

**‘EVERY PRACTITIONER HIS OWN COMPILER’:
PRACTITIONERS AND THE COMPILATION OF
MIDDLE ENGLISH MEDICAL BOOKS, WITH
SPECIAL REFERENCE TO YORK MINSTER
LIBRARY, XVI E. 32**

By

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ABSTRACT

By analysing the codicology and other features of a group of fifteenth-century medical manuscripts, my thesis aims to shed some light into the unexplored role of the compilers of medical material. These individuals assembled a number of booklets mostly produced in Middle English, and put them together with the intention to create volumes entirely dedicated to medicine. The thesis proposes a typology that will show the existence of a type of medical codices, whose substantial codicological alteration evince the involvement of the medical practitioners and earliest owners of the volumes in their making. I will argue that the manuscripts were gathered, arranged, and sometimes copied by these practitioners, who, in an attempt to create their own medical handbooks, customised their books in a manner they considered to be pertinent and useful for their practice. A comprehensive analysis of York Minster Library, MS XVI E, one of these practitioner-compiled composites (as I have labelled them) will offer new insights into a codex which has never been examined in detail.

The study will eventually demonstrate that medical practitioners played a significant role in the production of fifteenth-century English medical books, especially in the compilation and arrangement of the codices' booklets.

Gracias a todas las personas que me han acompañado incondicionalmente durante este largo viaje; especialmente a mis padres, que con su apoyo, amor y confianza han iluminado siempre mi camino.

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LIST OF ABBREVIATIONS

AN	Anglo-Norman
AND	Anglo-Norman Dictionary
BHM	Bulletin of the History of Medicine
CHBB	Cambridge History of the Book in Britain
DIMEV	Digital Index of Middle English Verse
ESM	Early Science and Medicine
L	Latin
ME	Middle English
MED	Middle English Dictionary
MS	Manuscript
MWM	Manuscripts of the West Midlands
OED	Oxford English Dictionary
ODNB	Oxford Dictionary of National Biography
PMLA	Publications of the Modern Language Association of America
SHM	Social History of Medicine
SIB	Studies in Bibliography
ToC	Table of Contents

CHAPTER 1. INTRODUCTION

Van Helsing is off to the British Museum, looking up some authorities on ancient medicine. The old physicians took account of things which their followers do not accept.

(Bram Stoker, *Dracula*)

1.1 MEDICAL LORE IN MEDIEVAL ENGLAND

A consequence of the impressive development medicine has experienced in the last century is that it complicates our understanding of medieval medical procedures. Treatments like bloodletting, or prognostication methods which evaluated the evolution of an ailment through palm reading or the position of the planets can look rather unscientific, or even barbaric, to our twenty-first century minds. However, medical practitioners and physicians based their predictions on methodical systems adopted from classical authorities, or the old physicians, as Stoker puts it in his internationally celebrated classic.¹ It was their belief that planets and their position in the heavens governed people's body parts; therefore, being aware of their motion allowed the practitioner to predict the course and outcome of an illness and to administer the appropriate medicines. They believed, for example, that, as a cold and wet entity, the moon was markedly feminine; thus, individuals born under its influence had a tendency to irritability, worry, and even insanity.² It was also accepted that the human body, and

¹ B. Stoker, *Dracula*, ed. by N. Auerbach and D. J. Skal (New York: W. W. Norton and Company, 1997), p. 257.

² C. Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Sutton Publishing Limited, 1997), p. 84.

by extension the human mind, was a microcosm which, besides being contained in the macrocosm (also known as cosmos or universe), functioned parallel to it. Hence, the macrocosm was composed of four elements (water, fire, earth and air) and qualities (dryness, moistness, heat and cold), which corresponded to four bodily humours (phlegm or mucus, yellow bile or choler, black bile and blood). The supremacy of a humour over the rest resulted in a marked definition of the individual's temperament, who could be ultimately melancholic, phlegmatic, sanguine or choleric. Humoral compositions were not assigned only to a person's temperament, but also to specific organs; thus, kidneys were considered to be sanguine.³ An imbalance of the humours resulted in sickness, and required methods like bloodletting to restore the patient's corporal equilibrium.

Medical and scientific knowledge, like the theory of humours described above, was translated into Latin from Hebrew, Greek and Arabic sources, and was spread throughout Europe during the High Middle Ages, especially in the twelfth century. Predictably, these translations were chiefly made in Sicily and Spain, places where these languages coexisted. Constantine the African also had a significant influence on the expansion of Arab medical knowledge through Europe.⁴ He translated Arab and Greek texts into Latin; hence, putting 'the Latin-speaking world in touch with the tradition of Hippocratic learning promoted by Galen and extended by the Arabs'.⁵ That medical learning started to be taken seriously at this time is manifested in the foundation of the first European medical school. Established in Italy, the *Schola Medica Salernitana*, or

³ For further details, see C. Rawcliffe, *Sources for the History of Medicine in Late Medieval England* (Michigan: Western Michigan University, 1998).

⁴ Further examples of how Arabic texts entered Britain can be found in C. Burnett, 'The Introduction of Scientific texts into Britain, c. 1100-1250', in *CHBB 2*, ed. by N. J. Morgan and R. M. Thomson (Cambridge: Cambridge University Press, 2008), pp. 446-45.

⁵ V. Nutton, 'Medicine in Medieval Western Europe 1000-1500', in *The Western Medical Tradition 800 BC to AD 1800*, ed. by L. I. Conrad and others (Cambridge: Cambridge University Press, 1995), pp. 139-205 (p. 141).

school of Salerno, became a centre of medical excellence whose expertise spread throughout Europe. Not long after its foundation, universities started to arise, becoming leading centres of knowledge from the onset. Some of these universities excelled in their teaching of medicine: Paris, Bologna, Padua and Montpellier seemed to be the most acclaimed, as opposed to Oxford and Cambridge, which according to scholars like V. L. Bullough, C. Rawcliffe or L. E. Voigts did not have a prestigious medical curriculum.⁶ In fact, Oxford did not offer a degree in medicine until the fourteenth century, and it seemed to be a rather general degree, inasmuch as it allowed theology and law students to attend medical courses for which they could eventually obtain a degree. This may explain why a bishop and doctor of theology named William Rede donated a significant number of medical books to Merton College in the fourteenth century.⁷ That the English universities were not celebrated for their medical curriculum is statistically blatant: only one student of medicine graduated every two years in fifteenth-century Oxford; whereas two students graduated every decade in Cambridge.⁸ In other words, ‘only ninety-four individuals are known to have taken a degree in medicine or taught the subject at Oxford between 1300 and 1499, while a mere fifty-nine did so at Cambridge’.⁹

Latin was the primary, though not the unique, language employed in medical and scientific contexts. Normans arrived in England and introduced Anglo-Norman,

⁶ According to Bullough, ‘the number of medical doctors at Oxford was always small, and the faculty of medicine was probably never influential’: V. L. Bullough, ‘Medical Study at Mediaeval Oxford’, *Speculum*, 36 (1961), 600-612 (p. 611); and ‘the mediaeval Cambridge medical school was no match for those on the Continent, while in England it lagged behind Oxford’: V. L. Bullough, ‘The Mediaeval Medical School at Cambridge’, *Mediaeval Studies*, 24 (1962), 161-68 (p. 168). Talking about medical studies in English universities, Voigts states that ‘it was essentially derivative of the Paris curriculum, and there is no reason to think that any contributions to the development of theoretical medicine came from Oxford or Cambridge’: L. E. Voigts and M. R. McVaugh, ‘A Latin Technical Phlebotomy and its Middle English Translation’, *Transactions of the American Philosophical Society*, 74 (1984), 1-69 (p. 14). Referring to both faculties, Rawcliffe observes that they ‘remained small and understaffed’: C. Rawcliffe, *Medicine and Society in Later Medieval England*, p. 108.

⁷ Bullough, *Medical Study at Oxford*, p. 604.

⁸ Nutton, *Medicine in Medieval Western Europe*, p. 157.

⁹ Rawcliffe, *Sources for the History of Medicine*, p. 60.

which was a variety of French spoken in England that started to be used in various types of writings, including medical texts. Before the arrival of the Normans, in Anglo-Saxon England, probably as a response to King Alfred's educational programme, a few works were produced in vernacular English, namely Bald's Leechbook (London, British Library, Royal 12 D. XVII), the Lacnunga (London, British Library, Harley MS. 585), the Old English *Herbarium* and the *Medicina de Quadrupedibus*.¹⁰ However, with the arrival of the Normans English declined as a written language, and did not revive until the late fourteenth century, when texts started to be written in English again. The increase in the production of medical and scientific texts during that time was indeed striking. As P. M. Jones has noticed,

After 1375 the numbers of medical manuscripts in circulation began to increase sharply, even if the number of practitioners with medical degrees remained very small in fifteenth-century England. In addition, a great translation movement took shape, turning Latin medical writings into Middle English and Anglo-Norman. This brought medical learning to a new readership beyond the bounds of universities and monasteries.¹¹

One of the earliest publications in discussing the widespread of vernacular medical volumes in late medieval England was H. S. Bennet's 'Science and Information in English Writings of the Fifteenth Century' (1944).¹² In this paper Bennet states that 'the growth of vernacular literature is perhaps nowhere more notable than in the multiplication of medical manuscripts in the fifteenth century'.¹³ This is evident from the fact that it would be unattainable to know the number of medical and scientific

¹⁰ Despite deriving from Latin sources, these works represent the earliest medical writings in a native language in Western Europe: A. Van Arsdall, 'Medical Training in Anglo-Saxon England: an Evaluation of the Evidence', in *Form and Content of Instruction in Anglo-Saxon England in the Light of Contemporary Manuscript Evidence*, ed. by P. Lendinaria, L. Lazzari and M. A. D'Aronco (Belgium: Brepols, 2007), pp. 415-34 (p. 416).

¹¹ P. M. Jones, 'Witnesses to medieval medical practice in the Harley collection', *Electronic British Library Journal*, 8 (2008), 1-13 (p. 1) <<http://www.bl.uk/eblj/2008articles/article8.html>> [Accessed 9 May 2013].

¹² H. S. Bennett, 'Science and Information in English Writings of the Fifteenth Century', *The Modern Language Review*, 39 (1944), 1-8.

¹³ *Ibid*, p. 3.

manuscripts that were produced at the time. It might be possible to obtain an estimate of the codices that came down to us by counting the number of volumes that are part of important medical collections, like the Harleian, Sloane (both in the British Library) or the Hunterian (in Glasgow University Library). Yet it would be an arduous task to provide accurate figures, since further material has been preserved in personal collections and minor repositories, as exemplified by our case study, York, York Minster Library, XVI E. 32, whose repository, the York Minster Library, holds only two medieval medical manuscripts. L. E. Voigts and P. D. Kurtz's *Scientific and Medical Writings in Old and Middle English: An Electronic Reference* and D. W. Singer, 'Survey of Medical Manuscripts in the British Isles Dating from before the Sixteenth Century' are remarkable projects which are invaluable points of departure if desiring to obtain a broader view of the number and types of surviving medieval medical volumes. In Singer's pioneering survey, an estimate of a thousand and thirty-two Middle English medical manuscripts have been recorded between the thirteenth and the fifteenth centuries. Voigts and Kurtz also note that, after analysing more than three hundred and fifty volumes, Robbins declares that this number 'is surely less than a quarter of the estimated total'.¹⁴ In this sense, the surviving Anglo-Saxon corpus is easier to handle. In their database, Voigts and Kurtz recorded a hundred and ninety-nine texts for the Old English period, which apparently covered all the surviving medical and scientific texts of that time. According to Voigts, all these texts were edited in the nineteenth and twentieth centuries, and most of them have been studied to some degree. She also declares that:

the situation is, however, very different for Middle English. Scarcely any scientific or medical texts survive from the early part of the period, because of the linguistic hegemony of Latin and Anglo-Norman after the Conquest. However, from the period 1350 to 1500, English reasserted itself, and virtually thousands of surviving English vernacular scientific

¹⁴ Both references in Voigts, *A Latin Technical Phlebotomy*, p. 19.

and medical texts were written, the vast majority of them unstudied, most of them unidentified, and many of them uncatalogued or inadequately catalogued.¹⁵

Fortunately, thanks to the efforts of scholars like L. E. Voigts herself, P. Pahta, F. M. Getz, T. Hunt, P. Jones, I. Taavitsainen, C. H. Talbot, or M. T. Tavormina (to name some of the most influential), who have produced remarkable and innovative studies in a number of medical areas, this situation has changed. Overall, they have scrutinised the role of medical practitioners and their procedures, and have explored texts from various perspectives.¹⁶ Printed and digital catalogues have also contributed to a better understanding of the existing material. These catalogues focus on manuscripts from particular areas or library repositories, like the *Manuscripts of the West Midlands Catalogue*, Ker, *Medieval Manuscripts in British Libraries*, or the various handlists of *The Index of Middle English Prose*; or on more medical-related works, such as the tenth volume of *A Manual of the Writings in Middle English 1050-1500: Works of Science and Information*; L. Thorndike, and P. Kibre, *Catalogue of Incipits of Mediaeval Scientific Writings in Latin*; Voigts and Kurtz, *Scientific and Medical Writings in Old and Middle English. An Electronic Reference*; or *The Málaga Corpus of Late Middle English Scientific Prose*.¹⁷

¹⁵ L. E. 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 M. R. Schleissner (New York & London: Garland Publishing, 1995), pp. 183-195 (p. 186).

¹⁶ Taavitsainen and Pahta provide an excellent comprehensive account of scholarship on medical and scientific material in the introduction to I. Taavitsainen and P. Pahta, eds., *Medical and Scientific Writing in Late Medieval English* (Cambridge: Cambridge University Press, 2004). For bibliographical details about these scholars, go to the bibliography.

¹⁷ *Manuscripts of the West Midlands. A Catalogue of Vernacular Manuscript Books of the English West Midlands, c. 1300-c. 1475* <<http://www.hrionline.ac.uk/mwm/>>; N. R. Ker, *Medieval Manuscripts in British Libraries*, vol. iv (Oxford: Oxford University Press, 1969-92); O. S. Pickering, and S. Powell, *The Index of Middle English Prose. Handlist VI: Manuscripts Containing Middle English Prose in Yorkshire Libraries and Archives* (Suffolk: Boydell & Brewer, 1989); A. E. Hartung, ed., *A Manual of the Writings in Middle English 1050-1500*, vol. x (Connecticut: Connecticut Academy of Arts and Sciences, 1998); L. Thorndike, and P. Kibre, *A Catalogue of Incipits of Mediaeval Scientific Writings in Latin* (Cambridge, MA: Medical Academy of America, 1963); L. E. Voigts, and P. D. Kurtz, *Scientific and Medical Writings in Old and Middle English. An Electronic Reference* [on CD] (Ann Arbor: University of Michigan Press, 2000); *The Málaga Corpus of Late Middle English Scientific Prose* <<http://hunter.uma.es/>>.

1.2 ‘EVERY MAN HIS OWN SCRIBE’

Unquestionably, this significant bulk of Middle English medical manuscripts that has come down to us reflects a contemporary interest in medical knowledge. These compilations are frequently professionally produced, although as C. F. Bühler has noted ‘the professional production of manuscripts was dwarfed [...] by the quantity of books produced by the enterprise, which, for want of a better word, one may call the “every man his own scribe” movement’.¹⁸ The low cost and accessibility of paper and the spreading use of booklets, that is, of complete and autonomous pieces of writings that circulated independently and were frequently added to a manuscript to complement it, encouraged individuals to write their own material: anyone with writing skills and adequate economic means could produce his or her own works. Robert Thornton, a fifteenth-century Yorkshire landowner, exemplifies this social and cultural reality, as he produced and compiled the celebrated Lincoln (Lincoln, Lincoln Cathedral Library, MS. 91) and London (London, BL, Add. MS. 31042) Thornton manuscripts. A book of essays recently published by York Medieval Press has delved into Thornton’s compilations, providing invaluable information concerning his performance as scribe and compiler, since further to copying the texts, there is evidence that he arranged the codices at his convenience.¹⁹ By ‘compiler’ I will refer here, and in future references, to the individual who assembled and organised the booklets that comprise the manuscripts. In one of the essays on Thornton, M. Johnston makes the following observation:

Compilation was only made possible by the technological and cultural conditions pertaining in late medieval manuscript culture –conditions that reached their zenith in

¹⁸ C. F. Bühler, *The Fifteenth Century Book: The Scribes, the Printers, the Decorators* (Pennsylvania: University of Pennsylvania Press, 1960), p. 22.

¹⁹ S. Fein and M. Johnston, eds., *Essays on the Lincoln and London Thornton Manuscripts*, (York: University of York, 2014).

Thornton's day and soon receded in the wake of the commodification of literary production under print. Only at this moment in history did numerous laymen like Thornton find themselves in a world where they could create numerically unique and unreproducible textual artefacts in the vernacular. The conditions at this time were just right: only a generation or two before Thornton, literature in Middle English had begun to proliferate; likewise, paper was becoming more readily available, affording a cheap alternative to animal skins for those who wanted to make their own books; and literacy was on the rise, at least among gentry landowners, like Thornton and merchants [...] any individual with the leisure time, access to exemplars and interest in literature could yoke together texts into unique combinations for his and his family's entertainment and edification.²⁰

In other words, fifteenth-century England was the perfect scenario for individuals like Thornton: individuals who were literate and had the time and the means to produce and assemble their own compilations. The compendia they made frequently contained medical material either in the form of collections, or as texts, and especially recipes, in the flyleaves and margins of the manuscripts, inasmuch as this subject matter was not restricted to compilations dedicated exclusively to medicine or science.²¹ The Lincoln MS illustrates this fact, as it holds a collection of medical recipes, thus demonstrating that, by the fifteenth century, medical writings did not circulate exclusively amongst monastic or university circles, but also amongst a wider audience. In fact, the proliferation of Middle English translations was beneficial not only to the gentry, but also to those practitioners with a basic knowledge of Latin. Rural practitioners worked in the country and treated the majority of the population, since the high tariffs the graduated physicians charged could only be afforded by higher members of society. These

²⁰ M. Johnston, 'Constantinian Christianity in the London Thornton Manuscript: The Codicological and Linguistic Evidence of Thornton's Intentions', in *Robert Thornton and his Books. Essays on the Lincoln and London Thornton Manuscripts*, ed. by S. Fein and M. Johnston (York: University of York, 2014), pp. 177-204 (p. 200).

²¹ In her study about the Thornton MS, J. Orlemanski made the following remark: 'One of the surprising aspects of my research has been the discovery of how rarely surviving compendia from late medieval England include both romances and medical texts –or at least medical texts of any real scope. There are plenty of examples of small groups of recipes appearing in the margins and fly-leaves of MSS with literary materials, or as filler at the end of the pages or quires –as with the three charms for toothache that Thornton records on f. 176 at the end of Lincoln's romance section' (J. Orlemanski, 'Thornton's Remedies and the Practices of Medical Reading', in *Robert Thornton and his Books. Essays on the Lincoln and London Thornton Manuscripts*, ed. by S. Fein and M. Johnston (York: University of York, 2014), pp. 235-255 (p. 247).

practitioners were not university-trained professionals, thus acquired their medical knowledge after a period of apprenticeship. They had an elementary level of Latin and probably used these Middle English translations which began to emerge at the end of the fourteenth century. As L. Mooney has pointed out,

the collection of scientific and utilitarian texts would probably have been written or commissioned and used by someone whose work was related to its contents. Leechbooks or medical miscellanies, collections of short texts and recipes, were used by members of the medical profession -physicians, surgeons, barbers, apothecaries- in the practice of their craft.²²

Awareness and acceptance of this fact has favoured the publication of a number of studies concerning medieval health professionals. Inspired by E. Wickersheimer, *Dictionnaire Biographique des Médecins en France au Moyen Age*, C. H. Talbot and E. A. Hammond felt the urge to compile the first English register of late medieval medical practitioners, *The Medical Practitioners in Medieval England: a Biographical Register*.²³ By looking at various sources (all mentioned in their introduction), they recorded the names and accounts of individuals, especially physicians and surgeons, who practiced medicine between the Anglo-Saxon period and the early sixteenth century. With regard to unqualified, rural medical practitioners they noted that:

the local leech makes only sporadic and random appearances in local records. When present at all he remains only too often a mere name. And yet it is certain that he lived, plied his trade, be it surgery or physic, and supplied a human need as far as his capacities would permit. The result has been a disproportionate emphasis on the physicians and surgeons of royal and noble households or of the City of London as opposed to those of more humble service and more remote parts.²⁴

²² L. R. Mooney, 'Manuscript Evidence for the Use of Medieval English Scientific and Utilitarian Texts', in *Interstices. Studies in Middle English and Anglo-Latin Texts in Honour of A. G. Rigg*, ed. by R. F. Green and L. R. Mooney (Toronto: University of Toronto Press, 2004), pp. 184-202 (p. 186).

²³ E. Wickersheimer, *Dictionnaire Biographique des Médecins en France au Moyen Age* (Geneva: Librairie Droz, 1979); C. H. Talbot and E. A. Hammond, *The Medical Practitioners in Medieval England: a Biographical Register* (London: Wellcome Historical Medical Library, 1965).

²⁴ Talbot's *Biographical Register*, p. vi.

Despite the difficulty in identifying these practitioners, one would imagine that they were important members of their community, not only because they healed the majority of the population, but also because normally they did not practice medicine as their only or main occupation. J. K. Mustain's and Talbert's examination of a late medieval manuscript (London, BL, Harley 1735) associated with a practitioner named John Crophill (included in our catalogue) has shown that Crophill's main vocational activity was not that of medical practitioner, but that of bailiff at Wix Priory (Essex).²⁵ One of the most outstanding features of this composite manuscript is the inclusion of Crophill's autographed notebook at the end of the volume. Similarly, a fifteenth-century practitioner named Thomas Fayreford compiled, owned and partially copied his book, London, BL, Harley 2558. Crophill's and Fayreford's manuscripts prove the engagement of late medieval medical practitioners in the copying and compilation of their handbooks. In the same manner that lay individuals, like Thornton, created their own commonplace books with material they considered to be valuable and useful, medical practitioners produced and compiled their own volumes, presumably to be used in their praxis. Talbot has observed that:

it is true that from time to time we find historical documents in which mention is made of local physicians and from which we gain some insight into their social position, the fees they charged, the dangers they ran, and so on. But these provide no evidence of their competence, their standard of education, or their success in dealing with disease.²⁶

In this sense, their personally crafted codices seem to be a more solid source of knowledge. In fact, P. Jones's research on Fayreford's book has demonstrated that a

²⁵ J. K. Mustain, 'A Rural Medical Practitioner in Fifteenth-Century England', *BHM*, 46 (1972), 469-76; E. W. Talbert, 'The Notebook of a Fifteenth-Century Practicing Physician', *Texas Studies in English*, 22 (1942), 5-30.

²⁶ C. H. Talbot, 'A Mediaeval Physician's *Vademecum*', *Journal of the History of Medicine*, 16 (1961), 213-233 (p. 213).

comprehensive examination of a medical manuscript can provide sufficient information to understand not only aspects regarding medical procedures, but also the intricate process of making a medical book in late medieval England.

1.3 OBJECTIVES AND STRUCTURE OF THE THESIS

Following Bühler's statement, I will propose a new model called the 'every practitioner his own compiler' movement, which recognises the engagement of fifteenth-century medical practitioners in the compilation of their own Middle English medical handbooks. By examining eighteen manuscripts which were compiled in the fifteenth-century and are entirely dedicated to medical material, I intend to prove that the more remodelling a manuscript shows, the more possibilities there are that the volume was compiled and arranged by a medical practitioner. The examination of the volumes in Chapter 2 will include a description of their collections and the visual support they contain, as well as their format and codicology, paying especial attention to features like their number of folios, dimensions, marginalia or decoration. The languages used in the texts and the types of audiences they were potentially addressed to will also be considered. By looking at these various features my aim is to determine the practicality and usage of these books, as they reveal the readers' interest in the material. Based on the results of the survey, I will develop a typology that will eventually divide the manuscripts into four groups. Whilst the first three types will be explored briefly, the fourth type will be examined in detail. In fact, the subsequent chapters will focus on these booklet-produced composites that have been notably altered by their compilers: a fact that, as it will be argued, reflect the practitioners' attempt to create their own handbooks.

Chapter 3 will start by defining the concept of *booklet*, as it is one of the crucial features of the practitioner-compiled composites. This is due to the fact that a manuscript made of independent booklets and with medical content had to be compiled and put together by someone who was interested in having such specialised information in a single volume. After providing a brief description of the scribal contexts where medical writings may have been copied, the chapter will focus on the practitioner-compiled composites. Based on a study of the cases of Thomas Fayreford and John Crophill, who compiled and produced their own medical books (Ha 2558 and Ha 1735, respectively), and after defining some of the most noticeable characteristics of their volumes, the analysis will concentrate on identifying these same features in the remainder of the practitioner-compiled composites. By doing this I intend to demonstrate not only that they were compiled by medical practitioners, but also that they were most likely their medical handbooks. Furthermore, on occasions, they contain features which suggest that the texts were probably copied by the medical practitioners who compiled and first owned the manuscripts.

Chapter 4 will delve into one of the practitioner-compiled composites, York, York Minster Library, XVI E. 32. It will offer a comprehensive examination of the codex that will focus especially on the scribes' and annotators' hands, the characteristics and contents of the booklets, its post-production features and marginalia, as well as its provenance. The final and concluding chapter will highlight the objectives achieved in the course of the study, and will propose new lines of enquiry.

The thesis will eventually demonstrate that medical professionals, especially the rural and unqualified practitioners, about whom not much is known, played a significant

role in the production of fifteenth-century English medical books, particularly in the compilation and arrangement of their booklets. It will show that the idiosyncrasy of the practitioner-compiled composites relies on their codicological alteration, which evinces a practitioner's urge to adapt the booklets at his convenience, in order to create a functional handbook. It will also demonstrate that, judging by a number of features, some of the volumes might have also been copied by the practitioners and first owners of the manuscripts.

CHAPTER 2. TOWARDS A TYPOLOGY: CONTENT, CODICOLOGY AND OTHER FEATURES OF LATE MEDIEVAL MEDICAL MANUSCRIPTS

2.1 THE CATALOGUE AND ITS SELECTION CRITERIA

The group of manuscripts selected to show the extent to which medical practitioners participated in the compilation, and sometimes production, of medical compilations in late medieval England are: Glasgow, University Library, Hunter 117; Glasgow, University Library, Hunter 185; Glasgow, University Library, Hunter 307; Glasgow, University Library, Hunter 328; London, British Library, Harley 937; London, British Library, Harley 1600; London, British Library, Harley 1735; London, British Library, Harley 2320; London, British Library, Harley 2332; London, British Library, Harley 2347; London, British Library, Harley 2378; London, British Library, Harley 2381; London, British Library, Harley 2390; London, British Library, Harley 2558; London, British Library, Harley 3383; London, British Library, Harley 3407; London, British Library, Harley 3719 and York, York Minster Library XVI E. 32.

I am aware of the limitations of a study that concentrates primarily on two repositories and eighteen manuscripts. However, I was aiming at keeping the analysis at a manageable level, since the selection of eighteen volumes has allowed me to develop a tentative typology, and at the same time to meet the word limit that the University requires. With regard to the repositories, restricting the scope of textual evidence to a few libraries is not an uncommon practice among palaeographers. In a recent publication, D. Wakelin surveyed the scribal errors found in fifty-two manuscripts and twenty-eight fragments which are held, in their entirety, in the Huntington Library in San Marino,

California.²⁷ In like manner, the volumes that are going to be examined here are housed in the British Library or the University of Glasgow, and belong respectively to the Harleian and Hunterian collections. These two collections are indeed renowned for their medical content, and were bequeathed to the libraries by Dr. William Hunter and Robert Harley. Dr. William Hunter (1718-83), original owner of the Hunter collection, was an anatomist, physician and man-midwife, who led a prestigious professional life.²⁸ He was a teacher of medicine and was awarded the title of Physician Extraordinary to Queen Charlotte. Unsurprisingly, as a collector he assembled a considerable number of medical volumes: about one third of the Hunterian collection contains medical material. Of the six hundred and fifty manuscripts he collected, approximately two hundred are medieval and concerned with medical subjects.²⁹ Despite not sharing Hunter's medical background, the owners of the Harleian collection, Robert Harley (1661-1724), 1st Earl of Oxford and Mortimer and his son, also collected a vast number of medical manuscripts, which constitute currently one of the most distinguished collections of the prestigious British Library. According to the records, the Harleian collection comprises today more than seven thousand manuscripts, although not all are medical. A third collector who should be introduced here is Edward Churton (1800-1874), the clergyman who bequeathed MS XVI E. 32 to the York Minster Library. He was a theologian and Spanish scholar who was also interested in Anglo-Saxon literature, as manifested in the books he donated to York Minster after his death.³⁰ He had no apparent relation with the medical profession,

²⁷ D. Wakelin, *Scribal Correction and Literary Craft: English Manuscripts 1375-1510* (Cambridge: Cambridge University Press, 2014).

²⁸ Strange as it may sound, male midwifery was common by the time Hunter professed medicine (Oxford Dictionary of National Biography <<http://www.oxforddnb.com/>>).

²⁹ *OED*. I would like to thank Fiona M. Neale, the Senior Library Assistant of the Special Collections Department from the University of Glasgow, for providing me with the approximate number of medical manuscripts found in the Hunterian Collection.

³⁰ For information concerning Churton's life, consult *ODNB*; for his donations to the Minster, consult *Liber Donorum: J. Raine, A Catalogue of the Printed Books in the Library of the Dean and Chapter of York* (York: John Sampson, 1896).

therefore evidences that medieval medical books belonged also to small collectors, and could end up in repositories with a limited medical interest, since, as a religious institution, the York Minster Library houses a hundred and one medieval manuscripts from which only XVI E. 32 and XVI O.10 are medical.

As noted in the introduction, the scope of this study will cover a period that saw a drastic increase in the production of English medical books. Being mostly compiled in the fifteenth century, these codices, which are entirely dedicated to medical material, are primarily, though not exclusively, written in Middle English. Given the trilingual reality of the country at the time, it seems inevitable to come across compilations or sections partially, or totally, copied either in Latin or Anglo-Norman. Texts become thus witnesses of a social situation that should not be ignored if one wants to provide a reliable portrayal of books produced in late medieval England. For that reason, a few codices have been considered despite containing a large amount of Latin works. Generally, the content of the manuscripts are not particularly specialised: they do not cover topics such as surgery, or other technical areas that belonged traditionally to the realm of the university-trained practitioner or the highly skilled professional, who would have used texts which are different from the ones included here. Hence, little or no attention has been given to medical branches of knowledge like surgery, alchemy, gynaecology, or practices such as cupping, which would have been performed by barbers or surgeon-barbers, and consisted in drawing blood through the application of a cup or ventose in a shallow cut.³¹ These texts have, nonetheless, appeared unexpectedly in the course of the analysis: Ha 3407 contains a section on gynecological and obstetric issues (ff. 1r-19r) attributed to the celebrated Trotula.³² Similarly, Ha 2390 presents sporadic alchemy texts (ff. 59r and 75),

³¹ All the definitions provided in the course of the thesis have been taken from the *OED*.

³² A popular group of three texts on female medical care.

and Ha 2378 has a recipe (f. 126v) that recommends the use of ventose to cure deafness ('Take an onyon and fry it in oyle, and put þe oyle in his ere, and vse it; and do ventuse him betwene the shuldres'). It should be clarified that, despite the fact that some of these collections may be considered scientific, they will be referred to as medical texts throughout the analysis, since regardless of whether they were employed to treat, diagnose or prognosticate, eventually they were intended to heal.³³ From our modern point of view, medicine is 'the science or practice of the diagnosis, treatment, and prevention of disease'; if adding prognostication to the equation, the three main medieval medical areas presented in medieval medical manuscripts would be covered.³⁴ According to Robbins, these texts followed the same procedures: they recognised 'prognosis by the planets, diagnosis by urinology, and medication by herbs, bloodletting, and empirical remedies'.³⁵ My notion of what I have labelled *practical material* follows this principle, and covers utilitarian texts that were commonly employed by both university-trained and unqualified practitioners. Defining them as popular medical literature, L. M. Matheson claims that:

many of the texts are representative of the kind of general scientific and medical knowledge available to a reasonably educated but non-specialist audience. Some contain popularizations of academic or 'high' science for the use of non-university professionals. Others, by the fact of their translation into English, were intended to reach a wider readership than their Latin originals; if the survival of manuscripts and the choice of texts for early printing are guides, then a number succeeded in this sense of 'popularity' also.³⁶

This popular material can be grouped into Robbins's three main categories: prognosis, diagnosis and treatment. Based on astronomical observations and precise

³³ A more detailed account of what medical and scientific knowledge imply is provided by Voigts in 'Scientific and Medical Books', in *Book Production and Publishing in Britain 1375-1475*, ed. by J. Griffiths and D. Pearsall (Cambridge: Cambridge University Press, 1989b), pp. 345-402.

³⁴ OED.

³⁵ R. H. Robbins, 'Medical Manuscripts in Middle English', *Speculum*, 45 (1970), 393-415 (p. 395).

³⁶ L. M. Matheson, *Popular and Practical Science of Medieval England* (East Lansing: Colleagues Press, 1994), p. xi.

zodiacal and numerical calculations, prognosis consisted in predicting the course of different types of events. The texts used to prognosticate include treatises on favorable days for bloodletting; the (thirty-two) perilous days/Mondays; the good and evil days to begin a treatment or any other kind of activity, such as giving birth, travelling or starting a project; the treatises known as the sphere of Pythagoras, *Somnialis Danielis* or the prophecies of Esdras; chiromancy and onomancy diagrams; or any text that holds astrological content, including lunaries and tables of solar and lunar eclipses. Diagnosis, on the other hand, consisted in identifying an illness and determining its nature by looking at the patient's urine, and therefore required the use of treatises of urines or uroscopies. The vast majority of the manuscripts, however, contain works that provided medical aid by applying herbal remedies. Treatments generally revolved around herbal cures or phlebotomy practices, which consisted in the removal of blood by the cutting of a vein. Herbal cures were found in collections of recipes or *receptaria*, herbals or treatises on the virtues of various herbs. The section 'Collections' in this chapter (2.3) will describe a number of the most recurrent of these medical and practical collections; additionally, further collections will be introduced during the analysis of the case study in Chapter 4 (4.4).

At the other end of the spectrum, there were a number of academic or learned collections that were aimed at university-trained individuals. Universities selected a group of medical texts that were taught in the Faculty of Medicine, and which gave students a knowledge of the different medical areas. This medical canon was known under the name of *Ars medicina* or *articella* and was created either in Salerno or Monte Cassino. Both places were centres of medical excellence: the former was a prestigious European medical school, the latter was an Italian abbey that housed an outstanding collection of

medical texts. According to A. Montford, by the early twelfth century the *articella* generally incorporated the *Isagoge* of the Arab scholar Johannitius (Hunain Ibn-Ishaq), Hippocrates's *Aphorisms* and *Prognostics*, and the Byzantine authors Theophilus (*On Urines*) and Philaretus (*On Pulse*). These texts formed a core of Greek and Arab treatises which were afterwards supplemented by Galen's *Tegni*, Matheus Platearius's *Circa Instans*, Bartholomew of Salerno's *Practica*, Peter Musandinus's *Practica*, *De Passionibus Mulierum* (one of the gynaecological texts in the Trotula) and Macer's *De Viribus Herbarum*.³⁷

This list varied slightly between countries. A list of the medical corpus taught in Paris in the late twelfth century included the works of Galen, Hippocrates, Isaac Judeus, Discorides, Macer Floridus, Alexander of Tralles, Johannitius, Teophilus, Philaretus and Ibn-el-Jezzar; whereas the standard university medical curriculum in Oxford followed the tradition established in Salerno, and included also the works of Arnould de Villanova, Lanfranc, Gilbertus Anglicanus, Avicenna, Macer, Roger Bacon, Guy de Chauliac, John Ardene and Galen.³⁸ Whilst the translation of these works into English grew increasingly in the fourteenth and fifteenth centuries, the majority still prevailed in Latin. Further to their predominant use of Latin, they can be distinguished for their scarce occurrence, especially if compared to other popular texts like the ones listed above. It is common to find commentaries, encyclopaedic treatises, pedagogical dialogues, or *consilia* amongst these scholarly texts which were quite technical, and possibly used only by university-trained practitioners.³⁹

³⁷ A. Montford, "“Brothers who have Studied Medicine”: Dominican Friars in Thirteenth-Century Paris", *SHM*, 24 (2011), 535-553 (p. 537).

