AFTERWORD

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Medical information and knowledge, however complex they may be, pervade our lives through the large number of media that are available to us nowadays. A simple look at *The Guardian* of 22 March 2014 is suggestive of the ways in which medical lore makes the headlines. The first front-page article conveys information about a debate triggered by a response to a study that questions the validity of prescribing a specific drug as a preventative for people who have a 20% risk of heart attack or stroke. The article continues in the 'Health' section of the broadsheet, and more information in the form of a second article, with diagrams and pictures, addresses the question of whether the product does more good than harm as a preventative drug. Continuing further into the newspaper, the 'Saturday Features, Comments & Reviews' section headlines discussion about the celebrity doctor Christian Jessen, who has reached popularity through his television series *Embarrassing Bodies*, *Supersize vs. Superskinny* and *The Ugly Face of Beauty*, shows that have generated controversies about the potentially negative impact some episodes may have on some viewers. The Saturday interview is triggered by a recent and equally controversial television programme, *Cure Me, I'm Gay*, which featured Dr Christian Jessen, who is gay, going undercover as a patient seeking a cure for what many people still consider to be a disease. Dr Jessen's documentary shows the kind of abuse 'patients' undergo as a result of gross misconceptions about homosexuality.[1] A click on my computer allows me to investigate further the information about Dr Jessen's medical and television performances, gaining access to some parts of the television programme, some of his books, and even a free downloadable signed copy of his photo! These brief references to the newspaper articles and electronic devices show the extent to which medicine, besides its therapeutic function, has a social and cultural role in contemporary society that is further exacerbated by the new media and the globalisation of the circulation of information. The cult of celebrity and strong

[1] See *The Guardian, Weekend Edition* (London and Manchester, Saturday 22 March 2014), 1, 16–17, 27, 30–1.

sense of self-centredness displayed by many in the field contribute further to the high status and visibility given to the medical profession and its sphere of knowledge.

Things differed in the medieval period in degree rather than in kind. As this collection of essays demonstrates, medicine contributes significantly to medieval culture, but according to a different set of paradigms. As a result of the medieval period's holistic approach to human nature, medical and religious cultures were in constant dialogue with one another, as is evidenced by a large number of Latinate and vernacular medieval codices in which religious and medical knowledge are bound together. This volume gives particular emphasis to the literariness of medical knowledge, and to the 'medicality' of religious literature, exploring, for instance, the way in which medical metaphors and medical roles are used to define particular characters from sacred history, such as Christ and the Virgin Mary. The book also assesses the way in which some medical texts became bestsellers in their own time. Following the devastating and scientifically unexplained advent of the plague in the fourteenth century, the genre of the *regimen sanitatis*, or guide for health, was produced on a large scale for the use of the general public.

While several of the essays in this book focus on the literariness of medical knowledge, emphasis is also placed on the material conditions enabling the practice of medicine as a therapeutic art. Recent studies on charitable institutions and welfare, as well as archaeological studies on medieval hospitals, provide useful evidence for medieval medical practice and care for the privileged few who were allowed access to such institutions.[2] The space which medical practitioners and patients used for treatment was also defined by gender restrictions and specificities, based on beliefs about the link between deficient moral conduct, especially of a sexual nature, and disease. Male/female segregation for both medical practitioners and patients was the norm in the medieval hospital.

Gender issues are at the heart of several chapters in this book. They are part of Brenner's chapter dealing with medical and religious responses to leprosy, which will be discussed later. They inform much of the chapters written by Watt and Magnani. On the basis of the well-known theme of Christ the physician, which is also discussed in Yoshikawa's chapter, Watt explores the ways in which healing powers are associated with the Virgin Mary, who becomes the *Maria medica* and the model for several female authors. The

[2] See for instance Tiffany A. Ziegler, 'The Hospital of Saint John: Exploring Charitable Distribution in High Medieval Brussels', *Eä: Journal of Medical Humanities & Social Studies of Science and Technology* 3 (2011), 1–32; available online at http://issuu.com/eajournal/docs/hospital-saint-john-charity-brussels (last accessed 24 March 2014); see also Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge, 2009); and *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital, St Giles, Norwich c. 1249-1550* (Stroud, 1999).

