiren . & leit . abouen . sore eyne .
¶ Item ad idem . Stampe foure handful er fyue of eufra . & wryn

ge y^e ious thorw a . cloth yan tak fresh swynes ^{male} gres . & puttet in
 to . a . panne & as miche goses gres er hennes gres & sethe alle
 yise to gidere . & qwhanne it arn wel sothene . lat hem stonden & kolen
 & qwhanne it is cold puttet up . in . a . boiste . & onoynte W^t yis ony
 ment sore eyne . An onyment for sore eyne Meddle hony & ious
 of centorie to giddere . & onoynte yer w^t sore eyne ¶ Item ad idem
 Tak¹ betonie . & ground yui . & pimpernelle . & stampe . & meddle hem w^t
 olie dolie . ana . & onoynte w^t y^t onyment sore eyne .

Quire III

fo. 17r. lines 2 - 8

ffor y^e spot

in a . mannes eye . . Tak vinegre . & ious of pimpernelle . & ious of
 slou . blauk plom . & aloen . ana . & meddle al yis to gidere in
 a . clene treen vessel & hillet . er puttet in a clene glas . & put
 yis water in . a . mannes eie ¶ Item tak . a . galle . of . a . clene fresh
 el & as michel hony . & meddle hem to gidere . & puttet in to . a . sor
 eie

fo. 17v. lines 6 - 8

ffor feble sihte

ye ious of walwort put lewk in a . mannes ere amendetz michel
 a . mannes heryngge

¹ Added later in margin of MS.

fo. 21 r. lines 5 - 12

Aqua mirabilis ad visum

clarificandum & ad delendum omnem maculam in oculo . R_x ffeniculi . rute ver
uene . eufrasiae betonice . Rose capilli veneris . ana . lei yis
erbes al hol in qwhyte wyn . pro diem vnum & noctem . y^e secunde dai stille
hem thorw a . lambyk . & stille y^t water thries . & kepet in a fiole of
glas quia valet auro . Ad sanguinem in oculo . Mak powder of mas
tyk & tempret w^t ye qwhites of eiren & ious of smal ache & po
ne super oculos & mirabiliter innabit

fo. 21 v. lines 26 - 28

Ad lippitudinem oculorem Mak an ony

ment of borax and tuchea . & capounes gres . & onoynte blere eyne w^t
yis onyment .

Quire IV

fo. 25 v. lines 25 - 34

Collirium bonum pro oculis lacrimantibus

Tak qwhyte calamyne & brennet nine sithes in y^e fyr . yanne
qwhenchet in qwhyte wyn . yanne kast . a .wei al ye wyn yer fro
& al y^e filthe . yanne tak y^t qwhyte calamyne & mak yer of powder
y^t ye powder be as smal . at qwhete flour . yan tak ious of ruwe .
& qwhyte wyn . fyue partes of qwhyte wyn . & ye sexte of ruwe .
& meddle hem to giddere . yanne put yer to y^e powder of calamyne after
y^e quantite of y^e wyn & settet . o . y^e fyr & bolliet . & qwhanne it hatz
bollied . a . litel . drawet thorw . a . streniour . leie in yis collirie braun
ches of ruwe . et cum isto collirio vnge oculos lacrimantes .

f26 r. lines 1 - 6

¶Collirium bonum ad oculos reuersos . & ad visum clarificandum .

Tak of yis forseide pouder of calamyne . & put yer to capounes gres
as michel as it may hillen . al y^e pouder of calamyne yan
ne put yer ious of ruwe & qwhyte wyn . be euen peis . & sethe hem
alle to giddere . til y^e wyn & y^e ious be sothen in yanne taket of ye fyr .
& puttet up in boystes .

fo. 26v. lines 1 - 21

¶Collirium bonum propter oculos lacrimantes .

Tak ious of ruwe & hony & vinegre be euene porcioun & meddle
hem alle to giddere . yan wryngget thorw a clene clotz . & puttet
up in som clas .& cum isto collirio vnge . ¶ ffor blere eyne
Tak arnement . & hony . & y^e qwhyte of an ey & meddle hem alle
to giddere . w^t yis onyment onoynte yin eyne at euen .& in mor
wen washe hem w^t wymmannes milk . & curabuntur . ¶ ffor hete of eyne
Drynke often y^e ious of paruyncke & lei ious o . y^e eyne qwhan y^u gost
to yi reste ¶ ffor y^e spot in a mannes eyne . & for blodi eyne
Tak verdegres . a . tempre y^e pouder yer of w^t wymmannes milk
& onoynte yer w^t . sore eyne ¶Item ious of ruwe . & y^e galle of
an hare sothen in hony . is good for ye s prikke in . a . mannes eye .
¶ Item ad maculam in oculo .

Tak y^e ious of ye rede pimpernelle & kapouns gres & frie hem
to giddere wel sithe drawe hem thorw a . streniour . in to . a . clene
bacyn of latoun . & latet ben stille in y^e bacyn foure daies . & it schal tur
nen grene . yan taket out of y^e bacyn & kepet in . a . letherene poke. And
lei yis onyment w^t innen . a . mannes eie .& anferet maculam. ¶ Ad remo
uendum sanguine de oculo . Tak ious of ruwe & pouder of comyn . &
bollie hem wel w^t qwhyte wyn . sithe drawe hem thorw . a . streniour &
puttet up in som glas . cum isto vngeunto vnge oculos qui ibis dormitum .