³⁸ Montford, p. 537; Bullough, 'Medical Study at Oxford', p. 606.

³⁹ I. Taavitsainen, 'Discourse Forms and Vernacularisation Processes in Genres of Medical Writing 1375-1550', in *Translation – Interpretation – Meaning*, ed. by A. Aejmelaeus and P. Pahta (Helsinki: Helsinki Collegium for Advanced Studies, 2012), pp. 91-112 (p. 98).

The distinction between learned and practical medical texts has been recognised by numerous scholars. P. Jones distinguishes between the study of *practica* and *theorica* at university, on the one hand, and guidelines on *materia medica*, diagnosis, preventive medicine and therapeutics, on the other hand. L. Mooney differentiates between learned texts (as described in the previous paragraph) and folkloric mnemonics, that is, recipes, charms and instructions that came down from Old English texts.⁴⁰ Similarly, Pahta makes a distinction between three traditions: the learned specialised treatises, which comprise translations of learned Latin texts; surgical texts, which also belong to the learned branch but focus on anatomical and surgical texts; and remedy books, which include collections of recipes, herbals and guides for maintaining health. Along similar lines, Taavitsainen adds that ‘learned texts are expository with frequent definitions and argumentation, while texts for the broad audience rely on instruction and practical application’.⁴¹ Until recently it was believed that learned texts were aimed at university-trained physicians, and popular material was intended to be used by rural leeches and lay people. As Taavitsainen and Pahta state, ‘the matter is, however, more complicated as ownership studies indicate that physicians of the highest class, such as John Argentine of King’s College, Cambridge, had more popular materials as well, and that professional medical books were owned by lay people’.⁴²

⁴⁰ P. M. Jones, ‘Medicine and Science’, in *CHBB* 3, ed. by L. Hellinga and J. B. Trapp (Cambridge: Cambridge University Press, 1999), pp. 433-448 (p. 433); Mooney, ‘MS Evidence for the Use of ME Scientific and Utilitarian Texts’, p. 184.

⁴¹ P. Pahta, ‘On Structures of Code-Switching in Medical Texts from Medieval England’, *Neuphilologische Mitteilengun*, 104 (2003), 197-210 (p. 198). However, for practical purposes, she had to modify this typology in ‘Medical and Scientific Writing in Late Medieval English’, p. 15. Taavitsainen, ‘Discourse Forms’, p. 94; and ‘Genres and Appropriation of Science: *Loci Communes* in English in the Late Medieval and Early Modern Period’, in *Opening Windows on Texts and Discourses of the Past*, ed. by J. Skaffari and others (Amsterdam, Philadelphia: John Benjamins Publishing Company, 2005), pp. 179-196 (p. 192).

⁴² I. Taavitsainen I. and P. Pahta, ‘Vernacularisation of Medical Writing in English: A Corpus-Based Study of Scholasticism’, *ESM*, 3 (1998), 157-185 (p. 160).

2.2 THE MANUSCRIPTS

Before proceeding to the examination of the manuscripts, it might be helpful to clarify the use of some words that will be constantly employed in the course of the analysis: terms which, if not properly explained, might lead to confusion. Thus, when using the term *booklet*, I will be following P. Robinson's, and by extension R. Hanna's, definition of booklet as a self-contained textual unit whose independent nature enabled it to circulate separately.⁴³ I will also refer to *texts* when talking about collections and treatises that were aimed at being complete textual units. Despite their recurrent appearance, scattered recipes copied to fill blank spaces which are not part of a collection will not fall into this category.

The catalogue presented here has been intended to be functional, therefore the data it comprises tackles strictly relevant aspects that will be discussed later in the chapter.⁴⁴ The individual analyses of the manuscripts will explore their languages, number of scribes, collation, dimensions, decoration, marginalia, number of folios and contents. All the manuscripts contain material written in Middle English; many hold texts produced in Latin; and less frequently in Anglo-Norman. I have specified the extent to which these languages are employed in the manuscripts. When codices are exclusively produced in a language, it has been thus indicated in the subheading 'Languages' (Hunter 307). When a language predominates in a manuscript (for example, Middle English), the

⁴³ P. Robinson, "'The Booklet': A Self-Contained Unit in Composite Manuscripts", *Codicologica*, 3 (1980), 46-69; R. Hanna III, 'Booklets in Medieval Manuscripts: Further Considerations', *SIB*, 39 (1986), 100-111 (p. 102). Further details about the features of a booklet will be provided in Chapter 3 (3.1).

⁴⁴ For further details about York Minster Library XVI E. 32, see Ker; for the Hunterian collection: J. Young, and P. H. Aitken, *A Catalogue of the Manuscripts in the Library of the Hunterian Museum in the University of Glasgow* (Glasgow: J. Maclehose and Sons, 1908); and for the Harleian collection: 'A Catalogue of the Harleian Manuscripts in the British Museum', 4 vols (London: Eyre and Strahan, 1808-12).

language of the texts in the manuscript has been specified only when it is different (Latin). In those cases in which the titles of the treatises are written in Latin and so is the text, nothing has been stated regarding the language of that particular text ('Nicolaus Salernitanus, *Antidotarium*'; Ha 2378). Similarly, if the title is in Latin but the text in Middle English, it has been so indicated in the item: 'Pseudo Hippocrates, *Astrologia medicorum* in ME' (Harley 2378).

The collations of the manuscripts have been taken from their catalogues and have been revised and modified as needed. The different booklets of the codices have been distinguished, indicating the position of the booklet in the manuscript and the folios they comprise. In these cases, the dimensions of the codices (given in millimetres) record the minimum and maximum size of their booklets. The foliation does not include the number of flyleaves the volumes contain, but only their folios. When the content in question appears on both sides, only the number of the folio is mentioned. Columns in the texts are single, unless otherwise indicated. A few common words have been abbreviated; hence L stands for Latin, ME for Middle English, AN for Anglo-Norman and ToC for table of contents. The term *recipe* refers to medical prescriptions; when alluding to other kind of remedies it has been so indicated. Casual recipes have been mentioned but not referred to as collections. In his index, H. Hargreaves considers casual recipes to be collections when they are more than ten.⁴⁵ I agree with Hunt, however, in that:

when studying the pharmacotherapy of the Middle Ages it is obviously more interesting and profitable to examine whole collections of receipts, especially those which, carefully indexed and rubricated, display the signs of having been a *vade mecum* for practising

⁴⁵ Hargreaves, H., 'Some Problems in Indexing Middle English Recipes', in *Middle English Prose. Essays on Bibliographical Problems*, ed. by A. S. G. Edwards and D. Pearsall (New York & London: Garland Publishing, 1981), pp. 91-113 (p. 98).

physicians, than to record isolated receipts many of which have the status merely of flyleaf literature.⁴⁶

By looking at all these elements I intent not only to provide a general overview of the contents, physical appearance and codicological arrangement of the manuscripts, but also to propose a typology that will identify a group of codices which was most likely compiled and owned by medical practitioners.

2.2.1 YORK MINSTER LIBRARY, XVI E. 32

Languages: Mostly in Middle English, some Latin and an Anglo-Norman prayer.

Number of Scribes: Eight scribes

Collation: Composed of ten codicological units: (1) ff. 2r-7v;⁴⁷ (2) ff. 8r-14v; (3) ff. 15r-81v; (4) ff. 82r-111v; (5) ff. 112r-118v; (6) ff. 119r-126v; (7) ff. 127r-129v; (8) ff. 130r-145v; (9) ff. 146r-166v; (10) ff. 167r-174v that collate 1⁶, 2⁶⁺¹ (adding sixth, f. 14), 3-5¹², 6¹⁰⁻³ (first, second and third missing), 7-8¹², 9-11⁸, 12⁸⁻² (first and second bifolia missing), 13⁸⁻¹ (eighth missing), 14⁸, 15⁶⁻³ (first, third and fifth missing), 16-18⁸, 19⁸⁻² (second and sixth missing), 20⁶⁺¹ (adding fifth, f. 165), 21⁸.

Dimensions: 180-188 x 122-135 mm. Text space: 160 x 105 mm.

Decoration and Marginalia: The marginalia display several medieval and post-medieval (mostly sixteenth-century) annotations, as well as some drawings. Extensive use of red in most collections. Also finger-tabs and bookmarkers (ff. 59, 65, 119, 154 and 160). Small red crosses in the charms, and a drawing of a large red cross related to the charm in f. 4v.

⁴⁶ T. Hunt, *Popular Medicine in Thirteenth-Century England. Introduction and Texts* (Cambridge: D. S. Brewer, 1990), p. 64.

⁴⁷ Folio 1 in the foliation of this MS corresponds to a parchment flyleaf that is part of the original gathering.

Number of folios: 174.

Contents: It contains different kinds of treatises, but it is primarily composed of *receptaria*. A colophon in the fourth booklet ascribes the collection to a William of Killingholme: ‘This tretyse byfore wryten is compiled of the tretyses of arystotel, galyene & of ypocrase & of oþer leches of salerne. Magister Willelmus leche de kylingholme’ (See Figure 20).

1. F. 2r. List of kings from Alfred the Great to Henry IV in L. Notes on the plague, famine, insurrection at the end of the folio in L. Heavily stained by reagent.
2. F. 2v. Sphere of Pythagoras in L.
3. Ff. 3r-6r. ME and L charms and recipes. A few sentences about the perilous days for childbirth, bloodletting, taking medicine and beginning work (f. 5r).
4. Ff. 6v-7r. Sphere of Pythagoras with a diagram (f. 7r).
5. F. 7v. Lunar diagram with numbers and attributes of the zodiacal signs.
6. Ff. 8r-13v. Calendar.
7. F. 14r. Table of the eclipses of the moon (1414-1450) with drawings of the phases of the moon.
8. F. 14v. Table of the eclipses of the sun (1411-1462) with drawings of the phases of the sun.
9. Ff. 15r-79v. A collection of recipes and charms in ME with some L.
10. Ff. 79v-80r. Incomplete ToC of item 9 in two columns.
11. F. 80v. A recipe and a table of mutations and conjunctions of the moon in L.
12. Ff. 80v-81r. L charm for toothache. L balm.
13. F. 81v. Incomplete ToC of item 14 in a sixteenth-century hand.

14. Ff. 82r-109r. A collection of recipes with two L recipes and a colophon attributed to William of Kylingholme.
15. F. 109v. Bloodletting-zodiac man with a diagram.
16. F. 110r. Zodiacal sign diagram.
17. Ff. 110v-111v. Treatise on thirty-two perilous days for bloodletting.
18. F. 111v. L charm for fevers.
19. Ff. 112r-113r. Dietary.
20. Ff. 113r-115r. L-ME herbal glossary in two columns.
21. F. 115r. A recipe to make popillion.
22. Ff. 115v-117v. A collection of recipes.
23. Ff. 117v-118v. Treatise on good and evil days for letting blood.
24. Ff. 119r-120r. Treatise on the prophecies of Esdras.
25. Ff. 120r-121r. Treatise on the virtues of betony.
26. Ff. 121r-122r. Treatise on the virtues of the rosemary. The explicit is stained by reagent.
27. F. 122v. Chiromancy diagram.
28. Ff. 123r- 124r. Treatise on bodily characteristics and their significance.
29. Ff. 124r-126r. Treatise on the interpretations of Daniel the Prophet.
30. Ff. 126r-129v. A collection of recipes and some charms.
31. Ff. 130r-145v. A collection of recipes and charms.
32. Ff. 146r-166v. A collection of recipes (ff. 163r-164r ME treatise on the virtues of *aqua vite perfectissima*).
33. Ff. 167r-171r. Uroscopy with diagram (f. 167r).
34. Ff. 171r-174v. Remedies for fevers with a diagram (f. 174v) in ME and some L.

2.2.2 HUNTER 117

Languages: Primarily in Middle English with some Latin.

Number of Scribes: Single scribe.

Collation: Composed of two codicological units: (1) ff. 1r-40r; (2) ff. 41r-56v that collate 1-5⁸, 6⁷, 7⁸.

Dimensions: 224 x 144 mm. Text space: ca. 200 x 125 mm.

Decoration and Marginalia: Several marginal annotations and a few manicules in fifteenth and sixteenth-century hands. On the verso side of the first flyleaf: 'A great collection of Recipes, or medisines, in English' in W. Hunter's hand. Below his note, in a fifteenth-century hand: '*lxi de foliis et vi quaterniones*'. Running titles either rubricated or underscored in red, sometimes preceded by red paragraph marks. *Litterae notabiliores* also in red. Except for the first one, quaternions are differentiated in red letters on top of the first folio of all the quires ('*quaternio prima*', '*quaternio secunda*', '*quaternio tercia*').

Number of folios: 56.

Contents: Collection of recipes and charms that was owned by Richard Nix Bishop of Norwich (1501-1535) in the sixteenth century, as suggested by two marginal notes at the bottom of ff. 1v and 54r: '*Richardus nix possedet hunc librum medecine*'.⁴⁸

1. Ff. 1r-34v. A collection of recipes, syrups, ointments, laxatives and charms. The text switches from ME to L all through the collection, not only in the recipes, but in their titles. Some L charms with red crosses; two charms to heal wounds: the charm of St

⁴⁸ Slightly different in f. 54r: '*Ricardus nix possidet hunc librum medesine*'. Despite being a religious man who seemed not to have any relation with the medical world, he owned several medical MSS. The *ODNB* states that he owned Barthelemy Montagnana's *Consilia Medica*, John Arderne's *Chirurgia*, a work entitled *Speculum Fleobothomie*, and a book of medical recipes in English (possibly this one).

William (f. 28) and a plate of lead charm with an obliterated drawing that possibly represented the five holy wounds (ff. 28v-29r).

2. Ff. 34v-36v. A condensed version of the *Antidotarium Nicholai* in ME and L.
3. Ff. 36v-40r. L list of herbs, gums, trees, stones and fruits and their properties (*calida, frigida, humeda*, etc).
4. F. 40. A list of salts, gums and other pharmaceutical ingredients and their prices in ME and L. Added at the end of the quire by a contemporary hand, perhaps the main scribe.
5. Ff. 41r-55v. A collection of recipes and charms with a short bloodletting text (f. 46r).
6. FF: 55v-56v. Recipes written by other fifteenth and sixteenth-century hands.

2.2.3 HUNTER 185

Languages: Primarily in Middle English with some Latin.

Number of Scribes: Two scribes.

Collation: 1⁸, 2⁸⁻⁴ (fifth, sixth, seventh and eight missing), 3⁸⁷⁸, 8⁶, 9⁴⁻¹ (missing first), 10⁶.

Dimensions: 120-130 x 80 mm. Text space: 90-95 x 65-70 mm.

Decoration and Marginalia: Red ink is used in paragraph marks, in some initials, in titles of recipes, and crosses in charms. Green ink and touchings are used to mark the beginning of recipes from f. 58r. Recipes in the last two quires are separated by a line and have no colour, except for some casual green.

Number of folios: 68.⁴⁹

Contents: It contains collection of recipes and other herbal texts.

1. Ff. 1r-6v. *Flora medica*. An alphabetical L-ME herbal glossary in a diagram. L technical terms on the left and their ME equivalents on their right. Two columns.

2. Ff. 6v-11r. Alphabetical list of simples in L. Two columns.

3. Ff. 11r-12v. L medical notes with allusions to simples. Two columns.

4. Ff. 13r-58r. A collection of recipes mostly in ME with some L. Folios 19v and 20r have what look like the numbers of a ToC, although the volume does not have any, and the counting reaches until four.

5. Ff. 58r-67v. A collection of recipes written in English with occasional L by an early sixteenth-century hand.

6. F. 68. A L charm and an English recipe copied by different seventeenth-century hands. An annotation (*Swynborne: batchelar of the | Civill lawe*) at the end, probably written by Henry Swinborne (ca.1551–1624).⁵⁰

2.2.4 HUNTER 307

Languages: Middle English

Number of Scribes: Single scribe.

Collation: 1⁸, 2⁸, 3⁸⁻² (missing second and sixth), 4-18⁸, 19¹⁰, 20⁸, 21⁸.

Dimensions: 190 x 130 mm. Text space: 147-150 x 90-95 mm.

⁴⁹ There is an unnumbered folio between ff. 51 and 52 that is not considered in the foliation of the MS but has been taken into account by the Málaga corpus and myself.

⁵⁰ An ecclesiastical lawyer who wrote what is considered to be the first published work of canon law written in English (*ODNB*).

Decoration and Marginalia: Pen flourished initials, red and blue paragraph marks (also in the margins) and line fillers. Headings and a few sixteenth-century annotations in the margins. A summary of the content of the MS by Hunter on the verso side of the last front flyleaf: ‘An old system of physic in English; of which I have another copy. This is more complete by all that is said on female disorders in the end. Tis to undirstonde that a man is maid of four elements and evry man hath iiij humors’. Highly decorated folio to indicate the beginning of the second (f. 13r) and the fourth (f. 149v) collections.

Number of folios: 168.⁵¹

Contents: A group of medical collections which include bloodletting, gynaecological and herbal texts.

1. Ff. 1r-13r. Treatise on humours, elements, uroscopy, complexions, etc.
2. Ff. 13r-145v. The ME Gilbertus Anglicus.
3. Ff. 145v-146v. Treatise on buboes.
4. Ff. 149v-165v. Gynaecological and obstetrical text. Folio 149r blank.
5. Ff. 165v-166v. Guy de Chauliac, text on bloodletting.
6. Ff. 167r-172v. Pharmacopoeia, followed by a ToC of the MS in a sixteenth-century hand copied on the first back flyleaf. Two columns.

2.2.5 HUNTER 328

Languages: Mostly Middle English with some Latin.

⁵¹ The Málaga Corpus followed the foliation of the sixteenth-century hand that recorded the number of the folios on the corners of the recto side; and for practical reasons so did I; this includes the lack of ff. 147 and 148.

Number of Scribes: Single scribe who uses a more professional and larger script when writing in Latin.

Collation: 1-3⁸, 4⁸⁻¹ (missing sixth), 5-7⁸, 8⁸⁻¹ (missing first), 9⁶.

Dimensions: 200 x 135 mm. Text space: 140 x 85 mm.

Decoration and Marginalia: Uncoloured drawings of urine flasks in several folios of item 1, as well as diagrams in items 1 and 2. Red initials, headings and paragraph marks. Headings in the margins underlined in red, as well as the running titles on the top of the folios. Few marginal notes in fifteenth, sixteenth and seventeenth-century hands. Dr. Hunter wrote a ToC on the verso side of the last front flyleaf: '*Magistri Johannis Ardernis opusculum de judiciis urinarum per coloris et contenta* (a). A collection of receipts or cures for various disorders. English. In the inscription is *domini regis illustrisimus principis Henrici quarti*, so that we may presume this writer lived about the year 1400'. He might have also written a number of glosses and corrections that appear all through the manuscript.

Number of folios: 68.

Contents: The manuscript comprises a uroscopy and two herbal collections.

1. Ff. 1r-44v. John Ardene's commentary accompanying Gilles of Corbeil's treatise on urines in L verse. Mostly copied in ME with some L at the beginning of every new type of urine.

2. Ff. 45r-62r. Alphabetical list of remedies in ME and some L.

3. Ff. 62v-68v. Alphabetical list of medicines.

2.2.6 HARLEY 937

Languages: Middle English.

Number of Scribes: Single scribe.

Collation: 10 separate leaves folded in six parts.

Dimensions: 145 x 45 mm when folded, c. 282 x 120 mm when unfolded.

Decoration and Marginalia: Large golden initials in a background of blue and light purple with black and white tracing. Small initials in blue with penwork decoration in red and occasional red touchings. Paragraph marks in blue and red. Titles in black and red on the front of the versos of the folded leaves. Diagrams are in gold, blue and red.

Number of folios: 10.

Contents: A folding almanac based on the *Kalendarium* of John Somer. It was possibly made for the sons of a northern noble family. The manuscript includes:

1. Ff. 1r-2v. Calendar canon; tables of leap years and movable feasts (f. 2v).
2. Ff. 3r-6v. Calendar of John Somer with lunar conjunctions of the nineteen-year Metonic cycle from 1463 to 1481.
3. F. 7. Eclipse canon.
4. F. 8. Solar (1431-1462) and lunar (1431-1436) eclipses with diagrams.
5. Ff. 9r-10r. Lunar eclipses from 1439 to 1462 with diagrams (f. 10v blank).

2.2.7 HARLEY 1600

Languages: Mostly Middle English with some Latin.

Number of Scribes: Single scribe.

Collation: Collation hard to establish due to tightness of the binding, possibly 1-4⁸, 5 missing, 6⁸⁻² (missing probably first and eighth), 7⁸. Catchwords point to the loss of possibly a gathering and one leaf between ff. 32v-33r, and one leaf between ff. 38v-39r.

Dimensions: ca. 206 x 138 mm. Text space: c. 153 x 90 mm.

Decoration and Marginalia: In-text running titles in red and underscored. Red and blue initials. Some notes in the margins by late fifteenth and sixteenth-century hands. Fingertab in f. 24. Red crosses in the charms.

Number of folios: 46.

Contents: Collection of recipes that was owned by an Antonio Frobyser in the sixteenth century. It contains:

1. Ff. 1r-3v. ToC that lists all the recipes and charms. Two columns.
2. Ff. 3v-4r. A verse in praise of leechcraft in sixteen couplets in red.
3. Ff. 4r-41v. A collection of recipes and charms in ME and L. It comprises two hundred and fifty-three recipes and charms numbered in the margins in red Roman numerals, together with nine other unnumbered recipes (ff. 40v-41v), three methods for prognosticating life or death (f. 22r), and instructions to make an amulet to prevent sickness (f. 41v). Two charms (f. 35) refer to the Earl of Hereford (possibly in the fourteenth century) and the Infirmary of Killyngworth.
4. Ff. 42r-46v. A collection of medical, surgical and magical recipes written in English and L by a number of fifteenth and sixteenth-century hands. It includes directions for making an amulet (f. 46r).

2.2.8 HARLEY 1735

Languages: Except items 8, 10d and 10g, which are copied in Latin, the volume is written in Middle English.

Number of Scribes: Three scribes. Item 10 copied by Crophill.

Collation: Composed of three different codicological units: (1) ff. 1r-28v; (2) ff. 29r-37v; (3) ff. 38-52 that collate 1⁸, 2⁸⁻⁴ (first, second, seventh and eight missing), 3-4⁸, 5¹⁰⁻¹ (first missing) + 15 single leaves (ff. 39-40 a bifolium). Leaves are mounted with subsequent loss of the original composition of the gathering, including a small paper fragment (f. 50r) used to calculate the age of the moon at a patient's birth.

Dimensions: 210 x 150 mm. Text space: 138-153 x 93-100 mm.

Decoration and Marginalia: Detailed pen drawings of animals and humans on several folios. Some late medieval marginal notes probably written by Crophill, and some manicules. Decorated initial which opens the codex (f. 1r), and initials in blue with penwork decoration in red. Paragraph marks in red and blue. Crophill's notebook is rather rustic in style. Its content is separated by lines, paragraph marks are written in the same ink as the rest of the text, and there is marginal space only on the left hand side. It contains a diagram on the diameter of the earth.

Number of folios: 52.

Contents: It contains various collections and notes possibly put together between 1430 and 1485 by John Crophill (d. in or after 1485), a medical practitioner and bailiff of Wix Priory (Essex). The volume includes:

1. Ff. 1r-13v. Lunary.
2. Ff. 13v-16v. Prophecies of Esdras.

3. Ff. 16v-28v. Cooking recipes.
4. F. 29r-30r. Perilous Days.
5. Ff. 30r-33r. Texts on astrology, astronomy and cosmology.
6. Ff. 33r-34v. A text on the four elements and the human complexion.
7. Ff. 34v-35v. Uroscopy.
8. F. 35v. Two L alchemical recipes.
9. Ff. 35v-36v. A text on onomancy.⁵²
10. Ff. 36v-52v. Notebook written by John Crophill, including astrological prognostications, cookery recipes, medical and alchemical treatises and recipes.
 - a. Ff. 36v-39r. A list of patients' names with information about them.
 - b. F. 39r. Planetary information and perilous days.
 - c. F. 39v. A geomancy text.⁵³
 - d. F. 40r. L charm.
 - e. F. 40. A list of patients. Onomancy diagram.
 - f. Ff. 41r-42r. A dietary attributed to Galen and followed by a verse that praises Hippocrates.
 - g. F. 42v. A prayer followed by an acrostic puzzle and solution in L and ME. Attributes of names and planets.
 - h. Ff. 43r-44r. Uroscopy that is an incomplete adaptation of a section of *Doom of Urine* supplemented by numbered drawings of urine flasks.
 - i. Ff. 44v-46r. Prognostic text based on zodiac signs and months that considers the patient's sex.
 - j. F. 46v. Accounts notes on supplies and expenses.
 - k. F. 47r. Notes on brewing.

⁵² Onomancy consisted in predicting an event from the letters of a name, normally the name of an individual.

⁵³ Divination by geographic features, which in this case is associated with zodiac signs.

- l. F. 47v. Four recipes: the last one written by a sixteenth-century hand. Also the names of two people (maybe patients).
- m. F. 48r-49r. Ale-pot verses. Poems about people, including himself.
- n. F. 49v. Incomplete list of medical authorities.
- o. F. 50r. Formula for calculating the age of the moon in a given date.
- p. F. 50v. Accounts for the prioress of Wix Priory (Essex).
- q. Ff. 51r-52v. A treatise on the virtues of rosemary.
- r. F. 52v. The 'Three good brothers' charm in prose.

2.2.9 HARLEY 2320

Languages: Calendar in Latin, the rest in Middle English.

Number of Scribes: Single scribe. Item 5 was written by seven different annotators; except for two that date from the seventeenth century, they primarily date from the fifteenth and sixteenth centuries.

Collation: Gatherings individually mounted on guards that collate 1⁶⁻³ (first and second missing; sixth now attached to the second gathering),⁵⁴ 2⁸⁺¹ (first added from first gathering, f. 4), 3⁸⁻¹ (second missing), 4-9⁸, 10⁸⁻¹ (fifth missing).

Dimensions: 157 x 123 mm. Text space: 103-105 x 75 mm.

Decoration and Marginalia: Three large historiated initials in red or blue on gold ground in ff. 5r (a man kneeling in prayer), 31r (a scribe at work) and 52r (a woman making lace). Initials in blue and red, and blue paragraphs. Item 2 uses a pen flourished initial every time a new sign and sex are introduced. Some glosses by a later hand and a few marginal

⁵⁴ The sixth folio of the quire is not missing, but does not belong to the gathering anymore.

notes: one of them in a sixteenth-century hand: ‘Born the 5 of September in the morn
1552 Richerd Havell, Richerd Hooper, Maud Derrye’ (f. 19v).

Number of folios: 74.

Contents: It comprises texts on prognostication, astrology and braiding. The manuscript includes:

1. Ff. 1r-4v. Calendar (missing January-April).
2. Ff. 5r-30v. Prognostications divided by gender attributed to Bartholomew of Parma.
3. Ff. 31r-52r. A lunar prognostication in verse with the different days of the moon written in the margins. Some of the numbers are trimmed, probably to fit with the rest of the MS.
4. Ff. 52r-70v. Directions for fingerloop, that is, lacemaking or braiding.
5. F. 71r-74v. Originally blank, but written later.
 - a) F. 71r. A recipe copied in a fifteenth-century hand.
 - b) Ff. 71v-72r. Pages still blank with ruling.
 - c) F. 72v. A common medieval bookplate in verse in a sixteenth-century hand (See DIMEV 5660).
 - d) F. 73r. Prognostication by dominical letters (added in the late fifteenth century) with the letters on the left margin. Some glosses probably written by the same scribe who added a heading to the text and glossed some words in item 2.
 - e) F. 73v. A ToC that contains the three main treatises in a late sixteenth or seventeenth-century hand. Two seventeenth-century recipes for the womb that are transcriptions of two late medieval recipes which are in the following folio.

f) F. 74r. Three recipes: two transcribed in item 5e and the third one copied in the lower margin of f. 70v (item 4). Folio 74v is blank.

2.2.10 HARLEY 2332

Languages: Items 12 and 14 in Middle English, the rest in Latin.

Number of Scribes: Difficult to determine due to the pictorial and diagrammatic nature of the MS.⁵⁵ However, given its uniformity and the correlation of the quires, it is possibly the production of a single scribe (illuminator?), or of more than one working simultaneously.

Collation: 1-4⁶.

Dimensions: 143 x 105 mm. Text space: ca. 108 x 78 mm.

Decoration and Marginalia: Initials in red or gold. Extensive use of red in the numbers, but also other colours, especially green, gold and blue. The MS is principally composed of diagrams and drawings; the only text is item 12.

Number of folios: 24.

Contents: A small illustrated physician's almanac produced during the time of Henry IV (r. 1399-1413). The volume includes:

1. Ff. 1v-13r. Calendar with English saints. Drawings of the labours of the months and the signs of the zodiac (left-hand column). Drawings of pictures and emblems representing saints' days and other feasts (upper row), connected by lines to dates in the calendar.

2. Ff. 13v-14r. Table of dominical letters.

⁵⁵ The pictorial content of the MS is described in detail in the online catalogue of the British Library.

3. Ff. 14v-15r. Solar eclipses from 1411 to 1479 with drawings of the sun.
4. Ff. 15v-17r. Lunar eclipses from 1406 to 1481 with drawings of the moon.
5. F. 17v. Zodiacal chart with volvelle (missing).
6. F. 18r. Zodiac man.
7. Ff. 18v-19r. Table of lunar-zodiacal correspondences. Months start in March and are represented by zodiac signs and other symbols introduced in the calendar.
8. Ff. 19v-20r. Illustrated prognostication tables by dominical letters.
9. F. 20v. A full-page illustration featuring twelve pictograms and symbols relating to several significant events; each of them annotated with the number of years that have passed until the time the almanac was made (1412).
10. F. 21r. Portraits of English kings from William I to Richard II.⁵⁶
11. F. 21v. Table to calculate the prices of bread and corn with drawings of weights and measures.
12. Ff. 22r-22v. ME text from the Statute of Winchester and the Assize of Bread in a late fifteenth or early sixteenth-century hand.
13. F. 23r. Blank.
14. F. 23v. Astronomical volvelle in ME to calculate the moon phases in relation to the four cardinal directions.
15. F. 24r. Blank.
16. F. 24v. Later scribbles.

⁵⁶ The rest are William Rufus, Henry I, Steven, Henry II, Richard I, John, Henry III, Edward I, Edward II and Edward III.

2.2.11 HARLEY 2347

Languages: Middle English, Latin and Anglo Norman.

Number of Scribes: Possibly by the same scribe but at different times; except item 4, which is a thirteenth-century addition written possibly in southern France.

Collation:⁵⁷ Composed of five codicological units: (1) ff. 1-14; (2) ff. 15-26; (3) ff. 27-43; (4) ff. 44-51; (5) ff. 52-67 that collate 1⁶, 2⁸, 3¹², 4¹⁰, 5⁸, 6⁸ (thirteenth-century addition), 7⁸⁻¹ (fifth missing), 8⁸.

Dimensions: ca. 184 x 130 mm. Text space: ca. 174 x 120 mm.

Decoration and Marginalia: Initials and headings in red; light blue and green in item 4. Various finding aids in the margins, namely headings, *nota* annotations, paragraphs, and manicules. A diagram to know if a fetus is dead (f. 39r). Two bookmarkers in item 3: some stitches in the right borders of the page, and a piece of brown thread attached to the folio. A finger-tab in item 6. All mark the beginning of gatherings. A charm with a red cross (f. 3v), and black crosses in the margins in item 3. Cross-references, possibly recorded by Samuel Knott, a seventeenth-century owner, who was Rector of Combe Raleigh and priest of Broad Hembury (Devon), as well as an antiquarian and collector of manuscripts.

Number of folios: 67.

Contents: The manuscript was owned by an unknown practitioner in the late fifteenth century (*Medicine liber magistri Johannis Lane*; f. 52r), and by S. Knott and R. Burscough in the seventeenth and eighteenth centuries.

⁵⁷ According to the catalogue, Q4 and 5 hold eighteen folios altogether, though they actually contain seventeen. Similarly, based on their content and the position of the thirteenth-century addition, Q7 and 8 should comprise sixteen folios, not fifteen.

1. Ff. 1r-14v. A collection of medical and surgical recipes written in L, AN and ME preceded by a botanical glossary (f. 1r).
2. Ff. 15r-26v. A collection of recipes in L and AN preceded by a ToC (f. 15). The marginalia includes numbers related to the ToC and headings.
3. Ff. 27r-43v. A collection of medical and surgical recipes in L and ME preceded by a ToC (f. 27). The ingredients of the remedies are written in L, while the instructions are often given in ME. A L prognostication text related to astrology with numbers on the left (f. 32).
4. Ff. 44r-51v. Antidotary (?) in L (excerpt). Two recipes written in L and ME by a fifteenth-century hand (f. 51v).
5. F. 52. A collection of recipes written in ME and L.
6. Ff. 53r-54r. Antidotary written in L. An abridged antidotary to make electuaries, syrups, suppositories and other medicines.
7. Ff. 54v-67v. Large collection of recipes written in L and ME.

2.2.12 HARLEY 2378

Languages: Middle English and Latin.

Number of Scribes: Possibly nine scribes.

Collation: Composed of six booklets: (1) ff. 1-16; (2) ff. 17-62; (3) ff. 63-120; (4) ff. 121-136; (5) ff. 137-154 and (6) ff. 155-184 that collates 1¹⁴⁺³⁻¹ (adding first, second and fourth, seventh missing), 2⁸, 3-4¹⁴, 5¹⁰, 6¹², 7¹⁰, 8⁸, 9¹², 10¹⁰, 11¹⁰⁻⁴ (seventh-tenth missing), 12-13⁸, 14¹⁰, 15⁸, 16¹⁰, 17⁸, 18-19⁶.

Dimensions: 219 x 145 mm. Text space: 165-180 x 100-110 mm.

Decoration and Marginalia: Very few marginal annotations. Planetary drawings in every leaf in item 7 (sometimes two drawings in the same leaf). On occasions, more elaborate initials in black ink in item 11. The use of red in Spalding's first collection finishes in f. 25r. Pen flourished initials in item 13. Some marginal annotations by later readers. Red and blue initials in some collections. An arm with a hand that points to a section of item 25 (f. 183r).

Number of folios: 184.

Contents: It contains medical, culinary and alchemical texts and recipes. An *ex-libris* (f. 135v) attributes the book to Nicholas Spalding, a fifteenth-century owner: '*Qui scripsit carmen sit benedictus amen / quoth Litlington / Iste liber constat Nicholas Spalding*'. His name appears also on ff. 5r and 61v. Later owned by John Covel (1638-1722).

1. Ff. 1r-2v. L-English index of herbs and aches added by Covel.
2. F. 3r. ToC added by Covel in L and English.
3. F. 3v. Records of births in the Goodrich family of Bradfield St. Clare (Suffolk) 1579-1608 in English.
4. F. 4. Paper slip pasted onto f. 3v and written by Covel in L and English.
5. F. 5r. Table of the mutations and conjunctions of the moon in ME.
6. Ff. 5r-6v. Some recipes, including one for making thread that was approved by Nicholas Spalding ('*secundum Nicholanus Spaldynge*'; f. 5r) in ME; a few in L. Further records of the Goodrich family (f. 5).
7. Ff. 7r-11r. Pseudo-Hippocrates, *Astrologia medicorum* in ME.
8. F. 11. ME text relating to sores and apostemes.
9. Ff. 12r-14r. Text on seven herbs and seven planets in L.
10. Ff. 14v-16v. Recipes mostly in ME, a few in L. Originally blank. Several hands.