existence of such a powerful model demonstrates increasingly authoritative medical stances on the part of women. Despite limitations in receiving formal medical education, the female acquisition of medical knowledge is nevertheless attested early in the medieval period, with the attribution of a guide to female health to Trotula in Salerno. Hildegard of Bingen's medical treatises are further testimony to formal female medical training. However, together with Cecilia of Oxford, also mentioned by Watt, these women were the exception rather than the rule. Watt is instead keen to explore the use of the *Maria medica* theme in the context of the household and domestic spaces, stressing the links between physical illness and sinfulness, as attested by the example of Aethelthryth of Ely provided by Bede in his *Historia ecclesiastica gentis Anglorum*. The account of two Marian healing visions in *The Life of Christina of Markyate* serves as evidence for the assignation of healing powers on the part of the Virgin Mary. In the context of Christina, the Virgin's intercession is the agent leading to her healing from illnesses, in both cases associated with anxiety about her moral standing.

Margery Kempe's recovery from a period of insanity mentioned in the early part of *The Book of Margery Kempe* is attributed to Jesus, who appears to her to offer solace and comfort. Yet her full recovery, including her inclusion back into the community and the right to enter sacred space, is made possible following the rite of purification that takes place in her parish church, and which echoes the liturgical event of the purification of the Blessed Virgin celebrated on 2 February. Kempe's ability to endorse and perform the roles given to specific characters of sacred history, which is well attested in *The Book of Margery Kempe*, takes additional power in the episode of her healing a woman suffering from a post-partum depression similar to hers in the early part of *The Book*. Margery Kempe becomes the *Maria medica* and as such she provides useful evidence for the wide reception of the role of the Virgin Mary as physician.

The way in which the Paston women construe healing in both medical and devotional terms further supports the point about women's imitation of Mary the physician as an empowering phenomenon. In the case of Margaret Paston, for instance, there is plenty of evidence showing her medical expertise as well as her belief in the healing power of devotional acts linked to the Virgin Mary, such as the pilgrimage to the Shrine of the Virgin Mary at Walsingham.

Magnani's own take on the role played by the Virgin Mary is one that she considers to be marked by assistive agency, which she understands to be an archetypal feminine quality. Thomas Hoccleve built Chaucer's fifteenth-century moral and literary reputation on his Marian output, with a transfer of the assistive function from the Virgin Mary to Virginia, who is no less than Mary's secular counterpart in 'The Physician's Tale'. Both figures are regarded as textual 'envelopes' serving to disseminate orthodox feminine Christianity. The character of the Physician, who narrates Virginia's secular martyrdom, stands as an authority in the rhetoric rather than the practice of medicine, and as such the tale is able to explore tensions between patriarchal power

and female agency in general, and the tensions created by the practice of the medical profession in the medieval period in particular.

The following two essays show the extent to which medical discourse contributes to the construction of a metaphorical language making meaning of the visionary experiences of two female mystics, Mechtild of Hackeborn and Julian of Norwich. Yoshikawa's fine exposition of the textual tradition of *The Booke of Gostlye Grace* is followed by an extensive investigation of the medical language used by Mechtild in her text. The convergence between medical and devotional discourses in this text is remarkable, the more so as Yoshikawa demonstrates the breadth of the sphere of medieval medical knowledge, including the curative properties of music and smells.[3] Mechtild's personal experience with disease and her role as chantress of her community inform her use of medical metaphors. Improper handling of emotions such as anger, fear and joy, for instance, could cause imbalance to the soul and disrupt humours within the body, thus leading to illness. Boethius' *De institutione musica* made a case for the classical belief in liturgical music's power in restoring humoral balance, thus healing and soothing both body and soul. Moreover, Mechtild's understanding of the power of music reaches beyond its therapeutic functions. Music is indeed medicine, but it also allows direct access to God.[4] *Musica humana*'s main function is to provide access to heavenly music, which stands apart from cosmic music (*musica mundana*), human music (*musica humana*) and instrumental music (*musica instrumentalis*). The acute blurring of the semantic fields of devotional and medical discourses, and the way in which each of these fields permeate one another, make a strong case for the way in which experts in the fields of medieval medicine and religion need to rethink categories. Therapeutic metaphors grow out from the storehouse of medical knowledge contained in treatises such as the *regimen sanitatis*, in which Galenic material on the six non-naturals features prominently. Because of the belief in the therapeutic qualities of sweet smells, Mechtild also explores a set of terms associated to them in the description of her heavenly visions. Mechtild's *Booke of Gostlye Grace* may represent the most sustained convergence of medical and devotional discourses in one single text. That this is so is due to the way in which Mechtild negotiates her own experience with disease with a broader application of medical knowledge as part of her narrative of mystical encounter with the divine.