fo. 29 r. lines 12-21

ffor sore eyne . Tak . a . pound of
calamyne . & brennet thries . & thries quenchet in qwhyte wyn . & qwhanne
ne it is cold . mak ye of pouder yanne . yanne tak . a . clene scoured ba
cyn . yanne tak . a . galoun of qwhyte wyn & puttet into yt bacyn . & a . po
tel of ripe strauberries . & on yise strauberries strowe ye pouder of
calamyne & stiret nouht . latet stonden so stille fyue daies & fy
ue niht . And at fyue daies ende stire wel to giddere ye wyn . & ye
strauberries & ye pouder . & lat hem yanne stonde stille in som cold celer
foure daies & foure niht . And puttent up yanne in some clos vessel
y^t neuere kam to werke . Istud est bonum collirium pro oculis

fo. 31 r. lines 10-15

ffor . a . spot er rank flesh . in . a . mannes eie . Tak ious of ye rotes of
f red fenkele . & ye ious of ye rotes of celidonie . & ye ious of ye kroppes
of wormod & of ruwe of alle euene wihte . & put ye to pouder of
alom . & meddle al yis to giddere ¶ And 3if flesh be in ye eie . put
to yis thyngges . pouder of mirre . & ye galle of an hare . & of a pertrich .
& of fish y^t leueth be rawyne .

fo. 31 r. line 28 - 31v. line 1

To don . a . wei a . spot out a .
mannes eye . Tak . a . dish ful of salt of peyto . & washet in . a . clene
water . & qwhanne it is washed . latet stonden . a . day & . a . niht stille . &
do so thrie daies in thre sondri wattres . ye ferde day . put ye to . a .
quart of qwhyte wyn . & a . sponful of hony . & hillet w^t a . clene
bacyn . ye secunde day stired w^t a . slyce wel to giddere twies . o . ye day .
ye thridde day . stiret thries day . ye ferde day . four sithes . ye fife
day fyue sithes . ye sexte day . sexe sithes . ye seuende day . seue

sithe . y^e eihte day eihte sihte . y^e nynde day . nyne sithes . y^e tende
day drawet thorw . a . streniour . & puttet up in . a . clas . probatum est

fo. 31 v. line 35 - 32 r. line 1

Pro macula in oculo . Tak yo ious of trifolie & wode
bynde . & pety consowde be euene peis . & puttet in y^e eie & delebit
maculam in oculo .

fo. 32 r. lines 16 - 21

ffor ouer turned eyne Tak rede snayles . & sethe hem
in clene water of . a . welle . in an erthene panne & gaddere y^t gres
& puttet vp in boistes . & onoynte w^t yis onyment ouer turned
eyne & sanabuntur . ffor ye prikke in . a . mannes eye . Tak trifolie
y^t beretz y^e spottes . & stampet smal . put y^e ious in . a . sor eye
w^t ye prikke . & late hym kepen hym . out y^e wynd .

lines 27 - 29

ffor ffeble sihte Ete . a . pie . er two . er thre
sothen er rosten . er mak yer of pouder . & etet er drynket . & it
shal amenden michel yi sihte .

Quire VI

fo. 45 r. lines 14 - 25

ffor to maken . a . cler sihte
Tak ache fenkele . rue verueyne . betonie . egrimonie . scabiou
se Auence . cheruele . germaundre . calamynte . eufrase .
pimpernelle . sauge . Tak of alle yise herbes euene porcioun

& braie hem wel in . a . mortar . & put yer to powder of seuene g^e
 greynes of peper . & medlet al to gidere . And tak vryne of . a
 knaue chylde half as michel as of yo ious of ye herbes &
 medle hem al to gidere . & put yer to . two sponful of hony &
 medlet wel to gidere . & letet stondyn thre daies . & 3if it be
 to thikke put yer to more vryne of y^e same chylde . & yanne .
 wrynget thorw a . clot3 . & puttet in . a . vessel of bras . And yis
 is medicine proued .

fo. 45v. lines 9 - 18

Precious powder for y^e web in y^e eye .

Tak . ii . dragmes of totye . & quenchit . ix . tymes in vryne
 gre or in enrose . And . ii . dragmes of sang dragoun . & . i . drag
 me of sucre . & braie hem wel to gidere . til it ben riht smal pou
 dre . & tak of y^t powder & cast in y^e eye w^t outen ony peryl . but cast
yer inne but . a . lytel at onys . & yis medycyne is wel proued .
 ¶ Powder for y^e selue maladie . ¶ Tak red roses & sucre &
 salt gomme of euerich euene porcioun & mak yer of powder . And tak
 a . lytel of y^t powder & leit in y^e eye & it shal maken it hol ffor
 yis medicine is proued .

Quire VII

fo. 50r. line 34 - 50v. line 6

¶ ffor euel in y^e eyne ¶ 3if it be of wynd
 er of blod . tak water of fenkele . er of rose er of eufrase . & it wile helen
 y^e . Er tak gleyr of eyren & hony . & menget to gidere & puttet in yin eie
 ¶ 3if it be aperle er web . er blod michel . gadered . a . bouten y^e bal . of y^e
 eye . tak water of pimpernelle . er of verueyne . er of celedonye & put in

yin eye . Also do y^e bleden on y^e elbowes ¶ In y^e hirnes of yin eyne
lyn two veynes . atame hem for blod rennyng er for gotus of gounde .

fo. 55r. lines 10 - 20

Aqua pro oculis

Tak of calamyn^te . a . quarter . of al^um glas an vnce . foure an twenty
baies of lor^er . a . quart of qwhit wyn . bruse . yi calamyne & yin
al^um glas & yanⁿe braies in . a . mortar til yei ben smal poudred . yanⁿe
braie y^e baies y^er w^t . yanⁿe putte y^e poud^er & y^e wyn to gid^ere in . a . panⁿe .
& sethe hem til he plawen . yanⁿe quenche in ye panⁿe y^e lowe of qwhete
straw . nyne sithes . yanⁿe taket of y^e fer . & clarefie y^ewater fro ye
poud^er þ be stillynge of . a . lambyke ¶ Item pro oculis bona aqua .
Tak litarge & goolde . of eiye^r half . a . pound . ffoure an twenty baies of
lor^er . & . a . quart of qwhy^t wyn . & braie hem & sethe hem & stille hem
as it is Writen her be forn .