11. Ff. 17r-61v. A collection of recipes related to Nicholas Spalding, mostly written in ME with some L.
12. Ff. 61v-62v. Recipes in ME and L, including an *apostolicon* (ointment) in L. Originally blank.
13. Ff. 63r-110r. Nicolaus Salernitanus, *Antidotarium*.
14. Ff. 110v-113r. L glossary of simples attributed to Dioscorides.
15. Ff. 113r-117r. List of herbs in L-ME.
16. Ff. 117r-118v. List of waters in L and a charm with a rubricated title in AN.
17. Ff. 118v-120v. Recipes by various hands mostly in ME with some L.
18. F. 120v. *De gradibus* (excerpt). Folios 119 and 120 originally blank.
19. Ff. 121r-135v. ME collection of recipes related to Nicholas Spalding.
20. F. 136. Recipes in ME and L. Originally blank.
21. Ff. 137r-154v. A collection of medical recipes related to Nicholas Spalding and written mostly in ME, the rest in Latin (the latter namely in charms).
22. Ff. 155r-168v. Medical and culinary recipes in ME.
23. Ff. 169r-181v. *Secreta Alberti*. A list of herbs, stones and animals. The list of stones is preceded by a ToC (f. 171v); also the list of animals (f. 177v).
24. Ff. 181v-182v. Johannes Paulinus, *De Corio Serpentis*.
25. Ff. 182v-184v. *Ludi nature regis Salomonis*.

2.2.13 HARLEY 2381

Languages: Mostly Middle English, Latin in the calendars, tables and a charm.

Number of Scribes: Single scribe. The calendrical information in Booklet 1 was perhaps copied by a different scribe.

Collation: Composed of four booklets: (1) ff. 1-16; (2) ff. 17-30; (3) ff. 31-34; (4) ff. 35-116 that collate 1¹⁶, 2¹⁶⁻² (fifteenth-sixteenth missing), 3⁴ (two leaves that are possibly a bifolium and two small paper slips), 4²², 5¹⁰⁺² (adding second and third bifolia, ff. 58, 59, 60 and 61), 6¹⁶, 7³².

Dimensions: ca. 220 x 148mm. Text space: 170 x 105-120 mm.

Decoration and Marginalia: Manicules drawn by the same annotator. A few seventeenth-century marginal notes and pen-trials (ff. 1r, 84v, 116v). A sketch of the lower part of the human body (f. 28v). Use of red only in the calendar. Black cross next to the charm in item 5. The outer borders of the pages are worn, due to use or bad preservation of the MS. Folios 28, 32 and 34 have been trimmed at the bottom, as if something was purposely removed.

Number of folios: 116.

Contents: The manuscript contains primarily herbal collections and calendrical tables.

1. F. 1r. A list of herbs. Some notes written probably in the late fifteenth or early sixteenth century.

2. Ff. 1v-13r. A liturgical calendar in L with a few later additions by several hands. Marginal note on the three evil days for bloodletting (January).

3. Ff. 13v-15r. A lunar calendar of the years 1463-1569 in L.

4. F. 15v. Recipes written by a fifteenth-century hand, perhaps by the main scribe.

5. F. 16r. A L charm and six cases of people with their names, who were treated by a practitioner and owed him money.

6. F. 16v. Some recipes with numbers on the left. Folios 15v-16v originally blank.

7. Ff. 17r-30r. ToC that relates to the collections in items 9, 10 and 11. Folios 21r, 27v, 28v, and 30v are blank. Folio 19v was originally blank and now contains some English recipes in a seventeenth or eighteenth-century hand.

8. Ff. 30v-35r. Recipes written by two hands: one of them the main scribe. It includes a text on weights and measures frequently used by physicians (f. 31v). Folio. 32v was originally blank and now contains two recipes written by a later hand. Folio 34r is blank.

9. Ff. 35v-39v. A collection of recipes.

10. Ff. 40r-47r. Lanfranc of Milan's *Antidotary*.

11. Ff. 47r-115v. A collection of recipes, which includes three astrological tables in L (ff. 61r-63r) and two embedded texts: a short text on bloodletting (f. 52v) and waters of Saint Giles (ff. 56v-60r).

12. F. 116. Recipes by a fifteenth-century hand.

2.2.14 HARLEY 2390

Languages: Mostly Latin with some Middle English.

Number of Scribes: Four scribes.

Collation: 1¹²⁻² (first and second missing, twelfth bound as first leaf of second gathering; including front leaf as i), 2¹² (now 13 as includes last leaf of previous quire), 3-6¹², 7¹²⁻¹ (sixth missing), 8¹², 9¹²⁻¹ (twelfth missing, now including first leaf of following gathering), 10¹² (first bound as last leaf of previous quire), 11¹², 12¹⁶⁺¹ (first missing or seventeenth added as single leaf, f. 129), 13¹²⁻¹ (first missing + single leaf, f. 157), 14⁴.

Its original structure has been altered by a later binder who misplaced the first five gatherings (ff. 105r-145v; items 23-38, signatures a, b c, d, e) at the end of the volume. It shows the loss of four or five gatherings, as suggested by its signatures, and the addition

of three parts (ff. 146r-156v; 157r v; 158r-161r) from two or possibly three manuscripts. The second addition holds four recipes and comes from a larger volume; it is horizontally bound, therefore, the written lines lie vertically.

Dimensions: ca. 210 x 155 mm. Text space: c. 150 x 98 mm.

Decoration and Marginalia: Occasional initials, paragraph marks and nota signs in red. Diagram in 59v. An eighteenth-century annotator added some fancy headings and titles. Charm with red crosses crossed out in ff. 82v, 122v and item 19; the ones in item 21 are intact. Marginal headings, which are mostly written by later hands. Cross-reference (f. 12v).

Number of folios: 161.

Contents: It contains collections of recipes, and short texts on alchemy, grammar, memory and astrology. A fifteenth-century hand wrote a mark of ownership in a colophon that reads: ‘a good book of medysyns qwech longyth to Iohn Hewet magnus’ (f. 156v).

1. Ff. 1r-18r. *Pars dispensatorii*. In alphabetical order. It includes *De pondera* (f. 2r), *Paulinum Antidotum* (f. 11v), and *Theodoricon Anacardinum* (f. 14v).
2. Ff. 18r-22v. Hippocrates, *Epistula ad Maecenatem (De regenda sanitate)*.
3. Ff. 22v-23r. Pseudo-Hippocrates, *Epistula de flebotomia. De Flebotomia*.
4. Ff. 23r-25r. *Regula de mensibus sive regimen 12 mensium*. Followed by verse on seasons and phlebotomy (ff. 24v-25r).
5. Ff. 25r-51r. *Speculum medicorum*.
6. Ff. 51v-56r. *De conferentibus atque nocentibus*. A ME copy is on ff. 109r-110v (item 24).
7. F. 56. A text on virtues of gentian and fennel.
8. Ff. 56v-57v. Prayers and blessings associated with medical herbs.

9. Ff. 57v-58v. Recipes.
10. F. 59r. Glossary of salts and gums commonly found in alchemical texts.
11. Ff. 59v-72r. Medical and cosmetic recipes in ME and L. It includes two embedded texts: notes on simples relating to plants (Pseudo-Galen, *Ad Paternianum*) in ME (ff. 63v-65v), and cosmetic recipes in ME and L (ff. 65v-72r).
12. Ff. 72r-74v. Medicines against fevers.
13. F. 75. *Versus Nicolai de ponderibus medicinarum*. Alchemical text.
14. Ff. 75v-76v. Grammatical analysis in L and ME. The second half of ff. 75v and 76r have been crossed out.
15. Ff. 76v-91v. Collection of recipes and charms in L and ME.
16. Ff. 91v-94r. A text on clysters.
17. Ff. 94r-99v. A text on genital, urinary disorders, and ointments.
18. Ff. 99v-100r. A charm to help memory.
19. Ff. 100r-100v. A text on the creation of man.
20. Ff. 100v-102v. ME recipes and a few L charms.
21. Ff. 103r-104v. *De bona deliberacione medici*. A sixteenth-century recipe at the end of the text.
22. Ff. 105r-106v. Proclamation for itinerant physician in ME which contains a rather detailed and varied list of the role of the physician.⁵⁸
23. Ff. 107r-108v. Recipes in ME and L.
24. Ff. 109r-110v. ME treatises on physic drawn for good health of the brain and other parts of the body. The text ends with a note referring to a request sent by King Charles IV of France to Queen Elizabeth (or Isabella) of England, his sister and wife to Edward II.

⁵⁸ It begins: 'Here is a man þat is a conyng man in leche craft bothyn in ffysyke & surgere þat wylle curyn alle manere off seknesse be þe grace off god þe qwiche ben curabele; ends: off þe water on warentysse'.

25. F. 110v. ME recipes.
26. F. 111. A text on zodiac and related signs. The text is possibly related to *De interrogationibus* or *Liber introductorius ad astrologiam* by Zael (Sahl ibn Bishr al-Isra'ili).
27. Ff. 111v-112r. A text relating to bloodletting veins.
28. F. 112. ME Prophecies of Esdras.
29. Ff. 112v-114r. Physical and physiognomic determinations by planets and signs of the zodiac.
30. F. 114r. A text on the astrological significance of ten places.
31. Ff. 114v-116v. ME and L recipes.
32. Ff. 117r-119r. *Judicia urinarum*. Uroscopy.
33. Ff. 119v-126r. ME and L recipes, including a text related to medicinal plants.
34. Ff. 126v-128v. ME and L recipes, preceded by a ToC (ff. 126r-126v).
35. Ff. 129r-142r. Governance of health in ME divided into eight chapters listed in a ToC, (f. 129r).
36. Ff. 142r-144r. *De sex rebus non naturalibus*.
37. Ff. 144v-145v. A series of recipes, regimen of health, including baths and bloodletting against the plague and poisonous bites.
38. Ff. 146r-156v. ME recipes. Headings not in the body of the text, but in red squares in the margins.
39. F. 157. ME recipes. It is a leaf from another MS.
40. Ff. 158r-161r. ME recipes. Folio 161 is a small fragment.

2.2.15 HARLEY 2558

Languages: Mostly Latin, some Middle English, hardly any Anglo-Norman.

Number of Scribes: Five scribes. Thomas Fayreford copied items 4-12, 13 partially, 17, and occasionally the blank pages in other parts of the MS.

Collation: Composed of eight booklets: (1) ff. 1-6; (2) ff. 7-8; (3) ff. 9-12; (4) ff. 13-151v; (5) ff. 152-174v; (6) ff. 175-185; (7) ff. 186-195; (8) ff. 196-227. Quires are individually mounted on guards and collate 1⁶, 2² (thirteenth-century addition), 3⁴, 4-11⁸, 12-14¹², 15¹⁴, 16¹², 17¹⁴⁻¹ (sixth missing), 18⁶, 19², 20⁶⁻¹ (fifth missing), 21¹⁰, 22¹¹, 23¹⁰, 24², 25-26⁴, 27-28⁸, 29⁸⁻² (third and fifth missing).⁵⁹

Dimensions: 212 x 150 mm (some portions of the manuscript are slightly smaller). Text space: ca. 167 x 115 mm.

Decoration and Marginalia: Fayreford's name in gold within a purple cartouche and surrounded by a foliate bar border. Initials in blue or red, plain or with penwork decoration in red. Marginal headings in Fayreford's hand. Cadels with human faces or animals. Marginal drawings representing plants, a monk, a goat (?), a penis, and a woman (ff. 42v, 63r, 85r, 97v, 112v, 118v and 139v). Also heads in item 33. Underlined titles and extensive use of red in paragraphs and initials. Some manicules. Red and blue paragraph marks. Headings that have their own ruling in the margins written by Fayreford. Several finding aids, cross-references, possibly written by Covel. Marginalia in booklet 7 suggest that parts of the manuscripts have been trimmed in its outer part, as there are some incomplete notes. In Fayreford's texts, paragraph marks are frequently in the same ink as the rest of the text at the margins. Several charms with crosses.

⁵⁹ After one of my visits to the British Library I had to modify the collation of Q22 and 24, which according to the catalogue contain ten and twelve leaves respectively. This is unlikely, as it would make of the volume a 236-leaf manuscript.

Number of folios: 227.

Contents: The manuscript was assembled by its fifteenth-century owner, Thomas Fayreford. It contains botanical, surgical, medical, magical, astrological and prognostication texts.

1. Ff. 1r-5v. Two L-ME herbal glossaries (f. 1, ff. 2r-5v) copied in alphabetical order; the former incomplete. Herbs are sometimes described by their appearance or properties, whilst other times defined by their ME equivalent. Double column.

2. F. 6. Medical annotations; four recipes; a ME charm and notes on simples. Double column.

3. Ff. 7r-8v. *Novele cirurgerie* in AN (excerpt). A versified collection of recipes. Double column.

4. F. 9. A list of medical cases of Thomas Fayreford (*De curis factis per T. Ffayreford in diversis locis*). The recto folio has a single column; the verso is in double columns.

5. Ff. 10r-11v. ToC of the herbal in item 8. Two columns.

6. F. 12. Two ToCs: Fayreford's *Practica* (item 10) and *Cirurgia* (item 11). Two columns.

7. F. 12v. A culinary recipe: *De saporibus et gradibus*. Two columns.

8. Ff. 13r-64v. An alphabetical herbal (only two recipes in ME in f. 63v). Folios 19v-20r in double columns. Folios 20v, 22v, 30v, 43r, 49v are blank.

9. Ff. 65r-72r. Pontius de Sancto Egidio, *Cure* or *Modus medendi*, followed by a note copied by Fayreford (f. 72r).

10. Ff. 72v-124v. Thomas Fayreford, *Practica*, mostly written in L with some ME. Single column. Double column on the first half of f. 89v.

11. Ff. 125r-151r. Thomas Fayreford, *Cirurgia*. Mostly written in L with some ME. A collection of recipes, plasters, ointments and charms divided into topics that are recorded as headings ('*Pro morphea*', '*Pro gutta*'). The text in f. 139r was copied vertically.

12. F. 151v. An alchemical treatise.

13. Ff. 152r-160v. A uroscopy attributed to Egidus Corboliensis (Gilles de Corbeil).
Two columns.

14. Ff. 161r-166r. A uroscopy.

15. F. 166r. Note on how to facilitate human conception and embryonic development.

16. F. 166v. Two chiromancy diagrams (female hand). A charm against toothache.

17. Ff. 167r-172v. Fayreford's notes regarding his medical compendium. Mostly written in L with some ME. His notes revolve around urinary matters; except f. 172v which includes a prognostication text. Folios 170v and 171r are blank. Folios 171v and 172r have only a few notes on the top, the rest is blank.

18. Ff. 173r-174v. ME recipes.

19. F. 174v. Recipe on the left column written by Fayreford.

20. Ff. 175r-184v. Pseudo-Hippocrates, *Letter to Caesar (Regimen sanitatis)*. An AN collection of recipes and charms. Folio 182 was cut away.

21. F. 185. Epistle claiming to be a letter from Christ urging Christians to preserve the sanctity of Sunday and saints' days, often associated with medical compendia.

22. Ff. 186r-187r. A treatise on anatomy.

23. F. 187v. Notes in Fayreford's hand on the top, the rest blank.

24. F. 188. Recipes (one in AN), followed by two short texts on the virtues of millefoil and rose (f. 188v). Two columns.

25. Ff. 189r-190v. According to British Library, Roger de Baron, *Rogerina minor* (excerpts). According to P. Jones, a treatise entitled *De aquis physicalibus*.
26. F. 191r. Weather prognostication from Christmas day. Two columns.
27. Ff. 191r-193r. A lunary. Two columns.
28. F. 193. *Somniale Danielis* (excerpt). Two columns; occasionally three.
29. Ff. 194r-195r. Pseudo-Aristoteles, *Epistula ad Alexandrum Magnum de corpore humano sanando* (excerpt from the *Secretum Secretorum*). Two columns on the first folio, the rest single.
30. F. 195. Charms against fevers and teeth pain. Two columns.
31. F. 196r. L-ME herbal glossary that is also the ToCs of Macer's herbal. Two columns.
32. F. 196v. More translations of herbs and additional notes of the herbal, but unnumbered. Some recipes. Possibly an originally blank folio. Two columns.
33. Ff. 197r-223v. Macer Floridus (Odo de Meung), *De Viribus Herbarum*.
34. F. 224. A lunary regarding medicine. Two columns.
35. Ff. 224v-225v. Pseudo-Hippocrates, *Calendarium dieteticum*, here attributed to Petrus Hispanis and presented in months underlined in red. Two columns.
36. F. 225v. Recipe. Two columns.
37. Ff. 226r-227r. Marbod of Rennes, *Liber lapidum seu de gemmis* (excerpt). Two columns.
38. F. 227v. Weather prognostications and a faded text, possibly Avicenna, *Synonyma Abuali*.

2.2.16 HARLEY 3383

Languages: Mostly in Middle English, with some Latin and a little Anglo-Norman.

Number of Scribes: Single scribe + an additional booklet added at the end of the MS (ff. 95-98). Also two fragments added by S. Knott (ff. 21 and 70) and one by another hand (f. 22).

Collation: Composed of five independent sections that evince some autonomy in codicological and thematic terms: (1) ff. 1-35; (2) ff. 36-55; (3) ff. 56-76; (4) ff. 77-94; (5) ff. 95-98 that collate 1⁸, 2¹²⁺¹⁺¹ (both quires were part, originally, of a larger gathering of 26 leaves, now missing fifth-seventh and contiguous twentieth-twenty-second, adding a slip in Knotts' hand (f. 21) and an additional folio (f. 22), 3¹⁴⁻¹ (missing ninth), 4³⁰⁻¹⁰ (missing eleventh-twentieth), 5²²⁻²⁺¹ (missing fifth and seventh; adding f. 70), 6²⁰⁻² (missing seventh and fourteenth), 7⁴ (later addition).

Dimensions: ca. 215 x 150mm: measurements altered by restoration of the margins. Text space: 160-170 x 105-115 mm.

Decoration and Marginalia: Heavily annotated by Samuel Knott. Later running titles and cross-references probably written by him as well. Several hands and marginal headings at the margins. Practically no colour, just some headlines underlined in red. A few manicules.

Number of folios: 98.

Contents: It contains collections of medical treatises as well as medical recipes and charms.

1. Ff. 1r-4r. A uroscopy.
2. Ff. 4v-8v. Recipes.
3. Ff. 9r-11r. John of Burgundy's treatise on pestilence.

4. Ff. 11v-32r. Recipes concerning wounds (ff. 11v-12r) and apostemes. Folio 21 is a small fragment in Knott's hand. Folio 22 is an addition with some notes in a later hand.
5. Ff. 32v-35v. L-ME glossary of herbs in alphabetical order. Two columns.
6. F. 36. L recipes.
7. F. 36v. Aphorism attributed to Galen in L.
8. Ff. 37r-44r. The Twenty-Jordan Series (uroscopy). Colours of urines underlined, but no drawings.
9. F. 44v. *De Coloribus Urine* in verse, attributed to Richard the Englishman.
10. Ff. 45r-51r. A collection of recipes in ME and L.
11. Ff. 51v-55v. Roger de Baron, *Rogerina minor* (excerpts).
12. Ff. 56r-76v. A collection of recipes and charms, including texts on the virtues of rosemary (f. 62), betony (f. 63r), and *aqua vitae* (f. 67). Folio 70 is a fragment that contains notes by Knott relating to Agnis Dowdney, wife of John Dowdney, dated 17 January 1631.
13. Ff. 77r-84v. L and AN recipes and charms. Folio 78v has an AN charm with a drawing that represents the five holy wounds. Folio 77r contains two notes in L on how to facilitate human conception and on fistula.
14. F. 85r. Sphere of Pythagoras in L with its famous verses and no diagram.
15. Ff. 85v-86r. Pseudo-Hippocrates, *Letter to Caesar (Regimen sanitatis)* relating to urines.
16. Ff. 86v-87v. Recipes and charms from *Trotula*.
17. Ff. 87v-88r. Two short texts on bloodletting.
18. Ff. 88r-94v. A collection of recipes and charms.
19. Ff. 95r-98. Recipes (including alchemical recipe; ff. 96v-97r) and charms copied by two fifteenth-century hands. Folios 97v and 98 are blank.

2.2.17 HARLEY 3407

Languages: Mostly Latin, Middle English, a little Anglo-Norman.

Number of Scribes: Twelve main scribes.

Collation: Composed of ten codicological units: (1) ff. 1r-20v; (2) ff. 21r-38v; (3) ff. 40r-48v; (4) ff. 49r-67v; (5) ff. 68r-79v; (6) ff. 80r-81v (1 bifolium + 1 leaf); (7) ff. 83r-90v (twelfth-century gathering); (8) ff. 92r-101v; (9) ff. 102r-107v; (10) ff. 108r-117v; plus three additional single leaves (ff. 39, 82 and 91) that collate 1¹², 2⁸, 3¹⁰, 4¹²⁻⁴ (missing first-fourth), 5¹²⁻³⁺¹ (missing second-fourth; adding f. 39), 6⁶, 7¹⁰⁻² (seventh and tenth missing), 8⁶⁻¹, (sixth missing), 9¹², 10²⁺¹ (adding third, f. 82), 11⁸⁺¹ (adding ninth, f. 91), 12¹⁰, 13⁶, 14¹⁰. On guards.

Dimensions: ca. 210-225 x 140-165 mm. Text space: 143-191 x 90-125 mm.

Decoration and Marginalia: Abundant marginal notes (sometimes partly in red ink) and cross-references (sometimes in English, others in L) in a later hand, possibly Knott's.⁶⁰ Occasional marginal notes by scribes. Fancy ascenders in some booklets. Red and black initials. Occasional red paraphs. Sometimes headings are underlined or in red. L Charm with red crosses in f. 51r. The initials in Booklet 7 alternately blue or red with simple pen flourished decoration in contrasting red or blue. A small stag sketched in ink (f. 83r).

Number of folios: 117.

Contents: Collection of various treatises and recipes that were partially copied in France and partially copied in England.

1. Ff. 1r-19r. *Trotula*. The first text, *Liber de sinthomatibus mulierum* (ff. 1r-11v), covers gynaecological and obstetric issues; the second, *De curis mulierum* (ff. 11v-19r),

⁶⁰ See 'Decoration and Marginalia' in 2.1.16.

includes women's diseases, cosmetics and other matters. The texts are followed by a note by Samuel Knott (f. 19r).

2. Ff. 19v-20v. Prognostics.

3. Ff. 21r-38v. *Kyrannides* (Books I-III), traditionally attributed to Kyranos, King of Persia (Book I), and Harpocraton of Alexandria (Books II-IV). A text on herbs, stones, and animals.

4. F. 39. *Regimen Sanitatis Salernitanum* (excerpt).

5. Ff. 40r-43r. Verses attributed to the Schola Salernitana. List of herbs and their properties in the form of a diagram, with the herbs underlined in red.

6. Ff. 43v-48v. *Doom of Urine*, mostly in ME with some L.

7. F. 48v. ME verse in praise of leechcraft in sixteen couplets.

8. Ff. 49r-67v. A collection of recipes and charms written mostly in ME and L.

9. Ff. 68r-79v. Gilbertus Anglicus, a ME fragment of the *Compendium Medicinae sive Lilium Medicinae*.⁶¹

10. Ff. 80r-81v. A ME collection of recipes.

11. F. 82. A ME collection of recipes.

12. Ff. 83r-90v. Constantine the African, *Viaticum* (Book 1), preceded by a ToC.

Two columns.

13. F. 91. A fragment on weights and measures.

14. Ff. 92r-101v. Avicenna, *Canon* (Book 1); the L translation of Gherardo da Cremona.

15. Ff. 102r-104v. Uroscopy.

16. F. 105. AN text from pseudo-Hippocrates.

17. Ff. 105v-107v. ME recipes concerning the distillation of *aqua vitae*.

⁶¹ A treatise on etiology, i.e. the study of the causes and origin of human diseases.

18. Ff. 108r-117v. Expositions on biblical passages.

2.2.18 HARLEY 3719

Languages: Mostly Latin, except some English in cardinal points in the diagrams of item 13, item 14, Knott's notes in item 15 and part of item 23.

Number of Scribes: Six scribes.

Collation: Composed of seven booklets + Samuel Knott's paper slips (ff. 160-163; all mounted on guards): (1) ff. 5r-32r; (2) ff. 33r-154r; (3) ff. 155r-159r; (4) ff. 164r-177r; (5) ff. 178r-229r; (6) ff. 230r-258r; (7) ff. 259r-282r and collate 1¹⁴⁺⁴ (adding first-fourth, single leaves), 2¹⁴, 3-8¹², 9¹⁶, 10-11¹², 12¹²⁻² (eleventh and twelfth missing), 13⁵ + 4 paper slips, 14⁸, 15⁶, 16-18¹², 19¹⁶, 20-22⁸, 23⁸⁻³ (sixth-eighth missing), 24-25¹².

Dimensions: 235 x 168 mm. Text space: 135-178 x 107-188 mm.

Decoration and Marginalia: Marginal annotations carefully copied, as if extracted from another text. Some marginal notes, medieval and post-medieval manicules and *nota* symbols. Decorated initials and borders. Headings underlined. Use of green, blue, red, yellow and brown. Astrological drawings in blue and black in f. 241r, 244r, 245; f. 249 about the humours. Folio 2r records the date when the MS was sold to Harley (17 May 1715) on the upper margin. A cadel of fish that comes out of a paraph mark (p. 33v). Several cross-references probably by Knott that follows the foliation of the sixteenth-century annotator. Some booklets have been trimmed off. Collections have been numbered (22) by a modern hand on the top of the folios, excluding the first vein man, including all the volvelles under a single number, the eclipses as one, and the rest of the tables as another one.

Number of folios: 282.⁶²

Contents: The manuscript contains a collection of astronomical, calendrical, medical and philosophical texts.

1. F. 1v. ToC in Arabic numbers referring to the present volume, written in an early sixteenth-century hand and revised and corrected by a later hand, possibly Knott. Folio 1r is blank.

2. Ff. 2r-3r. A more detailed ToC relating to Gerardus Bituricensis's commentary on the *Viaticum* from a different manuscript.

3. Ff. 3v-4v. An astrological text.

4. F. 4v. A ToC in the lower margin that relates to the volume and was produced by a fourteenth-century hand.

5. Ff. 5r-10v. *De modo medendi* preceded by an unnumbered ToC. Attributed to Thomas Florentinus by the early sixteenth-century annotator. Two columns.

6. Ff. 10v-18v. *Compendium Salerne* preceded by a ToC in Arabic numerals. Two columns.

7. Ff. 18v-22r. *De opiatis*, attributed to Petrus Musandinus. Two columns.

8. Ff. 22v-31v. *De clisteribus suppositoriis syringis et pessariis*, attributed to Petrus Musandinus. Two columns.

9. Ff. 31v-32v. Pseudo-Aristotle, *Epistula ad Alexandrum Magnum de corpore humano sanando* (excerpt from the *Secretum Secretorum*). Two columns.

10. Ff. 33r-152r. Gerardus Bituricensis, *Glossae super Viaticum Constantini*. Two columns.

11. Ff. 152v-153v. *Speculum phlebotomiae, potionis et medicinae exercendae*.

⁶² I have not included in the foliation (as the BL has) its old back pastedown.

12. F. 154r. Vein-zodiac man in a fifteenth-century hand. Folios 154v and 155r are blank.

13. Ff. 155v-158r. Astrological diagrams, including two volvelles. L except some cardinal points in ME. Folios 156v, 157r and 158r are blank. All the diagrams are preceded or followed by the blank side of a folio, presumably due to the difficulty in writing on a folio that is in relief due to the volvelles.

14. Ff. 158v-159r ME coloured vein-zodiac man. Folio 159v is blank.

15. Ff. 160r-163v. Samuel Knott's notes on slips. The notes, which are written in English, deal with sick people and provide bloodletting instructions. Folio 161r is blank.

16. Ff. 164r-169v. Calendar with some later additions.

17. F. 170r. Table of solar eclipses (1409-1440). Some verses in L by a fifteenth-century hand in the lower margin of the folio.

18. F. 170v. Table of lunar eclipses (1410-1443).

19. F. 171r. A table relating to Mary and Dionysus.

20. F. 171v. A table of movable feasts.

21. Ff. 172r-174v. Astrological tables.

22. F. 175r. A table on the altitude of the sun.

23. Ff. 175v-177v. Three Pythagorean spheres with explanatory texts and diagrams (ff. 175v and 177). First one in ME (f. 176), the rest in L. Verses that tend to accompany the text below the diagram in f. 175v.

24. Ff. 178r-222v. Roger de Baron, *Practica medicinae*. Two columns.

25. Ff. 222v-226r. Roger de Baron, *Parva summa*.

26. Ff. 226r-229r. *Summa de dandis medicinis*.

27. F. 229v. A five-line verse in red; a prayer to the Virgin; some astrological notes by several hands notes, including Knott.

28. Ff. 230r-258v. William of Conches, *Philosophia mundi*. Folio 258v is a prayer to the Virgin.

29. Ff. 259r-266r. *De aquarum medicinalium confectione*.

30. Ff. 266r-275r. *Summa urinarum, secundum Galenum*.

31. Ff. 275v-281r. *Tractatus pulsuum*, attributed to Matheus Salernus.

32. Ff. 281v-282r. *Regimen sanitatis salernitanum* (excerpts) with other verses. Two columns.

33. F. 282v. Recipes against paralysis. A note by Knott, followed by its original back pastedown with a rather damaged text on it. Other hands.

2.3 COLLECTIONS

In order to discuss the collections in a more detailed and comprehensive manner, they have been divided into several sections: *receptaria*, herbals, prognostication, uroscopies and phlebotomy. These groups attempt to cover popular texts that appear frequently in the manuscripts in the catalogue. A few collections which are not very common but appear in York, York Minster Library, XVI E. 3 have also been considered. The York MS, as it will be called from now on, will be thoroughly described in Chapter 4. However, given the peculiarities of medieval medical collections, it seemed that it would be convenient to describe some of the collections that would have been otherwise considered in Chapter 4 from the onset. As the contents of the manuscripts have been carefully listed in the catalogue and can be consulted if required, the exact folios where the items can be found have been in most cases omitted.

2.3.1 RECEPTARIA

Receptaria or collections of herbal recipes have been studied by scholars since the end of the nineteenth century, when F. Heinrich and G. Henslow published their famous editions, *Ein MittelEnglisches Medizin Buch* (1896) and *Medical Works of the Fourteenth Century together with a List of Plants recorded in Contemporary Writings, with their Identifications* (1899). Together with Ogden's edition of the *Liber de Diversis Medicinis* (1969), Dawson's *A Leechbook or Collection of Medical Recipes of the Fifteenth Century: The Text of MS. N°136 of the Medical Society of London* (1934), and Fordyn's *The 'Experimentes of Cophon, the Leche of Salerne': Middle English Medical Recipes. Ms. Add. 34111, ff. 218r-230v* (1983), they comprise the first (and probably) largest bulk of English *receptaria* ever published.⁶³ These collections of recipes, which were employed to treat patients, incorporated different types of remedies: waters, antidotes, laxatives, electuaries, plasters, powders, oils, ointments, syrups and clysters are amongst the most familiar, along with some occasional cooking and alchemy recipes.

That collections of recipes appear frequently in medical codices is manifested in the fact that only four manuscripts in the catalogue do not hold any *receptaria* (Ha 937, Ha 1735, Ha 2320 and Ha 2332); and yet, Ha 937 and Ha 2332 are almanacs, therefore did not have an adequate format to include a collection of such proportions; and Ha 1735 and Ha 2320 are compilations which show an interest in prognostication texts. A few

⁶³ G. Henslow, *Medical Works of the Fourteenth Century together with a List of Plants recorded in Contemporary Writings, with their Identifications* (London: Chapman & Hall, 1899); F. Heinrich, *Ein MittelEnglisches Medizin Buch* (Halle: Max Niemeyer, 1896); W. R., Dawson, ed., *A Leechbook or Collection of Medical Recipes of the Fifteenth Century: The Text of MS. N°136 of the Medical Society of London* (London: Macmillan, 1934); M. S. Ogden, *The 'Liber De Diversis Medicinis'*; P. Fordyn, ed., *The 'Experimentes of Cophon, the Leche of Salerne': Middle English Medical Recipes. Ms. Add. 34111, ff. 218r-230v* (Brussels: Omirel, 1983).

cases reflect the opposite of this situation: Hunter 117, Ha 1600, Ha 2347 and Ha 2381 were clearly orientated to treat patients, thus contain only *receptaria*.⁶⁴ The *receptaria* from the manuscripts in the catalogue tend to be preceded by a paraph or a capital letter (normally painted in red or blue), and are generally introduced by words such as *recipe*, *take*, *item*, *another*, *or*, *for*, or, *also*. Recipes vary in length and include names of herbs, gems, metals, ailments and measurements. Measurements correspond to the apothecaries' system of weights and consisted of pounds, drams (one eighth of an ounce) or ounces, as well as of other less technical weights like spoonfuls. The majority of these collections of recipes come, as many other medical texts, from a learned tradition that dates back to classical times. In fact, many (though not all) of them still preserve the *a capite ad calcem* order, which offered remedies for parts of the body following a head to heel sequence. As noted by previous scholars, the layout of the remedies is also rather formulaic. In this respect A. Van Arsdall has declared that:

most medieval remedies follow a pattern: for this condition, take this plant, prepare it in a certain manner, administer it, and this is the result you can expect. Parts of the formula may be missing, and most remedies give no idea of how much of anything to use or at best only the most general amounts.⁶⁵

In like manner, Hunt observes that, in terms of form and contents, recipes tend to be composed of various parts that he has classified as rubric, indication, composition, preparation, application and the statement of efficacy.⁶⁶ In order to fully comprehend Hunt's classification, it will be helpful to look at a few recipes from the York MS.

⁶⁴ The first gathering of Ha 2381 includes calendrical information.

⁶⁵ A. Van Arsdall, 'Reading Medieval Medical Texts with an Open Mind', in *Textual Healing. Essays on Medieval and Early Modern Medicine*, ed. by E. L. Furdell (Leiden: Brill, 2005), pp. 9-30 (p. 17).

⁶⁶ The *receptaria* T. Hunt explores are Anglo-Norman; however, their structure is the same as those of the Middle English *receptaria*: T. Hunt, *Popular Medicine in Thirteenth-Century England. Introduction and Texts* (Cambridge: D. S. Brewer, 1990), p. 17.

This oynement nexste now is called popilion & hit is gode azeynes al hote enpostemes & also azeyn rancles & azeynes al manere of hetes. *Recipe* þe croppes of þe popelere tree & þe croppes of þe asp *id est* tremblere, þe leues of hennebane, nytzshode, letuse, white popy ana handful i *vel duos* & stampe hem & tempere hem wiþ newe grece of a swyne & make balles & ley hem in fuce vj dayes or vij þen set hem on þe ffyre & seþ hem & put þer to more grece zif nede be & when þu haste soþen hem now take it doun & draw it & kepe to þu haue need (f. 97r).

for þe dropsy tak welle cressys percely / sauge þe crop of þe rede nettyl ·ana·mak / of hem potage with leue pork in a pot of er / the & vche flech day use þis potage fyrst · / but drynk noght aftyr a good whyle · but / loke at nyth þat þu vse þis medecyn Tak & / bye þe vj demi worth of spykenard & mak / þer of poudyr & vse to drynk i demi weyt last / wyth stale ale & as longe as þu vsyst þis / & at morn ·v·sauge leuys wyth salt for / þis is preuyd good & trewe (f. 160r).