[3] For an initial investigation of the convergence between devotional and medical discourses, see *Poetica* 72, Special Issue, *Convergence/Divergence: The Politics of Late Medieval English Devotional and Medical Discourses*, ed. Denis Renevey and Naoë Kukita Yoshikawa (Tokyo, 2009).

[4] For an in-depth consideration of heavenly music and its representation, see Katherine Zieman, 'The Perils of *Canor*: Mystical Authority, Alliteration, and Extragrammatical Meaning in Rolle, the *Cloud*-author, and Hilton', *Yearbook of Langland Studies* 22 (2008), 131–63.

Although addressing different issues, McAvoy's chapter makes another strong case for the contextualisation of experiential knowledge in dialogue with the broader issues of medicinal therapeutics. Julian asked for a sickness from God as part of her journey of discovery with the divine. Her experience is strongly linked to the female abject body, which Julian describes as part of her narrative in the Long Text. In order for Julian to make sense of her experience, her suffering needs to be understood as part of a redemptive scheme scripted in medicinal terms. Literature from antecedent centuries, and more particularly from the anchoritic tradition, offers evidence for a practice that resonates with feminine constructions of physical suffering and abjection. Grimlaicus of Metz portrays the solitary life as compounded by a trajectory of suffering and healing.[5] Perhaps even more interesting, and surprising, William Flete's *De remediis contra temptaciones*, possibly a source for Julian, portrays God both as a cruel-to-be-kind physician and a kind mother, thus providing an unexpected model of conflation of the patriarchal physician with that of the maternal figure. Further, the anchoritic tradition of which Julian's text is an offshoot promotes a form of female religious activity in which the anchoress is seduced into a partnership with Jesus based on the similarities of their phlebotomic experiences. While God the physician invites Christ to let blood as an altruistic gesture towards humankind, the female recluses for whom *Ancrene Wisse* is written undergo phlebotomy as a form of *imitatio Christi*. Julian pushes the tradition further by merging the figure of the *Christus medicus* with that of the nurturing mother, thus creating what McAvoy calls a Eucharist of the feminine.

Both Julian and Margery Kempe suffered from physical disease and thought themselves to have gone mad in the early days of their visionary experiences. Their accounts, often read as autobiographical, rather than as following a hagiographic model, have led to multiple interpretations rooted in contemporary medical, psychoanalytical and psychiatric knowledge. Vuille offers a compelling evaluation of the most influential readings analysed under this lens and shows how such readings often fail or are unable to take into consideration medieval medical, religious and social parameters as elements of their analysis. Moreover, she shows that different modern manuals of diagnostics of mental disorders differ substantially between one another. Also, comparison of content between editions of the same manual indicates changes in the classification of mental disorders reflecting new discoveries and new trends in a medical domain which relies as much on cultural paradigms as bodily manifestation for the emergence of specific illnesses. The field is hence constantly changing, its scientific veracity contested within its own sphere. While Margery's uncontrollable weeping is regarded by Lawes and Stork as

[5] For a dating of Grimlaicus' *Regula solitariorum*, see Phyllis G. Jestice, *Wayward Monks and the Revolution of the Eleventh Century* (Leiden, 1997), pp. 92–3 n. 4.

evidence of epilepsy or Tourette's syndrome, Vuille opts for the influence of the continental tradition of female piety as a conventional manifestation of sanctity. It is not unlikely Margery may have been influenced by this tradition and hence that she consciously made this spiritual gift part of the representation of her mystical persona.