Unguent recipes

There are a large number of unguent recipes in the manuscript. Some have not been transcribed here, but those not transcribed fall into large groups of unguent recipes all of which are very similar. A representative sample of all groups has been transcribed.

Quire I

fo. 1r. lines 14-17

Vnguenta calida

Marciaton . Arrogon . Vnguentum agrippe . Vnguentum aureum . vnguentum mixtum

Vnguenta frigida

Vnguentum citrinum . Vnguentum nigrum . Vnguentum album .

fo. 4r. lines 18 - 24

Vnguentum ad faciem & plagas mundancas

Tak of eld swines gres . quarter . i . of pik . quarter . semi . of wax . oz . set yese
o . ye fir . & qwhan it arn molten . Wringe hem thorw . a . clot3 put yer to yanne
of pouder of alkenet . oz . i . & . semi . & pouder of confre vif . oz . semi . & quik siluer
quenched . oz . semi . & lei al yis to gidere in . a . mortar . & stiret wel to gidere
& put yer to yanne . thre pintes of vinegre . droppande yer on . & ere more
stirande

fo. 4v. lines 27-30

Vnguentum contra omnis infirmitates oculorem . Tak . a . pinte of vine
gre . & put yer to of brent Jalk ^{calcl} vine . oz . ii . & seth hem to gidere . sithe put yer
to coperoze . oz . i . & swynes gres . as mikel as it nedet3 . & mak yer of
an onyment . & lineatur oculi cum isto vngento vespere & mane .

Quire II

fo. 10r. lines 6 - 16

Vngentum diacatum nobilissi

nium propter omnem guttam . & sic fit . Tak . a . 3ing blak kat . yt be fet . & . a .
male & slet . & drawet & parboliet . & smytet smal .& kastet in a .
morter . & stampet smal cum a salt swynes gres . a . quarter . & oz i . &
w^t wax . oz . ii . Tak yanne a fet gandre & plukket & drawet . & was
scet clene & lat drien . a . lite yan tak ye kat & al ye reinaunt . & farse
ye gandre wel yer w^t . & puttet on a . a . litel spite & rostet wel . til ye
gandre be ful drie . but ye firste droppynge of ye gandre kastet . a .
wei . yan & kep wel al ye toyer droppynge . qwhan al ye moisture
is rosted out . tak al ye droppynge & meddlet w^t clene newe wax
& kep wel yis onyment quia optimum est per gutta .

fo. 10v. lines 15-17

Vnguentum ad podagrum

Tak pouder of euforbium & meddlet w^t arragon & marciaton . &
onoyntet . bonum est .

fo. 13r. lines 11-17

Vnguentum ad neruos confortandos

Tak ysop . lauendre . sothernewode . wormod . sauge . horhowne .
lorer leues . baies of Juy . stampe alle yise to giddere & meddle
hem wel w^t olie dolie & w^t olie of castor . & plawe hem wel to gid
dere yan drawe hem thorw a . streniour . & put hem azen to ye fyr . & pot yerto
yanne pouder of mastyk . & euforbii . & sarcocalli . ana . dragmes . ii . & mak yus
yis onyment

Quire III

fo.18 v. line 34 - 19v. line 1

¶Vnguentum pro omnem gutta . put to yis forseide plai
 stre. ye wihte of . iii . pens of bawme . y^e wihte of sexe pens
 of caumfre . & half an ounce of aloes epaticum . & an ounce . of . aloe
 & an ounce of mirre . & conficiatur . ¶ Vnguentum ad neruos R_x ysopum
 lauendulam . abrotanum . absinthium . marrubium album . folia lauri . bacce
 edere . ana . oz . ii . stampe al yise smal . & frie hem in olie dolie . &
 put yer to powder of castor . & mastyk . & euforbium & sarcocallam . ana . dragmes . i .
 ¶Vnguentum ad spasium y^t is y^e crampe R_x . oleum mustellagnium
oz . i . de petroleo . oz . i . oleum de oliua . oz . ii . storax . calamenti . oz . ii . masticis
 thuris . ana . oz . semi . gummi arabie . oz . ii . & . semi . meddle al yis to giddere
 & settet . in . a . panne . o . ye fir . & stiret wel w^t . a . slice . & qwhanne it
 hatz wel bolied . put yer to yanne ye storax . & taket yanne of y^e fyr
 & w^t yis onyment ye crampe . & euanesset ¶Vnguentum frigidum
 ad guttam calidam . R_x . plantagins . lanceole late . millefolii . barbam
 Jonis . morellam . lactucam . consolidam minorem . herbam bundacanni . radicem perel ad
 le . ana manipulum . i . Stampe al yise herbes to giddere in . a . mor
 ter . yanne leie hem in qwhyte wyn . & lat hem lyn yer in . sexe daies
 sithe bolliet al to gidere . & sethet wel . yanne put yer to fresh
 swynes gres . & drawet yanne thorw . a . steniour Vnguentum
 ad omnem guttam . R_x centrum galli . consolidam maiolem & minorem . sal
 gam . rutam . absinthium . sambuci . artemirsiam . & summitates tribuli .
ana manipulum . i . Stampe al yise herbes to gidere . & sethe hem in qwhyte
 wyn . yanne drawe hem thorw . a . steniour . yanne sette y^t ious
 azen . o . ye fyr . & put yer to . netes talw . & rammes talw . & fresh
 swynes gres . olie dolye & wax . but loke y^e ious . be duple
 as miche as . y^e talw & y^e olie . yanne bulliet to giddere & stiret