A Gode watere ffor al manere of sekenesse tak / clow gilofores & maces & quibibes ana i vnce / of comyn demi vnce, of peper i quarteroun, of candi ij / vnce, of safron þe wizt of ij demi obolus & make a pouder / of al þise to gedere & þen take i liber of gode ewe ar / dent & menges it wiþ þe poudere & let it stoned / so to gedere iij dayzes & iij nytzes. Aftur þatte / take ij libra of water of celydoyne & menges þer wiþ / þe toþer water & stop it wele & let hem be to gedere / a day & a nytz & afturwarde distille it with ane / esy ffyre & þat þat stilleþ oute do it in a violle of / glasse & stop it so þat noon eyre come þere to & / when þu wille vse it take a sponful þer of & drink / it in wyne or in gode ale at morne & at euen & þer / shal non yuel dwel ne engendere with in þi body þat / vses þis drinke (f. 108v).

As exemplified by these extracts, recipes frequently contain a number of features that Hunt distinguishes and describes as follows. According to him, the rubric indicates the type of remedy ('oynement', 'a Gode watere') and its name ('popilion'). The indication is normally placed at the beginning of the recipe or in the rubric, therefore acts as a heading, and it points to the ailment that the remedy is supposed to heal ('hit is gode azeynes al hote enpostemes & also azeyn rancles & azeynes al manere of hetes'; 'for þe dropsy'; 'ffor al manere of sekenesse'). The composition lists the plants, minerals and chemical ingredients that comprise the recipe, as well as the measures and weights required ('tak welle cressys percely / sauge þe crop of þe rede nettyl ·ana ·'; 'tak / clow gilofores & maces & quibibes ana i vnce / of comyn demi vnce, of peper i quarteroun, of candi ij / vnce, of safron þe wizt of ij demi obolus'). The preparation describes the confection of the recipe, that is, the instructions or actions that had to be followed to

prepare the remedy ('stampe'; 'tempere'; 'seþ'; 'menge'; 'distille'). The application includes aspects like the amount, frequency and right time of application, the duration of the treatment, or the instructions for storing the compound properly ('& ley hem in fuce vj dayes or vij'; 'take it doun & draw it & kepe to þu haue need'; 'but drynk noght aftyr a good whyle'; '& vse to drynk i demi weyt last / wyth stale ale & as longe as þu vsyst þis / & at morn ·v·saughe leuys wyth salt'; 'let it stoned / so to gedere iij dayzes & iij nyztes'; 'let hem be to gedere / a day & a nyzt, & / when þu wille vse it take a sponful þer of & drink / it in wyne or in gode ale at morne & at euen'). Finally, what he calls the statement of efficacy corresponds to the formula that appears either at the beginning or the end of the recipe and supports the efficiency of the cure ('for þis is preuyd good & trewe').

Compared to other medical texts, *receptaria* and independent recipes are notably flexible. *Receptaria* were modified by the addition and removal of recipes; whereas independent remedies were being constantly copied in marginal and blank spaces by contemporary and later readers. The flexibility of these collections was stressed by Voigts in the 1980s, when she proposed a taxonomy where she placed 'remedy books on one side –open, adaptable, flexible –and academic texts on the other –namely, texts originating in university medicine, subject to simplification and condensation at times, but less subject to revision than the remedy books'.⁶⁷

Another characteristic of the collections of recipes is their inclusion of Christian elements. Despite of the fact that folkloric and popular lore was frequently considered

⁶⁷ L. E. Voigts, 'Medical Prose', in *Middle English Prose. A Critical Guide to Major Authors and Genres*, ed. by A. S. G. Edwards (New Brunswick, New Jersey: Rutgers University Press, 1984b), pp. 315-335 (p. 322).

superstitious and irrational, especially by educated physicians, charms and prayers appeared regularly in *receptaria*. The word *charm* (L *carmen*) often refers to oral or textual songs, poems or magic spells; however, it was also applied to objects which were believed to provide protection to their bearers, such as amulets and talismans. As early as the ninth century, Qusta ibn Luqa's noticed that a psychosomatic response was needed to make charms and other incantations exert power over the patients, since the only manner to change the patients' state of minds and to favour their recovery was for them to believe in the power of words.⁶⁸ Other scholars have interpreted the use of these elements as the Christians' attempt to fight evil forces. In his renowned *The Stripping of the Altars*, E. Duffy affirms that 'behind such prayers lay a vivid and urgent sense of the reality of the demonic, and the Christian's need for eternal vigilance'.⁶⁹ K. L. Jolly also notes that, when the charm is recited, the 'Christian ritual fuses nature and the divine, invisible becomes visible, and man experiences the divine in his body as well as in his soul'.⁷⁰ Divine intervention was indeed required when pronouncing the healing words, since, by invoking the help of saints or martyrs, the practitioner was ultimately appealing to God's help.

In one of his many studies of Ha 2558, Jones observes that some charms were repeatedly used to treat particular diseases, namely toothaches, epilepsy and difficulties during childbirth.⁷¹ This observation has been supported by L. T. Olsan, who noticed that charms and prayers were frequently prescribed to cure illnesses which were remitting or

⁶⁸ M. R. McVaugh, 'Bedside manners in the Middle Ages', *BHM*, 71 (1997), 201-223 (p. 216).

⁶⁹ E. Duffy, 'Charms, Pardons and Promises: Lay Piety and "Superstition" in the Primers', in *The Stripping of the Altars. Traditional Religion in England c. 1400-c. 1580* (New Haven & London: Yale University Press, 1992), pp. 266-298 (p. 266).

⁷⁰ K. L. Jolly, 'Anglo-Saxon Charms in the Context of a Christian World', *Journal of Medieval History*, 11 (1985), 279-293 (p. 286).

⁷¹ P. M. Jones, 'Thomas Fayreford: An English Fifteenth-Century Medical Practitioner', in *Medicine from the Black Death to the French Disease*, ed. by R. French and others (Aldershot: Ashgate, 1998), pp. 156-183 (p. 176).

episodic, as, for example, migraines, toothaches, fevers, spasms, gout or epilepsy.⁷² These diseases were in turn associated with specific saints or divine powers; thus, St Apollonia, St Nicholas and Rex were normally invoked when patients had toothaches, the Three Brothers, Five Wounds and Longinus were expected to cure problems of insomnia, and the Three kings and Ananizapta to assist in childbirth.⁷³ Occasionally, charms were employed as textual amulets: worn somewhere on the patient's body, these amulets were designed to protect their bearers from unknown enemies or demonic forces, and to bring them good luck, as illustrated by a charm in the York MS below:⁷⁴

take þe blo / od of þe litel finger of hym þat is seke y / writen in is forhed þese iij names
Iaspar fert / aurum thus melchior attropa whos / bereþ þese names on hym he schal be hole
þrouz þe / pite of god. Anoper take and write hem wiþ þe / same blod & lete hange a boute
his nekeke (f. 36r).

At times, charms were accompanied by drawings of crosses which appear normally between the names of the saints involved in the prayer (Figure 1). Charms of this type occur in several of the manuscripts in the catalogue, namely in the York MS, Hunter 117, Hunter 185, Ha 1600, Ha 2347, Ha 2390, Ha 2558 and Ha 3407. In all probability practitioners were expected to make the sign of the cross to their patients, either on their bodies or in the air, when they encountered these crosses, as the priest did in church.⁷⁵ The repetition of the saints' names and the touching of the skin when making the sign possibly created a soothing and relaxing, and therefore curative effect on the patient.⁷⁶

⁷² L. T. Olsan, 'Charms and Prayers in Medieval Medical Theory and Practice', *SHM*, 16 (2003), 343-366 (p. 358).

⁷³ *Ibid.*, p. 360.

⁷⁴ D. C. Skemer, *Binding Words. Textual Amulets in the Middle Ages* (Pennsylvania: The Pennsylvania State University Press, 2006), p. 1.

⁷⁵ Duffy, *The Stripping of the Altars*, p. 271.

⁷⁶ I owe this idea to Dr. Irina Metzler, who reminded me of traditional healing practices in Catholic communities.

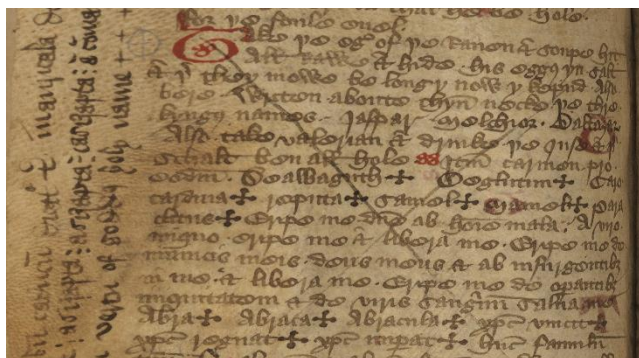


Figure 1. Crosses crossed out in the York MS (f. 142v).

It seems that these crosses disturbed sixteenth-century readers, who took the time to go through the volumes crossing them out. During the Reformation a number of crosses were scratched out from medieval manuscripts, as seen in the York MS and Ha 2390 (Figure 1). Judging by a charm in the York MS, post-medieval readers did not feel comfortable with the prayers themselves, since the charm was respected until it reached the part of the prayer or incantation. Other later readers, however, were more thoughtful in this respect: a charm for the falling evil or epilepsy in Ha 2378 (f. 29r), which had been heavily scratched out, was re-copied presumably by Covel, a seventeenth-century owner of the manuscript.

Two other aspects are worth emphasising regarding the *receptaria* in our catalogue. First of all, not all *receptaria* are medical: sometimes they are culinary. John Crophill's book (Ha 1735) is the only one to contain a genuine collection of cooking recipes; the rest are combined with medical remedies, as in the cases of Ha 2378, which holds a few culinary recipes in one of its *receptaria*, or Ha 2558, which contains an isolated cooking recipe (f. 12v). The decision to include a collection of culinary recipes in a medical manuscript, especially if the codex was employed by a practitioner, might be explained by the fact that they contain certain compounds that were useful in the

preparation of remedies, such as ointments or syrups. The second aspect revolves around the similarities between *receptaria* and antidotaries. Originally intended to give instructions to prepare drinks against poisons, these collections of herbal recipes ended up being collections aimed at curing any kind of disorder. They differ from the *receptaria* in that they are normally arranged by their medicinal form (plasters, electuaries), rather than by their effects and efficiency in treating certain illnesses ('for the headache', 'for the dropsy').⁷⁷ Copies of the *Antidotarium Nicolai*, which according to Hunter is the essential pharmacopeia of the Middle Ages, can be found in Hunter 117 and Ha 2378; whereas other kinds of *antidotaria* were included in Ha 2347 and Ha 2381.⁷⁸

2.3.2 HERBALS

Receptaria were not the only collections where herbs played a prominent role. The manuscripts in the catalogue contain numerous herbals which focus on the virtues, properties and benefits of particular herbs, especially betony, rosemary, gentian and fennel.⁷⁹ They describe the herbs and their properties and include remedies that could be prepared with them. Hunter 307, Ha 1735, Ha 2390, Ha 2558, the York MS and Ha 3383 are the codices that contain treatises on any of these herbs. The treatise on the virtues of rosemary is possibly the most popular of all these herbals. This is due to a widespread tradition which claims that the rosemary was introduced into England by means of a cutting of the plant that the Countess of Hainault sent to her daughter Philippa within a copy of the treatise. It is more likely, though, that the plant arrived in England with the Romans, as it is mentioned in a few Old English medical books (*Lacnunga*, Bald's

⁷⁷ T. Hunt, *Popular Medicine in Thirteenth-Century England*, p. 8.

⁷⁸ T. Hunt, *Popular Medicine in Thirteenth-Century England*, p. 14.

⁷⁹ Further details about the treatises on betony and rosemary will be provided in Chapter 4, 4.4.6.

Leechbook and the Old English *Herbarium* of Apuleius).⁸⁰ The prologue of the text states that the treatise was translated by Friar Henry Daniel, a Dominican who studied medicine and is known for the translation of the celebrated uroscopy, *Liber Uricrisiarum* (*The Dome of Urines*): ‘This is þe lytil boke of þe vertuys of rosmaryn þat þe scole of salerne gaderyd and compiled at instance of þe cowntese of henowde [...] I danyel haue translatyd into vulgar ynglysh worde for worde as fonde in latyn’.⁸¹

Two of the most common collections concerning herbs in the catalogue are the lists of simples and herbal glossaries: the former opens with the name of a herb and then gives details about its virtues; the latter tend to provide only the linguistic equivalent of the herb in question. All the glossaries in the catalogue enter the names of the herbs either in Latin or in Middle English, and very rarely include their descriptions. Herbal glossaries and list of simples appear either at the beginning of the volumes, especially when followed by *receptaria* (Ha 2347 and Hunter 185), or in the middle (York MS, Ha 2378 and Ha 3383). Ha 2558 contains a Latin-English glossary (f. 196r), which is also the table of contents of the herbal that follows, that is to say, Macer’s *De Viribus Herbarum*. Together with Agnus Casta, Bartholomaeus Anglicus’s *De Proprietatibus rerum*, Matthaeus Platearius’s *Circa instans* and Henry Daniel’s Herbal, they comprise the most

⁸⁰ Twenty-three manuscripts have been identified which contain the prose version of the text, and another ten were copied in verse, sometimes containing only fragments of the text. The prose texts appear in Rylands Lat. 228; Digby 75, Digby 95, the York MS, CC 226, Ashmole 1438, Trinity College Cambridge R. 7.23, TCC O. 1. 13, BL Sloane 7, BL Sloane 962, BL Sloane 2403, BL Sloane 3215, BL Sloane 3217, Durham University Cosin V. IV I, Yale University, Medical Library 40, Beverly Hills, Pincus MS; Bühler 21, Pepys 1661, Royal 17. A. III, BL Additional 29301, Bodleian 7719, BL Additional 27329, National Library Wales Additional 572D. The verse versions are the following: Bodleian 1696, Bodleian 7625, Bodleian 7683, Harley 1735 (one of the MSS of our catalogue), Wellcome Historical Medicine Library 406, British Museum Additional 20091, Trinity Cambridge 759, Bodleian 2602, Sloane 3215, BL IA 55454. For further details, go to M. Mäkinen, ‘Henry Daniel’s Rosemary in MS X. 90 of the Royal Library, Stockholm’, *Neuphilologische Mitteilungen*, 103 (2002), 305-327 (p. 307).

⁸¹ Mäkinen, *Henry Daniel’s Rosemary*, p 305.

popular herbals in late medieval England.⁸² With the exception of Macer's Herbal, none of these collections appear in any of our manuscripts; although Flood Jr has noted that, given the abundant number of fourteenth-century herbals under that name, there is a possibility that *De Viribus Herbarum* may have been a generic term to refer to any catalogue of herbs with medicinal properties.⁸³ Other herbal collections in the catalogue connect herbs with astrology, as in the case of Ha 2378, or associate them with prayers and blessings, as in Ha 2390.

2.3.3 PROGNOSTICATION

Prognosis is a medical area which predicts the evolution and the outcome of a disease, and was made by using numerous texts in medieval England. To define the fortune of an individual, or foresee whether a patient's illness would be fatal or innocuous, practitioners had to look at the stars, and, with the help of calendrical tables, make the necessary calculations to interpret the movements of the celestial bodies. As H. M. Carey has noted, 'medical treatment often began with inquiries about when a patient fell ill, at what time in relation to the lunar cycle, the time of the day or the season of the year'.⁸⁴ To understand astrological texts and develop mathematical calculations adequately it was important to identify the pertinent calendar days: for which a calendar was rather useful. Calendars were indeed helpful to medical and non-medical individuals, as they also contained information concerning practical activities like the labour of the month, that is,

⁸² G. R. Keiser, 'Vernacular Herbals: A Growth Industry in Late Medieval England', in *Design and Distribution of Late Medieval Manuscripts in England*, ed. by M. Connolly and L. R. Mooney (York: York Medieval Press, 2008), pp. 292-307.

⁸³ B. P. Flood Jr, 'The Medieval Herbal Tradition of Macer Floridus', *Pharmacy in History*, 18 (1976), 62-66 (p. 65).

⁸⁴ H. M. Carey, 'Astrological Medicine and the Medieval English Folded Almanac', *Source History of Medicine*, 17 (2004), 345-363 (p. 353).

the daily activities traditionally undertaken during a given month (Figure 2). Knowing about husbandry matters or calculating when the following Christian feast would be celebrated was of great importance to individuals not involved in medicine, to the point that by the fifteenth century the vernacular material available allowed even the less educated and semiliterate to understand the methods of computation required in the interpretation of calendrical tables.⁸⁵



Figure 2. The month of February in the calendar of Ha 2332 with a man with a spade and the sign of Pisces (f. 2v).

Three calendars were at use in late medieval England: the calendar of John Somer (1380), Nicholas of Lynn’s calendar, also known as the ‘new calendar’ (1386), and Robert Grosseteste’s calendar.⁸⁶ There are calendars in the two almanacs in the catalogue (Ha 937 and Ha 2332), the York MS, Ha 2320, Ha 2381 and Ha 3719, and they are generally followed by astrological tables, like those that reveal lunar and solar eclipses. They are mostly copied in Latin and, like the herbal glossaries, tend to be placed at the beginning of the manuscripts (the exceptions being the York MS and Ha 3719).

⁸⁵ L. Means, “Ffor as moche as yche man may not haue þe astrolabe”: Popular Middle English Variations on the Computus’, *Speculum*, 67 (1992), 595-623 (p. 595).

⁸⁶ Jones, ‘Medicine & Science’, p. 438.

That these texts were often placed at the beginning of the codices has not gone unnoticed by other scholars. Discussing the layout of medieval liturgical calendars Parkes notices that ‘calendars were usually copied on a separate quire of six leaves. Each month occupied a whole page ruled with a layout of four columns’.⁸⁷ A few of our manuscripts contain a six-leaf calendar, more specifically the York MS, Ha 2320 (if it still preserved its first four folios), and Ha 3719, though the York MS is the only one to hold the calendar in a separate quire. The other calendars in the catalogue are either larger, as in Ha 2332 and Ha 2381, whose months occupy two folios each; or smaller, as in the case of Ha 937, whose almanac format forced the scribe to copy two months of the calendar on one side of a folio.

Calendars have rows which stand for the days of the month, and a number of columns which provide information on each day. Despite being the only calendar in the catalogue which has five and not four columns at the beginning, as was traditionally the case, Ha 3719 will illustrate how to interpret these complicated tables (See Figure 3). The first column of this calendar contains all the days of the month and will not be considered in the description. The first column of a regular calendar (the second here) contains normally the Golden numbers: Roman or Arabic numerals that help to deduce the phases of the moon. The second column (third here) establishes the day of the week through the use of dominical letters. The letters range from A to G and are needed, alongside the Golden numbers, to calculate the date of Easter, movable feasts and Lent. The third column (fourth here) enters other three significant numbers: Calends, nones and ides (all circled in purple in Figure 3). The calends alludes to the first day of the month; ides falls in the middle of the month, normally on the fifteenth; and nones is the ninth day before

⁸⁷ M. B. Parkes, ‘Layout and Presentation of the Text’, in *CHBB 2*, ed. by N. J. Morgan and R. M. Thomson (Cambridge: Cambridge University Press, 2008), pp. 55-74 (p. 58).

ides; therefore, from nones to ides numbers count backwards from eight to one. Altogether these numbers serve to establish the date. The last column that will be examined here is the fourth and widest (fifth here), where the saints' feast days were commemorated. The importance of these days and festivities is reflected in the calendar by the colours used; thus, a regular date was normally copied in black, followed in order of importance by red, blue and sometimes gold. It is not uncommon to come across further columns with additional information; in the case of the calendar in Ha 3719, it provides details on sunrises or the altitude of the sun.

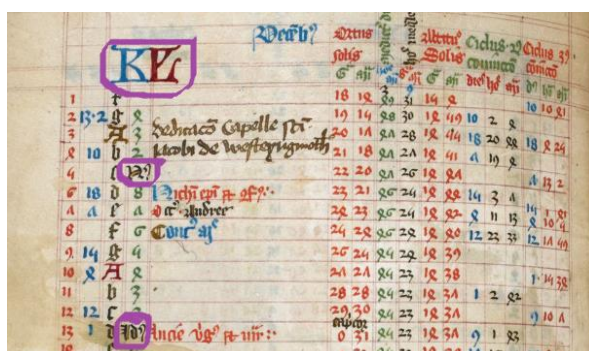


Figure 3. Month of December in the calendar of Ha 3719 (f. 169v). Calends, nones and ides circled in purple in that same order.

A variety of other calendrical tables were employed by medical practitioners to make a prognosis: tables of lunar and solar eclipses; tables of the four Metonic cycles beginning in 1387, 1406, 1425 and 1444; tables of lunar mutations and conjunctions; or additionally astrological devices like the volvelles. Volvelles were essentially astrolabes, which showed in two dimensions what the astrolabe could display in three but without considering latitude or altitude.⁸⁸ They were made in parchment and paper and, by observing heavenly bodies, determined aspects like the local time. The manuscripts that

⁸⁸ L. Braswell-Means, 'The Vulnerability of Volvelles in Manuscript Codices', *Manuscripta*, 35 (1991), 43-54 (p. 43).

contain volvelles in our catalogue are Ha 2332 (the one on f. 17v misses a rotating disc or perhaps more) and Ha 3719; they have two parchment volvelles each. Ha 3719 will illustrate once more how this device looked like and how it was employed (Figure 4). This volvelle comprises three rotating discs with the days of the month and the different months and zodiac signs. It also contains two fingers: the index of the sun and the index of the moon ('voluella solis', 'voluella lune'), which were used to calculate the position of the moon or the sun in the year. In a medical context, the practitioner would have placed the index of the moon on the age of the moon of the corresponding day, and interpreted the sign and degree of the moon, in order to establish whether to proceed with a delicate operation that normally implied bloodletting or surgery.⁸⁹



Figure 4. Volvelle in Ha 3719 (f. 156r).

Another calendrical, however less complicated device, is the Sphere of Pythagoras. This divination device predicts the outcome of a number of affairs by means of a series of numerical calculations, although knowing whether the patient would live or die was amongst its primary uses. The sphere is also known as the Sphere of Life or Death and the Sphere of Apuleius, and is generally accompanied by an explanatory text that

⁸⁹ P. M. Jones, *Medieval Medical Miniatures* (London: The British Library, 1984), p. 74.

clarifies how to use and interpret the sphere. The earliest surviving specimen is from Greek origin and dates from 4AD, although they were probably used before that time.⁹⁰ As with other examples of onomancy, the sphere of Pythagoras was used to prognosticate by numbers which correlated with the letters of the individual's name. Either in Roman or Arabic, these numbers may appear within or outside the sphere, but always around it. Spheres tend to be circular, and to be divided into two hemispheres which contain further digits (See Figure 5). One of these hemispheres (normally the one on the top) represented the lucky numbers, those that would bring fortune to the person involved; the other hemisphere, on the other hand, normally the one situated below, predicted disastrous outcomes. To use it adequately one had to follow a rather standard procedure:

Now for to know man or woman that is syke counte the / nombre that is wryten after euery letter of his name in / the ABC of the sercle, and the nombre of how many daies / that were betwyn the change of the mone and that day / that they toke her euyl, and counte that day that they toke her / euyl, and of al thuse make a som, and thenne withdrawe of / the som as many xxx as thou mayst. And that nombre that / remayneth after, take hede in the spere; and if þe fynde it / above the myddel he shal leue, and if it be benyth he shalle / dye (Ha 3719, f. 176r).⁹¹

The extract above demonstrates that the sphere was relatively easy to use: anyone with access to the instructions and with some basic knowledge of literacy and numeracy could have been able to handle such elementary calculations. Three codices in the catalogue contain spheres of Pythagoras: the York MS, Ha 3383 and Ha 3719. The York MS contains two spheres: a Latin text without a diagram (f. 2v) that incorporates

⁹⁰ In her thesis, J. Edge analyses fifty-five samples of Spheres of Life and Death (as she prefers to call them) which she also presented in various conferences, from which I would like to emphasise a presentation in May 2002 at the University of London: *The Medical Context of the "Sphere of Life and Death" in late Medieval England*, Medical Prognosis in the Middle Ages Symposium at Royal Holloway, University of London, 26 May 2012, <<http://backdoorbroadcasting.net/2012/05/jo-edge-the-medical-context-of-the-sphere-of-life-and-death-in-late-medieval-england/>> [Accessed 12 March 2014]. Voigts has also been an inspiration in this respect, as in many others regarding my research: L. E. 'The Latin Verse and Middle English Prose Texts on the Sphere of Life and Death in Harley 3719', *The Chaucer Review*, 21 (1986), 291-305.

⁹¹ For a full transcription of the text, see Voigts, 'On the Sphere of Life and Death'.

what Voigts calls the ‘Collige...’ poem, that is, six Latin verse lines which frequently accompany the diagram; and a Middle English text with the sphere (f. 7r).⁹² This poem also appears in Ha 3719, which contains three spheres almost consecutively. Ha 3383 has two spheres with the famous verses but no diagram.

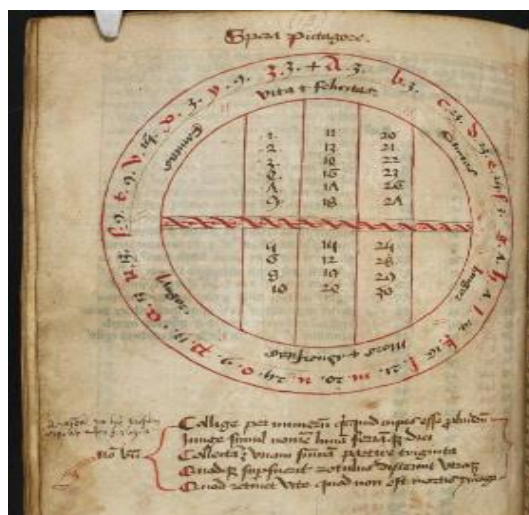


Figure 5. Sphere of Pythagoras in Ha 3719 (f. 175v).

Collections of recipes and short treatises could also contain prognostication texts, which provided insight and advice on a wide variety of forthcoming events. Some of the most common include knowing the adequate time to undertake certain activities, such as letting a patient’s blood or when to take a medicine; or determining the character of individuals who were born under particular zodiac signs or circumstances. These kind of texts occur in the York MS, Ha 1735, Ha 2320, Ha 2378, Ha 2558 and Ha 3407.

Other prognostication texts in the catalogue include the Prophecies of Esdras, lunaries and chiromancies. The prophecies of Esdras is a prognostication text that, based

⁹² Voigts, ‘On the Sphere of Life and Death’, p. 296.

on the day of the week Christmas or New Year fell, or the weather in the twelve days after Christmas, revealed how productive the following year would be in terms of harvest, health, weather and other matters. Arranged on a weekly basis, these texts open normally on Sundays and appear in the York MS, Ha 1735, Ha 2390 and Ha 2558. In these manuscripts the prophecies of Esdras covered a wide range of activities which revolve primarily around harvesting, eating, drinking and meteorological conditions, as illustrated by an extract in Ha 1735 below:

yef þe day þat crist on was born / falle op on a Sunday / þat zere wyntur sal ben god ay /
But gret wyndus olofte sul be / sul be / þe somyr sal ben fare & drye / zepe and ben sulu
multiplie / But other vytalyes sulu hastely drye / Bekynde sckyl wyt outen lees / þorow
alle londe þer shal ben pes / and good tyme alle þynge to done / But qwo so stele outz he
sal ben take sone / (f. 14v).

Like other prognostication texts, lunaries determined the outcome of different sorts of events by looking at the moon and its movement through the zodiacal houses and the lunar cycle (from new moon to new moon). As in the texts on perilous days, they advise or warn against undertaking certain activities when the moon was in a specific zodiacal house, as illustrated by the twelfth day of a lunary in Ha 2320:

þe xii day of þe mone / alle þynge both good to done / and perfytabel y now / þat day cam
noes sone / was ordnyed in to þys world to come / and born wyt owten wo / But yf sekenys
þat day þe greve / Erly amorwe oþer a eue / long hyt schal þe laste / To fle þat day yf þu
hast þoʒt / of þyn enmyes drede þu noʒt / þoʒ þey sewy þe neuer so fast / what chylde þat
day born be / he schal haue wysdom grete plente / and gret cunnyng also / what so þu
dreme hyt schal be good / boldely þat day lete þe blood / ffor hyt schal do þe good (f. 39r).

The last prognostication text examined here will be the chiromancies or palmistries (Figure 6). These treatises predict the future and interpret an individual's character and disposition by reading the lines in the palm of his or her hands. Some of the existing medieval chiromancies claim to derive from classical sources; however, no

chiromancy treatise has survived from that period.⁹³ Furthermore, the earliest known text, Cambridge, Trinity College, MS R. 17. 1 (an appendix to the Canterbury Psalter), dates from ca. 1160. These treatises are frequently accompanied by the drawing of a hand whose fingers are filled with informative captions. At times, there was no explanatory text attached to the diagram, as illustrated by the York MS and Ha 2558. The York MS depicts a left male hand, whose interpretations of the lines of its fingers are written in Middle English. Ha 2558, on the other hand, holds two female hands (left and right), and the content of their fingers is written in Latin.

The picture of the hand below occupies an entire page in the York MS, and it reads in some of its fingers: ‘yf þe midward line hente þes fyngerus / tokenynge is of deth for a wonde; þis line in þes fyngeres is gret drede / for hyse folynes’ (f. 122v).



Figure 6. Chiromancy hand (York MS, f. 122v).

⁹³ C. Burnett, ‘The Earliest Chiromancy in the West’, *Journal of the Warburg and Courtauld Institutes*, 50 (1987), 189-195.

2.3.4 UROSCOPIES

Medieval practitioners believed that they could determine the evolution of an illness by looking at the patient's urine, more particularly at its colour, odour, consistency, viscosity, sediments, or even taste. With the help of uroscopies or urine treatises, which provided them with information about the various colours of the urines and how to interpret them, practitioners identified and diagnosed different ailments. According to C. Rawcliffe, uroscopies generally distinguished between approximately twenty varieties of urines, although the only manuscripts that include this number of urines in the catalogue are the York MS and Hunter 328.⁹⁴ Uroscopies represent possibly the most efficient diagnostic method available at the time, as evidenced not only by the numerous treatises that have come down to us, but also by the fact that Voigts and Kurtz noted that they comprised the fourth largest field in their renowned database.⁹⁵ As a scholar who has contributed considerably to this topic, T. Tavormina has observed that, besides presenting both diagnostic and prognostication features, uroscopies normally indicate how a particular symptom betokens a specific ailment: this is what she calls the 'X betokens Y' formula.⁹⁶ An example of this formula is found in Hunter 328: 'Also uryne lyuydus betokenyth þer ben veynes brokyn / in þe londys and a rewmatyck fflux dystylling from / þe hed to þe lungys and peyne & acþe vnder þe rybbys / and in þe brest & among þe longgis' (f. 4v). In fact, this formula appears in all the urine treatises that the manuscripts

⁹⁴ Rawcliffe, *Sources for the History of Medicine*, p. 15.

⁹⁵ Rawcliffe, 'Medicine and Society', p.47; Voigts and Kurtz, *Scientific and Medical Writings in Old and Middle English*.

⁹⁶ She provides a rather detailed list of the kind of uroscopies one can find and the ones that include diagnosis and prognosis (e.g. some for childbirth, or death or recovery, fevers, etc).

M. T. Tavormina, 'The Twenty-Jordan Series: an Illustrated Middle English Uroscopy Text', *American Notes and Queries*, 18 (2005), 40-64; *Prognosis v. Diagnosis in Middle English Uroscopic Texts*, Medical Prognosis in the Middle Ages Symposium at Royal Holloway, University of London, 26 May 2012, <<http://backdoorbroadcasting.net/2012/05/tess-tavormina-prognosis-v-diagnosis-in-middle-english-uroscopic-texts/>> [Accessed 15 March 2016].

in the catalogue hold, namely the York MS, Hunter 307, Hunter 328, Ha 1735, Ha 2390, Ha 2558, Ha 3383 and Ha 3407. These treatises vary in size: from three pages in Ha 1735, to forty-four folios in Hunter 328; the remainder do not contain more than ten folios.

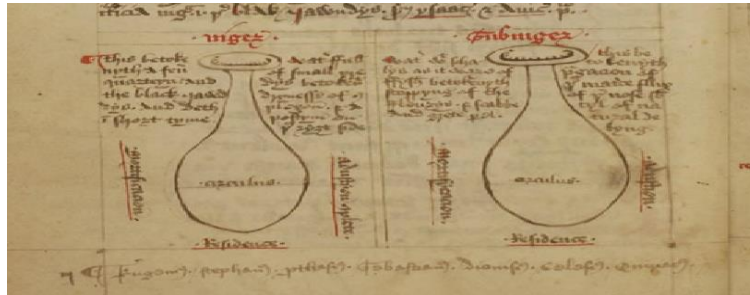


Figure 7. Urine flasks in Hunter 328 (f. 1v).

Uroscopies are commonly accompanied by additional visual aid, mostly urine flasks (Figure 7). Also known as *jordans* or *matula*, these glasses became the physician's badge of office, since physicians were frequently depicted holding or examining them.⁹⁷ The importance of these drawings relies on the fact that they establish a visual connection between the colour of the urine and the disease it is associated with. As T Tavormina has already noted:

The most common practice was to put the name of the colour either above the flask or within its mouth, the sicknesses associated with the colour in the neck or upper body of the flask, the description of the colour in the middle to lower part of the flask, and the recommended medicine below the flask.⁹⁸

⁹⁷ Jones, *Medieval Medical Miniatures*, p. 56.

⁹⁸ Tavormina, 'The Twenty-Jordan Series', p. 47.

Visual support was frequent however not compulsory. Whilst other manuscripts include drawings of flasks, both coloured (the York MS) or in the same ink as the text (Ha 1735), Ha 2558 or Hunter 307 accommodate no illustrations.⁹⁹

Some of the most common medieval uroscopies include Henry Daniel's *Liber Uricrisiarum*, Teophilus's *De Urinis*, Isaac Israeli's *De Urinis*, Hippocrates's *Prognostics* and *Aphorisms*, Giles of Corbeil's *Liber de Urinis* and *The Doom of Urines* (a compendium of short uroscopies). However, these treatises do not occur frequently in our manuscripts: Giles of Corbeil's work appears in Hunter 328 and Ha 2558, and *The Doom of Urines* in Ha 1735 and Ha 3407.

2.3.5 PHLEBOTOMY

To bleed a patient was a usual practice which was aimed at balancing the humours. This cure was applied to restore the health of the sick, or as a precautionary measure to keep a patient healthy.¹⁰⁰ That humours played a major part in bloodletting texts can be observed in the following extract in Hunter 307: 'Blod þat is þynne & watry þouz it be leid on the naile it wole note engele ne crudde þan it is euyl for it bitokneþ þat rawe humours ben to abundaunt in þe body or to moche moisture' (f. 165v). Predictably, this life-threatening procedure was mostly undertaken by specialised individuals like barbers and surgeon-barbers, who were advised to take special precautions before proceeding to cut the patients' veins. Knowing when to proceed was indeed an essential part of the treatment, since otherwise the patient's life could be put at risk. This is reflected

⁹⁹ The analysis of the booklets of the case study will provide further details on this type of texts (Chapter 4, 4.4.10).

¹⁰⁰ The theory of the humours was briefly described in the introduction.

in the numerous texts that have survived concerning the perilous or favourable days to let blood: days which normally revolve around the Calends, Nones and Ides.¹⁰¹ According to L. Mooney,

the days most commonly named as auspicious for bloodletting were March 17, St. Patrick's Day, in the right arm for protection against all fevers; April 11, in the left arm to protect against losing one's sight; May 28-29, in either arm to protect against all diseases and disorders; and September 17, St. Lambert's Day, for protection specifically against dropsy, frenzy, palsy, gout, and epilepsy.¹⁰²

As with many of the texts examined in this chapter, especially the prognostication treatises, celestial bodies had to be considered before applying a treatment. The York MS contains a text with the thirty-two perilous days on which, based on zodiacal signs, it was not recommended to bleed certain parts of the patient's body: 'libra be war cut no wounde on þe nauel ne in þe lower parte of þe wombe ne open no veyne in þe bak ne ventose it noght' (f. 111r). It was likewise recommended not to bleed the weak, or those in a fragile condition, especially those severely ill, the elder, pregnant women and children. The majority of the bloodletting treatises in our manuscripts are rather short, and tend not to exceed a folio. These volumes are more specifically Ha 2390, Ha 3383, Hunter 307 and Ha 3719. The bloodletting texts in the catalogue focus on the practical and not the theoretical side of the practice, which might explain why sometimes they appear amid recipes in *receptaria* (Hunter 117 and Ha 2381). These texts went hand in hand with the diagrams of the zodiac and bloodletting man: anthropomorphic figures that had close associations with bloodletting procedures.

