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A Medieval Heteroglossia:  
Expressing Disease and Healing in Late Medieval England

Rhetoric, *persuasio* in particular, plays a significant role in shaping a specific culture's understanding of disease and in restoring bodies back to a healthy state. In fact, language is part of treatment, and as such is a potent means of empowerment to the medical practitioner facing a patient eager for diagnosis and cure. Expressing disease however is also the privilege of the sufferer who often offers a perspective on disease that often has no common ground with that of the practitioner. Hence, discourses can be in a state of tension when the patient voices his own understanding of its symptoms and effects. The act of voicing disease, even of inscribing on parchment the experience of suffering, subverts the authoritative position of the medical practitioner. As active subject, the patient becomes self-healer, or at least a conjuror of some sort, making life with disease more bearable by explicating it within the larger context of his life history; this is part of the process that Good names the 'positioning of suffering'.<sup>1</sup>

Language and the metaphors we invent have a direct impact on the construction of disease as a concept. Based on this concept, society builds a system of signs that serve as a grid to read the disease and its sufferers, and to make them the patients that it has decided they are, or should become. Part of the success of treatment depends on the extent to which the sufferer is willing to assume, in a somewhat submissive gesture (after all, he is the one who is found at fault), this new role and to configure his own self to a hierarchical exchange in which language plays a significant role. While the tools of academic medicine made excellent rhetoricians of physicians, giving them an unbeatable supremacy over their patients, today's technical jargon achieves similar ends—and probably more, by dehumanizing medical sciences for instance—by giving the modern practitioner a language that has become non-decodable, almost ineffable, to the one who has not been initiated in its technical mysteries.<sup>2</sup> Hence, a rather similar play of forces

is seen at stake between physicians and patients throughout periods. In the medieval period, not marked by the 'two-cultures' gap, the fate of the body could only be understood in its relationship to the soul's spiritual purity. In this context one needs to make reference to religious women who appropriated and subverted both theological and medical discourses to construct a narrative that was no longer mainly preoccupied with medical or theological truth, but with the way in which a new subjectivity is shaped by personal experience of bodily dysfunction.<sup>3</sup>

So, in that particular context, disease is transcended to allow the feminine religious self to explicate itself in its own terms, without the oppressive mediation of either priest or physician.<sup>4</sup> Julian of Norwich is a good case in point. Her engagement with illness, one she desired for herself, is mapped by an agenda which is unmediated by male authorities, thus producing a discourse about illness and suffering with a completely idiosyncratic, original meaning that is the hallmark of her *Revelation of Love*. However, it is also medieval culture's lack of borders between fields of knowledge that makes a shift from a physical condition to a highly heightened spiritual state possible for Julian.<sup>5</sup> Medieval culture provides a larger spectrum of semantic possibilities to explain away pain and suffering, so that states to which the label 'disease' is usually applied in the modern period may be given multiple meanings in the pre-modern one.<sup>6</sup> With Julian we have a rather rare medieval case of a patient as author, even though, as I have stated above, one really wonders about the applicability of the 'patient' terminology to Julian and other female mystics of the medieval period. Whatever the case may be, Julian and the patient-as-author type share in the ways they invent a language that eradicates male representations mediating between their diseases and their selves, with the possible production of subversive discourse. In most cases, moreover, it represents the narrator achieving a new degree of self-awareness, whether or not religious discourse is called upon to express that new state. One needs to point to those pre-modern women who appropriated disease by means of a discourse that enabled them to develop a greater sense of self-awareness.<sup>7</sup>

Julian of Norwich is one of several cases that shows teleological links between (mystical) writing and disease. As Kukita Yoshikawa brilliantly shows in the essay to this volume, other forms of convergence are visible in the absorption of medical discourse into religious text, and vice versa, in medieval culture. One of the aims of this essay is to explore another aspect of this phenomenon, that is, the question of authority built up with the use of rhetorical postures constructed with the help of medical terminology. Using the Middle English translation of the *Chirurgia magna* (1295–6) of Lanfranc of Milan, the essay explores

the construction of authority based on a compromise, that is, via joint reference to authorities and to experience. Chaucer's *Troilus and Criseyde* brings us a step further in the process of the convergence of medical and religious discourse by absorbing authoritative postures whose sources can either be medical or religious.