wel . & y^e bulli^yng put yer to mastyk . & franc encens . & sang
 dragoun secundum . voluntatem tuam . & fiat vnguentum . Vnguentum ad
 cancre . festre . & mormales . . . Tak olie of eiren . & lard of bacoun
 ana . & meddle hem to giddere . yanne put yer . oz . ii . of verdegres . & . oz .
 . ii . of pouder of alom . & oz . ii . of saponare . & meddle al yis to
 gidere & mak yer of . an onyment . ¶ Vnguentum optimum ad sanan
 dum & mundificandum . Tak . a . quarter of litargirie & stampet in . a . mor
 ter & put yer to . olie of rose . & vinegre . now of ye ton . a . litel
 & now of ye toyer . & eremore stiryngge . do so til y^u hae . a . good
 quantite . yanne tak . pouder of . alom & balanstie . & pouder of
 maddokkes . & eris vsti . & plumbi vsti . & gallana . & sanguinis dra
 conis lamins argenti . ana omni . tak eihte partes of y^e forseit ony
 ment . & foure partes of alle yise & meddle hem wel to gidere
 & of yis onyment lei on . a . wounde & it shal drient & carnem
 regenerabit & consolidabit . Vnguentum ad inflacionem Tak . a . pound
 of rammes talw . & settet . o . ye fyr . & do it bolien . yanne put yer
 to . two pound of ote mele mad riht clene . & meddle hem wel
 to giddere & qwhanne y^u wit werke yer w^t leit . on . a . lynnene clot3
 & hetet azens a . fyr . & leit on .

fo. 24 v. lines 15 - 24

¶ Vnguentum fusum sic fit

[T]ak olie dolie . & schepes talw . & wax . & pik nual . ana . libram
 . i . de pice greca . oz . iii . de mastyk . franc encens . galbanum .
 armoniacum . serapinum . cippo^oponak . terpine . ana . oz . i . Of yis thn
 gges yt a . man may make pouder . mak pouder . yanne tak ye she
 pes talw & ye wax & þe pik nual & alle ye gomme . & sette
 hem o . ye fir & bollie hem to giddere . yanne draw hem thorw . a . streinour . & re
 pone in pis pixide . yis onyment distroiet3 badde flesh . & resto/ret3 good flesh

Quire IV

fo. 25 r. line 1 - 25 v. line 2

¶Item aliud vnguentum pro paralisi .

Tak sauge . Rue . sauynne . lauendre . sothernwode . ros maryn lo
rer leues . moleynne . primerole . bugle . betonie . cround yiu . auence .
watercresses . cutbertes col . erbyne . yiu beries & yiu leues . & red nettle
ana . Manipulum . I . Stampe al yis erbes wel in a mortar . & leie hem yan
ne in red wyn . & plawe hem wel to giddere & put yer bores gres & baustones gre^s
& kattes gres & foxes gres . & pouder of castor . & bolie hem wel to
giddere . sithe drawe hem thorw . a . streniour in . to . a . bacyn . & put yer to yan
ne wax & peis resyn . ¶ Vnguentum pro gutta calida

Tak plauntanie . ribbewort . millefolie . Jubarbe . seynthe marie berie
letuse . cicori . peti consoude . mader . horhowne . herbe benet . erbe
Jon . Rue . caswed . ana . oz . ii . brom floures cowntre peis contra omnis . & red dok
ke rotes . Stampe alle yise erbes smal in . a . mortar . yanne leie hem in qwhit
wyn . sexe daies . yanne sethe alle yo erbes in y^e selue wyn . & put yer to
fresh swynes gres . & drawe hem thorw . a . streniour . & repone in pixide
¶ Vnguentum bonum pro saucefleme

Tak fencele rotes . & parsele rotes . & louache rotes . rotes of fennache
ana . oz . iii . & rotes of Jarus . & lilie rotes . & rotes of dragaunce ana . oz .
iiii . Washe al yise rotes in clene water . Sethen opne alle y^e rotes . & tak
. a . wei . y^e piht3 yer of yanne kutte hem . o . smale peces . yan washe hem in qwhyte
wyn . & lei hem in qwhyte wyn foure daies . Sithe sethe hem in y^e selue wyn
til y^e rotes ben riht nessthe . yanne put yer to . a . pound of fresh gyltes gres
& half . a . pound . of schepes talw . & sethe hem alle to giddere til y^e wyn is
sothen in . yanne drawe hem thorw . a . streniour . & put yer to yanne . oz . i . of
caunfere mad wel of pouder & . oz . i . of fyn franc encens . & repone in
pixide . ¶ Vnguentum bonum pro saucefleme . & scabie

Tak rotes of louache . & of y^e rede dokke . & y^e croppes of vrtica gre
 ca . & y^e croppes of celidonie . ana . oz . iii . & half . a . pound ^{^of} ap parsele
 leues . Stampe alle yise in . a . mortar smal . & put yer to . two pound of
 bores gres . & braie hem wel to gidder . & lat hem reste . so to gidder . thre
 daies . ye ferde dai bollie hemm wel . on . a . fyr . sithe drawe hem thorw . a .
 clene streniour . yanne put yer to . oz . i . of mirre . & oz . i . of franc encens . &
oz . i . of mastyk . mad smal on pouder . & settet azen . o . y^e fyr . & latet . bol
 lyen riht wel . & stiret wel w^t a . lyce . yanne taket of y^e fyr . & qwhanne it
 is cold . put yer to oz . iii . of quik siluer quenched first in . a . mannes spotle .