¹⁰¹ See the section on the calendars above (2.3.3).

¹⁰² L. R. Mooney, 'Diet and Bloodletting: A Monthly Regimen', in *Popular and Practical Science of Medieval England*, ed. by L. M. Matheson (East Lansing: Colleagues Press, 1994), pp. 245-261 (p. 246).

In the case of the bloodletting man or *homo venorum*, the association is rather evident, since a number of arrows connect parts of the human body with captions that indicate the vein that had to be cut and the ailment intended to be cured (Figure 8). Thus, an arrow in the bloodletting man of the York MS points at its right ear, and the caption reads: ‘behynde þe ere for old seknes’ (f. 109v); another caption whose arrow points at the neck states: ‘for scab in þe nek’.

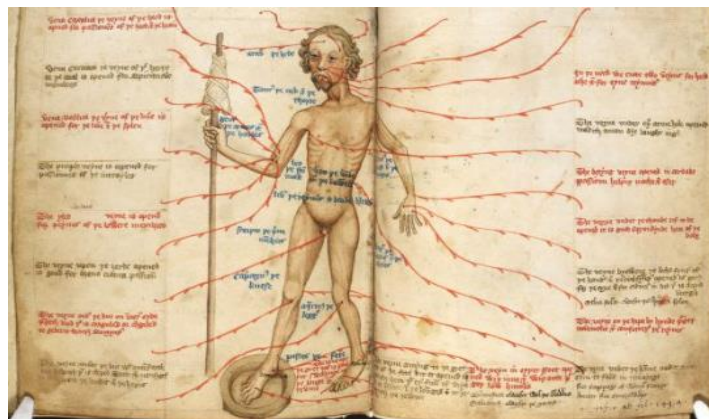


Figure 8. Bloodletting-zodiac man in Ha 3719 (ff. 158v-159r).

The zodiac man, on the other hand, shows how specific parts of the body were ruled or affected by particular zodiac signs. Also known as man of signs (*homo signorum*), lord of the signs (*dominus signorum*), anatomical man, microcosmic man or the zodiacal *melothesia*, the zodiac man reveals a relationship between the macrocosm (universe) and the microcosm (man). As explained by C. Clark,

once the correct sign was determined for the particular part of the body, the proper time for surgery, bloodletting, or administration of medication could be found. This depended above all upon the position of the moon in the heavens, since it was a medieval commonplace that

one touched neither with iron nor with medication the part of the body in whose zodiacal sign the moon was at that particular moment.¹⁰³

In other words, certain parts of the body could not be bled when the moon was in relation to their specific zodiac houses. The names or symbols of the zodiac signs were distributed and clearly displayed all through the anthropomorphic figure. The attribution of a sign to a particular part of the body was the result of other types of associations: hence, since the power of the lion laid in his heart, Leo governed the chest; the same with scorpion's tail, which was associated with the human genitals.¹⁰⁴ In pictorial terms, the illustrations of both the human body and the zodiac signs (when illustrated) are generally rather elementary, possibly because they were intended to be referential sketches. Both the zodiac and the bloodletting man were frequently depicted in a single diagram, as in the case of the York MS and Ha 3719, which have the zodiac signs copied in letters (See Figure 8). Ha 2332 holds also a zodiac man, but with no informative captions: the zodiac signs are presented in drawings which fit with the pictorial nature of the manuscript (Figure 9).

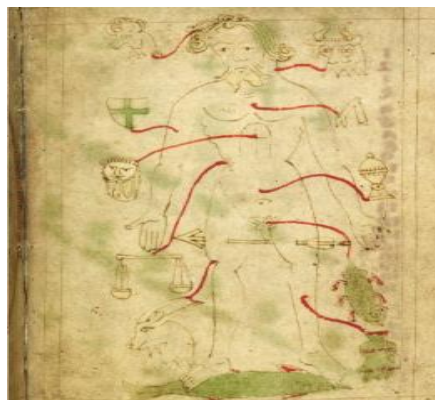


Figure 9. Zodiac man in Ha 2332 (f. 18r).

¹⁰³ C. Clark, 'The Zodiac Man in Medieval Medical Astrology', *Journal of the Rocky Mountain Medieval and Renaissance Association* 3 (1982), 13-38 (p. 13). For further information regarding the zodiac man, see Clark's paper.

¹⁰⁴ Rawcliffe, *Sources for the History of Medicine*, p. 23.

2.4 LANGUAGES

It is widely accepted that English was temporarily neglected as a written language after the Normans' arrival in England in 1066. During that time all kinds of documents and texts were written either in Latin or in Anglo-Norman (the French spoken in England), including scientific and medical writings.¹⁰⁵ A number of factors seem to have reversed this situation and to revive the use of English as a written language. Numerous epidemics shook England in the fourteenth and fifteenth centuries, causing the loss of a great proportion of the population. An outbreak of the plague occurred in 1348-9, followed by three more outbreaks in the 1360s, one in 1407, six in the 1420s and 1430s, and two between 1450 and 1470.¹⁰⁶ Along with other epidemics that were spread throughout England, these devastating outbreaks resulted in the emergence of a new social group. The gentry, who came originally from humble backgrounds, could not read Latin or Anglo-Norman, therefore began to commission works in English. This social group played a significant role in the production of books in English in late medieval England, not only as commissioners, but also as compilers and scribes. In a time in which paper became a cheap alternative to the more expensive and traditional parchment, it was not difficult for individuals like Thornton (mentioned in the introduction) to copy and compile their own works.

The political atmosphere seems to have been a key factor too. Taavitsainen points to the fact that the emergence of English as a written language corresponds to the

¹⁰⁵ Clanchy's work presents possibly the most comprehensive survey of how the three languages intermingled: M. T. Clanchy, *From Memory to Written Record: England, 1066-1307*, 3rd edn (Oxford: Blackwell, 2013).

¹⁰⁶ F. M. Getz, *Healing and Society in Medieval England. A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus* (Wisconsin: University of Wisconsin Press, 1991), p. xxv.

time when the Lancastrians usurped the throne (1399), and, in order to please the Parliament and the English citizenry, supported the use of English as the national and official language.¹⁰⁷ She claims that:

the use of the vernacular was promoted by conscious Lancastrian policy; the aim was to enforce their power against the French, so that English became the language of administration. The role of literary language in establishing the position of English was parallel: the creation of a national literature was part of the Lancastrian promotion of English nationalism against the French.¹⁰⁸

These are only a few of the most widespread theories that seek to explain the revival of English as a written language. It is not the aim of this study, however, to examine the reasons of this revival in detail, but to investigate how it resulted in a massive production of scientific and medical writings in English in late medieval England.

In the last quarter of the fourteenth century, Latin and Anglo-Norman medical collections started to be translated into English. Since for a few centuries English had been discarded as an official and technical language, it lacked an adequate terminology to translate these texts successfully. The difficulties contemporary translators faced in the light of such phenomenon were probably gigantic, inasmuch as the language was not equipped with the appropriate lexical corpus to fulfil the endeavour. As Getz observes:

Many fourteenth- and fifteenth-century translators noted the difficulty that word-poor English presented in rendering the material of relatively richer languages like Latin and French. English had never before accommodated a wide range of literary or scientific matter, and merely anglicizing words from Romance languages seldom made matters much clearer.¹⁰⁹

¹⁰⁷ J. H. Fisher, 'A Language Policy for Lancastrian England', *PMLA*, 107 (1992), 1168-1180.

¹⁰⁸ I. Taavitsainen, 'Scientific Language and Spelling Standardisation 1375-1550', in *The Development of Standard English 1300-1800*, ed. by L. Wright (Cambridge: Cambridge University Press, 2000), pp. 131-154 (p.132) p.132.

¹⁰⁹ F. M. Getz, 'Charity, Translation, and the Language of Medical Learning in Medieval England', *Bulletin of the History of Medicine*, 64 (1990), p. 14.

To fill the lexical gaps, scribes employed different techniques. Hence, whenever the translator could not find the English equivalent to a Latin or Anglo-Norman term he applied a number of methods to deal with the inconvenience successfully: he left the word untranslated and carried on with his task (*emplastrum*); he used a non-medical but understandable word to metaphorically describe a disease (falling evil); he adopted the term (inflammation); or he created coinages (scabnes: a scabby condition of the skin), that is to say, new words normally created by affixations and compounds.

This growth in the production of medical collections in English did not interfere with the other two written languages employed at the time, Latin and Anglo-Norman. The extent to which the three languages intermingled can be observed in one of Voigts's studies, where she concluded that from a hundred and seventy-eight manuscripts she examined, seventy-five were bilingual Latin-Middle English, and eleven were trilingual Latin, Middle English and Anglo-Norman.¹¹⁰ This is also reflected in our catalogue, which contains mostly texts in a combination of Middle English and Latin, and occasionally some Anglo-Norman. In a number of our manuscripts Middle English treatises predominate, namely in the York MS, Ha 3383, Ha 2381, Ha 2320, Ha 1735, Ha 1600, Hunter 328, Hunter 307, Ha 937,¹¹¹ Hunter 185 and Hunter 117; while in other four codices (Ha 2332, Ha 3719, Ha 2390 and Ha 2558) Latin becomes the principal language. It is usual, nonetheless, to find both languages in the same text: a commonplace in collections of recipes. The mixture of English and Latin ranges from a noticeable switch of the language of the text, normally from English to Latin (what Hunt and Pahta define

¹¹⁰ L. E. Voigts, 'What's the Word? Bilingualism in Late-Medieval England', *Speculum*, 71 (1996), 813-26 (p. 819). Extensive analysis of code-switching can be found in Voigts's paper.

¹¹¹ Ha 937 is written exclusively in Middle English.

as ‘intersentential switches’),¹¹² to more subtle practices where a Latin tag phrase is copied in a Middle English text; a Latin recipe has an English title (and vice versa); or where the English text changes momentarily into Latin before returning to its regular English. The change of language occurs frequently in subheadings, *incipits* and *explicitis*: a change of code is common between the rubric and the body of the text.¹¹³ As Voigts has noted ‘discourse functions include code mixing to reiterate, to distinguish topic from discussion, to differentiate text from commentary, or to clarify categories of texts’.¹¹⁴ Several examples of code-switching are found in the York MS, some of which will be listed below. To help distinguish the Latin from the English parts, the former are highlighted in bold.

Momentary switch to Latin:

Anoþer tak dokke leues al hole & ley hym on þe bronnyng & when þou dost hem a way a way þe filthe and do þer to anoþer leue til it be hole do so ofte. Anoþer take **oleium ex vitelle ouorum cutem renouat in qualibet arsura facit suctus saponam**. Anoþer take smale otemele and colde water & emplastre it to geder and ley it colde and þou remowst it do hote (f. 47r).

Intersentential switch (quite common in charms):

and 3yf it be ded wyth inne hyr wombe for þe chyld þat is ded in þe modyr wombe a good charm whan þu comst in to þe hous þat che is in set þi ryht foot on þe dore threch wald & mak a sygne of the cros + & sey **in nomine patrys & caetera suna peperit samuelem elizabeth iohanem maria dominum saluatorem & tu mulier fac quod inte est Diu fans quicumque es aut masculus aut femina veni foras christi te vocat & xi imperat ut cito exeas foras ueni ad baptismum** And sey þis thryes & sey in pater noster & so he schal be

¹¹² T. Hunt, ‘Code-Switching in Medical Texts’, in *Multilingualism in Later Medieval Britain*, ed. by D. A. Trotter (Cambridge: D. S. Brewer, 2000), pp. 131-147 (p. 132), and Pahta, p. 202.

¹¹³ Pahta, p. 200.

¹¹⁴ Voigts, ‘What’s the word?’, p. 818. She provides further linguistic examples on code-switching in her ‘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: D. S. Brewer, 1989a), pp. 91-109.

delyuered also for ded chyld in þe modur wombe 3yf hyr to drynk veryueyne in cold water & che schal be delyuered hastely (f. 116v).

Incipits and explicits:

Or take pilewede and stampe it & drinke þe Iuys or þe Iuys of tansey y stampede wiþ wyn or stale ale and drinke it **Explicit liber primus Hic incipit liber secundus** here bygynneþ to make salues entretis & drinks & surrup is to wondes and for oþer harde disseses (f. 59v).

Subheadings in English and text in Latin:

ffor þe fallynge euel. **homo ere con filium confugiat infirmus non ad sacerdotem & confiteatur sia peccata sine deinde dicat sacerdos simbolum super caput infirmi / Quicumque vult & pusea absoluat eum & iniungens ei ut in omnibus diebus vite sue dica ix oones dominicas & totiens & totiens salutacionem angelicam & credo in deum** (f. 35v).

Subheading in Latin and text in English:

Contra fustulam [sic] **in ano.** Take þe white of twey eyren, white hony, blac sope, alom y brent gingeuer, zucrate, stampe & medele hem in a dysse wiþ þe white of eyren ffyrste wele I bete by hem self (f. 87v).

Latin tag phrase:

for bytyng of aneddyr or of oþer envenymous beste stamp centorie & 3ym hym to drynk or seth grene rue or fenel in boter & 3yf hym to drynk & he schal be hol **probatum est** (f. 116r).

These are the most frequent code-switching examples in the *receptaria* of our manuscripts. The catalogue also shows that scribes preferred the use of Latin rather than English for certain sections and treatises. Charms and calendars, for example, were mostly copied in Latin. At times, charms which started to be written in Middle English switched to Latin when the actual prayer had to be pronounced. This might indicate that Latin was

still the language of religion.¹¹⁵ Similarly, learned material was primarily produced in Latin, whilst *receptaria*, despite containing both languages, were primarily copied in Middle English. In fact, until recently it was believed that Latin was employed in more academic contexts and was associated with physicians and other university-trained people. Middle English, on the other hand, was more commonly associated with leeches, provincial practitioners, women healers and other skilled, but uneducated, individuals. This was due to the fact that the increase in the production of medical texts in English, as well as of other utilitarian and pragmatic content, reflected a growing demand on the part of the gentry and other commercial groups who were Latin illiterate. It is now generally accepted that, in the same manner that physicians owned what was acknowledged as popular material in English, Latin and learned material was also owned by a non-university audience.

Notwithstanding its rare occurrences, Anglo-Norman cannot be taken out of this linguistic equation. It is employed in recipes, prayers, collections and treatises in the York MS, Ha 2347, Ha 2558, Ha 3383 and Ha 3407. Sometimes it is barely used, as in the York MS, whose use of Anglo-Norman is reduced to a prayer (f. 144v); while others its presence is more prominent, as in Ha 2558, where a *receptarium* (item 20) and a two-leaf booklet are entirely copied in Anglo-Norman; even though the latter was produced in the thirteenth century.

¹¹⁵ Voigts, 'What's the word?', p. 820.

2.5 VISUAL SUPPORT: MARGINALIA & DECORATION

One of the most striking features of the manuscripts in the catalogue is the considerable amount of visual support they contain. This material is manifested predominantly in the form of diagrams and tables which were probably useful to practitioners who aimed at providing adequate medical care, as they facilitated the understanding of the texts. The section ‘Collections’ (2.3) has already revealed some of the elaborate diagrams and visual aids one can find in late medieval medical manuscripts. Thus, astrological texts include various kinds of calendrical tables such as volvelles or calendars, which were used to predict future events (Figures 2, 3 and 4); or anthropomorphic figures, like the zodiac man, intended to warn about bloodletting procedures (See Figures 8 and 9). Uroscopies frequently included drawings of urine flasks to help identify the colours of the urine and their corresponding diseases (See Figure 7); hands were drawn in chiromancy treatises to recognise personal traits (See Figure 6); bloodletting men were depicted to indicate the parts of the body that had to be cut for specific maladies; and *receptaria* included drawings of crosses whose aim was to make the sign of the cross when reaching that point in the charm (Figure 1).¹¹⁶ Only six of the codices in the catalogue do not contain any diagrams (Hunter 117, Hunter 307, Hunter 328, Ha 1600, Ha 2320, and Ha 3383). Judging by the results of Voigts’s studies, visual aids were frequently employed in medical writings, as she noted that a hundred and sixty-four out of the hundred and seventy-eight manuscripts she surveyed contained visual support.¹¹⁷

¹¹⁶ Needless to say, the diagrams mentioned here correspond to those found in the manuscripts in the catalogue; further diagrams, such as the wound man or gynaecological diagrams, occur in other medical volumes.

¹¹⁷ Voigts, ‘Scientific and Medical Books’, p. 356.

These illustrations were sometimes accompanied by informative captions, as exemplified by the uroscopies, chiromancies, or the bloodletting-zodiac men; other times they were preceded or followed by a treatise, as in the spheres of Pythagoras. The fact that at times these diagrams are not supplied with written explanations suggests a preference for the image over the text, even when the occasional inaccuracy of the drawings suggest that sometimes they served as mere tips or clues to the practitioner.¹¹⁸

Readers of the manuscripts have also copied additional mnemonic devices in the margins of the codices, which would have triggered ideas and facilitated the assimilation of the material. They are normally rather simple in style and cover different topics, though they normally relate to the main texts. Ha 2558 and Ha 2378 hold a number of these notes at the upper and lower margins of their folios. Figure 10 below illustrates Fayreford's attempt to internalise the various stages of life and their corresponding ages ('adolescencia a xiiij ad xxx').

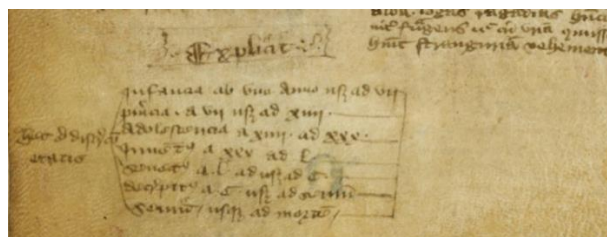


Figure 10. Notes written by Fayreford at the end of a uroscopy he partially copied (Ha 2558, f. 160v).

Ha 2378 also contains various lists which itemise the ingredients and quantities needed for the preparation of some recipes of one of its *receptaria* ('gynger, galyngale [...] of eche ij 3 i vj peny weyte'), as illustrated in Figure 11.

¹¹⁸ Rawcliffe, *Medicine and Society*, p. 129.

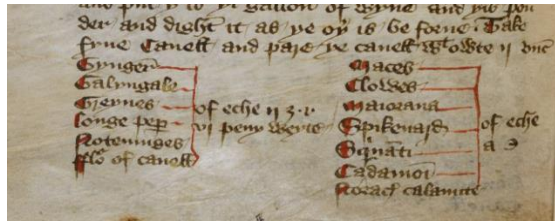


Figure 11. Lists that accompany a collection of recipes in Ha 2378 and aim to remember the type and amount of herbs needed to prepare the remedies (f.164v).

In terms of decoration, these tables and diagrams show sporadic traces of green, gold, blue, yellow and purple (Ha 2558, Ha 2332, Ha 3719 and Hunter 185), although black and red are the colours most frequently employed. Black was primarily used to copy the body of the texts, and red was used to highlight headings, incipits, explicits and other sections, as well as to draw paragraph marks. Red was also commonly used in calendars and other texts with numerical information. Blue was usually employed in paragraph marks, initials and some diagrams and tables. Other decorative elements worth mentioning are pen-flourished initials (Hunter 307, Ha 2320, Ha 3407, Ha 2558, Ha 2378, Ha 1735 and Ha 3719), foliate bar borders (Ha 1735, Ha 2320 and Ha 2558) and cadels, that is, letters in the first line of the texts whose ascenders are decorated (Ha 2558 and Ha 3719). Notwithstanding the inclusion of these elaborate decorative features, the majority of the manuscripts are quite unpretentious in style and sparse in colour; the most noticeable exception is Ha 2332, which is a pictorial almanac and contains skillfully executed illustrations (See Figure 2).

The marginalia of the codices contain also various kinds of visual aids which facilitated the navigation of the volumes.¹¹⁹ These aids were produced by contemporary

¹¹⁹ More detailed information about the kind of content one can find in the marginalia of these manuscripts will be provided in Chapter 4 (4.5).

and later readers and consist primarily of manicules (hands that point at specific sections), drawings, and marginal annotations, generally recipe titles, that were copied up to the eighteenth century. As finding devices, they helped identify parts or sections of interest, and, excepting only the almanacs (Ha 937 and Ha 2332), occur in all the manuscripts. Marginal drawings are scarce compared to manicules and annotations. They occasionally depict anthropomorphic and animal figures, which are sometimes related to the text, but frequently arbitrary. As noted by Jones, sometimes ‘images in medical manuscripts of the Middle Ages turn out to have ambiguous or even non-existent relationships to the words of the text.’¹²⁰ Marginal drawings are found in Ha 2558, Ha 1735, and the York MS. The most outstanding are without doubt the illustrations within the first booklet of Ha 1735: they are remarkably elaborate, accurate and relevant, as they present drawings of animals that are mentioned in its cooking *receptarium* (Figure 12). Other less frequent marginal features include cross-references (Ha 2347, Ha 2390, Ha 2558, Ha 3383, Ha 3407 and Ha 3719), and bookmarkers. As their modern equivalents, medieval cross-references and bookmarkers were used to establish connections between different parts of a book and to mark sections. In the case of our manuscripts, folios were marked with finger-tabs, that is, cuttings in the fore-edge of the leaf (Ha 2347, the York MS, Ha 1600; See Figure 72); and by adding pieces of brown thread to some folios (Ha 2347 and the York MS; See Figure 73).

¹²⁰ P. M. Jones, ‘Image, Word, and Medicine in the Middle Ages’, in *Visualizing Medieval Medicine and Natural History, 1200-1550*, ed. by J. A. Givens, K. M. Reeds and A. Touwaide (Aldershot: Ashgate, 2006), pp. 1-24 (p. 9).



Figure 12. Elaborate marginal drawings in Crophill's culinary collection (Ha 1735, f. 18v).

2.6 FORMAT: NUMBER OF FOLIOS & DIMENSIONS

The manuscripts in the catalogue have various dimensions and number of folios. The most manageable codex and the easiest to carry is undoubtedly Ha 937, an almanac which is formed of ten folded folios sewn together in a tab at the lower edges with a binding of limp vellum (Figure 13).



Figure 13. Binding of Ha 937.

The almanac is followed in size by Hunter 185, with 120-130 x 80 mm. and sixty-eight folios. At the other end of the spectrum, the largest volume in the catalogue is Ha 3719, which measures 235 x 168 mm and contains two hundred and eighty-two folios. The rest vary from 143 to 224 mm in height, and from 105 to 165 mm in width. The

number of folios of the volumes also vary from twenty-four to two hundred and eighty-two folios. Those that exceed the hundred folios are the York MS (174), Hunter 307 (168), Ha 2378 (184), Ha 2381 (116), Ha 2390 (161), Ha 2558 (227), Ha 3407 (117), Ha 3719 (282) and Ha 3383 (98, but nevertheless included). The remainder hold around sixty folios: Hunter 117 (56), Hunter 185 (68), Hunter 328 (68), Ha 1600 (46), Ha 1735 (52), Ha 2320 (74), Ha 2332 (24) and Ha 2347 (67). It should be pointed out that an abundant number of folios have been removed from the majority of the manuscripts; hence, they originally contained further leaves. The smallest codices, in terms of size and number of folios, were probably rather convenient to the practitioners who needed or were willing to bear helpful material to their patients' houses in order to give them adequate diagnosis; since treating patients at home was a common practice at the time.¹²¹ The larger codices, on the other hand, were most likely employed as reference books to be consulted by practitioners as needed.

2.7 AUDIENCE

The audience of late medieval medical manuscripts were individuals who could read, and had the skills or training to tackle such specialised material. Discussing fifteenth-century reading practices P. Pahta and I. Taavitsainen made the following observations:

Estimations of the scope of literacy in medieval England vary [...]. According to the most optimistic estimate, in the fifteenth century people of almost all ranks could read, write and enjoy books. A more cautious assessment suggests that perhaps 30 per cent of the population in the fifteenth century could read, although in the largest urban centres the figure may have been higher. Yet another estimation, taking social, regional and gender variation into account, proposes that 40 per cent of the London merchants were literate.

¹²¹ Nutton, 'Medicine in Medieval Western Europe', p. 149.

Figures for some other groups are 25 per cent for the urban male population, 6-12 per cent for men in general, and for women less than half of the figure for men.¹²²

The extract shows how complicated it is to know with certainty the number of individuals who were literate in fifteenth-century England and therefore could have read medical manuscripts, although it is less complicated to know who these individuals may have been. Further in their study Pahta and Taavitsainen state that the readership of late medieval medical works written in the vernacular included both medical professionals of various levels and lay readers.¹²³ By the end of her valuable survey on the different kinds of existing Middle English utilitarian and scientific prose, L. Braswell also concludes that the texts she had been looking at, amongst which texts on dreams, chiromancy, recipes or astrology are included, could have belonged to both laymen and professionals, as well as to private and religious libraries.¹²⁴

The group of medical professionals who could have owned medical manuscripts was indeed large. R. S. Gottfried distinguishes between the physician, the leech, the surgeon, the barber-surgeon, the barber-tonsor, the apothecary and the barber, adding afterwards the unlicensed and non-professional practitioner.¹²⁵ He establishes a hierarchy based on these practitioners' interrelationships where 'physicians lodged atop the social structure, and looked down on the other practitioners, even the surgeons, who stood second. They in turn ignored the barber-surgeons, who sneered at the barber-tonsors, who

¹²² Taavitsainen, 'Medical and Scientific Writing', p. 15.

¹²³ Ibid, p. 17.

¹²⁴ L. Braswell, 'Utilitarian and Scientific Prose', in *Middle English Prose. A Critical Guide to Major Authors and Genres*, ed. by A. S. G. Edwards (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 337-387 (p. 356).

¹²⁵ R. S. Gottfried, 'English Medical Practitioners, 1340-1530', *BHM*, 58 (1984), 164-182 (p. 168); *Doctors and Medicine in Medieval England 1340-1530* (Princeton: Princeton University Press, 1986), p. 249. Some scholars, like Bullough, include barbers in this list, justifying that they did not practise surgery, like the barber-surgeons, but exerted proper barber practices, such as phlebotomy or dentistry.

railed at unlicensed practitioners'.¹²⁶ This statement presents university-trained physicians and leeches or unqualified practitioners at the opposite extremes of the hierarchy, and the remainder somewhere in the middle. More recently, J. Orlemanski recognised a few more groups: in her list she includes physicians, apothecaries, astrologers, members of barber-surgeon guilds, itinerant leeches without formal education, midwives, tooth-drawers, parish priests, monastic communities, saints' shrines and members of their own household.¹²⁷

The most prestigious and educated medical practitioners were the physicians. They were university-trained practitioners and worked normally in the city. The high costs of their services could only be afforded by royal and noble families, who were their regular patients. Surgeons and barber-surgeons were the ones to perform surgery, therefore executed the most complicated operations, including treatments for sores, wounds and other superficial injuries. As manifested in the long physician-like robes they displayed, surgeons were more prestigious than their colleagues the barber-surgeons. In fact, like physicians, they normally performed surgery in the city; the rural areas seemed to be barber-surgeons' terrain. Another type of barbers were the barber-tonsors, who applied ordinary treatments like bloodletting or cupping. Like many of these barbers, the unqualified practitioners acquired their medical knowledge and expertise by experience and/or apprenticeship, which, like university degrees, lasted a long period of time. These practitioners might have not attended university; however, they were probably literate and had at least a basic knowledge of herbs, diseases and measurements, as well as certain notions of how to interpret and use diagrams: tools that required interpretation, thus, of certain medical proficiency. They lived in rural areas and combined their medical skills with other crafts, that is to say, they did not exclusively dedicate their professional lives

¹²⁶ Gottfried, *Doctors and medicine*, p. 52.

¹²⁷ Orlemanski, p. 238.

to seeing patients. Another group of medical professionals which got involved in medical practices were the apothecaries. The apothecary's primary duty resided in preparing and selling drugs and spices, which explains why they were also called spicers, pepperers, grocers or treaclers.¹²⁸ That they saw patients may be a consequence of the fact that they sold substances and medicinal compounds as remedies for various diseases.¹²⁹ Gottfried notes that they were second-class physicians, who employed principally the *Articella* when treating patients, and could be ranked below surgeons and physicians, sometimes even below barbers.¹³⁰

Having obtained their medical knowledge at university or by apprenticeship, physicians, surgeons, barbers, apothecaries and unqualified practitioners were no doubt skilled individuals who were capable of understanding medical jargon and therefore interpreting the highly specialised texts and diagrams in our manuscripts. That previous knowledge was needed to comprehend certain collections is evinced, for example, by the insufficient information given in *receptaria* regarding ingredients or plants. As suggested by A. Van Arsdall, in these cases 'the information was not left out intentionally, it was simply assumed- it was in a word, skill that had been learned from a teacher'.¹³¹ After spending some time studying healing practices amongst *curanderas* (folk healers) in New Mexico, Van Arsdall describes an experience, which possibly resembles medieval medical training outside universities, as follows:

In the modern classes on herbalism, using a minimal number of texts that read much like the medieval examples cited here [Bald's Leechbook, the Lacnunga], the instruction centered on listening and learning by repetition, learning how to find and identify medicinal plants in the field, and watching and learning hands-on how to make and administer

¹²⁸ P. M. Stell, 'The Apothecaries of Medieval York', *York Historian*, 14 (1997), 26-31 (p. 26).

¹²⁹ A treacle was considered a panacea.

¹³⁰ Gottfried, *Doctors and medicine*, p. 80.

¹³¹ Van Arsdall, 'Medical Training in Anglo-Saxon England', p. 425.

remedies. We were taught the primary and secondary actions of numbers of medicinal plants, to which conditions these actions were suited, and how to consider combining one with another for the best results. Symptoms of disease were memorized and discussed in terms of the remedies suited to them. We learned from our teachers' largely verbal instruction, supplemented by texts, many of them quite like the medieval ones. Memorization of materials was stressed, and written texts were adjuncts to what was taught.¹³²

In Van Arsdall's experience, herbal content was learned primarily by memorisation and by teachers' verbal instructions; in this oral context, written texts were used fundamentally as auxiliary material. As she remarks, this was the most likely procedure amongst practitioners with no university training in medieval England. This implies presumably that numerous collections were copied assuming the reader's medical knowledge and expertise.

It is not uncommon, however, to find other explicative texts which were unquestionably intended to assist in the understanding of medical material. BL, Sloane 3171, for instance, contains a short text at the beginning of the codex that explains the characters representing measurements used in *receptaria*:

For to rede and undyrstonde þe wrytyng þæt comyþth [sic] hereaftyr and suche oðyr wryztynges as leches wryten in makyng of here medycynes wheþer hyth be in englysse or in latyn thowþ shalt vndyrstonde þæt a pound is þus wrete lȝ [...] A dragme is þe eyzte parte of a vnce and þus wrete ·ʒ·i· (ff. 1v-2r).¹³³

The text continues listing other frequent measurements, such as an ounce, dragme or a handful. Although this information appears in a manuscript which contains learned material and was possibly addressed to a physician, one would expect these kinds of texts to be also addressed to non-specialised readers. There is no doubt that the more practical and understandable collections would have been employed by inexperienced

¹³² Ibid, p. 423.

¹³³ Voigts, 'The Character of the Carecter', p. 109.

and non-skilled individuals, both lay and religious. Vernacular and utilitarian handbooks were certainly commissioned and highly appreciated by the new wealthy commercial class, the gentry, whom, in Parkes's opinion, read them for edification and profit.¹³⁴ In fact, the inclusion of *receptaria* and other medical writings in miscellanies commissioned or compiled for the use of householders reflect that much provincial medical care occurred within the family circles.¹³⁵ It is not in the least surprising to discover that medical material was used and preserved at medieval households: sickness affected every living creature, regardless of their social and economic status, and physicians charged considerable fees for their services. These books would have belonged to individuals wealthy enough to afford the commissioning or purchasing of a manuscript: people with the adequate means to commission a new book containing one or more medical collections, or to obtain booklets with medical content that could be incorporated to a codex they already owned. Robert Thornton's miscellany, for example, includes a collection of vernacular romances and other narratives (ff. 1r-178v), a collection of moral and devotional writings (ff. 179r-279v), and a book of medical recipes known as the *Liber de Diversis Medicinis* (ff. 280r-314v), from which a copy has been preserved in the third booklet of our case study. It is also known that in fifteenth-century Norfolk a man named Robert Reynes of Acle collected texts and put them in his commonplace book. Even though he did not copy an entire collection of medical recipes, as Thornton did, his commonplace book includes amulets against diseases and charms, and bloodletting instructions.¹³⁶

¹³⁴ M. B. Parkes, 'The Literacy of the Laity', in *Scribes, Scripts and Readers: Studies in the Communication, Presentation, and Dissemination of Medieval Texts*, ed. by M. B. Parkes (London: Hambledon Press, 1991b), pp. 275-297 (p. 288).

¹³⁵ Orlemanski, p. 239.

¹³⁶ C. Louis, *The Commonplace Book of Robert Reynes of Acle. An Edition of Tanner MS 407* (New York & London: Garland Publishing).

As keepers of their kitchen gardens and herbers, female householders would have made great use of *receptaria* and their medicinal remedies. They frequently took charge of their families' health care, and made home-produced remedies and prophylactics.¹³⁷ In fact, female householders were not the only women to take care of the health of others. Women generally worked as midwives, hospital nurses and folk healers (also known as wise women), and would have prescribed and applied herbal remedies and other cures to their household members, nunneries and communities, that is, to their close circles. Despite their privation of clerical status and university training, which did not allow them to perform higher practices (especially surgery and physic) in fifteenth-century England, records confirm the presence of female barbers and surgeons in other European countries.¹³⁸ However, as noted by M. Green, social status must be considered when assessing female practitioners' occurrence in notarial archives, since only those from the higher layers of society, like university-trained physicians, are included; individuals belonging to a middle or lower class status, which was presumably these women's social position, were normally ignored.¹³⁹ She suggests that the number of women identified by profession rather than by marital status was scarce. It would be inaccurate, however, to assume that they were solely housewives, since, besides maintaining their households, they frequently join their husbands in their craft, supervising apprentices and sometimes taking over the family business after their husbands' death.¹⁴⁰ Female medical practices would have occurred most likely on a part-

¹³⁷ Rawcliffe, *Sources for the History of Medicine*, p. 97.

¹³⁸ Bullough emphasises the use of the term *chirurgica* to refer to female surgeons besides the more traditional *chirurgicus* in King Philip IV's Ordinance: V. L. Bullough, 'Training of Non-University-Educated Medical Practitioners in the Later Middle Ages', *Journal of the History of Medicine*, 14 (1959), 446-58 (p. 448); Siraisi identifies groups of female surgeons in Naples and Frankfurt: N. G. Siraisi, *Medieval & Early Renaissance Medicine. An Introduction to Knowledge and Practice* (Chicago and London: University of Chicago Press, 1990), p. 27.

¹³⁹ M. Green, 'Documenting Medieval Women's Medical Practice', in *Practical Medicine from Salerno to the Black Death*, ed. by L. García-Ballester et al (Cambridge: Cambridge University Press, 1994), pp. 322-352.