*The prologue to Lanfranc's Middle English Chirurgia magna*

Lanfranc of Milan is part of a group of surgeons who were associated with northern Italian cities that saw the production of a notable series of Latin books on surgery: they include works by surgeons such as Bruno Longoburgo of Calabria, whose major writings were composed at Padua, Teodorico Borgognoni of Lucca who practiced in Bologna, Guglielmo da Saliceto who practiced at Bologna, Pavia, and Verona.<sup>8</sup> Lanfranc is considered as one of the greatest surgeons before Guy de Chauliac. Lanfranc was exiled from Milan and moved to France. He first practiced in Lyon where he also wrote his *Chirurgia parva*, before moving to Paris to join the guild of surgeons, which in the thirteenth century was unique in Europe. It is while he was in Paris that Lanfranc wrote his *Chirurgia magna* (c. 1295–6), a treatise whose significance for the Middle-Ages cannot be sufficiently stated. His works were widely circulated in Latin, and were translated in several vernacular languages, such as Italian, Hebrew, High and Low German, Spanish and English, for practitioners who could not read Latin. The *Chirurgia magna*, given the title of *Science of Cirurgie* in Middle English, is extant in two different versions found in two manuscripts.<sup>9</sup> This text makes a case for the importance of experience in the field of surgery, in opposition to the academic learning of medicine.<sup>10</sup> For a long time considered the poor parent of medicine, surgery, thanks to the contributions of the surgeons mentioned above, rose to higher fame in the thirteenth century. Surgeons contributed innovative Latin books on surgery that helped establish it as a significant science, competing with the rhetorical sophistication and long-standing authority of medicine.<sup>11</sup>

My reading of Lanfranc's prologue to the *Science of Cirurgie* operates using a textual exegesis usually reserved for texts belonging to the so-called 'literary canon'. Such an approach enables the consideration of major cultural issues, such as the ways by which surgeons experimented with new avenues for constructing authority based on experience, as much as on reference to the ancient authorities. Lanfranc's account attests to a changing attitude towards the status of surgery and the modes used for its establishment as a science. Although Lanfranc is careful enough not to dismiss authorities in general, with special place given to Galen, nonetheless he invents surgical discourse mainly on the basis of his own experi-

ence, placing emphasis on the practical aspects of this new science.<sup>12</sup>

Lanfranc makes reference to medical authorities, especially Galen, as part of a strategy that, like Chaucer's Wife of Bath, places experience in a fruitful dialogue with bookish knowledge. Lanfranc indeed states:

Now these chapitres of this book ben y-ordeynd, I wole fulfille my purpose pursuynge ech chapitre bi ordre, & confermynge my wordis aftir the auctorite of myn auctouris and with experiment that I have longe tyme used with the help of god.<sup>13</sup>

The *auctores* are therefore temporarily displaced by Lanfranc from the pedestal they will occupy for several more centuries. The prologue to the *Science of Cirurgie* gives attention to specific practical aspects of surgery, with no intention whatsoever of offering rhetorical flourishes in order to persuade and seduce the readership. In most instances, the language used by Lanfranc serves to point out achievements reached as part of the practical experimentations which he himself carried out during surgical practice. However, one should point out the care which Lanfranc shows towards etymology alongside experience, at times, as in the following passage:

Al thing that we wolde knowe, bi oon of 3 maners that we moun knowe, either bi his name, or by his worchinge, or bi his verri beyng schewynge propirte of him-silf. In this thre maner we moun knoweurgerie bi expownynge of his name: for siurge cometh of siros, that is a word of gru, & in English siros is an hand, & gyros gru, that is worchinge in English. For the ende & profite of syurgie is of hand-wyrchyng. Of the Name of a thyng Galyen seith: he that wyl knowe sothfastnes of a thing, bisie him nought to knowe the name of a thing, but the worchinge & the effete of the same thing. Therefore he that wole knowe what siurgie is, he moot undirstonde, that it is a medicinal science, which techith us to worche with handis in mannes bodi, with kuttyng or openyng the parties that ben hole & in helyng tho that ben broken or kutt, as thei were tofor, or ellis as nyz as a man may, & also in doynge away that is to myche skyn: as wertis or wennys, or the fleisch to highe.<sup>14</sup>