Quire V

fo. 33v. lines 18 - 21

Vnguentum viride . Tak . a . pound of olie dolie . & . a . pound . of rammes talw .
 & a pound of sal gemme & . a . pound of alom glas . & two vnces of verd
 gres . Of yis thyngges mak pouder . bullie alle yise thyngges to gidder .
 . a . litel qwhile . & sithe kelet & repone postea .

Quire VI

fo. 41r.

¶ Vnguentum geneste for al maner akynkes & for ye splen

T Tak ye blosmes of brom . camomille . walwort . plauntanie . smal
 mader. louache . of ich euene porcioun . braie hem alle to gidere in a
 mortar . tak fresh botre & triet wel . & clene shepes talw . or ye suete of
 a . der . & let hem lyn to gidere . ix . daies . & yanne bolliet in . a . panne & wrynget
 thorw a . clotz . & puttet up in pottes.

¶ Vnguentum venimecum ffor skabbe morfyl . & skalle

Tak borage fumiterie . celidonie . ye leues of elna campana scabiou
se & ye rede dokke & clotes boyen ye leues & ye rotes of euerich be
euene porcioun . & braie hem alle togidere in a . mortar . & lat hem lyn. ix . daies
in qwhit gres . & thanne bulliet up . & puttet in pottes

¶ Vnguentum Robusti for al maner . goute & akthe yt cometh of cold

Tak lorer leues . sauge . camo<mill>e . lauendre . ysop . Erbyne . horhowne
wormod . smal mader . retnet<tl>e . lilie rotes . pouder of comyn & of lin
seed . of euerich of yise herbes & of ye poudris . a . pound . & braie wel yise
herbes in a . mortar . tak olie dolie . gotes gres . bores gres . capownes gres
endes gres . dogges gres . kattes gres . suete of a . der . of euerich of yise
a pound . & puttet al to gidere . & letet stonden . ix . daies . & yanne bulliet up
& puttet in pottes . ¶ Vnguentum frigidum for ye hote goute

Tak seynte marie berie . plauntanie . red rose . camomille Ribbewort . daye
seie of euerich euene porcioun . & . braie hem togidere in . a . mortar . lettet ston
den . ix . d<ai>es in olie dolie & yanne bulliet up & wrynget thorw . a . cloth . & sl[i]ce
of ye fatte & puttet azen in ye panne . & bulliet azen .& put yer to . a . porcioun of vir
gine wax .& wrynget thorw a clot3 . & puttet in pottes.

Vnguentum paralisie . for ye palisy

Tak ye leues of lorer . camomille . sauge . soyernewode . ysop . cousloppe
primerole . tunhowe . rednettle . Erbyne . wormod . wyldemader . centorie
louache . smal ache . scabiose fumiterie . sauereie . ros maryn . paritore of e
uerich euene porcioun . & braie hem alle in a . mortar . & . put yer to olie dolie & mai
botere wel tret . as miche of ye ton as of ye toyer . & bolliet op . & wrynget thorw
a . clot3 & puttet in pottes .

Quire VII

fo. 56 r. lines 18 - 22

¶Vnguentum viride sic fit¶ Tak

a . pound of olie dolie . & . a . pound of schepes talw . & half . a . poun of
alom glas . & two vnces of verdegres . of yise mak pouder . And it
shuln bolyen o . ye fer . & qwhil it be o . ye fer euermore stiret & fiat vn
guentum .

Gracia Dei recipes

Quire IV

fo. 27v. line 22 - 28r. line 10

¶ Gracia dei sic fiet . yis ben vertue^s of gracia dei .

Ye vertu of gracia dei is to hollen alle maner woundes elde & newe .

& alle bityngges . & alle brosoures & venymes. \ It distroiet3 ded flesh

& it clenset3 a wounde & clarifiet3 hym . & kepet3 hym fair & clene . It holet3

a .wounde more in . a . woke . yan . a . noyer salue dot3 in . a . monet . It is good

zif . a . mannes calf . er . brawyn be raced . It is good for igius infernat

& for aposteme . & brookes . & specialiche for y^e panne of . a . man zif it

be broken . And for alle perliouse sores . ¶ Confictur que sic . yus ist mad .

Tak of litargirie . oz . .iiii . of seruse . oz . .iii of ye scrapyngge of

bellis . oz . .ii . of verdegres . oz . .ii . of sarcacolle . oz . .iiii . of mastyk .

of galbani . of armoniacum . ana . oz . .iii . of cipoponak . oz . .ii . of colofonie

. oz . .iiii . of franc encens . oz . .iii . of bdellii . oz . .iiii . picis grece & picis

naualis . ana . oz . .semi . Qwhanne yis thyngges be redi up ye ka kraft of

cirurgie . yanne tak of alle yis erbes folwyngge euene peis . of beto

nie . of pimpernelle of verueyne . of consoude^s . maior & minor of

mousere . of plauntanie . of ribbewort . of lanceolata . of zarwe . of centor .

y^e rede & y^e qwhite . of auence . & of sauge of ich . oz . .ii . Stampe alle

yise erbes in . a . mortar & sethe hem in . a . galoun of qwhyte wyn . & a . potel .

qwhan it ben sothen . ta in to y^e haluendel & more . lat hem restyn si

then & kelen . twelue houres large er more . yanne drawe hem thorw

. a . streniour . Panne sette y^t licure azen . o . ye fyr . & qwhanne it be gyn

netz to bollien . put yer to al yise forseide pouders & gummes up y^e

kraft of cirurgie . & bollie hem wel to giddere . And azens y^e ende of

ye bolliyng put yer to . a . quarter . er half . a . pound of olie of rose . & sti

ret [.....] Et refrigeretur & reponatur .