Audelay's idiosyncrasy, in contrast to most of the authors discussed so far who suffered from a particular illness, is that he did not seek a remedy from his blindness and from his other prolonged sickness for which there was, it seems, no cure. As a consequence of this personal attitude towards sickness, Audelay's movement from the literal to the metaphorical discourse of illness has a particular resonance. His broad understanding of purgatorial space, which includes the present earthly life if experienced as a process of penance, allows him to construct a healing continuum from the present life into Purgatory, with the certainty of coming out, which would mark the completion of the healing process. Admittance to the care of the divine surgeon, a role that is assumed interchangeably both by Jesus and Mary, gives certainty of a treatment that will provide a spiritual cure. With this vision in place, Audelay constructs his persona as that of the ghost-figure sent by a divine purpose back to earth to advise humankind about proper conduct. Spiritual healing therefore must begin in this life, but continues in Purgatory as a continual process under the direction of the divine surgeon, until the liberating completion of the cure.

The following chapter by Bishop offers a very informed account of medieval understanding of the heart's nature and function. Late medieval thought and literature, influenced by Aristotelian natural philosophy, conceives the heart as the locus for 'spirit', a material substance made of blood and air, having the same substantiality, as the soul. Spirits move throughout the body and the heart's propulsive quality is therefore central to this centrifugal movement. Within this material heart and material spirit are located will, intellect and affect. The heart is the seat of all activities that qualify as human and is therefore the material organ that may be affected most importantly, via the senses, by external particulars, be they food, thoughts or sensory perceptions. Bishop constructs a narrative in which the heart becomes the object of conquest and appropriation by vernacular theologies, an act which was regarded as politically threatening to the authorities. Pecock's tolerant attitude towards Christian matters triggered anxiety on the part of Viscount Beaumont who feared such a permissive approach towards Christian doctrine could poison men's hearts. Bishop reveals further medieval understandings of the heart by means of her reading of *The Doctrine of the Hert*, a fifteenth-century translation of the thirteenth-century *De doctrina cordis*. Her combined narratives offer a fascinating account of the heart as the seat of the passions having an impact on health. But more than that, the heart in its multiple configurations becomes the site where ideological and political thoughts are in contest and where the reading heart becomes problematic. As the heart is the target

of both reading and preaching, the way one performs reading receives serious attention in the fifteenth century, as exemplified in *The Doctrine of the Hert*, which offers models of reading in imitation of the monastic and liturgical uses. Both Pecock and *The Doctrine* show trust in the apprehension of meditative reading as spiritual cure. But it seems that Pecock's belief in the ability of readers to judge their faith rationally met with the disapproval of Viscount Beaumont. Beaumont's opposition led not only to Pecock's deposition as bishop of Chichester, but also to his incapacitation as a maker of books. The suspicion expressed and put into action by Viscount Beaumont upholds the strength of the vernacular in triggering intellectual, readerly and writerly activities capable of deeply touching the human heart, the seat of the 'conscience'.