The etymological passage is used here to stress the practical aspect of surgery, which is a medical branch that is practiced with the working of the hands. Both etymological allusions and references to authorities (Galen) serve to give surgery

a high status in the field of medical knowledge. Although one can see how authorities are still necessary to create that status, there is nevertheless a clear indication that those authorities no longer lie at the core of the field under discussion here. I would like to suggest therefore that this move away from the ancient authorities, very similar to the construction of authority in the vernacular by writers like Dante and Chaucer, is evidence of the emergence of a new, confident medieval self, which, rather than standing up on the shoulders of the giants of the past, appropriates their contributions in order to establish a new science based on experience. The tensions and frictions that mark this susceptibility towards the heritage of the past and the ways by which it has to be refashioned, are evident in this text.

I would argue that the significance given to experience is further evidenced by the attention that Lanfranc gives to emphasizing medieval subjectivity in his moral and physical portrait of the surgeon:

Nedeful it is that a surgian be of a complexioun weel proporciound, and that his complexioun be temperat / Races seith, who-so is nouzt semelich, is ympossible to have good maners ... but to folowen the likeness of an yvele complexioun / A surgian muste have handis weel schape, longe smale fyngris, and his body not quakyng, & al must ben of sutil witt, for al thing that longith to siurgie may not with lettris ben writen. He must studie in alle the parties of philosophie and in logic, that he mowe undirstonde scripturis; in gramer, that he speke congruliche; in arte, that techith him to speke semelich. Be he no glotoun, no noon envious, ne a negard; be he trewe unbeliche, & plesyngliche bere he him-silf to hise patientis; ...

Preise he nouzt him-silf with his owne mouth, ne blame he nouzt scharpliche othere lechis; love he alle lechis and clerkis, & bi his myzt make he no leche his enemye. So clothe he him with vertues, that of him mai arise good fame & name; & this techith etik. So lerne he fisik, the he mowe with good rulis hisurgerie defende and that techith fisik / Netheles it is nessessarie a surgian to knowe alle the parties and ech sengle partie of a medicyn. For if a surgian ne knew nouzt the science of elementis, whiche that been firstmoost force of natural thingis & of dyvers lymes, he mai not knowe science of coniouciouns, that is to seie, medlyngis & complexiouns that been nessessarie to his craft.<sup>15</sup>

This is an ambitious project that Lanfranc proposes for surgeons, one that may be

quite removed from the harsh medieval reality, when patients often had to make do with less exemplary figures than the one constructed by Lanfranc. It is necessary not to forget that surgeons were associated with the guild of the barbers, and that in England the royal college of surgeons was only created in the sixteenth century.<sup>16</sup> As Bonfield shows, the average person would not be able to afford the help of a surgeon or any other medical practitioner. To be offered a bed in a medieval hospital where hope for a cure would depend on better hygiene and the benefits of a more intense religious practice, would already be a major improvement to one's own health.<sup>17</sup> It is therefore possible that some parts of this Middle English rendering of Lanfranc were written as a pamphlet in defense of surgeons, while at the same time advising the profession in general, so as to upgrade their knowledge in the field of medicine as well as in the trivium and quadrivium.<sup>18</sup> The fact that the Middle English version preserves most of the Latin original prologue suggests its usefulness at a much later period in England. The treatise by Lanfranc testifies to the construction of an ever more confident self in the field of medieval surgery, one that dares place itself alongside the much more reputable persona of the academically trained physician, whose type is ironically described in Chaucer's General Prologue to *The Canterbury Tales*. *The Science of Cirurgie* is testimony to the existence of a discourse that runs parallel to and in occasional tension with the authoritative and academic medieval language of medicine that it partly imitates. The languages of writing and disease speak in different tongues, occasionally incompatible, but enabling a rich medieval heteroglossia.