Quire V

fo. 33v. lines 6 - 13

Gracia dei minor

sic fit . Tak . of betonie . & of verueyne . & of pimpernelle . of . ich . an hand
ful . & stampe hem in . a . mortar . yanne . sethe hem in . a . galloun of qwhyte
wyn . til it be sothen in to y^e thridde part . yanne drawet thorw . a . clene
strenyour . & put y^e wyn azen . o . y^e fyr . And put yer to yanne . a . pound of
rosyne . & an vnce of pouder of mastyk . And thre vnces of clene wax .
& bulliet a . litel to giddere . o . y^e fyr . yanne taket of y^e fyr & put yerto half
. a . pound of terpentyne . & stiret wel il fote til it is cold .

Quire VI

fo. 41r. line 31 - 41v. line 12

¶ ffor to maken gracia dei maior for woundes

Tak cipopenak . & pokenardak . mirre . virgine wax . asa fetida . galbanum
gumme of ync . ceruse . litarge terpentine . olie dolie . clene bores gres
pouder of rosyn . of euerich half an vnce . saue most of terpentine . bolliet al
to giddere . & stiret wel . & settet of y^e fyr . & put yer to pouder of verdegres . & sti
ret wel to giddere . ¶ To maken gracia dei minor . ffor woundes
Tak verueyne . betonie . pimperunelle . spinogre . turmentille . scarnоче
of euerich tak euene porcioun . & tak a galoun of qwhit wyn
& sethe yis herbes yerine in to y^e haluendel . & . stenie hem thorw a
clot3 . & cast yer to . a . porcioun of virgine wax . & sethe to . giddere & stere
alwei . & yanne taket of y^e fyr . & put yer to . a . porcioun of pouder of
rosyl . & stiret wel . half . a . quarter of franc encens poudred . half a . quatroun
of mastyk . poudred . & as michel of galbanum . poudred . & . tak . a . pound
of terpentine & cast yer inne . & . a . saucerful . of wymmannes milk of . a .
knaue child kast yer to . & stiret al wei wel til it be cold . tak also
bawme 3if y^u miht hauen . & put yer to . To alle yise erbes y^t ben

writen a . forn . to y^e porcioun of y^e poudres . tak . an handful of
iche herbe .

Quire VII

fo. 56r. lines 9 - 16

¶Gracia dei . ¶

Tak betonye . verueyne . pimpernelle . bugle . of ich an handful . yis
herbes shuln be stampet & bolied in . a . galoun of qwhyte wyn
in to y^e thridde part . yanne shuln y^e herbes be clensed fro y^e wyn .
& in ye wyn shuln be put . a . pound of peis resyn . & an vnce of mas
tyk . & thre vnces of clene wax . & yei shuln be bolied to gidere . o . y^e
fer . & yanne yei shuln be set of ye fer . & put yer inne yanne half a . pound
of terpentyne . & stirent il fote til it is cold .

Broken bone remedies

Quire I

fo. 5r. line 32 - 5v. line 5

ffor

brekyngge of legges . Sethe dede netles . & wormod & osmound . & fenkele
 . ana . [.]uis . in water er qwhit wyn . & washe ye legges . ffor . a .
 mannes leg y^t is broken . . fforst ioine azen ye legges . & lat on
 helden ye fot . a . noyer ye kⁿe . til ye leg be set wel to gidere . yanne
 mak . a . plaistre of bol armenyk . & franc encens & qwhites of eiren . &
 leit on . a . newe lether . er on . a . waxed clotz . & wynd al ye broke leg ye inne
 sithe bindet harde . a . bouten w^t spliteres . & lat hem be stille so vnremowned
 xxii . daies . sithen lei a . bouten ye leg . a . plaistre of oxirocroceum . oyere . xxii .
 & do hym drynken in yis mene tyme bonwort & daisies .

Quire II

fo. 15v. lines 4 - 7

Pocom pro ossibus fracti^s & plagam curandam Tak

betonye & nepte & egrimonie & puliole . & y^e tendre kroppes of brom .
 be euene . mesure & stampe hem alle to giddere . & meddle hem wel w^t
 wyn & pouder of peper . & drynk ye . of . a . litel cuppeful fastyngge .

Quire IV

fo. 31v. lines 33-4

Ad ossa

fracta in capite . Drynk ye ious of betonye & violet cold w^t good qwhyte
 wyn . pro phisicos .