The next chapter considers further the convergence between medicine and morally sanctioned behaviour by focusing on medieval culture's attempt to understand the causes for the birth of congenitally disabled people. Medical and religious texts seem to show the same degree of gendered prejudice in explaining the causes for such abnormal births, not so much by putting the blame on women only, but rather by giving women limited agency in the act of conception. Both fields attempt to answer the question of what causes a 'wrong' child. Such a stance presupposes an inherently negative perspective on the act of procreation, which in practice, and with the authoritative voice of St Augustine, was regarded as evil throughout the medieval period. Conception occurs as part of a sinful act, and as a consequence all born creatures must undergo purification under the sacrament of baptism in order to reach a state of cleanliness. Considering the morally precarious situation of the sexual act that is prerequisite of conception, the birth of defective children was understood as a consequence of further morally improper forms of individual behaviour, which medical and moral treatises took pains to describe and vituperate against. Medical treatises agree in defining the missionary position as the only prescribed method for procreation. A couple's experiments with other positions during copulation were believed to be one of the causes for defects in children. A wandering female imagination, or an insufficiently passive female parent, could also lead to defective children, with the danger of the construction of the creative imagination imprinting itself in the physical essence of the new-born (a woman thinking about a cow during copulation could lead to the birth of child with cow-like characteristics!). Unhealthy nourishment, and more specifically alcoholic consumption could have a negative impact on the sperm or the unborn child. Such notions circulated widely in the popular medical manuals, oftentimes presenting contradictory views and understandings about defective births. The popular religious literature of the late medieval period, such as preaching manuals, also expanded upon such notions, including, for instance, warnings against sexual activity during menstruation, lactation and pregnancy. The history of the Fall generates a further bias against women and therefore directs some additional blame towards them in the case of defective

births. In fact, female children were regarded as a form of deformation from the male child; then followed the severely defective child and, worst of all cases in the attempt at procreation, the absent progeny. The chapter moves on to a consideration of the way in which the medical discourse of disability is used metaphorically to discuss the care with which those newly converted to Christ should be treated by the religious authorities. The final part of the chapter tackles the question of moral pressure put on the parents of deficient children, and addresses the question of infanticide and abandonment as a result of such pressure. Congenital disability, therefore, offers another fascinating example of the way in which medical and religious discourses converge to present extraordinarily complex ways of understanding medieval culture when faced with emotionally loaded experiences for which no immediate cause could be found. Considering that medieval people understood the world in which they lived to be imperfect as a result of the original sin, the birth of an imperfect child would be understood as a further demonstration of this imperfection within the parameters of the human and social microcosm.

The following three chapters focus on medical and socio-cultural attitudes, considering facial disfigurement, blindness and responses to leprosy. Skinner's discussion of the cases of three female medieval holy women reveals the ambivalence self-inflicted disfigurement can take in medieval culture. In each of these cases, that is, those of Oda of Brabant, St Margaret of Hungary and St Margaret of Cortona, the impulse for facial disfigurement is conditioned by a strong desire for the accomplishment of a life completely devoted to Christ. Self-mutilation is motivated by the necessity of facing adversity in the strongest and most decisive manner, that is, of depriving oneself of one's own beauty to annihilate marriage as a possible prospect. Or, as in the case of Margaret of Cortona, self-mutilation is motivated by the desire to efface the cause of Margaret's early life as a sexually promiscuous woman, and in that respect this gesture differs in terms of aim from penitential fasting, which looks forwards to a possible encounter with the divine. Interestingly, the cases show that often the threat of self-mutilation would be sufficient to produce the desired effect, and cases of self-mutilation are less frequent than one could expect in a society in which violence played an important function. In the case of Oda, where the threat was followed by the actual act, without any official approval, the face-cutting episode was probably more damaging to her reputation: it was carried out secretly in a bedroom, as an act of disobedience. From the thirteenth century onwards, self-inflicted physical impairment is regarded as failure in facing temptation and showing one's own strength in the face of a carnal challenge. But facial disfigurement performed by God on female bodies is always read favourably in hagiographical literature.

Medieval culture often interpreted physical suffering and illness as divine punishments resulting from sinful activity. That perspective, although correct in many cases, is far too general and, as Hawkins's chapter shows, hides the fact of medieval society's care for the sick in general, and the blind in particular.

Also, and in contrast to the association of sickness with sin, sickness is also read as a gift given by God to test the faith of a specially chosen soul, as in the case of Julian of Norwich, for instance. So the cause of the illness decides very importantly the community's response to the sufferer. If a disproportionate diet, especially excessive alcohol consumption, was found to be the cause of blindness, as it was believed to be one of the causes for this affliction, then of course the care given to the sufferer would be handled according to his moral responsibility. However, if blindness was the result of professional exposure to risks, such as dangerous fumes for goldsmiths, or the result of old age, then the response would be much more positive and would trigger the medieval community into charitable acts that would expunge the donor from his own bank of sins. Blindness was regarded as a particularly generous divine gesture endowing its recipient with piety and wisdom. The provision of care to such a patient would allow one to perform one of the Seven Works of Mercy, which were crucial for one's spiritual health.