*Chaucer and Troilus and Criseyde*

By appropriating some of the features and rhetorical pauses of academic medical discourse and positing the significance of *experience*, the field of surgery destabilizes the authority of academic medical discourse by contesting its supremacy. I would like to suggest that this internal contestation breaks open cracks and fissures that can easily be colonized by those outside the field of medicine who ethically challenge it by fiercely attacking its practice. For instance, the portrait of the physician by Chaucer, mentioned above, is heavily loaded with acerbic criticism.<sup>19</sup> The physician stands as a failed professional who, despite his obvious desire to impress academically with his references to authorities, and with a demonstration of his wealth—acquired at the expense of his dead patients, seems to rely on the mechanical repetition of text-based medical knowledge:

He knew the cause of everich maladye,

Were it of hoot, or coold, or moyste, or drye,  
 And where they engendred, and of what humour.  
 He was a verray, parfit praktisour:  
 The cause yknowe, and of his harm the roote,  
 Anon he yaf the sike man his boote.  
 Ful redy hadde he hise apothecaries  
 To sende him drogges and his letuaries,  
 For ech of hem made oother for to wynne—  
 Hir frendshipe nas nat newe to bigynne.  
 Wel knew he the olde Esculapius,  
 And Deyscorides and eek Rufus,  
 Olde Ypocras, Haly, and Galyen,  
 Serapion, Razis, and Avycen,  
 Averrois, Damascien, and Constantyn,  
 Bernard, and Gatesden, and Gilbertyn.  
 Of his diete mesurable was he,  
 For it was of no superfluitee,  
 But of greet norissyng, and digestible.  
 His studie was but litel on the Bible.  
 In sangwyn and in pers he clad was al,  
 Lynced with taffata and with sendal.  
 And yet he was but esy of dispenche;  
 He kepte that he wan in pestilence.  
 For gold in phisik is a cordial,  
 Therefore he lovede gold in special. (GP 419–44)<sup>20</sup>

Bookish knowledge, name-dropping and appearance serve to construct the 'qualities' of Chaucer's physician. The reference to gold, which was thought to have medical properties in the medieval period, seems to attract the attention of this physician for completely different reasons. With the additional reference to business arrangements made with the apothecary, this additional comment makes the physician a completely unethical character, little preoccupied with either the physical or spiritual health of his patients. The reference to the accumulation of wealth during plague periods adds ironically to the inefficiency and unscrupulousness of Chaucer's character.<sup>21</sup> In fact, the tale which is attributed to him shows him to excel in talking about torture, rather than healing; death, rather than life. His tale is devoid of medical vocabulary: it becomes the site for the unjust death of the youthful Virginia, at the hands of her father Virginius.

The ironical tone of the description and the more open critical comments directed at medical malpractitioners such as in the Physician's portrait and his tale, point to a reserved attitude towards medical practice on the part of the narrator. My contention is that Chaucer's *Troilus and Criseyde* is the site for further sophisticated discussions on improper medical practice and the abuse of its authoritative discourse as a means of unethical impowerment that eventually leads to the death of the main male hero.

It is therefore not to the lovesickness of Troilus, a common topoi of romance male heroes, that I want to attend to, but rather to the performance given to Pandarus in constructing authority and then abusing it while using medical language.<sup>22</sup> Having won over Troilus and Criseyde, and arranged for them to fall artificially in love with one another, Pandarus leads them to their downfall, ultimately causing the death of the male protagonist. Medical discourse is not only superficially present in this text; on the contrary, it serves to fashion the psychology of the characters and their interaction in a way that has not hitherto been investigated in other secular texts of the period. In that respect, both religious and medical discourses, which Kukita Yoshikawa shows in her essay to converge in sermons and devotional treatises, participate in the psychological fine-tuning of the main characters. Medical discourse proves to be the medium by which all the characters are able to exchange opinions about their inner dispositions. For instance, Troilus identifies his new emotional state in Book One by defining it as a malady:

'And if that I consente, I wrongfully  
Compleyne, i-wis. Thus possed to and fro,  
Al sterelees withinne a boot am I  
Amydde the see, bitwixen wyndes two,  
That in contrarie stonden evere mo.  
Allas, what is this wondre maladie?  
For hote of cold, for cold of hote, I dye.' (I. 414–20)

Most human transactions in this romance are translated via the use of medical discourse. Troilus makes use of medical terms in a way that is reminiscent of previous romance heroes.<sup>23</sup> On the other hand, Pandarus, who plays the role of the messenger between the lovers, uses medical language in less traditional fashion.<sup>24</sup> The extensive use made of medical discourse by Pandarus in the Chaucerian version serves the specific function of constructing authority for himself, so as to be able to mastermind relationships between characters.<sup>25</sup> His comment on Troilus's

lovesickness shows him taking active control of the situation:

Quod Pandarus, 'Allas! What may this be,  
That thow dispeired art thus causeless?  
What! Iyvetth nat thi lady, bendiste?  
How wostow so that thow art graceless?  
Swich yvel is nat alwey booteles.  
Why, put nat impossible thus this cure,  
Syn thyng to come is oft in aventure'. (I. 778–84)

That there is no 'curacioun' (I.791) against the disease that infects Troilus, Pandarus does not believe.<sup>26</sup> The fact the narrator does not inform us about Pandarus's motivation in taking such a significant role in matching Troilus with Criseyde indicates in my view that the poet is not so much interested in blaming a specific character, but rather in denouncing the abuse that is made of medical discourse in particular, and discourse that is authority-laden, in general. Pandarus's manipulation of medical terms is reminiscent of the Pardoner's own deceptive play with religious discourse.<sup>27</sup> The emphasis on abuse of authoritative language shows that, if *Troilus and Criseyde* is a poem that openly addresses the question of fate and fortune in love, it is also one that questions the use of language and its power to persuade. More specifically, it is a poem that addresses the abuse of medical language and shows the tragic deadly result that ensues.<sup>28</sup> Pandarus is the third of the 'fallible authors' of the Chaucerian corpus, who is used next to the Pardoner and the Wife of Bath as another form of radical experiment with the deviant use of authoritative language.<sup>29</sup>

The abuse of medical language by Pandarus leads Troilus to give into his offer for support, which is offered using the terms associated with a medical diagnosis:

Lat be thy wo and tornyng to the ground;  
For whoso list have helyng of his leche,  
To hy byhoveth first unwre his wownde. (I. 856–58)

Pandarus's self-fashioning as an authority depends directly on surgical discourse, and its appropriation and absorption in confessional manuals. The wound is one of the most pervasive surgical metaphors labeled as 'the wound of sins' in religious literature, and confessors compared themselves to surgeons when discussing the violence and torment of spiritual cure.<sup>30</sup> The two discourses feed upon

one another in complex ways and in this passage the posture of Pandarus bears the marks of both the authoritative medical practitioner and the confessor. The persuasive way in which he handles the discourse of disease and healing makes resistance to it impossible. Troilus has accepted and signified to Pandarus his position as a sick patient, and by doing so he invites a concurrent performance, that of healer. The three main characters in *Troilus and Criseyde* form the triad of the patient, healer and cure that marks patient/doctor relationships:

The beste is that thow telle me al thi wo;  
And haue my trouthe, but thow it fynde so  
I be thy boote er that it be ful longe,  
To pieces do me drawe and sithen honge." (I.830–33)

The Middle English Dictionary provides the following meanings for 'boote': 'relief', 'remedy', 'salvation', 'redemption', 'cure' and 'healing'.<sup>31</sup> All of them are applicable to the fields of medicine and religious literature. Pandarus' declaration: 'I be thy boote', for which all the meanings above apply, points toward an authoritative self-fashioning as healer and cure, based mainly upon the secular role of the medical practitioner, but not excluding that of the confessor.

The art of persuasion/manipulation that characterizes Pandarus is partly dependent upon his artful use of medical terminology and role playing. His performance and his discourse are closely modeled upon medical practitioner's roles. Among other features, this trait particularly helps in making possible for him to control Troilus' body and soul, as well as in convincing Criseyde that she needs to give her love to Troilus as cure for his illness. Pandarus bullies Criseyde with the threat of a double death if she resists operating under his orders:

'But if ye late hym deyen, I wol sterve—  
Have here my trouthe, nece, I nyl nat lyen—  
Al sholde I with this knyf my throte kerve.'  
With that the teris breste out of his yën,  
And seide, 'If that ye don us bothe dyen  
Thus gilteles, than have ye fished fayre!  
What mende ye, though that we booth appaire?' (II. 323–29)

The threat of a double death is a recurring motto in several of the exchanges between Pandarus and his niece: it is used as a Damocles' sword and plays a significant role in allowing Pandarus to gain control of her body and soul. Medical

discourse operates importantly in giving Pandarus such control over the people with whom he interacts.<sup>32</sup> Ultimately, although the initial story is one of love, I believe that Chaucer's version of this love affair places emphasis on empowerment and deceit, and upon the subjugation of wills and bodies, under the pretext of a love affair. The latter becomes only a subtext for the deployment of more powerful energies and forces. Chaucer's version of the story is one about failure, about manipulation leading to moral abjection, rupture and disillusion. Ultimately, both Criseyde and Troilus are crushed by the willpower of Pandarus. As she is about to be transferred to the Greek camp, Criseyde speaks out:

'Whoso me seeth, he seeth sorwe al atonys—  
Peyne, torment, pleynte, wo, distresse!  
Out of my woful body harm ther noon is,  
As angwissh, langour, cruel bitternesse,  
Anoy, smert, drede, fury, and ek siknesse. (IV. 841–45)

Subjugation and annihilation are both physical and moral. Criseyde is psychologically killed off by Pandarus in Book One and made to act as his puppet for the remaining books, retaining little free will for personal decision-making.

The undoing of Troilus is no less effective. The cure proposed by Pandarus does not heal; on the contrary, Troilus is both morally and physically infected by disease:

He so defet was, that no manere man  
Unneth hym myghte knowen ther he wente;  
So was he lene and therto pale and wan,  
And feble, that he walketh by potente;  
And with his ire he thus hymselfe shente. (V. 1219–23)

Troilus is 'defet', which the Middle English dictionary translates as 'disfigured', 'changed in appearance', 'overcome by hunger', 'null and void'.<sup>33</sup> Indeed, Troilus is all of these things: completely changed by his lack of physical sustenance and his moral depression. Although the last definition is usually applied to the field of law, Troilus is indeed an empty shell, lacking will, whose body is now crippled ('he walketh by potente'), and therefore lacks cohesion and balance.<sup>34</sup> Pandarus's destructive use of medical discourse in his mad desire to arrange a love match is evident in the final stanza of the *Litera Troili* of Book Five:

And to youre trouthe ay I me recomande,  
 'With hele swich that, but ye yeven me  
 The same hele, I shal non hele have.  
 In yow lith, whan yow liste that it so be,  
 The day in which me clothen shal my grave;  
 In yow my lif, in yow might for to save  
 Me fro disese of alle peynes smerte;  
 And far now wel, myn owen swete herte!

Le vostre T'." (V. 1415–21)

The now hopeless desire for 'hele', which appears three times in the first two lines, is evidence of Pandarus's abusive use of medical language, leading to death by suicide.<sup>35</sup> Death and murder also pervade the 'Physician's Tale'; additionally they contribute to the deep-seated issue of the misuse of authoritative language and its deployment to manipulate and subjugate human beings. In the 'Pardoner's Prologue and Tale', Chaucer shows that a concern with language abuse and manipulation is one of the major preoccupations in his entire corpus. His focus on the use of medical discourse and the role played by doctors, as shown in *Troilus and Criseyde* and the Physician's Portrait, 'Prologue and Tale', both participate in the larger question of the abuse of authoritative discourses.

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*Troilus and Criseyde* is too complex a poem to be reduced to a site from where Chaucer expresses ethical concerns about the proper use of language, in this particular case by showing how ill-advised it can be to determine the course of somebody's else welfare by the inappropriate use of authoritative language. *Troilus and Criseyde* does much more than that: it is a poem in which Boethian concepts give a new shape to themes associated with the romance genre. No Middle English text before this one offers such a subtle psychologization of its characters. The complexity of the motivations which lead Criseyde to offer her love to Troilus cannot be explained solely by the suffocating pressure exercised by Pandarus on his niece.<sup>36</sup> And indeed a multiplicity of meanings can be garnered from such a sophisticated literary piece. So my own, necessarily subjective reading, does not aim to supplant other exegesis on this poem. However it offers a reading which situates the text as a participant in a medieval heteroglossia about the subject of disease and healing. One must not forget that this poem, unlike its main source, Boccaccio's *Il Filostrato*, is a post-plague text. *Troilus and Criseyde*

does not of course, address the failure of medical discourse and practice in any direct way. Yet the abundance and strategic significance of the discourse of disease and healing in this piece shows how acutely Chaucer has been reflecting on the dangers of abusing and misusing an empowering language. It is no coincidence that Chaucer's experiment with the usurpation of medical discourse in *Troilus and Criseyde* and the Physician is later followed by his exploration of the Pardoner's vicious manipulation of clerical and homiletic language for the sake of the exploitation and enslavement of a lay congregation.