Quire V

fo. 34r. line 13 - 34v. line 2

ffor brokene pannes of mennes hedes . To hollen y^e panne of
 . a . mannes hed qwhanne it is brosed w^t a . staf er krased w^t a swerd
 sihte & techyngge shal do more yer to yanne ony wrytyngge of bokes .
 thorw y^e craft of cirurgie . ffor in yis bok be writen watres . onymens
 & entretes & salues to hollen al maner woundes & sores . but 3if . a . man
 be wounded to y^e deth . ffor brokene ribbes . 3if . a mannes ribbe be bro
 ken .to maken . a fyr as long as y^e man his & do hym al naked he
 ten wel hys bely . & his ribbes . sithen onoynte yin handes w^t hot
 hony . & touche yanne y^e broke ribbe [^]and be lytel & be lytel liftet esliche
 up . til it be euene w^t y^e toyere ribbes . yanne onoyntet w^t marcia
ton . & lei yer by . emplastrum apostolycon . til it be hol . ffor broke legges^s
 3if . a . mannes leg be broken . 3if schiueres ben . o . sondre . & ony hole be
 . o . y^e leg fonde to taken is out . w^t smale tonges mad for y^e nones
yanne sette azen y^e leg as riht as y^u miht . & leit . on . a . bord . yanne o
 noyntet w^t unguentum album & sithen tak . a . lynene cloth . & dabbet al
 in water of qwhytes of eyren . wynde y^e leg yer in wel & saude &
 latet be so stille al . a . fourteniht . sithe vndot . onoyntet w^t mar
ciaton . er dente . er nerual . lei yer by . a . plaistre of excroceum . til
 it is hol . And y^e firste day do hyn drynken bon wort in eld ale .
 & sithen euery thridde day . Sirupus pro plagis & fractis ossibus . Tak
plauntanie & ribbewort . & parcile & fenugrek . & cicorie & centorie .
 & horhowne & poliole real . & louache & trifolie & wodebynde &
 mogwort . & walwort & ribbewort . stampe al yise to giddere & drawet
 thorw . a . streniour . And meddle y^e ious w^t qwhyth wyn . & drynk y^t drynk .
 ffor bolnyngge of woundes & broke bones . Mak . a . plaistre of clene

qwhete mele & qwhyte wyn . & leit yer on . And 3if he slepe he is curable shal ben holn .
& 3if he slepe nouht he is incurabele .

lines 6- 11

Sirupus . ffor woundes & broke bones . Tak osmunde & confirie . & downe^s
fot . & quintefolie . & y^e croppes of y^e rede brimel & senchoun . & fabarie .
& stampe ich . be ye selu . Sithe meddle hem to giddere . & mak yer of se
uene pelotes . & leis in a clene vessel . Sithe pote yer to as michel mihti
quater . probatum est sepi[.] .

Quire VI

fo. 47 v. lines 20-4

To drawen out broke bones .
[T]²ak gladne rote & mak yer of pouder . & medle y^e pouder w^t ho
ny . yis onyment distroiet3 dedflesh & drawet3 owt broke bo
nis & bonys y^t ben bare it fleshet3 hem . & synewes y^t be
bare it fleshet3 . & holet3 hem wel .

fo. 48r. lines 4 - 5

¶ffor broke bones in . a . mannes hed .
Tak betonye & violet & stamp hem tweyne to gidere & drynket

²Missing in MS

Diagnosis texts

Quire I

fo. 7r. lines 11 - 30

To knowen

3if a man be a lepre . primum signum est . 3if his little fynGRES . waxen
 starke azens kynde . ¶ Secundum signum est . 3if y^u poure ony water on ony
 membre on hym . & it lit3 nouht . o . y^e skin . but glidet3 . a . wei . & it semet3
 as it were onointed . he is a . lepre . ¶ Tercium signum . est . 3if y^e kirne
 les vnder his tunge bolnen . as . a . swynes don . tunc est lepersus . ¶ Quartum signum
 3if y^u take his blod . & droppet in water . 3if y^e blod turne to water . lepersus est .
 si autem non commisteatur non est lepersus . ¶ Quintum signum est . 3if his blod stynke
 ¶ Sextum est . qwhan hat3 bled . & his blod be cluddret to gidere lei yer on
 kirneles of salt . & 3if it melten in to blod . est lepersus . si non liquefiat non
est lepersus . ¶ Septimum est . put dropes of his blod . in . a/disch ful of water
 3if yo dropes houen a . bouen y^e water . lepersus est . sin autem . non est lepersus
 ¶ Octauum est . Tak vinegre . & . qwhanne he hat3 bled . & his blod be cold
 droppe yer on vinegre . & 3if it entre in to ye blod & meddle yer w^t . non
est lepersus . scilicet si non commisteat cum sanguine . lepersus est . ¶ Nouum signum . est . y^t
 he
 fele nouht his legges ne his armes ne oyere membres . scilicet sunt quidem insensi
 bilia . ¶ Decimum est . Tak dropes of his blod & leis in ye paume of
 yin hand . & tak yi fynger . & rudde yer on . & 3if y^u fele vnder yi fynger
 smale kirneles . as it weren sond . lepersus est . si non sencias arenulas
non est lepersus .

Quire II

fo. 14r. lines 2 - 6

To knowen zif . a . wymman be w^t chyld³ thrie kirneles in . a . wymmanes water
drawande nouht to y^e sercle of y^e water . but in y^e middes of y^e water er
in y^e founs of y^e water . e is certeyn signe . y^t y^t wymman is w^t chylde
& zif it bent rode er falwe . It is . a . knaue chyl . zif it ben qwhyte it
is . a . maide chylde .

fo. 14 v. lines 6 - 9

To knowen qwheyer y^e goute be hot [er]⁴ cold
Tak rie mele . & meddlet w^t vinegre . & mak yer of . a . plaistre & leit
o . ye goute . & zif it noie . y^e goute . it is . a . kold goute . & zif it hel
pet . it is y^e hote goute .

fo. 15 r. lines 18 - 22

To wyten . zif . a . man . be . a . lepre
Do hym . y^t is in dowte qwheyer [b]e lepre [er] nouht lepre bleden . in . a . dich .
& lei in ye dich . a . raw ey . but [se]e y^t y^e blod go ouer y^e ey . qwhanne y^e blod
is cold . zif y^e ey be raw . he [is] no lepre . zif it be clodderet to giddere
as yow he it were sothener er rosten . he is . a . lepre & irrecuperabilis . .

fo. 48 r. lines 10 - 13

To knowen qwheyer a . man is baranie er . a . wyman
Tak here eiyeres water . & put hem in tweyne sondri vesseles . si
then put yer to barlych & horses dunge . & qwheyer vessel so spryng
ge . he is nouht baranie .