Social and religious responses to leprosy are as complex as responses to blindness and other physical ailments. Brenner, along with several other authors of this book, explores the intersection between bodily and spiritual spheres, and the way in which care and cure function at both levels. Leprosy within religious discourse is associated with excessive sexual activity, and finds support in the medical treatises that explain the cause of the disease as a disturbance of the humoral balance. Despite this morally condemning view, the particular physical conditions in which lepers lived, enclosed, distant from the urban centres, and with their state marked by the will of God, made them in some way exemplary individuals. Like Christ, who suffered on the cross and was marked out from his community, lepers were given the opportunity to achieve their own process of redemption, leading a quasi-religious life according to a rule. Being or not being leprous had huge social consequences, and so accusations of leprosy required careful examination. Following a protocol for leprosy examinations developed in thirteenth-century France, the accusation against Theobald of Amiens proved the accusation to be unfounded, and therefore prevented the archbishop from giving up his social identity and status. Although *leprosaria* provided mainly religious and charitable hospitality to their patients, bodily care through medical treatment based on humoral theory was provided. Evidence of the need for emotional support is also available in the records of the Amiens leprosarium.

Several of the perspectives offered in this volume signal new directions in the consideration of medieval culture's convergence between devotional and medical cultures. The groundwork that has been carried out recently in the field allows now for several innovative investigations.[6] The continuation

[6] For an up-to-date annotated bibliography on medieval medicine, with some entries that address the convergence between medical and religious discourses, see Peter Murray Jones, 'Medicine', in *Oxford Bibliographies in Medieval Studies*, ed. Paul E. Szarmach

of close examination of hermeneutic practices as performed by clerics of the late medieval period such as Arnau de Vilanova and Galvano da Levanto will yield further insights into the way medical and theological discourses fuse and feed upon one another and contribute to a dynamic exegetical practice.[7] The role played by the friars as medical practitioners in the thirteenth and fourteenth centuries, as investigated by Montford, deserves further attention.[8] As mentioned by Yoshikawa in her introduction, following the advent of the plague in 1348, anxiety and hopelessness in the face of death led to a lay interest in medical knowledge in the form of translations, adaptations and compilations of medico-spiritual treatises from the Latin clerical milieu to the European vernaculars for the use of a non-academic lay readership.[9] The exploration of this process of transference is a vast, still underexplored activity, with limited modern editions, especially in the case of Latin authors who did not attend university.[10] The study of the textual and manuscript traditions of the very popular *Secreta secretorum* and the *Regimen sanitatis Salerni*, with more than five hundred extant manuscripts for the latter, is essential for better understanding the spread of medical knowledge among non-clerical European audiences.

As studies of women's medicine have flourished in the last decades, it is now possible to carry on detailed investigation of the convergence between women's medicine and religion.[11] The model of the Virgin Mary as nurse may have been constructed on the basis of the actual role played by women in the provision of medical care in provincial England. As in the case of the Paston women discussed by Watt in this volume, and by Orlemanski elsewhere, female medical care takes precedence over professional advice in the case of Sir John Paston II taking advice from his wife based in her Norfolk house, while spending time in London, where he echoes his mother's distrust of London physicians: 'fore Goddys sake be ware what medesynys ye take of any fysissyanys of London. I schal neuer trust to hem.'[12] Monica Green's own exploration of women's medicine argues similarly for it as both therapeutic art

(New York, 2010); see especially the entry 'Religion and Medicine': http://www.oxfordbibliographies.com/view/document/obo-9780195396584/obo-9780195396584-0051.xml?rskey=uv9yvf&result=1&q=medieval+medicine#firstMatch (last accessed 9 April 2014).