The powerlessness of medical practitioners, during the plague years in particular, but also with reference to their lack of success in healing in general, enabled the expression of differing discourses on disease and healing. It is interesting to note that the end of the fourteenth century seems to be marked by religious and medical crises that led to the emergence of dissenting voices in both domains. In the face of ethically deficient religious and medical authorities new voices emerged, creating an heteroglossia that contested univocal truth and offered a plurality of views on these and other cultural matters.<sup>37</sup> Lanfranc's challenge of the academic medical field, although deployed within the field of surgery, is nevertheless an indication of the weakening of the medical authorities of the past. It shows that the late medieval period is no longer intent upon following unquestioningly ancient academic authorities. One should therefore not be too surprised to find Chaucer exploring and questioning the fissures and cracks that marked official medical authoritative discourse in the critical period of the late fourteenth century.

1 See the Introduction to this volume, p. ii.

2 On the importance of the medieval period in shaping modern conceptions about medicine, see Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999).

3 Julian of Norwich is the female author who comes immediately to mind, but further evidence is given in the writings of other female religious women, which have been discussed by Caroline Walker Bynum in *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley and London: University of California Press, 1987).

4 One needs to remember that the pre-modern medical practitioner can hold more than one authoritative role. Getz provides several examples of physician-bishops, such as Nicholas of Farnham, John Dalderby in the thirteenth century, or Nicholas Colnet in the fifteenth; Getz makes also reference to Lewis Caerlean, a Cambridge-educated physician, astronomer and mathematician; see Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998), pp. 3–19.

5 Such interaction between fields in the medieval period is well explored in *Religion*

and *Medicine in the Middle Ages*, ed. by Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001). See also Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996).

6 On a modern attempt to explore interaction between religion and medicine in the writings of a medieval mystic, see William B. Ober, 'Margery Kempe: Hysteria and Mysticism Reconciled', *Literature and Medicine*, 4 (1985), 24–40.

7 On healing and greater self-awareness, see George S. Rousseau, 'Literature and Medicine: Towards a Simultaneity of Theory and Practice', *Literature and Medicine*, 5 (1986), 152–81; esp. 173.

8 Apart from the primary literature, my main reference for this part on Lanfranc is Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago and London: University of Chicago Press, 1990), esp. pp. 166–69. For an account of investigations on the body in Renaissance culture, see Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (London: Routledge, 1996).

9 The two medieval translations are found in the following manuscripts: Oxford, Bodleian Library, MS Ashmole 1396, dated 1381; London, British Library, MS Additional 12056, dated c. 1420. A third translation was produced by John Hall in 1565.

10 For a discussion of the varieties of medical texts, see Getz, *Medicine in the English Middle Ages*, pp. 20–34.

11 For the first clear signs showing a separation between medicine and surgery in the thirteenth century, see Tony Hunt, *The Medieval Surgery* (Woodbridge: The Boydell Press, 1992; repr. 1999), p. xi. For additional information about the revival of surgery in the West, with specific emphasis given to Roger Frugard, misleadingly known as Roger of Salerno, see Tony Hunt, *Anglo-Norman Medicine: Roger Frugard's 'Chirurgia' and the 'Practica brevis' of Platearius* (Cambridge: D. S. Brewer, 1994).

12 Lanfranc is in that respect one of the precursors. His many followers include Guy de Chauliac, whose 1368 Latin *Inventarium seu collectarium in parte cyrurgicali medicine* was translated in Middle English and is preserved in a fifteenth-manuscript; see *The Cyurgie of Guy de Chauliac*, ed. by Margaret S. Ogden, EETS OS 265 (Oxford: Oxford University Press, 1971); see esp. pp. 1–14.

13 *Lanfrank's Science of Cirurgie*, ed. by R. von Fleischhacker, EETS OS 102 (Oxford: Oxford University Press, 1894; repr. 1975), p. 7.

14 *Lanfrank's Science of Cirurgie*, pp. 7–8.

15 *Lanfrank's Science of Cirurgie*, pp. 8–9.

16 For a study of the variety of medical practitioners in medieval England, see Getz, *Medicine in the English Middle Ages*, pp. 3–19.