³In the MS 'chyld' is in the left hand margin - the insertion points marked by two virgulae(?)

⁴Check abbreviation.

fo. 18 r.

To knowen qwheyer y^e

cancre be curable er nouh^t Tak thrie quyke wormes . & leit twies . o . y^e day . o
 ye cancre . 3if y^u fynde y^o wirmes dede . y^e cancre is incurable . & . 3if
 yei ben . o . lyue y^e cancre is ded w^t outen falie . yanne tak . a . boles
 galle & arnement & meddle hem to gidere . & droppe yer of thrie droppes
 in ye holes of ye cancre .

Description of illness texts

Quire III

fo. 23 r. lines 1 - 4

ffor ye cancre . ye cancre is . al blak sor . brod abouen . but litel dep .
 ffirst washe ye cancre wt wyn . er wt vinegre . er wt vryne . er wt
 leie . sithen mak pouder of alom . & of houslek & of gret salt . & leit
 o . ye cancre . ¶ Item ad idem . R_x arnement . & gret salt. peper . & verdegres
 & arsenyk ye zelwe . ana . of alle yise mak . a . pouder . & leit on ye kan
 cre & onoyntet al . a . bouten w^t populion . er w^t unguento albo . Item
 ad cancre . R_x salgemme . arnamenti ana . dragmes . semi . orpement alom ana . dragmes. ii .
 calcis vine . litargirii . dragmes . i . Of alle yise mak . a . pouder . & tempret w^t
 ious of sporge⁵ & of celidonie & lei y^t . o . ye cancre . ¶ Item ad idem
 gaddre seed of y^e rede dokke in heruest tyme . & mak yer of pouder⁶ & after ye forseid washyng lei y^t
 pouder . o . ye cancre . & it shal holent
 bet eld bet newe cancre . ¶ Item ad idem . Stampe y^e leues of cher
 uel in . a . mortar . & meddle hem w^t hony . yan mak pouder of . a . mannes
 tord & kast y^t pouder o . y^e cancre . & lei y^e toyer sabras yer . a . bouen . et
 sanabit cancrum

lines 15 - 19

Pro lupo ye sor yt is cleped lupus somtyme it is
 in ye thy som tyme in ye fot . & it waxetz blak . Washe ye soor
 wt vinegre . & dry[e]t wt cynces of clene hli lynene clotz . yanne mak
 pouder of salt & h of barly mele & meddlet wt hony & leit yer on &

⁵Possibly 'spinogre', but the expansion is omitted in the manuscript.

⁶Find line break!

sanabatur ¶Item ad idem . Tak arnement . & verdegres . ana . dragmes . i . semi
 & a pound of y^e ious of walwort . & half a pound of hony . & . a . quarter
 of vinegre . sethe al yis thynges to gidder^e til it ben thikke as hony . & lei
 of yis confecciouⁿ . o . y^e hole of y^e sor . w^t ious of ribbewort . twies . o . y^e day .
 And drynke y^e ious of auence euery day . & sanabatur .

lines 23 - 38

Pro noli me tangere

Noli me tangere is . a . sor wel venymous growande in a . mannes face
 & qwhanne it is newe it styngket3 nouht . but qwhanne it is eld
 it stynket3 & waxet3 hard lyk . a . nail . & it is contaious to felen . to ho
 len yis do yus . Mak pouder of ros alger . & boliet wt ious of plauntanye
 & ious of wortes & ious of letuse . afterward driet in ye sonne & mak
 yer of pouder . & puttet in ye hole of ye sor . & lei wt outen . a . gold onyment
 wt a . plaistre . & latet be so thre daies er foure . til ye felthe go out yan
 tak pouder of salt gomme & tempred wt ious of plauntanie & leit yeron . o .
 niht & dot . a . wei in ye morwen w^t som instrument of siluer . yanne
 washe ye sor dai . be dai . w^t water of coperose . er w^t . a . strong leie . yanne
 mak . a . pouder of salt gomme & arsenyk . & alom & aruemen^t . & of bark
 of qwhyth vinyes . & meddle ye pouder of alle yis . wt leie mad of
 askes of qwhyth vinies . & mak yer of . a . plaistre . & lei yt . o . ye sor dai
 be dai til it is slayn . And euery day qwhan ye remowuest ye plaistre
 was het wt leie mad of qwhyth vinies.

f 23 recto line 38 - f 23 verso line 1

ffor ye feloun

Ye feloun is of thre coloures . er it is blak . bleddre er it is qwhit . er it is red
 & it is cleped antrax . vel carbunculus . /Ad sanandum feloun/ Tak seynte
 marie berie & baies of lorer . & olie of rose . & leit yer on . ¶ Ad idem
 Stampe scabiouse & peti consoude & leit yer on // Er doufes fot & ram

ses ¶Item ad idem . q^whites 3^{el}kes of eiren & gret salt & pouder of coperose
 breken a feloun hastiliche . & qwhan ye feloun is broken lei yer . a . plaistre
 mad of ious of fenache . of hony . of qwhytes of eiren . & flour of
 qwhete meddled to giddere . & yis shal holen euery sor .