7 See Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford, 1998).

8 See Angela Montford, *Health, Sickness, Medicine, and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot, 2004).

9 See see Yoshikawa's discussion in 'Introduction'.

10 See for instance Benvenutus Grassus, *The Wonderful Art of the Eye: A Critical Edition of the Middle English Translation of his* De probatissima arte oculorum, ed. L. M. Eldredge (East Lansing, MI, 1996).

11 See in Murray Jones, 'Medicine', the rubric 'Historiography'.

12 See Julie Orlemanski, 'Thornton's Remedies and Practices of Medical Reading', in *Robert*

and cultural phenomenon, thus pointing the way to additional case studies where female agency leads to medical and religious activity.[13] An exploration of women's medicine needs to take into account the works of abbesses, mystics and visionaries, as well as exploring medical and religious practice in the fictional female hagiographies of the late medieval period.

The hybridisation of medical texts with discourses from other spheres of knowledge shows the extent to which health was the concern not only of professional physicians but also 'of philosophers, poets, theatre (and anti-theatre) practitioners, and religious communities, all of whom sought, in their different spheres, to purge and relieve the body, soul or mind of the human sufferer'.[14] More specific to the medical and religious spheres, the way in which rhetorical strategies operate within them, with reliance on the citations of the *auctores*, and the use of the persuasive mode, will yield further interesting evidence of hermeneutic practices. However, the care of body and soul also begs the question of economic interest in spiritual healing. Reports of miraculous cases of physical healing at the shrines of saints could bring enormous economic benefits to the religious communities in charge of managing and hosting visitors wanting to pay their devotions to the shrine.[15] The cult of the saint as therapeutic alternative could be a profitable business venture, and there is a need to impose upon medical and religious discourses an economic layer that offers an account of this particular dimension. A large-scale assessment of the significance of this economic aspect in relation to miraculously performed healing could yield interesting results.

As we have seen, the (spiritual) autobiographies of Margery Kempe, Julian of Norwich and Hoccleve are often immersed in medical and religious considerations, perceived in the context of human salvation and participation in the human community. Accounts of disease and emotions about disease, as well as expressions of emotions of pain undergone through physical distress, are areas in these texts that deserve further study. They also lead us to consider the aesthetics of disease in prose texts such as spiritual autobiographies and secular accounts, and to assess the way in which the writing of poetry as such

Thornton and His Books: Essays on the London and the Lincoln Thornton Manuscripts, ed. Susannah Fein and Michael Johnston (Woodbridge, 2014), pp. 235–55 (p. 239).

13 Monica H. Green, 'Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine', *Studies in Medieval and Renaissance History*, 3rd series, 2 (2005), 1–46; see also Green, 'Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History', *History Compass* 7 (2009), 1218–45.

14 See Rachel Falconer and Denis Renevey, 'Introduction', in *Medieval and Early Modern Literature, Science and Medicine*, ed. Rachel Falconer and Denis Renevey (Tübingen, 2013), pp. 11–17 (p. 12).

15 See Christiania Whitehead, 'Spiritual Healing: Healing Miracles associated with the Twelfth-Century Northern Cult of St Cuthbert', in *Medieval and Early Modern Literature, Science and Medicine*, ed. Falconer and Renevey, pp. 167–82.

was regarded in some spheres as the only means of salvation, sanity, and cure.[16]

Advances in the medical sciences bring bodies back to health in ways that our medieval ancestors could only have dreamed of. However, despite or perhaps because of its higher fallibility, medieval medicine looked for a fruitful dialogue and interaction with other spheres of knowledge, adding to its semantic field, imitating the stance taken by other authoritative discourses, or sometimes contesting them in a self-assertive gesture. This struggle for power, acted out in the vernaculars of England in the cases under consideration in this volume, but nevertheless derived from learned pan-European medical sources, provides a captivating picture of the process by which medieval culture dynamically re-makes its constitutive discourses and ideologies.

[16] See Lisana Calvi, '"Is't Lunacy to call a spade, a spade?": James Carkesse and the Forgotten Language of Madness', in *Medieval and Early Modern Literature, Science and Medicine*, ed. Falconer and Renevey, pp. 139–52.

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