¹⁴⁰ Green, p. 329.

time and sporadic basis. The extent to which these women read contemporary medical writings, or participated in their compilation or production is more difficult to prove than their medical performance, which is the reason why this study will refer to male practitioners and scribes at all times, unless there is evidence of a possible female practitioner or scribe. After all, as stated by F. Getz,

the very fact that medical knowledge was written down makes it a part of learned tradition, whether in Latin or in the vernacular. In this sense, at least, all medical texts must be considered together as a part of elite intellectual culture.¹⁴¹

The clergy did indeed have access to medical books, even though it is highly unlikely that they used their knowledge to heal patients outside of the monastery walls; and when they did, it was intended to be a charitable act. As Getz remarks:

The sale of learned advice, whether about physic, law, or the salvation of the soul, was viewed by the medieval Church authorities as a kind of usury. Furthermore, it tempted learned men, who in medieval England were more often than not clerics in major orders, to neglect their clerical duties for the pursuit of filthy lucre [...] The Church, then, seldom raised objections to the dispensing of learned medical advice, as long as it was done for charitable purposes. Middle English medical texts offer evidence that their translation, in some cases at least, was done by clerics as an act of charity.¹⁴²

The charitable act consisted in spreading health and healing knowledge amongst people who could not afford the practitioners' expensive charges.¹⁴³ Although higher education studies were generally encouraged and supported by monastic orders, friars from orders like the Dominicans were not allowed to attend university to study medicine or civil law until 1299, especially after the Lateran Council in 1215 prohibited the higher ranks of the clergy to shed blood. They were, nonetheless, connected to universities, and played a significant role in the production and diffusion of books in both university and

¹⁴¹ F. M. Getz, *Medicine in the English Middle Ages* (New Jersey: Princeton University Press, 1998), p. 35.

¹⁴² Getz, 'Charity, Translation and Language', p 10.

¹⁴³ Rawcliffe, *Medicine and Society*, p. 132.

monastic circles. M. Parkes affirms that ‘the carefully planned and regulated book services which supported the educational system of the friars became the envy of the secular masters’; which resulted in the adoption of the same administration procedure by university colleges.¹⁴⁴ These procedures include the production of a number of books for a friar’s use, which after being used by that friar returned to the monastery to be utilised by others.

2.8 THE IMPORTANCE OF THE CODICOLOGY OF THE MANUSCRIPTS

The volumes in the catalogue have shown that they have several aspects in common: the languages in which they are copied, the collections they contain, their dimensions, decoration and marginalia. In view of their resemblance, it seems a real challenge to identify the professionals or non-professionals for whom these medical manuscripts were originally produced. The codicology of the codices seems to be the answer to this dilemma, since the manuscripts display different codicological arrangements. Medieval codices were essentially versatile, and were always open to change. These changes point to signs of usage, inasmuch as they show how the codices were constantly adapted to fit their owners’ needs. It appears reasonable to assume that, if owned by practitioners the volumes under discussion would have been constantly modified, since as books owned by professionals had to be functional and useful for their medical practice. In the process of customising their handbooks or reference books, the practitioner would have needed not only to compile suitable booklets, but also to alter their material through the inclusion and removal of their folios and gatherings. Hence, the

¹⁴⁴ M. B. Parkes, ‘Book Production and Libraries at the Medieval University of Oxford: the Robert F. Metzdorf Memorial Lecture’, *University of Rochester Library Bulletin*, 40 (1987-88) <<http://www.library.rochester.edu/rbscp/4038#top>> [Accessed 22 October 2015].

more codicological alteration a codex shows, the more likely it is that it was compiled by a practitioner.

In order to demonstrate that medical practitioners, more particularly the rural, unqualified practitioner, participated in the compilation and making of some of these specialised books, a tentative typology that will consider all the manuscripts in the catalogue will be developed below. Numerous taxonomies concerning medical manuscripts have been proposed in previous scholarship. The beginning of the chapter has introduced the content-focused categorisation that Robbins proposes: a categorisation that differentiates between the areas of prognosis, diagnosis and treatment.¹⁴⁵ Realising the need of a system to classify Middle English medical manuscripts, Voigts presents another content-focused typology where she distinguishes between remedy books and learned material.¹⁴⁶ These are indeed rather useful typologies to explore the collections of the volumes; however, they exclude other important elements like the codicology of the manuscripts. I must admit that when I thought of classifying the volumes into categories, I initially believed that grouping the codices primarily by their content would be conclusive. Unfortunately, the results of this approach were not as satisfactory as I would have expected, as the same collections appear in various volumes, thus complicating the positive identification of particular kinds of audiences. It was then that I realised that focusing on the codicological structure and arrangements of the manuscripts could be more illuminating, on account of the fact that a number of the codices in the catalogue were originally composed of independent booklets, or experienced remarkable changes. These changes included, but were not limited to, the rearrangement of booklets, the loss or removal of folios, or the addition of papers or single

¹⁴⁵ Robbins, 'Medical MSS in ME'.

¹⁴⁶ Voigts, 'Latin Phlebotomy', p. 21.

leaves to the quires. The outcome of the codicological analysis was certainly revealing and satisfying. In consequence, the typology revolves chiefly around this feature, although to clarify or support the analysis it will also contemplate the contents, palaeography and other features of the codices. I share A. M and P. J. Lucas's views on the understanding of medieval manuscripts, especially when they claim that: 'while some details remain obscure, close study of the codicological structure and its interrelationship with the textual contents does help to bring the manuscript to life by showing something of its conception, gestation, birth and early life'.¹⁴⁷

This will not be the first codicologically-based typology of medieval manuscripts, but it will be the first one to be applied to medical compilations. While looking at Middle Dutch single-author collections, E. Kwakkel proposes a taxonomy where the codicological analysis of the composite manuscripts plays a leading role.¹⁴⁸ He distinguishes between four types of composites: the manuscript copied 'in one go', the booklet copied 'in one go', the manuscript which is the result of several separate units, and the manuscript or booklet which has been extended by additional leaves or quires. As noted by R. Critten, this classification could be applied to other late medieval manuscripts, especially those which contain the same kind of collections.¹⁴⁹ Kwakkel's typology suits medical compilations and can indeed be applied to the manuscripts in the catalogue. However, the present study will propose a new typology that will not focus so much on the role of the scribe, but that of the compiler. The study of the codicology,

¹⁴⁷ A. M. Lucas, and P. J. Lucas, 'Reconstructing a Disarranged Manuscript: the Case of MS. Harley 913, a Medieval Hiberno-English Miscellany', *Scriptorium*, 44 (1990), 286-299 (p. 299).

¹⁴⁸ E. Kwakkel, 'Late Medieval Text Collections: a Codicological Typology Based in Single-Author Manuscripts', in *Author, Reader, Book. Medieval Authorship in Theory and Practice*, ed. by S. Partridge and E. Kwakkel (Toronto: University of Toronto, 2012), pp. 56-79.

¹⁴⁹ R. Critten, 'Partridge and E. Kwakkel 'Author, Reader, Book: Medieval Authorship in Theory and Practice'', *Anglia*, 131 (2013), 365-370 (p. 366).

contents, palaeography and other features of the codices will show how all these elements considered as a whole can successfully point to the potential audience of the volumes, demonstrating ultimately that there is a type of codex which was most likely compiled by and for the use of medical practitioners. I am aware of the risks of assigning a particular readership to medieval medical volumes. I agree with J. Norri when he declares that it may give a distorted picture of the actual situation, given the lack of evidence and the heterogeneous groups that employed medical manuscripts.¹⁵⁰ In this respect, Voigts also states that the

analysis by audience is an appealing one, but it can be limited by the information provided by a particular codex. Simply put, there are times when we do not have enough information to posit the reader/user of a given book.¹⁵¹

A little further in her essay, however, she recognises that she would have never considered the possibility that her academic phlebotomy was translated into English for the use of a barber-surgeon if it were not for a clue in the prologue of another collection in the manuscript. This demonstrates that specific collections or treatises may not be enough to identify their intended audience, but the study of the compilation as a whole could certainly be revealing, as this study will show.

The typology has attempted to be as inclusive as possible; therefore, it has considered the majority of the professional and non-professional groups mentioned earlier in the chapter, namely householders, the clergy, physicians, apothecaries and unqualified practitioners. Female healers and the various types of surgeons and barbers have been excluded. Female healers were possibly illiterate, thus it is unlikely that they owned any

¹⁵⁰ J. Norri, *Names of Sicknesses in English, 1400-1550: an Exploration of the Lexical Field*. (Helsinki: Suomalainen Tiedeakatemia, 1992), p. 33.

¹⁵¹ Voigts, 'Latin Phlebotomy', p. 20.

of the manuscripts under discussion, while surgeons and barbers would have employed texts concerning other areas which differ from the ones examined here: for example, anatomy. Even when diagrams like the bloodletting man would have been useful to barbers, it is improbable that they were interested in the rest of the collections of our manuscripts. To identify the earliest owners of the volumes, possibly someone from these groups, the analysis will focus on the codicology, contents and physical appearance of the codices. The codicology of the manuscripts has led me to deduce that the less reshaping a codex shows, the more probable it is that it was produced for the use of a private household or in a monastic environment; whilst the more remodelling a volume displays, the more possibilities that their owners were practitioners customising the codices for their practice.

In terms of content, texts involving complicated astrological charts or bloodletting instructions, which would have required some level of expertise, have been treated as if used by physicians. Similarly, those volumes which contain primarily learned material written in Latin, for which academic training would have been needed, are considered to be addressed to physicians rather than to other kinds of practitioners. On the other hand, collections concerning diet, recipes or herbals, which would have been easily interpreted by someone literate but with no medical experience, are gathered as texts or volumes used by both professionals and non-professionals.

The physical appearance of the manuscript can also provide information about the intended audience of the manuscripts. This has been described by Kwakkel:

Professional scribes, who earned their entire income in the book trade, would have been responsible for the production of high quality manuscripts (parchment books copied in

textualis, often richly decorated) for upper class readers. Books produced by clerks, on the other hand, mostly basic or low quality copies without decoration, would have been aimed at the lower end of the market, where middle-class readers were positioned. This may explain why most books that have been identified as products of clerks are in the vernacular, since vernacular literature was particularly popular in middle-class circles.¹⁵²

In other words, those copies that were skilfully produced were most likely copied for the use of upper-class readers, and (I would add) religious members; whereas productions with more humble decoration were possibly copied for a middle-class audience. Building on Kwakkel's observations, the typology will distinguish between more elaborate manuscripts, which visually outshine the rest of the codices and are identified at a simple glance; and others more elementary. The elaborate manuscripts are normally copied consecutively by a single hand, and have the same *mise-en-page* and a few (if any) marginal notes; they are frequently copied in two columns and contain decorated initials and other sort of lavish decoration, including diagrams and a variety of ink colours. I suggest these books were commissioned for the use of a monastery, a lay, prosperous individual, or a high rank practitioner. On the other side of the spectrum, the catalogue holds volumes copied in cursive hands and decorated in a rather plain style, which include sections separated by lines in black ink, and barely any illuminations or colour besides black. Their marginalia contain diagrams and various kinds of finding aids, as if someone were taking notes while reading the texts, or pointing at useful sections. These volumes are frequently composed of originally independent booklets which were copied in different hands and periods. Seeing that these features evince a persistent use of the codices and a concern with making manuscripts which were more utilitarian than ornamental, I have assumed that they were addressed to, and sometimes produced by, medical practitioners.

¹⁵² E. Kwakkel, 'A New Type of Book for a New Type of Reader: the Emergence of Paper in Vernacular Book Production', *Library*, 4 (2003), 219-24 (p. 245).

A number of fifteenth-century compilations copied by their owners present this layout, as illustrated by the Thornton manuscripts, volumes which were copied and assembled by a fifteenth-century layman;¹⁵³ and the celebrated Findern MS (Cambridge University Library, MS Ff. 1.6), a late fifteenth century Middle English verse anthology that is known for being produced for, and partially copied by, educated individuals who lived in, or nearby, Findern (Derbyshire). M. Connolly has also described John Shirley's handwritten works as poor: 'they are without exception plain, low-budget productions, written mostly on paper with minimal and basic decoration'.¹⁵⁴ Although scribes could adapt their scripts to the commissioner's needs, which may include the making of cheap copies in rudimentary scripts and layouts, I will maintain that those manuscripts produced in a single, non-professional hand were most likely copied by the same practitioners who used them. In a time when the work of the scribe was the greatest expense in the production of a book, it appears but reasonable that practitioners, like other contemporary lay people, copied their own texts.¹⁵⁵ Obviously, practitioners may have also owned elaborate manuscripts copied in more professional scripts; in these cases, other aspects, such as the collections, have been taken into consideration when identifying their intended audience.

The typology below will undeniably present only a modest and incomplete panorama of the variety of Middle English medical volumes produced in late medieval England. Covering the total corpus of surviving medical manuscripts would be an

¹⁵³ Go to Chapter 1, 1.2.

¹⁵⁴ M. Connolly, *John Shirley: Book Production and the Noble Household of Fifteenth-Century England* (Aldershot, Brookfield, Singapore & Sydney: Ashgate, 1998), p. 8.

¹⁵⁵ E. Kwakkel, 'Commercial Organization and Economic Innovation', in *The Production of Books in England, 1350-1500*, ed. by A. Gillespie and D. Wakelin (Cambridge: Cambridge University Press, 2011), pp. 173-191 (p. 183).

unattainable goal for a project of these characteristics, if not an unachievable task *per se*. With the presentation of this catalogue I am aiming to provide a provisional portrayal of the types of medical manuscripts that may have belonged to late medieval medical practitioners.

2.9 THE TYPOLOGY

A survey of the manuscripts in the catalogue has resulted in the distinction of four different types of medical codices that have been labelled as the quireless units (type one), the intact compilations (type two), the slightly-modified compilations (type three) and the practitioner-compiled composites (type four).

The quireless units (type one) comprise manuscripts which are composed of separate folded leaves instead of quires. The only quireless compositions amongst medieval medical manuscripts are possibly the almanacs; which makes Ha 937 the only case in the catalogue. Creating a type from a single case study might appear insufficient; however, the unique design of these objects is in itself a distinctive and easily identifiable feature. Almanacs have been referred to as a physician's folded/folding calendar or almanac, almanack, *vade mecum*, or girdle book. They derive from the liturgical calendars and include normally a calendar in Latin, lunar tables, tables of lunar and solar eclipses, a zodiac and a vein man; in other words, they contain all the tables and diagrams necessary to know the planetary hours and the position of the moon in the zodiac houses before executing a medical performance.¹⁵⁶ Almanacs were a fourteenth-century English

¹⁵⁶ P. Robinson, 'A "Very Curious Almanack": the Gift of Sir Robert Moray FRS, 1668', *Notes and Records of the Royal Society of London*, 62 (2008b), 301-314 (p. 301); H. M. Carey, 'Astrological Medicine and the Medieval English Folded Almanac', *Source History of Medicine*, 17 (2004), 345-363 (p. 362).

innovation that has survived mostly in fifteenth-century copies. The existing almanacs are quite luxurious and elaborate, especially if compared to other medical manuscripts. It is also quite revealing how, despite the fact that they were presumably carried to the patient's house in the practitioner's belt, they do not contain any records of these visits. It seems reasonable to assume, nonetheless, that a number of these unique items might have been used until torn apart, outlasting their costly counterparts.

In 2003 the British Library was recognised as the repository which holds the greatest number of almanacs in a single location: ten out of the twenty-nine surviving almanacs are housed in the British Library, including Ha 937.¹⁵⁷ Acknowledged by H. M. Carey as the only existing almanac to be written in English, this manuscript, copied by a single scribe, is composed of ten separate leaves folded in six parts.¹⁵⁸ It contains solely calendars and tables of eclipses. Whilst Carey suspects that the almanac was possibly commissioned for the use of a woman, L. Mooney claims that it might have been produced for the sons of a noble family in the north of England.¹⁵⁹ Either way, it seems evident that it was aimed at a householder. Despite its manageable size, it shows no evidence of use, either in the form of worn folios or marginal annotations.

The intact compilations (type two) comprise manuscripts that have experienced no codicological alteration. They were intended to be single units to which no additional quire has been added or removed either at the point of their production or afterwards. Unexpectedly, these volumes were copied consecutively by a single scribe without

¹⁵⁷ H. M. Carey, 'What is the Folded Almanac? The Form and Function of a Key Manuscript Source for Astro-Medical Practice in Later Medieval England', *Source History of Medicine*, 16 (2003), 481-509 (p. 484).

¹⁵⁸ Carey, 'Astrological medicine', p. 356.

¹⁵⁹ Ibid, p. 357; Linne R. Mooney, ed., *The Kalendarium of John Somer* (Athens: University of Georgia Press, 1998), p. 63.

interruption and with no space between collections. Five of the manuscripts in the catalogue fall into this type, namely Ha 2320, Ha 2332, Hunter 117, Hunter 307 and Hunter 328.

Ha 2320 contains three main collections (calendar, prognostications and treatise on fingerloop braiding) that were copied successively by the same scribe. Four leaves that were left blank at the end of the last treatise are now filled with annotations by fifteenth, sixteenth and seventeenth-century readers. Further medical material has been copied in these last folios, including a short prognostication treatise and a common medieval bookplate in verse (DIMEV 5660). Several features suggest that the manuscript was possibly aimed at a household. It has an elaborate decoration: the three main treatises open with a large historiated initial and contain a number of pen-flourished initials. In terms of content, the inclusion of a didactic and utilitarian treatise on fingerloop braiding points to a secular and medically unskilled audience. Despite the use of the masculine pronoun *he* in f. 53r, the manuscript might have been commissioned by a woman or given as a present to one, since it holds a treatise on how to braid using loops or strings on your fingers.

Despite not being made of folded folios but of four quires, Ha 2332 is described as an almanac by the online catalogue of the British Library. In this regard Carey claims that almanacs contain between five and nineteen folios;¹⁶⁰ Ha 2332 contains twenty-four. In truth, it is irrelevant to the purpose of this study whether the manuscript is an almanac or not; what matters is that it shows no signs of codicological alteration. Given the pictorial nature of the volume, it is difficult to confirm the number of scribes (or

¹⁶⁰ Carey, 'What is the Folded Almanac?', p. 486.

illuminators) involved in its making, though if made by more than one, they worked in partnership. With the exception of a text from the Statute of Winchester and the Assize of Bread (both copied in f. 22 by a late-fifteenth or early sixteenth century hand), the entire codex is illustrated. Alongside astrological content, the volume includes other less typical texts, such as a list of kings, and a table to calculate the prices of bread and corn. This table is accompanied by drawings of weights and measures, and followed by the text on the Assize of Bread, which was perhaps added to supplement the table. Considering the graphic nature of the volume, its abundant use of colour, and the inclusion of texts that contemplate daily life activities, one would expect the codex to have been originally produced for a householder.

Hunter 117 is composed of two separate booklets which were put together and textually united by quaternion notes on the top of its folios. Their codicological independence is evident at the end of the first booklet, which had originally blank spaces now filled with later additions, and does not contain a catchword (otherwise noted throughout) to connect the booklet with the other one. It is unlikely, however, that the booklets circulated independently, as they were copied by a single scribe and have the same layout. Furthermore, the preservation of its medieval binding in oak boards indicates that the manuscript has not changed its original form since it was first bound together. The use of wooden boards may point to an expensive production; however, these kind of boards were sometimes recycled, therefore would have not been as expensive as one may expect. The verso side of the first flyleaf of the manuscript has some notes about the codicological structure of the volume: lxi | de | foliis | et vi | quat | erniones. The purpose of this traditional binding procedure was to charge the owner of the codex at its completion. As noted by E. Kwakkel, ‘if these costs ended up being tallied on a flyleaf,

they may have been placed there by the patron, keeping track of his expenses, or by the stationer, adding up the total of the book for the client's convenience'.¹⁶¹ Indeed San Marino, CA, Henry E. Huntington Library, MS HM 132 (not in our catalogue) contains an example of a more explicit economic transaction, as someone, possibly the binder, noted the cost of the materials on its rear pastedown:

In leddur hongre [Hungarian leather] ii d; In whyte threde ii d; ii new bordes id; ii skynys of parchement viii d; A skyn of redlather ii d; In blac sylke and greyne I d ob [half-penny]; In glw ob; ii clasps ii d; summa totalis xix d.¹⁶²

The quaternion notes of Hunter 117, its medieval binding and the binding charges suggest that the two booklets were intended to be a single unit and have remained so. Its herbal nature and its manageable size indicate that the volume could have been aimed at either a professional or a non-professional; although two marks of ownership in the codex reveal that Richard Nix a Bishop of Norwich (1501-1535) owned it in the sixteenth century.

The next type-two manuscript, Hunter 307, was clearly intended to form a codicologically single unit. Copied by a single hand in a *bastarda anglicana* script (commonly employed in expensive copies of vernacular texts), the volume shows catchwords that were recorded consistently all through the manuscript. It is in rather good condition and was carefully executed, as suggested by its *mise-en-page* and its uniform and luxurious decoration. It seems that the decoration, or at least the illuminated initials, were produced earlier than the text. Folio 149v contains a beautifully decorated initial that was drawn in the lower part of the folio, leaving the rest of the page and the other

¹⁶¹ Kwakkel, 'Commercial Organization and Economic Innovation', p. 179.

¹⁶² G. Pollard, 'Describing Medieval Bookbindings', in *Medieval Learning and Literature*, ed. by J. J. G. Alexander and M. T. Gibson (Oxford: Oxford University Press, 1976), pp. 50-65 (p. 51-52).

side of the leaf, which is also ruled, blank (Figure 14). This is the only quire in the codex that is composed of ten leaves, the rest are quaternions. Equally unusual is the fact that these spaces have not been filled out by later readers. Signs of later usage appear primarily in the form of annotations and tables of contents: a summary of the contents of the manuscript was copied by Dr. Hunter on the verso side of the last front flyleaf. Similarly, a table of contents was written at the end of the manuscript (on its first flyleaf) by a sixteenth-century hand. This appears to be the same hand that foliated the volume on its upper recto sides. The luxurious decoration and the number of learned material it contains point to a codex produced for a monastic community or a physician.



Figure 14. Decorated initial painted in the middle of the folio (Hunter 307, f. 149).

The last type-two manuscript, Hunter 328, contains three collections (a uroscopy with commentary and two lists of medicines) that were copied by a single scribe. As in Hunter 307, Dr. Hunter wrote a table of contents on the verso side of the last front flyleaf, and wrote possibly a number of glosses and corrections throughout the manuscript. Except for the last gathering, the manuscript is composed of quaternions, (although Q4 and Q8 miss a leaf each). There is a possibility that the last collection and quire, which contains six leaves and starts on the verso side of the previous collection, was added by

the same scribe at a later stage. In fact, this alphabetically organised text might lack several folios, judging by the letter *g* that marks the end of the collection. Given its basic decoration (only the use of red in initials, headings and paraphs), and the prominence of a uroscopy which occupies forty-four folios out of sixty-eight, the intended audience of this manuscript could have been any kind of practitioner.

The following group of the typology, the slightly-modified compilations (type three), includes the manuscripts that have undergone minor codicological alterations, and therefore contain elements that were not part of the original design of the manuscript. The manuscripts in the catalogue that fall into this category are Hunter 185 and Ha 1600. As the type-four manuscripts, these volumes have been presumably altered by a medical practitioner; however, they have experienced less substantial modifications and are not composite manuscripts.

Judging by its stylistic consistency and the regular appearance of its catchwords, Hunter 185 was originally planned to be a fifteenth-century unit: it was copied by a fifteenth-century scribe who finished his work on the recto side of f. 58r (initially the end of the volume). However, a sixteenth-century scribe, presumably a later owner or someone hired by him, added two more quires which contain a collection of recipes that extends from the recto side of this folio (the end of the eighth gathering) to the end of the manuscript. The fact that this last collection is copied in black ink and in a rather rudimentary style, which includes separating remedies by adding dividing lines in the same ink as the body of the text, suggest that the scribe may have been a practitioner copying his own collection.¹⁶³ It looks, therefore, that the codex adopted its actual form

¹⁶³ Further details about practitioner-produced texts will be given in Chapter 3.

at some time in the sixteenth century, when someone, possibly a practitioner, acquired a fifteenth-century compilation to which he added a further collection possibly copied by himself. Its herbal content and its sixty-eight folios make of this manageable codex a desirable item to fifteenth-century medical and non-medical individuals.

Ha 1600, the last of the type-three manuscripts, contains a single collection of recipes and charms copied by a single scribe, which is preceded by a table of contents and a poem in praise of leechcraft.¹⁶⁴ Despite the difficulty in establishing the collation of this manuscript, due to the tightness of its binding, it appears to lack two leaves and an entire quire. The careful removal of these folios make it difficult to confirm; however, catchwords do suggest that there are leaves missing: leaves which were probably removed not long after the making of the volume. Its last five originally blank leaves were filled with other recipes by fifteenth and sixteenth-century hands. Notwithstanding its herbal collection and its manageable size, the inclusion of a poem in praise of leechcraft at the beginning of the codex point to an item made for the use of a practitioner. A mark of ownership reveals that the volume was owned by an Antonio Frobyser in the sixteenth century.

The fourth and final type of the taxonomy refers to those manuscripts that display considerable codicological alteration. Generally, they comprise material other than the usual herbal and prognostication content, therefore would have been used only by someone with a reasonable level of medical expertise. In fact, some of these manuscripts contain *ex-libris* and colophons ascribing booklets or volumes to practitioners. The most

¹⁶⁴ N° 3422 in the *Digital Index of Middle English Verse* < <http://www.dimev.net/>>. G. R. Keiser calls by its first line, ‘the man that will of lechecraft lere’: ‘Verse Introductions to Middle English Medical Treatises’, *English Studies*, 84 (2003), 301-317.

idiosyncratic feature of the practitioner-compiled composites is their booklet-produced nature. In contrast to the other types in the taxonomy, which were mostly copied consecutively by a single hand, these volumes are primarily composed of a variety of self-sufficient units, sometimes contemporary and others earlier or later in time, copied in various dialects by different scribes. Only someone with a special interest in medicine would compile and put together such a variety of independent units. I have taken this as evidence that they are more likely to be practitioner-compiled manuscripts. The purpose of such an endeavor would be eventually to make a functional medical handbook that the compiler and practitioner could use in the course of his medical practice. During the compiling process manuscripts were shaped not only by the selection of particular texts, but also by a number of codicological changes that vary from the addition and/or removal of leaves or gatherings, to the rearrangement of quires. A fair amount of the manuscripts in the catalogue present these characteristics, namely Ha 1735, Ha 2347, Ha 2378, Ha 2381, Ha 2390, Ha 2558, Ha 3383, Ha 3407, Ha 3719 and the York MS (YML XVI E. 32). They will all be examined in detail in Chapters 3 and 4.

CHAPTER 3. MEDICAL PRACTITIONERS AND THEIR COMPILATIONS. THE PRACTITIONER-COMPILED COMPOSITES

By looking at various aspects of the manuscripts in the catalogue, the previous chapter has pinpointed a number of features that characterise a group of fifteenth-century medical manuscripts. Overall, the survey comes to a number of conclusions. The majority of the volumes contain, in various degrees, Middle English, Latin and Anglo-Norman texts, thus demonstrating that while English was acquiring acceptance as a written language, Latin and Anglo-Norman were still being employed to transmit medical material in fifteenth-century England. The manuscripts in question have different dimensions and number of folios; however, with the exception of Ha 2558 and Ha 3719, they are all relatively easy to carry. The codices display visual aids in the form of diagrams and illustrations, which appear both in the margins and in the body of the texts. The margins of the manuscripts also contain notes written by a variety of contemporary and post-medieval readers. In terms of content, the most recurrent collections are *receptaria*, herbals, uroscopies, phlebotomies, and astrological and prognostication texts of various types. The potential audiences of these volumes include a variety of medical professionals (educated physicians, unqualified practitioners or apothecaries) and non-professionals (clergy and householders). It has been argued that, as physicians, householders and the clergy had the means to afford expensive items, they probably commissioned and owned those volumes with elaborate illustrations, extensive use of various ink colours, and decorated initials. On the other hand, more modest and unembellished codices have been assumed to be produced for the use of other professionals, like the rural, unqualified practitioners, who presumably were not wealthy enough to commission costly volumes.

The analysis of the manuscripts has resulted in the development of a typology that has classified them as quireless units, intact compilations, slightly-modified compilations and practitioner-compiled composites. This tentative taxonomy has shown that the majority of our fifteenth-century Middle English medical volumes are either intact compilations or composite manuscripts. It has also illustrated that the quireless units were possibly reduced to almanacs, and that only two manuscripts in the catalogue were slightly modified. Obviously, further examination of other medical codices would be needed to confirm the validity of this typology. Chapter 2 has only explored three of the four types of the taxonomy: the fourth group, the practitioner-compiled composites will be examined in detail in this chapter. This chapter will argue that the booklet-produced nature of these volumes, and their modifications, as manifested in the relocation, removal and addition of its folios and booklets, suggest that the codices were compiled by medical practitioners who were aiming at making a helpful referential tool for their practice. Furthermore, it will propose that the practitioners who compiled and first owned the codices took these editorial decisions. In the same manner that an inscription in a book owned by William Rede (a fourteenth-century learned bishop) states that the codex was composed of booklets copied or commissioned by him, the manuscripts below will show that, whilst attempting to create suitable medical handbooks for their own use, medical practitioners compiled, and sometimes copied, booklets they acquired.¹⁶⁵ These individuals, who remain mostly anonymous, played a significant part in the production of fifteenth-century medical books.

¹⁶⁵ Robinson, p. 59.

3.1 BOOKLET PRODUCTION

The most distinctive characteristic of the practitioner-compiled composites is possibly their booklet-produced nature. The fact that these compilations were originally independent units reflects not only the compiler's interest in medical texts, but also that, if compiled in a period of time, the interval may have been rather brief, since, except Ha 3719, which adopted its current form in the sixteenth century, they were all bound together in the fifteenth century. In other words, despite the inclusive and flexible nature of manuscripts, as illustrated by the insertion of thirteenth and fourteenth-century booklets into some of the composites, these booklets were assembled and became single units by the fifteenth century. In view of the fact that post-medieval book collectors and librarians played an important part in the compilation and binding of different kinds of medieval volumes, this may be a controversial statement to make. After all, as stated by P. Robinson in her groundbreaking article 'The Booklet': 'When studying a composite manuscript it is necessary to establish that it represents a medieval collection and not the whim of a post-medieval collector'.¹⁶⁶ Moreover, none of the practitioner-compiled composites preserves their medieval binding, which would have helped to confirm their date of compilation.¹⁶⁷ It seems reasonable to infer, however, that, if compiled after the fifteenth-century, these manuscripts would have most likely included booklets from later periods.

¹⁶⁶ Ibid, p. 56.

¹⁶⁷ In this respect, J. M. Sheppard has argued that 'a high proportion of this loss is attributable not to wear and tear over the centuries but to drastic repair and rebinding carried out more recently, with little sensitivity either to the remains of the original binding structure or to the requirements of the parchment leaves'; J. M. Sheppard, 'Some Twelfth-Century Monastic Bindings and the Question of Localization', in *Making the Medieval Book: Techniques of Production. Proceedings of the Fourth Conference of the Seminar in the History of the Book to 1500 Oxford, July 1992*, ed. by L. L. Brownrigg (Los Altos Hills, Calif.: Anderson-Lovelace; London: Red Gull Press, 1995), pp. 181-98 (p. 181).

A booklet could be composed of one or more quires of various sizes, but was always a codicologically and thematically self-sufficient unit. It could circulate and be preserved on its originally independent form, or be bound either to other booklets or to previously formed codices. As R. Hanna observes:

In this model, the compiler acquires an exemplar containing some desired texts. These he copies off [...] Acquisition of a second exemplar leads to the production of a second block of material, which again may be self-contained. At some later point, these various booklets may be bound into a single volume.¹⁶⁸

There are a number of ways to validate that a manuscript was originally composed of independent booklets. P. R. Robinson developed a comprehensive list, completed by R. Hanna III some time later, which presents features to be considered when identifying a booklet: they both insist on the fact that not all the features need to be present at the same time for a unit to be self-contained. The list below itemises these traits as Hanna noted them in his celebrated article:¹⁶⁹

1. Variation in size of leaves in different parts of the manuscript.
2. Variation in scribal hand or in page format in different parts of a manuscript.
3. Variation in style of decoration or illumination in different parts of a manuscript.
4. Absence of catchwords at ends of quires (which might indicate once independent sections of a manuscript).
5. Independent sets of quire signatures in different parts of a manuscript.
6. Soiled or rubbed outer leaves of a quire.
7. Quires formed of varying numbers of leaves in different parts of a manuscript.

¹⁶⁸ Hanna, 'Booklets in Medieval MSS', p. 108.

¹⁶⁹ Ibid, p. 107.

8. Variation of size of possible final quires of a textual unit, either an excessively large quire or a quire containing very few leaves so as to exactly accommodate the end of a text.

9. Blank leaves at the end of quires, often cut away.

10. Short texts, fillers, added, sometimes in later hands, in originally blank spaces at the end of quires.

11. Variation in the material from which different parts of a manuscript are made: shifts between paper and vellum, shifts (insofar as these are recognisable) among kinds of qualities of vellum, shifts among different paper stock.

12. Variation between sources from which different parts of a manuscript have been copied.

13. Variation in subject matter in different parts of a manuscript.

Producing separate booklets instead of manuscripts in one go became an ordinary practice in late medieval England. P. Robinson noticed that booklets seemed to be the most logical way to form a collection of works written by the same author, or to compile a collection of related texts, as illustrated by the manuscripts under discussion.¹⁷⁰ Undoubtedly, their versatile nature, low cost and portable design benefited the making of books, and encouraged the production and distribution of practical subjects like medicine. Such a format was assuredly rather convenient to practitioners who, to make a diagnosis or prognosis, needed to consult tables, diagrams and other short texts, or to those who lacked certain texts or diagrams for their praxis. Purchasing or commissioning independent booklets would have been an excellent manner of satisfying their need.

¹⁷⁰ P. Robinson, 'The Format of Books: Books, Booklets and Rolls', in *CHBB 2*, ed. by N. J. Morgan and R. M. Thomson (Cambridge: Cambridge University Press, 2008), pp. 41-54 (p. 50).

The production of booklets was advantageous in other circles besides the medical domain. Anne Hudson's studies have demonstrated that the Lollards' thoughts and texts benefited greatly from the use of booklets. Based on their format and content she distinguishes three types of compilations commonly produced by the religious reformers. Looking at episcopal and chancery records, she affirms that Lollard thinking was spread in the form of *schedulae*, *quaterni* and *libri*: in Middle English, *rollis*, *quaries* and *bookis*.¹⁷¹ She also states that, although only one quaternion has survived (Durham University, MS Cosin V.iii.6), it is highly likely that works that originally circulated as *quaterni* ended up in composite manuscripts. In her words, 'to judge from this example, the bishops were right to be concerned about these apparently trivial and insubstantial documents: their contents were as dangerous as longer writings and, being cheaper to reproduce, were capable of wider circulation'.¹⁷² That producing booklets became such a standard practice in late medieval England is manifested in the fact that scribes were paid at piece-rates; they frequently handed over the finished work in unbound quires ('in quaternis non illuminatum nec ligatum') to allow the client to arrange the gatherings at his convenience.¹⁷³ J. P. Pouzet has noted that 'archival and codicological evidence show that quires may have lain unbound for some time before they were built into books; this testifies to a significant form of protracted or "continued" book production over time, both commercial and non-commercial'.¹⁷⁴

Booklets and books were largely produced in towns where their demand was high, especially academic circles in university towns. Whilst the greater part of the

¹⁷¹ Hudson, A., *Lollards and their Books* (London: Hambledon, 1985), p. 183.

¹⁷² *Ibid*, p. 200.

¹⁷³ M. B. Parker, *Their Hands before our Eyes: A Closer Look at Scribes* (Aldershot: Ashgate, 2008), p. 48.