17 For the kind of treatment the Norwich St-Giles medieval hospital could offer, see <http://www.thegreathospital.co.uk/> (accessed 25.8.09). For a discussion of well-being without doctors, see Getz, *Medicine in the English Middle Ages*, pp. 85–92.

18 For a discussion of the ambiguous embodiments of the surgeon as torturer and healer, instrument of divine vengeance, damnation and salvation, see Jeremy J. Citrome, *The Surgeon in Medieval English Literature* (New York: Palgrave Macmillan, 2006), pp. 1–18.

19 For a brief discussion of the Physician in Chaucer's 'General Prologue', see Helen Cooper, *The Canterbury Tales: Oxford Guides to Chaucer* (Oxford: Oxford University Press, 1989), pp. 49–50.

20 All references to Chaucer are to *The Riverside Chaucer*, 3rd edn, ed. by Larry D. Benson (Oxford: Oxford University Press, 1987).

21 On the special impact plague and leprosy had on the medieval imagination, see Getz, *Medicine in the English Middle Ages*, pp. 80–84; the authoritative book on leprosy

in England is Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006).

22 See Mary Frances Wack, *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990); see also James M. Palmer, 'Narratives of Healing: Emotion, Medicine, Metaphor, and Late Medieval Poetry and Prose', *Dissertation Abstracts International*, 64.7 (2004), 2479–80.

23 For a thesis that demonstrates the convergence of courtly love and medical language in describing excessive love, see Carol F. Heffernan, 'Chaucer's *Troilus and Criseyde*: The Disease of Love and Courtly Love', *Neophilologus*, 74. 2 (1990), 294–309. Heffernan shows Chaucer to be under the influence of medical knowledge when locating Arcite's imagination in the front chamber of the brain, for instance; see p. 296. For further comments on Chaucer and his satire of medical practitioners, see Getz, *Medicine in the English Middle Ages*, pp. 87–89.

24 See Mary F. Wack, 'Pandarus, Poetry and Healing', *Studies in the Age of Chaucer: Proceedings*, 2 (1986), 127–33.

25 See Sealy Gilles, 'Love and Disease in Chaucer's *Troilus and Criseyde*', *Studies in the Age of Chaucer*, 25 (2003), 157–97.

26 Gilles insists on the fact that 'the painful inadequacy of medical responses' to the plague infect Chaucer's rendering of Boccaccio's version; it is interesting to see that Pandarus, in his role of medical practitioner, does not seem to be humbled by such inadequacy; see Gilles, 'Love and Disease', 158–59.

27 On Pandarus' subversion of an orthodox moral system, see Robert Levine, 'Pandarus as Davus', *Neophilologische Mitteilungen*, 92 (1991), 463–68.

28 As Heffernan entails, Pandarus consciously takes on the role of the physician with the supposed aim of curing his friend; see Heffernan, 'The Disease of Love', 305; see also Mary F. Wack, 'Lovesickness in *Troilus*', *Pacific Coast Philology*, 19 (1984), 55–61.

29 See Alastair Minnis, *Fallible Authors: Chaucer's Pardoner and Wife of Bath* (Philadelphia: University of Pennsylvania Press, 2008).

30 See Citrome, *The Surgeon*, pp. 6–11.

31 See the Middle English Dictionary online at <http://quod.lib.umich.edu/m/med/> (last accessed 27.8.09)

32 For a case made of Pandarus as standing both as lover and doctor, see Giles Y. Gamble, 'Troilus Philoctatus: A Case Study in Amor Hereos', *Studia Neophilologica*, 60.2 (1988), 175–78.

33 See the Middle English Dictionary online at: <http://ets.umdl.umich.edu/m/med/>.

34 I am grateful to Christopher Baswell for pointing out this particular passage to my attention on the occasion of his Lausanne lecture, 'Troilus's Crutch: Cripple Aesthetic, Medieval & Modern Desires', given on 13 December 2006 at the University of Lausanne.

35 For a stylistic analysis of the language of suffering and its power of empathy, see Howell Chickering, 'The Poetry of Suffering in Book V of *Troilus*', *Chaucer Review*, 34.3 (2000), 243–68.

36 However, that pressure forces her to 'internalize the logic of disease'; see Gilles, 'Love and Disease', 190.

37 For a discussion of the implications of disease and social dislocation in the late Middle Ages, see Gilles, 'Love and Disease', 171–72.