¹⁷⁴ J. P. Pouzet, 'Book Production outside Commercial Contexts', in *The Production of Books in England, 1350-1500*, ed. by A. Gillespie and D. Wakelin (Cambridge: Cambridge University Press, 2011), pp. 212-238 (p. 220).

production occurred in London and Oxford, other centres have been located in Cambridge, or in urban areas like York, Lincoln, Norwich, the Midlands or the west of the country.¹⁷⁵ Additionally, a number of artisans have been identified in towns like Winchester, Bristol, Lichfield, Durham and Colchester. Scribes did not stay permanently in any of these locations; they were generally hired on a temporary basis, therefore they moved around the country as needed. Sometimes they even produced only a part of a work, which they completed somewhere else. Scribes were but one piece in the intricate network of late medieval English book trade. The increase in the production of books in secular environments required an organised structure that was often supervised and coordinated by a stationer. He was in touch with other professionals who were needed in the making of a book, such as skinners, parchmenters, limners or haberdashers. L. Mooney describes the stationers as individuals:

who might also be writers of text but not necessarily so: they were retailers, selling second-hand and imported books and paper (in individual sheets or already made up into quires), perhaps also pens and plummets and so forth, like stationers today. They were sometimes bookbinders as well; and even if one wished only for an underscored text, or copied a text for oneself, the stationer was perhaps the craftsman chosen for sewing and the application of at least a soft leather cover such as now survive as flyleaves to many a post-medieval-bound volume. At the high end of the market, a stationer could apparently commission a book for a client, seeing it through the hands of scribe, decorator, illuminator and binder if not performing any of these tasks himself; but we have *no* evidence of book-producing shops where members of these various crafts were all employed.¹⁷⁶

¹⁷⁵ L. Mooney and E. Stubbs explore the book trade in London in *Scribes and the City. London Guildhall Clerks and the Dissemination of Middle English Literature, 1375-1425* (York: York Medieval Press, 2013). Scribal production in Lincoln focused around Luminour Lane; in Norwich it seemed to revolve around the parishes of St George Tombland and St Peter Parmountergate. Further book artisans are found amongst the rolls of Norwich Cathedral Priory and the deeds of the city. Identifying clear centres of production in Cambridge is more complicated, given the scarcity of surviving publications: M. A. Michael, 'Urban Production of Manuscript Books and the Role of the University Towns', in *CHBB 2*, ed. by N. J. Morgan and R. M. Thomson (Cambridge: Cambridge University Press, 2008), pp. 168-194.

¹⁷⁶ L. M. Mooney, 'Locating Scribal Activity in Late Medieval London', in *Design and Distribution of Late Medieval Manuscripts in England*, ed. by M. Connolly and L. R. Mooney (York: York Medieval Press, 2008), pp. 183-204 (p. 185).

As described above, stationers were significantly involved in the production of books. They sold writing materials and provided customers with artisans to perform the desired task and fulfil their expectations. Stationers also played a key role in the spread of the *pecia* system. This system, which spread successfully amongst European universities, consisted in providing university students with copies of texts that were essential in the course of their degrees.¹⁷⁷ By copying the works in individual gatherings or *peciae*, which were eventually hired by students, stationers acted as intermediaries between the texts and their recipients. It is uncertain whether the *pecia* system succeeded in England as in the Continent, but it might well be that a similar method of production concerning medical writings occurred in late medieval England. Based on the contents of existing fifteenth-century medical manuscripts, collections of recipes and other practical texts appeared to be rather fashionable at the time. Perhaps stationers had copies of these texts in stock to be sold or lent to medical practitioners or individuals interested in medicine: a scenario in which practitioners could have borrowed medical writings from stationers, in order to make their own copies of the texts they needed for their praxis.

3.2 THE RURAL, UNQUALIFIED PRACTITIONER

With the exception of those who attended university and are therefore present in official records, fifteenth-century medical practitioners are generally difficult to identify. In his renowned study of medical studies at the University of Oxford, Bullough mentions a group of practitioners who graduated in this university and, according to the records, worked for outstanding members of society: John de Bridport was an employee of

¹⁷⁷ G. Pollard, 'The Pecia System in the Medieval Universities', in *Medieval Scribes, Manuscripts and Libraries: Essays Presented to N. R. Ker*, ed. by M. B. Parkes and A. G. Watson (London: Scolar Press, 1978), pp. 145-161 (p. 145).

Richard I, Nicholas de Farnham worked for Henry III, and Alexander de Brampfield for a Lord Edward. Even though practitioners in Bullough's list practiced medicine in the 1100s and 1200s, circumstances did not change much in the following centuries, as illustrated by Talbot's register and Getz's supplementary work: they both include the names of several physicians and surgeons who were connected to upper circles of society.¹⁷⁸ Some of the practitioners identified in these groundbreaking studies were closely related to academic circles, and consequently were without doubt loyal consumers of fifteenth-century medical books.

John Argentine and Roger Marchall are two of these intellectual physicians. Argentine was a royal physician associated with Cambridge and trained in Italy, who copied his medical commonplace book (Bodleian, Oxford, MS Ashmole 1437). Marchall, who was a physician to Edward IV trained at Cambridge, acquired, commissioned, wrote, assembled and used medical codices to which he provided with a new *ordo*, namely rubrics, cross-references and tables of contents. Evidence shows that forty-four surviving manuscripts were owned or used by him, six might have been temporarily in his hands, and twelve, also connected with him, remain untraced.¹⁷⁹ Interestingly enough, his tables of contents include all the medical texts in the volumes, however, they omit the majority of the religious and vernacular texts. He also copied his commonplace book, Oxford, All Souls 91, which would have been a valuable contribution to our catalogue if it were not for Marchall's evident indifference to vernacular literature. Traditionally known as *loci communes*, commonplace books ended up being 'a catch-all to a variety of late Middle English manuscripts of a miscellaneous nature, regardless of how or why they were put

¹⁷⁸ Taalbot, *A Biographical Register*, and F. M. Getz, 'Medical Practitioners in Medieval England', *SHM*, 3 (1990), 245-83.

¹⁷⁹ Voigts lists all these manuscripts in '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 R. Beadle and A. J. Piper (Aldershot: Scolar Press, 1995), pp. 249-314.

together'.¹⁸⁰ Sometimes commonplace books also acquired the form of notebooks, which were copied and compiled by their first owners, and held assorted information about their tastes, interests and daily activities. The analysis of the practitioner-compiled composites will show that only Ha 1735, John Crophill's manuscript, holds a genuine notebook in the sense described above. For this reason, although some of the practitioner-compiled composites were written by their earliest owners for their own use, therefore could be referred to as commonplace books, I have preferred to call them 'medical handbooks'; since, the different texts they contain offer a single, rather focused, kind of instruction, instead of a group of miscellaneous topics.

There is no doubt that bookish practitioners like Marchall encouraged the production of medical codices. However, university-related practitioners were not the only ones who had an impact on the book trade: literate rural practitioners were also actively engaged in the making of their medical handbooks. Despite taking care of the health of the majority of the population, the identification of the local, unqualified practitioner is an arduous task. Equally difficult is to know the duties they performed, or the medical knowledge they acquired; however, Gottfried imagines what he calls the unlicensed practitioner as follows:¹⁸¹

Leeches were trained in the tradition of folk medicine. Some were self-taught; others learned at the sides of more experienced leeches; and all continued to learn through practice. The best of them could compound simple drugs and pastes from herbal, animal, and mineral bases, and occasionally from more expensive spices. They were probably effective in dealing with minor traumas, low-grade fevers, and other relatively minor problems. Because they were usually of the local population they communicated well with their patients. In some cases, they might have been more effective than the university-trained physicians, surgeons and barbers. Locally, they often had good images.¹⁸²

¹⁸⁰ D. Pearsall, 'The Whole Book: Late Medieval English Manuscript Miscellanies and their Modern Interpreters', in *Imagining the Book*, ed. by Kelly, S. & J. J. Thompson (Turnhout: Brepols, 2005), pp. 17-29 (p. 23).

¹⁸¹ Mustain, p. 469.

¹⁸² Gottfried, *Doctors and Medicine*, p. 84.

As stated by Gottfried, these practitioners probably performed various kinds of minor cures to local patients. There is a general feeling that they learned their art in a more practical manner than their fellows, the educated physicians. This irritated other medical professionals, who seemed to be quite upset by the fact that unqualified practitioners treated patients despite their lack of university training. The following petition presented to the parliament by late medieval London physicians illustrates their worry. The document reads:

This petition, beginning: 'Hey and most myghty Prince, noble and Worthy lordes spirituelt and temporelx and Worshipfulle Comunes, for so moche as a man hathe thre thynges to gouerne, that is to say soule, body and wordly goudes, the whiche ought and shulde ben principaly reweled by thre sciences, that ben diuinite, fisyk and lawe,' says that 'those conynges sholde be vsed and practised principaly by the most connyng men in the same sciences', but that this is not the case, 'specialy in fisyk, so that in this roialme is euery man be he neuer so lewed takyng vpon hym practyse y·suffred to vse hit to grete harme and slaughtre of many men', and asks for measures to prevent practice in medicine by women and by unqualified men.¹⁸³

It is obvious that university physicians were perfectly aware of a group of men who, despite lacking what in their opinion was an adequate medical training, professed medicine by the end of the fourteenth and beginning of the fifteenth centuries. The extract above demonstrates that they heartily disproved this fact, and were willing to eradicate the problem. Whilst being rejected by some of their medical peers, this group of unqualified practitioners was clearly applauded by others. J. Jasin has noted how the scribe-translator of the uroscopy *The Liber Uricrisiarum* in London, Wellcome, MS 225 (possibly a medical professional) acknowledged the existence of a practitioner, who was not educated but was still an excellent professional: 'I knaw a lech of gret name, Maister Gilis be name, þat never knew letter & yit dyd mony gret dedys emang þe Sargyns'.¹⁸⁴

¹⁸³ The Physicians' petition can be found in R. W. Chambers and M. Daunt, eds., *A Book of London English 1384-1425* (Oxford: Clarendon Press, 1931), p. 302.

¹⁸⁴ J. Jasin, 'The Compiler's Awareness of Audience in Medieval Medical Prose: The Example of Wellcome MS 225', *The Journal of English and Germanic Philology*, 92 (1993), 509-522 (p. 520).

At first glance, records do not provide much information about the rural, unqualified practitioner. Whilst university-trained physicians and surgeons, especially those who lived in the City of London, are frequently mentioned, many practitioners who were not qualified or resided in distant, rural areas remain unknown. In Talbot's words,

the problem of identifying the local or rural leech has also given some difficulty. Except for monastic sources, the farther one goes from the urban or population centres, the more sparse and unrewarding become the historical records. While one may discover in the chancery records of Edward I an abundance of information on a royal surgeon, a close perusal of the medieval records of Shrewsbury extending over two decades may uncover not a single medical man.¹⁸⁵

In this respect, Gottfried also affirms that 'the file's weakness is in the countryside. There are fewer institutional records for English villages and hamlets, and more part-time, unlicensed doctors'.¹⁸⁶ Similarly, Getz notes that 'medieval records provide much more evidence for the lives of elite medical practitioners than they do for the middling variety, whose careers can be described only anecdotically'.¹⁸⁷ This might explain why these practitioners have been excluded from previous scholarship: for example, C. Rawcliffe's popular works, *Sources of the History of Medicine*, and *Medicine and Society in Later Medieval England* contain chapters on surgeons, physicians, apothecaries and women, but not on rural, unqualified practitioners.¹⁸⁸

¹⁸⁵ Talbot, *A Biographical Register*, p. vi. Talking about the provincial towns and villages practitioners, J. Norri has also stated that 'little information about these healers has survived': *Names of Sicknesses in English*, p. 50.

¹⁸⁶ Gottfried, *Doctors and Medicine*, p. 250.

¹⁸⁷ Getz, *Medicine in the English Middle Ages*, p. 12.

¹⁸⁸ Rawcliffe, *Sources for the History of Medicine* and *Medicine and Society*.

3.3 PRACTITIONERS AND SCRIBES

Both physicians and unqualified, but literate, practitioners were no doubt the most likely audience of fifteenth-century medical codices. In fact, in view of the emergence of the ‘every man his own scribe’ movement, they might have even contributed to the production of such specialised books. The relation between the production and reception of medical manuscripts can be inferred by looking at contemporary scenarios. The production of specific vernacular texts for particular audiences was common in literary contexts. John Shirley was a late medieval scribe known for copying a number of Chaucer’s and Lydgate’s texts. He is distinctively known for giving titles to his texts, amongst which there is a short poem written by Chaucer, entitled ‘Chauciers wordes a Geffrey vnto Adame (his own scryveyne)’ by Shirley, that has caused great controversy after L. Mooney identified the scribe as Adam Pinkhurst.¹⁸⁹ M. Connolly has noted that: ‘Shirley’s selections of texts were intended for circulation within his own social milieu: the audience positioned by his prefaces is the ‘company’ of the noble household, comprising the different social categories of ‘knight squyer or lady / or other estat’.¹⁹⁰ The various studies L. Mooney has published about London scribes have proved that, like Shirley, other scriveners and professional scribes, especially civic and royal clerks or secretaries, and men of affairs, made copies of literary works written by Chaucer, Lydgate or Hoccleve as their second occupation; in fact, Chaucer and Hoccleve wrote poetry as a second occupation.¹⁹¹ In her own, and E. Stubbs’s, words:

¹⁸⁹ L. R. Mooney, ‘Chaucer’s Scribe’, *Speculum*, 81 (2006), 97-138.

¹⁹⁰ M. Connolly, ‘Compiling the Book’, in *The Production of Books in England, 1350-1500*, ed. by A. Gillespie and D. Wakelin (Cambridge: Cambridge University Press, 2011), pp. 129-149 (p. 131).

¹⁹¹ L. R. Mooney, ‘Vernacular Literary Manuscripts and their Scribes’, in *The Production of Books in England, 1350-1500*, ed. A. Gillespie and D. Wakelin, (Cambridge: Cambridge University Press, 2011), pp. 192-211 (p. 193); Mooney and E. Stubbs, *Scribes and the City*.

Just as Geoffrey Chaucer wrote poetry around his day jobs as king's esquire, controller of customs, justice of the peace, keeper of the king's works, and royal forester, and Thomas Hoccleve wrote poetry around his day job as one of the four chief clerks of the royal office of the Privy Seal, these clerk-attorneys must have copied manuscripts of Middle English literature after hours or between jobs.¹⁹²

In the same manner that civil servants took advantage of their scribal expertise to make literary copies after working hours, priests, chaplains and parish clerks were appointed to copy service books for local churches and chapels. It is possible, therefore, that people who dedicated their lives to medicine, be it on a partial or total basis, produced and circulated medical writings among their own specialised circle. Given the difficulty in understanding the medical jargon, it is highly probable that a number of medical practitioners specialised in the copying of medical writings, or hired counterparts with more time and/or scribal experience to make copies of the texts they needed for their praxis. These individuals would have belonged to a group M. B. Parkes defines as part-timers or 'occasional' scribes, who 'were commissioned because they possessed specialist skills and experience which they had acquired as students or as members of a profession, and would have been familiar with the content and terminology (in some cases drastically abbreviated) of the exemplar'.¹⁹³ University students were frequently part-timers, therefore played a major role in the production of specialised texts. Together with notaries, schoolmasters and scribes, students were indeed one of the groups of individuals who learnt how to write. According to Pollard, they belonged to one of the three types of commercial scribes:

There were the scholars or masters, even bishops in their younger days, who copied a text for their own use and relaxation. We know that some of them could write as fine and regular a hand as any professional. Then there were the undergraduates; all undergraduates could write and undergraduates have always been short of money, so that every medieval university had a reserve of casual scribal labour. I think that these were the people who

¹⁹² Ibid, p. 2.

¹⁹³ Parkes, *Their hands before our eyes*, p. 45.

usually made the *pecia* copies. Finally there were a few highly skilled copyists who made a permanent livelihood from writing. These are the people to whom in this context I would restrict the term ‘professional’ –the *exemplatores*.¹⁹⁴

That students contributed to the production of specialised texts is illustrated by the case of Simon Wysbech: a graduate student who copied a collection of medical recipes at Cambridge for Robert Taylor of Boxford (Suffolk).¹⁹⁵ Defined by Bühler as the ‘semipros’, these students got involved in copying activities to cover their living expenses, or to avoid one of the principal costs in the production of their books, as they frequently made copies for their own use and sold them while still being in university.¹⁹⁶ Perhaps, they continued with this practice long after they graduated, becoming eventually medical practitioners who made their own copies of the texts they needed.

Alongside undergraduate students, Pollard has noted in the extract above the existence of professional scribes. Evidence shows that some of these scribes copied medical texts on a regular basis. A scribe named Herman Zurke of Greifswald copied several medical writings for Dr Gilbert Kymer’s use over a period of twelve years.¹⁹⁷ Dr Gilbert Kymer was Chancellor of the University of Oxford as well as physician to Henry V, Henry VI, and Humfrey, Duke of Gloucester. He commissioned numerous books on alchemy and medicine, and advised the Duke of Gloucester to collect certain scientific and medical books that are now within the walls of the Bodleian Library in Oxford. Similarly, Roger Marchall, a physician to Edward IV, appreciated the scribal services of

¹⁹⁴ Pollard, ‘The Pecia System’, p. 156.

¹⁹⁵ Parkes, *Their hands before our eyes*, p. 46.

¹⁹⁶ Bühler, p. 22.

¹⁹⁷ Parkes, *Their hands before our eyes*, p. 47. F. Getz defines Kymer as ‘twice chancellor of Oxford University, medical doctor, priest, writer, alchemist, book collector, humanist, first and only rector of the London organization of physicians and surgeons’ (*Medicine in the English Middle Ages*, p. 64).

a London scribe who copied possibly four manuscripts for him (Oxford, Bodleian, Digby 235, London, BL, Harley 637, Cambridge, Peterhouse 161 and 202).

As other kind of writings, medical texts were possibly produced and sold in stationers', as well as copied in workshops and scriptoria; even though evidence of groups of secular scribes working together under supervision has been found essentially in the royal administration, where senior clerks checked the scribal work before being issued. Discussing the existence of workshops in late medieval England, Mooney and Stubbs state that:

English literary scribes worked in small workshops of one or two, or operated freelance and only collaborated to the extent that a third party like a stationer might distribute portions of a text to two or more scribes for simultaneous copying.¹⁹⁸

Proposing a more flexible definition, J. P. Pouzet suggests a reassessment of the term *scriptorium*, and defends that the scriptorium should not be considered as a fixed physical space,

but rather as a conjunction of 'scriptorial facilities', defined as the *ad hoc* resources which an individual or group of individuals undertake to invest in book production. These can be moveable and versatile, single-handed or cooperative, and may depend on institutional support or talent.¹⁹⁹

Despite the current lack of evidence to support the existence of late medieval specialised workshops or secular scriptoria, the survival of four mid-fifteenth-century manuscripts that contain ten texts copied in sequence by the same scribe suggest that they were produced in a workshop and were intended to be sold. Possibly copied in

¹⁹⁸ Mooney and Stubbs, *Scribes and the City*, p. 2.

¹⁹⁹ Pouzet, p. 228.

Westminster or London, the ‘Sloane group’, as Voigts coined them, has a homogeneous appearance in terms of *mise-en-page*, illustrations and watermarks.²⁰⁰ In fact, the examination of Ha 2378 later in this chapter will show that the manuscript might also be the result of a communal work.

Even non-university trained practitioners may have copied medical texts for their own use. Practitioners who did not attend university probably acquired a basic knowledge of literacy, including grammar and letter formation, in cathedral or monastic schools, or ‘at wryting scole’, where local lay scribes instructed students in writing.²⁰¹ By being in touch with other medical manuscripts and after a period of apprenticeship or practice, these practitioners would have obtained the expertise they needed to understand medical terminology and produce similar texts. There is no doubt that, if literate in our modern sense, these individuals consulted, and probably produced, medical compilations. If lay people succeeded in copying their own books outside academic and monastic environments, as exemplified by the cases of the Findern and the Thornton manuscripts, there is no reason why literate practitioners could not have purchased the writing support they needed to copy medical texts themselves.²⁰² In his study of fifteenth-century books Bühler points to the existence of both the professional and amateur scribes, and declares that: ‘it is clear that the number of “occasional” scribes, who wrote for themselves as well as for others, could hardly have been smaller than the total of the professional scribes’.²⁰³ Perhaps, following a procedure similar to the *pecia* system, these practitioners and ‘occasional scribes’ borrowed booklets from stationer’s or from other

²⁰⁰ L. E. Voigts, ‘The “Sloane Group”: Related Scientific and Medical Manuscripts from the Fifteenth Century in the Sloane Collection’, *Electronic British Library Journal*, 16 (1990), 26-57 (p. 37) <<http://www.bl.uk/ebj/1990articles/article3.html>> [Accessed 9 May 2013].

²⁰¹ Pouzet, p. 225.

²⁰² Go to Chapter 2, at the end of 2.8.

²⁰³ Bühler, p. 20.

practitioners to copy them, returned the exemplars afterwards, and then took their own copies, maybe in a limp or any other kind of basic binding, to be bound together once they had gathered a bunch of booklets. As Pouzet has noted,

a quire or series of quires did not have to be bound to be written, read or circulated; assembling quires could have been achieved without resorting to the skills of a commercially contracted expert. The writing of catchwords or the sewing of folded sheets were not in themselves beyond the grasp of monastic precentors or librarians, chaplains or the clerks employed in noble or ecclesiastical households, or even members of the gentry.²⁰⁴

Thus, quires, and by extension booklets, could have been assembled by non-professional scribes, resulting in the making of books that, like the practitioner-compiled composites, were originally composed of independent booklets. There is indeed evidence of lay people assembling their own compilations: Robert Melton of Stuston collected texts and put them in his commonplace books in the fifteenth-century century. Similarly, a scribe named Raten compiled a collection of romances that he himself edited for his family's use.²⁰⁵ This same procedure occurred also on medically-related contexts, as Sir John Reed, a religious man who practiced medicine in Yorkshire, compiled Bodleian Library, Rawlinson A.393.

3.4 PRACTITIONER-COMPILED COMPOSITES

Considering the costs of purchasing or commissioning a book in late medieval England, it is highly improbable that practitioners owned a great number of medical codices unless they were scholars like Marchall. To take full advantage of their investments, they probably attempted to make, commission or acquire compilations they

²⁰⁴ Pouzet, p. 220.

²⁰⁵ Parkes, *Their hands before our eyes*, p. 42.

found helpful for their praxis. The practitioner-compiled composites were possibly these kind of comprehensive handbooks: books for personal use that would have covered the material the medical practitioner needed to profess medicine successfully; in other words, compilations that would have functioned as their medical handbooks or *vade mecums*. The booklet-produced nature of the manuscripts demonstrate that they were clearly designed to be customised tools for individuals with specific needs and interests: a place where the practitioner could record his own notes and experiences if needed. These books would have been suitable sources of knowledge, which no doubt witnessed the practitioner's constant flow of learning and insight. For that reason, adding, moving and removing material appear to be reasonable responses to that regular use of the volumes.

In view of the fact that details about physicians' university and professional lives have been preserved in numerous records, and that not much is known about the rural, unqualified practitioners, it is highly likely that the latter are the ones who compiled, arranged, and sometimes copied the majority of the practitioner-compiled composites. Excepting Ha 2390, Ha 2558, Ha 3407 and Ha 3719, which appear to be scholarly, theoretically-orientated compendia and therefore were possibly compiled for the use of university-trained practitioners, the remainder of the codices include collections whose readers would have needed a certain level of literacy and expertise, but no university training. In his study of the rural practitioner Crophill (Ha 1735), Robbins notices that: 'One can [...] legitimately postulate that there were hundreds of practitioners like John Crophill all over England, owning similar collections of medical instructions, and serving the medical needs of a cross-section of the inhabitants of their own local areas'.²⁰⁶ In fact, six of the ten practitioner-compiled composites are associated with a practitioner: in the

²⁰⁶ Robbins, 'Medical MSS in ME', p. 413.

same manner that Fayreford relates to Ha 2558 and Crophill to Ha 1735, the York MS is somehow related to William of Killingholme, Ha 2378 to Nicholas Spalding, Ha 2347 to John Lane and Ha 2390 to John Hewet. In some of these cases, the ascriptions refer explicitly to a practitioner ('medicine liber magistri Johannis Lane', or 'a good book of medysyns qwech longyth to Iohn Hewet Magnus'). The other four codices are not attributed to any individual; however, they do present features found in the rest of the volumes, which suggest that they were also compiled and owned by practitioners. These features vary from general elements, such as the fact that the compilations contain exclusively medical material or have been considerably remodeled, to more specific characteristics which will be based on an examination of Ha 2558 and Ha 1735: both manuscripts which have been thoroughly studied by previous scholars and are known to be owned by medieval medical practitioners. The works of P. Jones, Talbert, Robbins or Mustain have shown that the earliest owners of these manuscripts, Thomas Fayreford and John Crophill respectively, were engaged in the production of their books: John Crophill copied a notebook and Thomas Fayreford his *Practica* and *Cirurgia*; whereas both assembled the booklets that comprise their manuscripts.²⁰⁷ Previous studies of these codices may have not been able to gather definite information about the practitioners' personal lives, but have been enlightening in defining methods of production of medical books in late medieval England.²⁰⁸ By focusing on those aspects that appear in Fayreford's and Crophill's books, and to a greater or lesser degree in a number of the other manuscripts, I aim to prove that the practitioner-compiled composites were

²⁰⁷ Parts of my analysis have been largely borrowed from these sources, especially from Jones's study of Fayreford. See Bibliography.

²⁰⁸ P. Jones has remarked that 'so much of what we know of occupational medical practice in this period is contained in three Harley manuscripts: Harley 2558, 1735 and 1628': *Witnesses to Medieval Medical Practice in the Harley Collection*, p. 3.

predominantly assembled, first owned, and sometimes produced by rural, unqualified practitioners.

3.4.1 THOMAS FAYREFORD AND HARLEY 2558

The name Thomas Fayreford is not unknown to scholars specialising or interested in late medieval medicine. His medical handbook, Harley 2558, is widely known as the manuscript he compiled and partially copied. P. M. Jones has published numerous works where he has provided a detailed description of this practitioner and his book.²⁰⁹ Fayreford, who presumably acquired his name from his birthplace (a small town in Gloucestershire), practised medicine in Gloucestershire, Somerset and Devon.²¹⁰ Jones believes that he most probably lived in all these counties, since, given the distance between these locations, it is highly unlikely that he traveled to visit his patients or that they visited him; even though records indicate that he went to see a woman in London, and another woman went to see him from the north. There are no records of a person of that name attending university or practicing medicine at the alleged time this man did, which, judging by a palaeographical analysis of his manuscript, might have been between the years 1400 and 1450. At first, Jones thought that he could have been a Dominican who was ordained priest in 1364, and who was in Oxford in 1370; however, textual evidence suggests that the owner of the book was in the university town in the first decades of the fifteenth century. A recipe in f. 122v evidences that he may have witnessed an Oxford physician named Nicholas Colnet performing a cure on Hugo, the apothecary,

²⁰⁹ All the details regarding Fayreford's life have been taken from P. M. Jones's works and the ODNB.

²¹⁰ In Somerset he lived in Bridgwater; in Devon he lived in Tiverton and other places in the north-west that extend from Linton to Barnstaple

for a hectic fever complicated by jaundice, and an aposteme between liver and stomach.²¹¹ Colnet proceeded BA in 1395, and he possibly did not license to practice medicine until after 1400, which together with the date of Fayreford's script demonstrate that the recipe could not have been copied until the beginning of the fifteenth century.²¹² The fact that his handbook is mostly written in Latin (including the parts he copied) reflect that Fayreford may have had some university training, or might have been in touch with educated physicians, although there is no evidence of this. A university student or not, his literacy was certainly above average, as, besides using predominantly Latin in his book, he includes several treatises, like Roger de Baron's *Rogerina minor* or Pontius de Sancto Egidio's *Modus medendi*, that were frequently employed in academic environments.

His manuscript is composed of eight separate booklets: Booklet 1 (ff. 1-6: Q1), Booklet 2 (ff. 7-8: Q2), Booklet 3 (ff. 9-12: Q3), Booklet 4 (ff. 13-151: Q4-17), Booklet 5 (ff. 152-174: Q18-21), Booklet 6 (ff. 175-185: Q22), Booklet 7 (ff. 186-195: Q23) and Booklet 8 (ff. 196-227: Q24-29). The booklets were copied by five different scribes, including Fayreford. They are primarily written in Latin, however, they also contain some Middle English and a little Anglo-Norman. Overall, this composite manuscript combines texts copied by three fourteenth-century scribes, a thirteenth-century booklet (Booklet 2), and Fayreford's autographed material, which is held largely in Booklets 3 and 4. Booklets 3 and 4 contain (in this same order) a list of over a hundred people cured by him (f. 9), the tables of contents of the herbal, and of his *Practica* and *Cirurgia* (ff. 10-12), a herbal

²¹¹ Nicholas Colnet (d. 1420) was a royal physician who appears to have been credited by contemporary and later colleagues, since it is cited not only in Fayreford's medical handbook, but also in Roger Marchall (See 3.2.). P. M. Jones deals with further instances in 'Harley MS 2558'.

²¹² Jones, 'Thomas Fayreford', p. 157.

(ff. 13-64), Pontius de Sancto Egidio's *Modus medendi* (ff. 65r-72r) and Fayreford's *Practica* and *Cirurgia* (ff. 72v-124v; 125r-151r).²¹³

His list of patients, entitled 'De curis factis per T ffayreforde in diversis locis', is written in Latin and covers two sides of a folio which belongs to a four-leaf booklet. It gives details of the patients' names with occasional references to their occupations and residence, and information about the ailments they suffered, sometimes mentioning its diagnosis and treatment. Unfortunately, the list does not specify when or for how long the treatments were prescribed before the total recovery of the patients, although it states that Lady Ponynge was perfectly healthy after three weeks of treatment. The hundred and one entries, which sometimes allude to more than one patient, include sixty-three males, forty-two females, and seventeen children who belonged to various social classes and vocations, as illustrated by the mention of a few clergymen, a Lady Poyninges, a cook, a miller or a cellarer. The darker colour of the ink on the recto side of the folio, and the use of double columns on its verso (instead of single, as on its recto) suggest that the list was copied at two different times: the first time Fayreford copied the recto side of the folio, and the second time he copied the verso. It appears that he recorded his most familiar cases at the beginning of the list, inasmuch as the earliest entries are more detailed than those at the end.²¹⁴ Even though Jones has defined it as 'the only extant medieval list of cures performed on patients', Ha 2381 below (3.4.7) contains a list of the medical cases of six people. These patients, whose names are included in the list, were treated by a medical professional and owed him money: 'John William bocherys man owyth for hyis fynger xvi danari' or 'Ru eryngke owyth for his wyff ys honde helyng xiiii d' (f. 16r).²¹⁵

²¹³ Since his medical and surgical commonplaces are widely known as such, I have decided to maintain the terms as they appear in his book.

²¹⁴ Jones, 'Thomas Fayreford', p. 159.

²¹⁵ ODNB.

This list might not be as elaborate as Fayreford's first entries and consequently not so informative in medical terms; however, by recording the amount of money the patients owed to the practitioner, it does acknowledge the economic transaction implicit in a medical service.

The herbal he deceptively called 'Circa instans' in his table of contents (f. 12r) is a clear example of how Fayreford adapted the material he copied at his convenience. The text, which contains material not found in the Salernitan work, is possibly a combination of his own creation and sections from another herbal, as revealed by the use of catchwords, or examples like the one in f. 47v, where he skipped a fragment that he copied afterwards at the lower margin of the folio after adding a *signe-de-renvoi* to the main text. In other words, the herbal appears to be what Keiser calls a 'designer herbal', that is to say, herbals which, along with the compiler's own herbal expertise, include extracts from other works.²¹⁶ Examining what he defines as the most comprehensive and idiosyncratic of these kind of herbals, Henry Daniel's, Keiser explains that:

The work is idiosyncratic in that Daniel does not make a systematic translation of each source. Instead, he picks and chooses, though he clearly has his favourites [...] Even so, Daniel does not include the full work of any of these. Still another idiosyncratic feature of this herbal is that Daniel, himself a longtime gardener, provides firsthand information concerning the germination and cultivation of plants and includes anecdotes concerning his experience in using them for healing.²¹⁷

Fayreford seems to follow the same procedure, as he uses both his sources and his medical expertise to make a more apt herbal.

²¹⁶ Keiser, 'Vernacular herbals', p. 304.

²¹⁷ Ibid, p. 306.

That the herbal was progressively copied and contains information added by Fayreford at different stages is reflected in the spaces left between the last entry of a herb and the litterae notabiliores that introduces the new one; these spaces would have enabled him to make later additions to this alphabetically organised herbal. This idiosyncratic feature has been defined by W. Scase as an open-ended system, and by Jones as ‘the commonplace book principle’: two concepts that refer to works compiled accumulatively through a period of time, and contain sections where, in Jones’s words, the compiler: ‘has allotted each heading its own share of blank paper or parchment, and then at different times added memoranda to each section beneath its heading’.²¹⁸ The commonplace book principle can be observed in other parts of Fayreford’s book: there is a section headed ‘pro morphea’ (a leprous or scurfy eruption) in his *Cirurgia* (f. 141r), which contains a number of recipes for *morphea* that extend into the verso side of the folio, even though the verso side of the folio was intended to be filled with recipes for ‘wortis’ (unsightly growths), as suggested by the page heading (Figure 15).

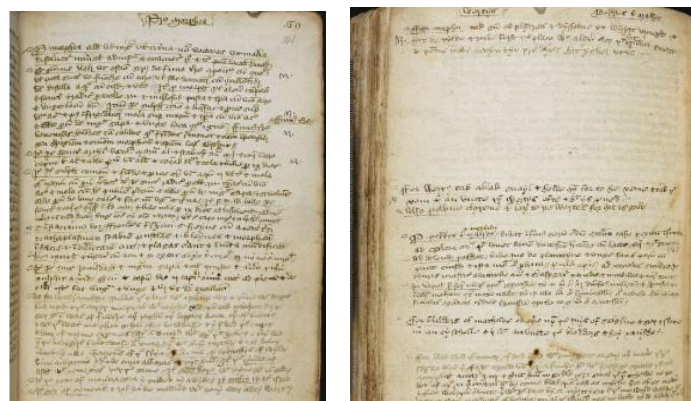


Figure 15. An example of the medical handbook principle in Ha 2558 (f. 141).

²¹⁸ W. Scase, “‘Looke this calender and than proced’”: Tables of Contents in Medieval English Manuscripts’, in *Dynamics of the Medieval Manuscript*, ed. by B. Besamusca and others (Göttingen: V & R Unipress, 2016), forthcoming (p. 12, in my copy); ‘Harley 2558’, p. 40.

This accumulative principle is indeed applied to several collections of the manuscripts in the catalogue, which, like in Faryreford's work, can be recognised by their blank spaces and their later insertions in different inks. As this principle is applicable to a number of the practitioner-compiled composites, I will continue using it with a slight modification that is possibly more suitable for this thesis: from now on I will talk about the medical handbook principle, inasmuch as it will cover only medical content and will allude to manuscripts which were the handbooks of the practitioners who compiled them.

The case of Colnet above confirms that he esteemed the cures of contemporary and local practitioners as much as those of medical authorities. He appears to value even his patients' suggestions, as exemplified by a recipe for the migraine (f. 76r), whose heading ('operacion dame de ponynges') points to the same Lady Ponynges who leads his list of cures.²¹⁹ The inclusion of this new material or *experimenta* shows that late medieval practitioners regarded highly the expertise of both classical and contemporary practitioners, thus the learned and oral traditions. The meaning of the word *experimenta* has evolved with the centuries; however, in this study it will refer to the kind of wisdom that was put into practice to treat patients, but not supported by medical authorities.²²⁰ Fayreford's texts include several *experimenta*.²²¹ One of them is a cure for *chaudepisse* or urinary disease (f. 121v) that states openly its oral background: 'Iterum audivi mirabile experimentum sed carens rationem manifestam' (I have heard of a wonderful *experimentum* but one that lacks any clear rationale'). Another noticeable example concerns a *gracia dei* Fayreford recorded amongst his list of patients (f. 9v). This medicinal plant, used to clean and heal wounds, ulcers and other kinds of lesions, is

²¹⁹ An operation in this context denotes a 'scientific, alchemical, or magical process or experiment' (OED).

²²⁰ Skemer, *Binding words*, p. 196.

²²¹ Forty-one, according to L. T. Olsen: Olsan, 'Charms and prayers', p. 347.

described as a lily with bell-shaped flowers coloured between red and white and leaves that are sword-shaped, and is said to be found near Holditch (Devon). If these instructions were not sufficient to locate the plant, Fayreford tells the reader that a man named Robert Taylor knows how to find it. Both examples illustrate how practitioners were aware of a knowledge that was not transmitted by books but based on their immediate environment, still a knowledge that was equally valid. At times, the authority of these *experimenta* was acknowledged by adding the common and explicit formulas ‘probatum est’ or ‘experimentum est’, which guaranteed that a treatment with no basis in scholastic logic had been tried and tested and presumably succeeded.²²² That *experimenta* were added after the original copying of the *receptaria* is frequently evinced by the fact that, whilst a given text contains largely blue or red paraphs and initials to divide the material, these additions were copied entirely in black ink.

Further to copying his *Practica* and *Cirurgia*, which judging by Fayreford’s foliation on the upper right corners of the folios (ff. 1-78) were intended to form a unit, Fayreford copied some notes on urinary matters (ff. 167r-172v), and part of a uroscopy in Booklet 5 (ff.152-160).²²³ The curious thing about this urine treatise is that it is half written by a fourteenth-century hand (ff. 152-157r), and completed by Fayreford (ff. 157v-160v): the two parts are separated by a folio (f. 157) that is trimmed by the middle. It appears that Fayreford obtained a copy of Gilles de Corbeil’s celebrated uroscopy and finished it. The curious part, however, is that the decoration and *mise-en-page* of the text is exactly the same in both parts, as if it were a collective work, which, given the dates of production of the text, that is, the former a fourteenth-century production and the latter

²²² P. M. Jones, ‘Amulets and Charms’, in *Medieval Christianity in Practice*, ed. by M. Rubin (Princeton, NJ: Princeton University Press, 2009), pp 194-199 (p. 199).

²²³ He also copied other occasional and scattered material, namely *De Saporibus* (12v), an alchemical treatise (151v), a recipe in f. 174v and a note in 187v.

produced sometime in the first half of the fifteenth century, is highly improbable. The only possible explanation is that either Fayreford reproduced the same layout as in the original text, or was responsible for the decoration in its entirety.

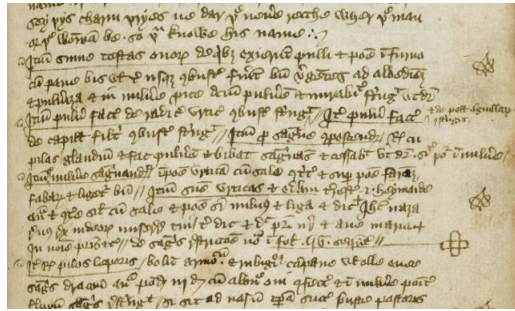


Figure 16. Example of Fayreford's basic decoration (f. 125r).

In terms of decoration, it is noticeable how, even though other collections he copied (herbal, uroscopy and *Modus medendi*) contain some red and blue in paragraphs and initials, the decoration in the rest of his autographed texts is limited to some purple and gold in the first two folios of his *Practica*. His *Practica*, *Cirurgia*, and their tables of contents, along with his list of patients and his notes, are entirely copied in black ink, including paraphs and underlined headings (Figure 16).²²⁴ Ha 1735, John Crophill's notebook (3.4.2), also displays a similar layout, which has led me to speculate that other practitioner-compiled composites with the same elementary decoration were possibly copied by the practitioners who owned them. As noted by J. P. Pouzet,

Many surviving autograph manuscripts are not very prestigious, and they have therefore attracted less attention than they deserve; their cheap materials and modest confection are worth considering, however, because they suggest that the original compiler and writer of the book was in command of most stages in the production process.²²⁵

²²⁴ The notes include a uroscopy (ff. 169v-170r) which contains some red.

²²⁵ Pouzet, p. 236.

As in the majority of the manuscripts in the catalogue, the marginalia of the codex shows that the volume was consulted by other readers. John Covel (1638-1722) wrote his name and a year (1660) on the recto side of the single front flyleaf of the manuscript. Born in Suffolk, Covel studied medicine and was an enthusiastic collector of manuscripts. It is uncertain whether he professed medicine after he proceeded MA in 1661; however, his degree and the group of medieval medical books he acquired suggest that he had an interest in the medical profession.²²⁶ He was possibly the individual who wrote not only the seventeenth-century foliation of the manuscript, but also the late seventeenth or early eighteenth century marginal notes, which, like the other annotations on books owned by him, included referential notes and finding aids. Like Roger Marchall, who annotated a considerable number of medical texts and provided them with table of contents and other *ordo* techniques, Covel organised the contents of the volume to facilitate its navigation two centuries after its production.

With two hundred and twenty-seven folios, Fayreford's handbook is the second largest volume of the practitioner-compiled composites; the largest is Ha 3719. There is no doubt that the codex was produced with the aim of being utilitarian; however, given the dimensions of the volume, it is highly unlikely that Fayreford intended to use it during his visits: he most likely used it as a reference book and consulted it after leaving his patients' houses. The engagement of Fayreford in the making of his handbook is unquestionable, and the manner in which he handled his various sources point to the production of a compiler and an author: a fact that may be supported by the six signs of ownership that his handbook contains (ff. 9r, 12r, 12v, 72v, 125r and f 227v). It seems as

²²⁶ ODNB.

if, by producing his own material and by praising and crediting other practitioners' cures, he were elevating his medical expertise to an *auctoritas* status.

3.4.2 JOHN CROPHILL AND HARLEY 1735

London professional scribes have already evinced how having a second occupation in late medieval England was not uncommon in certain circles. That medical practitioners also got involved in other activities apart from their medical duties is illustrated by Henry de Rochester, a London surgeon who left his brewery to his wife in 1348, or by John Clark (or Clerk), who was both the apothecary and the grocer to Edward IV in 1462.²²⁷ In a similar fashion, John Crophill, (d. in or after 1485) was a rural practitioner whose main occupation was that of bailiff of Wix Priory. He took up the post of bailiff at this small, but well-endowed, house of Benedictine nuns in Essex in 1455, where he worked until at least 1477. As expected from a man of his position, he principally collected rents and administered the demesne lands; this is probably the way in which he established contact with his patients.²²⁸ After his death, he left behind Harley 1735.²²⁹ This manuscript is composed of two booklets copied by two different scribes, and a notebook written by Crophill himself. Booklet 1 (ff. 1-28: Q1-4) is the only unit in parchment and it lacks at least a quire, as suggested by the catchword found at the end of its last collection. It contains a *receptarium* which is not medical but culinary. Booklet 2 (ff. 29-36: Q5) starts abruptly because it misses its first folio, and contains a variety of

²²⁷ Talbot, *A Biographical Register*, p 82 (for the surgeon); Jones, 'Witnesses to medieval medical practice', p. 6.

²²⁸ Mustain, 'A Rural Medical Practitioner', p. 472.

²²⁹ For a comprehensive study of the manuscript, see L. J. Ayoub, 'John Crophill's Books: an Edition of British Library MS Harley 1735' (unpublished doctoral thesis, University of Toronto, Centre for Medieval Studies, 1994).

texts copied in a Norfolk dialect. That it was produced for Crophill's use is evident in the formula 'quondam John Crophill' that appears at the end of the booklet.

The booklets are followed by fifteen single leaves, whose original arrangement is uncertain, and a *bifolium* (ff. 39-40): altogether they comprise Crophill's autographed notebook (ff. 38-52). Despite being created independently, the separate leaves will be treated as a whole under the name 'Crophill's notebook'. Copied by Crophill himself between the years 1456 and 1485, these leaves contain numerous signs of ownership ('I John Crophill'), which appear in ff. 36v, 37r, 37v, 42v (twice), 46v, 49r (three times), and 50v. It also holds a number of medical and practical material, including a list of patients. Like Fayreford, Crophill recorded a list (ff. 36v-39r) of a hundred and fifty patients from forty-six towns in southern Suffolk and north-east Essex: 'Here the men and women that I John Crophill of Wykys hath scen hare uryyn & done curys unto hem & medsynnys thoro the grace of god & houre lady & the holy gost' (f. 37r). Rural practitioners like Crophill normally saw patients from their own community. This might explain the low prices he frequently charged, as illustrated by the case of John Rote, who owed him a penny ('John Rote he houyht me 1d'; f. 36v). His list of patients includes individuals with a variety of occupations: carpenters, a shepherd, a merchant, a tailor, or a sexton. Talbert believes that the area he covered was approximately within a twenty-five mile radius of Wix; in his words: 'west to the coast, south to the Blackwater and Chelmer rivers, east to Terling and north-west to Naughton and Framlingham'.²³⁰

His notebook looks quite austere: copied only in black ink, texts are separated mainly by lines and titles in what looks like cartouches painted by Crophill himself

²³⁰ Talbert, p. 10.

(Figure 17). The appealing thing about his decoration is that, despite its absence of embellishment, it represents a modest version of the decoration commonly found in more elaborate manuscripts. Thus, along with the cartouches mentioned above, a rather basic decorated initial opens a charm in f. 40r (Both in Figure 17), and unsophisticated jordsans appear next to the different kinds of urines in his uroscopy.

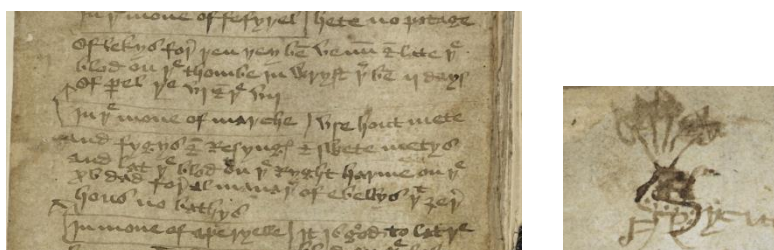


Figure 17. Crophill's notebook and its plain decoration (f. 41r), including a rather simple decorated initial (f. 40r).

As any notebook or any collection that follow the medical handbook principle, Crophill's fifteen single leaves were most likely compiled as needed during a period of time. The functionality of his notebook is reflected in the inclusion of notes about his daily activities, including his non-medical duties. Besides a list of tenants who owed money to the priory (ff. 37v, 50v), the notebook contains a slip (f. 50), explicitly addressed to its prioress Alys Davy, with accounts of the priory, as well as notes and poems related to his third occupation: his job as ale-taster.

The codicology of this volume may not be as challenging as the rest of the practitioner-compiled composites; however, Crophill's handbook is of particular interest because it contains a commonplace book in the sense it was described at the beginning of this chapter: it reflects his tastes, interests and daily activities. When looking at the commonplace book of Robert Reynes of Acle, a fifteenth-century reeve in Acle (Norfolk),

whose manuscript (Oxford, Bodleian Library, Tanner 407) contains professional and practical content, including a bloodletting text and a few charms, C. Louis stated that:

few manuscripts enable us to become intimately acquainted with the personalities and lives of individuals who lived half a millennium ago. It is even rarer for us to have a cross-section of many aspects of the life of someone who lived far down the social scale and far from the court, the noble households and the cities.²³¹

Undoubtedly, Crophill's book is one of these 'few manuscripts' Louis refers to, as it contains information concerning his three careers: those of bailiff, practitioner and ale taster.

3.4.3 NICHOLAS SPALDING AND HARLEY 2378

Ha 2378 is a manuscript composed of six booklets which were possibly written by nine scribes and are distributed as follows: Booklet 1 (ff. 1-16: Q1), Booklet 2 (ff. 17-62: Q2-5), Booklet 3 (ff. 63-120: Q6-11), Booklet 4 (ff. 121-136: Q12-13), Booklet 5 (ff. 137-154: Q14-15) and Booklet 6 (ff. 155-184: Q16-19).²³² The first legitimate collection of the codex begins in f. 7, and is preceded by what seems to be the original flyleaves of the manuscript (three folios altogether), plus a paper slip and two paper leaves written by Covell. The two paper leaves contain an index of herbs and aches (ff. 1-2); the slip (f. 4) includes on one side a table of contents and on the other side a note on an alleged recipe to make gunpowder. On this note, Covell emphasises how extraordinary the recipe is and refers the reader to page 353 of his foliation (modern f. 183r).²³³

²³¹ Louis, p. vii.

²³² Two of the hands might have appeared in other parts of the manuscript, though it is difficult to ascertain.

²³³ His foliation begins in current f. 5.

These are the several treatises in this book as appears on the other side this leaf. One thing is very remakeable. p. 353 is the very receipt to make gunpowder; and if you will beleeve that author, it was as ald as Solomon. There is no doubt but the powder was a much older invention than guns; as appears by that very MS and place. I guesse that MS to be at least 400 year old (f. 4r).

When turning to this folio, one finds a manicule in the margin, probably drawn by Covell himself, that points at a recipe which, like the rest of the recipes in the folio, was aimed at making 'aqua comburente'. The table of contents in the slip was also copied by Covell in the first original flyleaf of the codex (f. 3). The first booklet includes not only signs of ownership by Covell, but also by the Goodrich family, who recorded birth notes of some of their members in the late sixteenth and early seventeenth centuries (ff. 3v, 5).

Two of three main collections of the manuscript are associated with a Nicholas Spalding, as suggested by a colophon in Booklet 2 ('secundum dompnum Nicholaum de Spaldyng quods.d.t'; f. 61v), and an *ex-libris* in Booklet 4 ('Qui scripsit carmen sit benedictus amen / quoth Litlington / Iste liber constat Nicholas Spalding'; f. 135v).²³⁴ Further to these explicit allusions, a recipe in f. 5r was seconded by him. Nothing is known about this individual, who was presumably a practitioner born or related to Spalding in the south of Lincolnshire. However, textual evidence indicates that he might have practised medicine somewhere in the south of the county. A recipe in one of the collections that was intended to cure the stone alludes to Croyland (also known as Crowland), a town nearby Spalding: 'proved by Johannes Moubray at Croyland on Johannes Tonmessoun' (f. 43r). An *ex-libris* in Booklet 4 also refers to a place called Litlington, which is the name of two villages: one located in Cambridgeshire and another on in East Sussex. Given the close distance between Croyland (the southern Lincolnshire town where he possibly witnessed Johannes Moubray's cure) and Cambridgeshire, one

²³⁴ This last sentence is the explicit of the Antidotarium in f. 110r, as well.

would expect the town in Cambridgeshire to be the most suitable option. These two allusions suggest that Spalding might have seen patients who lived in areas close to his alleged birthplace. In view of the fact that the Mowbrays were related to Epworth (a small town in north Lincolnshire), Spalding's working area may have covered from the north of Lincolnshire to the south-west of Cambridgeshire. Alternatively, Litlington could be referring to a man, perhaps a scribe who was hired by Spalding to make a copy of this collection for his own use. Like Fayreford, Spalding not only adopted the name of his birthplace, but showed a clear interest and respect for the work of contemporary practitioners. In the same manner that Fayreford may have witnessed Nicholas Colnet applying a cure on Hugo the apothecary, Nicholas Spalding might have witnessed Johannes Moubray applying a cure for the stone to a John Thom(p)son in Crowland; even though there is a possibility that the recipe came down to him orally, perhaps told by another practitioner or even by a member of the Moubray family. Other *experimenta* in his collections include a recipe for the swollen gout or any other part of the body that ends with a *Probatum* (f. 22v).

The booklet-produced nature of the manuscript is evinced, at first glance, by three distinctive elements: they have different *mise-en-page*, they hold later additions in their last folios, and the new collections always open on the recto side of a new booklet. A closer look at the palaeographical and codicological features of these booklets indicate, however, that, even though they were copied by different hands and as separate units, they were possibly produced in partnership, at least Spalding's second collection in Booklet 4. This collection was copied by two scribes: one who wrote its table of contents (ff. 121r-124v) and copied the text until f. 129r (the recto side of the second quire), and another one who copied the *receptarium* from f. 129v onwards. A blank folio, now with

later additions, was left at the end of the booklet (f. 136). Curiously, the collection continues in the following booklet (Booklet 5), where, based on the table of contents, a different scribe resumed the activity where it corresponded. Certain numbers were assigned to the recipes in Booklet 4; these numbers, which stopped in recipe number seventy-three, continued into Booklet 5. This confirms that, despite being made independently (which might explain the *ex-libris* and blank folio in Booklet 4), the booklets are possibly the result of a combined work. If so, three scribes would have worked together in the production of this collection: the first scribe copied the first quire and the recto side of the second quire; the second scribe copied the remainder of the second quire; and the third scribe copied the rest of the collection in a new booklet. Further to the blank folio at the end of Booklet 4, there is another element which reveals the autonomous production of the booklets of this collection: the work of the first scribe is the only one to contain rubricated initials; the other two parts have a few red touchings, despite having guide letters in the places where initials should have been drawn.

Booklet 6 presents more evidence of cooperative work in the volume. It contains a *receptarium* (ff. 155-168) and three Latin treatises (ff. 169-184) which were copied by two hands: one copied the *receptarium*, and the other wrote the treatises. The latter started his part in the second half of a quire (Q17), after the first scribe finished the *receptarium* with an explicit, and continued until the end of the booklet, suggesting that they were probably working cooperatively. In fact, the palaeographical similarities between the majority of the hands in the manuscript evidence that the booklets might have been copied in the same institution. A common feature of all the scribes is, for example, that they use the *þ* and the *y* interchangeably, and generally dotted; the only exception is the first scribe in the Spalding's collection who used dotted *y*'s, but whose *þ*'s and *y*'s are not

interchangeable. This peculiar characteristic (typical of northern dialects), and the allusion to a Northumbrian saint in a recipe ('þis was þe medycyne of seynt Cuthbert þat þe angelle taughe hyme'; f 56v) point to a northern production. How a practitioner connected with Lincolnshire and its neighbouring areas assembled for his own use medical collections copied in a northern dialect is an issue that it will not be discussed here. It seems, however, that the volume stayed in the east of the country after Spalding's death. Two marginal notes indicate that the manuscript was owned by two families between the sixteenth and the seventeenth centuries, the Goodrichs and the Jermyns: both families located in Suffolk (Bradfield St Claire) and Norwich (Norfolk), respectively. The Goodrich family's records cover the years 1579-1608 and include a note by Mary Goodricke (f. 61r); similarly, William Jermyn (1560-1617) wrote his name in f. 5r. It is difficult to know which family owned the codex first; what is certain is that the manuscript ended in the hands of John Covel, its last owner before entering the British Library.

3.4.4 WILLIAM OF KILLINGHOLME AND YORK MINSTER LIBRARY, XVI E. 32

York, XVI E. 32 (the York MS) is composed of ten booklets that are distributed as follows: Booklet 1 (ff. 2-7: Q1), Booklet 2 (ff. 8-13: Q2), Booklet 3 (ff. 15-81: Q3-8), Booklet 4 (ff. 82-111: Q9-12), Booklet 5 (ff. 112-118: Q13), Booklet 6 (ff. 119-126: Q14), Booklet 7 (ff. 127-129: Q15), Booklet 8 (ff. 130-145: Q16-17), Booklet 9 (ff. 146-166: Q18-20), and Booklet 10 (ff. 167-174: Q21); besides these booklets, the manuscript also contains two singletons (ff. 14 and 165). That the codex was originally made of thematically and structurally independent units is evident in the fact that the end of a booklet corresponds in every case with the end of a quire and a collection.

There is something remarkable about the codicological structure of this codex. In the same manner that, as seen in Chapter 2 (2.2.2), the scribe in Hunter 117 marked the beginning of the new quaternions on the top of every quire, the scribe of the York MS signed the end of almost all its gatherings by quaternion annotations (See Figure 18). At first glance, these marks, which are placed on the lower margins of the verso sides of the last leaf in the quires could be confused with *corigitur* signs. However, it is highly unlikely that someone supervised such a heterogeneous work, inasmuch as the booklets came from diverse origins, and were copied by different scribes in different dialects. These annotations refer not only to the position of the gatherings in the codex, but also to their codicological status: they take into account the folios they contain, including leaves that have been removed and added:²³⁵ (Q1) quat' 1^{us}, (Q2) quat' 2^{us} cum þo hoked leef, (Q3) quat' 3^{us}, (Q4) quat' 4^{us}, (Q5) quat' 5^{us}, (Q6) quat' 6 in 10 fol., (Q7) quat' 7 in 21, (Q8) unnumbered, (Q9) quat' 8 in 8 fol, (Q10) quat' 9^{us} in 8 fol, (Q11) quat' 10 in 8 fol., (Q12) unnumbered: last leef missing, (Q13) unnumbered: last leef missing, (Q14) quater' 13^{us} in 8 fol, (Q15) [...] fol de quibus iii carent, (Q16) quat' 14 in 8 fol, (Q17) quat' 15 in 8 fol, (Q18) quat' 71 in 8 fol, (Q19) quat' 81 in 8 fol caret vnus, (Q20) quat' 91 in [...] fol, (Q21) quat' 20 in [...] fol.

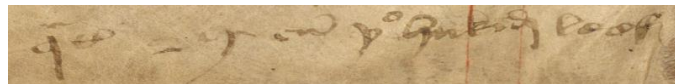


Figure 18. Quaternion annotation at the end of quire 2 (f. 13v).

With the exception of quires 8, 12 and 13, they appear consistently in all the gatherings. Quire 8 is possibly the genuine exception, since the last folios of quires 12

²³⁵ Sometimes when the number of the folios is composed of two elements, the order is reversed, e.g. 21 for 12.

and 13 have been removed. Furthermore, quire 8 was clearly omitted by this individual who referred to the previous quire of quire 8 as *quaternus 7* and to the next one as *quaternus 8*, showing no interest in the quire in question. The annotations present generally an accurate codicological reading of the present structure of the manuscript; quire 19 is the anomaly: the gutter of the quire suggests that it lacks two and not one folio, as recorded in the annotation. This may indicate that, whilst the first folio was most likely removed when being an independent booklet, the second missing folio was possibly cut away after the volume was bound together.

These annotations, which were no doubt aimed at acknowledging the legitimate position of the quires in the manuscript, may have also been intended for commercial purposes. Hunter 117 has shown how book craftsmen often took notes of the books' expenses on the flyleaves of the manuscripts. However, it is highly improbable that, seeing the diverse provenance of the booklets, a stationer or workshop produced or compiled the booklets with the intent to put them together and sell them as a final product. It is more likely that the compiler of the codex, possibly a practitioner, organised the booklets and signed the quires, so that, following his instructions, a binder, who could be working for a stationer or directly for him, could sew them together. If the compiler himself signed the booklets, he was unquestionably familiar with scribal practices. Another scenario may consider that, following the compiler's instructions, the quaternion annotations were recorded by the binder. Either way, the annotations could be complying with the double function of working as directions, and as a system to count the number of gatherings to be charged.

The leaf signatures of the manuscript also point to the diligent work of a compiler. Although it was normally the scribe who frequently signed the leaves of the quires to note how to reconstruct the gathering at a later stage, it is highly likely that this time they were produced by the compiler, as they seem to have been recorded in sequence throughout the volume. Located at the lower right side of the recto folios, they start in Booklet 3 with the letter *a*, and continue into Booklet 4 until reaching the letter *k*. The next signature seems to be an *l* in Booklet 5, followed by an *o* and *p* in Booklet 8, and an *s* in one of the quires in Booklet 9. The remainder of the signatures are not visible or legible. Booklets 6 and 10, for instance, contain some illegible signatures. Besides the leaf signatures, Booklet 8 also has some vertical lines in red that mark the number of folios it holds, and are in the same place as the signatures; these numbers appear also in Booklet 7. All this indicates that, except those in Booklets 1, 2 and 10 (the beginning and end of the manuscript), the leaves of the manuscript have been codicologically signed.

In view of the fact that the letter *a* appears in Booklet 3, it seems reasonable to assume that Booklets 1 and 2 were not part of the compiler's original plan: he possibly acquired the two booklets after signing the gatherings, but before copying the quaternion annotations. In fact, the two booklets may have been bound together before forming part of the volume. There is a singleton placed at the end of the second booklet (f. 14) that contains a lunar and a solar table of eclipses (Figure 19). The calendrical information it holds and the use of a *formata quadrata* script complicate its scribal identification; however, the grid on its background, which resembles the layout of the calendar, and the fact that it has the same size as the other folios in the booklet suggest that it was possibly produced by the scribe who copied Booklet 2 (Scribe B in my analysis: 4.4.2).²³⁶ The

²³⁶ Chapter 4 will provide a detailed examination of the hands in the manuscript.

outer bifolium of Booklet 1 (ff. 2 and 7) was also copied in *formata quadrata*, and it is the only bifolium in the booklet to be written in that same script: the remainder of the gathering was written in a mixture of secretary and *anglicana* and contains a group of recipes, as opposed to the outer side of the booklet, which contains a list of kings (f. 2r) and a lunar diagram (f. 7v). The use of the same script and the calendrical information of Booklet 2 and the outer bifolium of Booklet 1 could indicate that the two booklets were produced with the intent to be bound together before forming part of the present volume. In fact, there is a possibility, although questionable, that the additional leaf was conjoint with the front parchment flyleaf of the manuscript (f. 1).

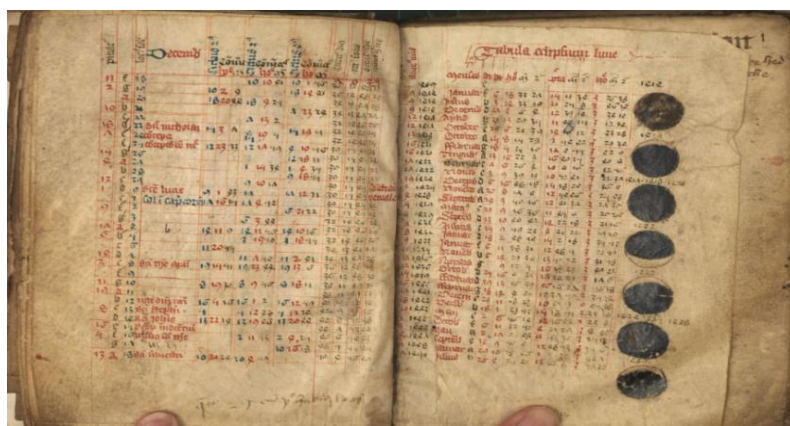


Figure 19. A singleton with a table of the eclipses of the moon (f. 14r), and the month of December from the calendar in the York MS (f. 13v).

Despite being copied by eight scribes, there is one scribe (Scribe E: 4.4.4), whose hand appears in five of the ten booklets. If not the compiler himself, there is no doubt that this scribe was hired to produce the texts the compiler needed or wanted: a common practice, as illustrated by the case of Herman Zurke.²³⁷ Scribe E produced entire booklets (Booklets 5, 9 and 10), and copied the second halves of the last quires of Booklets 4 (ff.

²³⁷ Go to 3.3.

109v-111v) and 6 (ff. 122v-126v). There is textual evidence which supports the suggestion that the first halves of these gatherings were intended to mark the end of the booklets: the treatise before Scribe E's performance in Booklet 6 finishes in an explicit; and the first half of the gathering in Booklet 4 contains a *receptarium* which, judging by its colophon and a late medieval foliation that contemplates only this collection, was clearly designed to be the only collection of the booklet. It appears that the compiler of the codex decided to use the services of Scribe E to complete these booklets by adding other useful material at a later stage.

The colophon at the end of Booklet 4 (f. 109r) attributes the gathering to a William of Killyngholme: 'This taretise byfore wryten is compyled of þe tretyses of Arystotel, Galyene & of Ypocrase & of oper leches of Salerne. Magister Willelmus leche de Kylingholme' (See Figure 20). This ascription was taken as a sign of authorship by the person or institution that gave the volume its present cover in the eighteenth century, since the name was added to the spine of the book (*MEDICINE. by WILL: DE KILINGHOLME AD MCCCCXII*). As in the case of many other practitioners, the identity of this individual remains unknown. There are no records of William of Kylingholme in Talbot's *Biographical Register*, or in any of the two English universities. Ker was possibly the first scholar to consider him in his groundbreaking *Medieval Manuscripts in British Libraries*, but only for referential purposes. In a 1984 publication Voigts suggested (as I first thought when attempting to find William in Talbot's *Register*) that a William Kylinghale associated with a uroscopy (London, Wellcome MS 408) was a potential match.²³⁸ This man was possibly related either to Killinghall, a village in Harrogate (Yorkshire); or to Killingholme, a town situated in the north of Lincolnshire. As in the

²³⁸ Voigts, 'Medical Prose', p. 321.

cases of Fayreford and Spalding, he probably adopted his surname from his birthplace, which suggests that he was most likely settled in a different town. That he is referred to as *magister* implies that he possibly received university training, even though he is not mentioned in Emden's Biographical Registers of the Universities of Oxford or Cambridge: some students attended courses however did not graduate, either because they abandoned their degrees, or because they did not pay their fees.²³⁹ Alternatively, he might have not obtained any university training, but acquired his medical knowledge by apprenticeship; after all, the case of Maister Gilis above confirms that the term *master* was sometimes applied to unqualified practitioners.²⁴⁰ There is also a possibility that he was an apothecary, as occasionally they were called masters.²⁴¹ Unfortunately, for the moment, all these hypotheses are sheer conjecture.

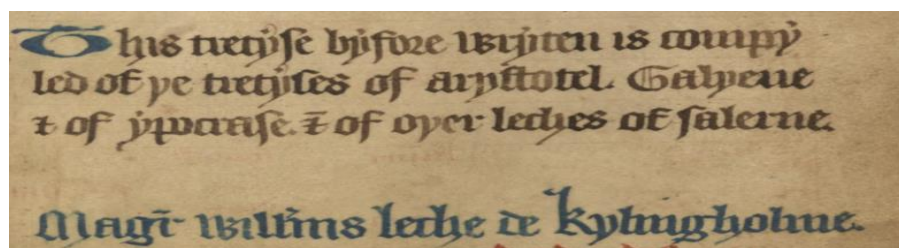


Figure 20. Ascription to William of Kylingholme (f. 109r).

The fact that an *experimenta* in f. 83r is attributed to Adam Rous ('Emplastrum Oxirocrocium aftere þe making of mayster Adam Rous'), a royal surgeon of Edward III

²³⁹ According to Getz, the term *magister* 'was used in reference to a man who had formal education or was a teacher': *Medicine in the English Middle Ages*, p. 8; A. B. Emden, *A Biographical Register of the University of Oxford to A.D. 1500* (Oxford: Oxford University Press, 1959) and *A Biographical Register of the University of Cambridge to A. D. 1500* (Cambridge: Cambridge University Press, 1963).

²⁴⁰ Go to 3.2.

²⁴¹ Nuvolini has noted that: 'also based in Devon, and more precisely in Exeter, were two apothecaries, 'Magister Hooper' and 'Magister Carpenter', from whom Knott acquired two booklets now bound in Harley 3388': L. Nuvolini, 'The Harleian Medical Manuscripts', *Electronic British Library Journal*, 8 (2008), 1-20 (p. 12) <<http://www.bl.uk/ebj/2008articles/article7.html>> [Accessed 9 May 2013].

from 1357 to 1378, can be taken as evidence that the scribe or the commissioner, possibly William of Killingholme, may have been an educated physician, or had connections with one. Rous was an established member of the royal staff when he first appeared in the court records in 1357 and a surgeon to the City of London by 1365. An account from 1359 shows that he was already a surgeon of the king by then.²⁴² Obviously, there is a possibility that the text was transmitted from another volume; however, given the proximity of the periods in which Rous lived and the production of the booklet (the last quarter of the fourteenth century), it is more likely that the scribe or the commissioner met him personally or knew someone who did. The mention of certain highly complicated and elaborate preparations in the collection, such as the compound unguents called *agrippa*, *marciaton* or *diachylon* (the three of them present in William's collection) point also to someone who was related to the upper classes, inasmuch as, according to M. S. Ogden, they most frequently occurred in the bills of medicines supplied to institutions like the royal medicine or the army upon expeditions: documents found in the Records of the Exchequer, the King's Remembrance or the Accounts.²⁴³ Ogden also affirms that the only existing reference to *oile marciaton* in Middle English is listed among the drugs supplied to Anne of Bohemia in her last illness (Exch, K.R. Accounts, 402.18). Interestingly, one of the recipes in the collection prescribes the use of this oil to cure painful headaches or earaches (f. 96r).²⁴⁴

²⁴² He was recommended to the abbot and monastery of Croyland (Lincolnshire) for a corrody, i.e. maintenance 'in that house for life, as Henry atte Nayse, deceased, had therein': G. Gask, *Essays in the History of Medicine* (London: Butterworth Butterworth 1950), p. 82-83. Also in Talbot's *Biographical Register*, p. 4.

²⁴³ Ogden, p. 102.

²⁴⁴ ¶Item zif a man for colde or for hete or for ouzt elles be stonyed so þat his hede ake more þen it was wonte or zif he here any sowunyng in his eres so þat his eres be greued þat he may worse here, take marciaton & anoynte him wiþ & do hile him warme so þat he may swete & he shal sone couere & zif so befal þat þe matere of þe feble fal in to þe arme & it bolne ouþer for etyng or drynkyng or ffor blode lettyng or for colde, take grewel of hauermele & seþ hem in water & do wymalowe be soþe þer wiþ & ley to þe sore.

In brief, given the dates of production of the rest of the booklets in the manuscript, it is highly unlikely that William of Killingholme compiled the codex. It is more likely, however, that he commissioned Booklet 4, which is possibly the only relation he had with the volume. There is in all probability a connection between the compiler of the York MS and Scribe E. I would like to propose two possible scenarios: either he was a professional scribe who practiced medicine as a sideline and made his own copies of the texts he needed; or he was a practitioner who, in an attempt to compile and organise various booklets that were useful for his practice, hired a scribe (Scribe E) to finish his customised handbook. This practitioner-compiler may have lived and presumably performed medicine at different places in the Midlands, which may explain how he acquired such a group of heterogeneous booklets; although there is always a possibility that he purchased them in one or more stationers'.²⁴⁵

3.4.5 JOHN LANE AND HARLEY 2347

Ha 2347 is composed of five booklets that were mostly copied by the same scribe at different times. Booklet 4 is the only one to be produced by a different scribe; in fact, it is a gathering that dates from the thirteenth century and was presumably produced in southern France. The booklets are distributed as follows: Booklet 1 (ff. 1-14: Q1-2), Booklet 2 (ff. 15-26: Q3), Booklet 3 (ff. 27-43: Q4-5), Booklet 4 (ff. 44-51: Q6) and Booklet 5 (ff. 52-67: Q7-8). Despite being copied mainly by the same hand, the internal structure of the volume shows that the *receptaria* and antidotes it comprises belonged originally to independent units. The *receptaria* in Booklets 2 and 3 are preceded by their own tables of contents and are codicologically independent, as they occupy one and two

²⁴⁵ Further details about the manuscript will be provided in Chapter 4.

quires respectively. As a thirteenth-century insertion, Booklet 4 is clearly a separate unit. Moreover, it is the only gathering in the volume that shows signs of autonomous circulation on the verso side of its last folio, where two recipes were written by a fifteenth-century hand.

A noticeable feature of the booklets of this manuscript is that they have been physically modified by bookmarkers. This recurrent reading technique, whose purpose was to help the reader locate certain information in the texts, occurs in Booklets 3 and 5. The analysis of the York MS and its marginalia in Chapter 4 will conclude that, besides pinpointing relevant thematic aspect of the collections, bookmarkers were used to highlight external aspects of the volumes: for instance, the beginning of a quire.²⁴⁶ Booklet 3 contains two bookmarkers: some stitches on the right side of the lower borders of the first folio of the booklet (f. 27) and a piece of brown thread attached to f. 36. As in the York MS, they are most likely marking the codicological structure of the booklet, since they both appear at the beginning of a gathering. Booklet 5 contains a finger-tab (f. 53), that is, a typical medieval bookmarker produced by making a cut in the fore-edge of the leaf and passing the tab through the slit, that seems to mark the beginning of the second antidotary.²⁴⁷ The presence of this finger-tab may help clarify an inconsistency in the collation of the manuscript. According to the catalogue of the British Library, Booklets 3 and 5 contain eighteen and fifteen folios respectively, although an examination of the codex reveals that they hold seventeen and sixteen. This might be a simple error. However, the codicological structure of Ha 2390 in our catalogue has been affected by a compiler or binder who frequently placed the last folios of the gatherings at the front of the following quires, as if they were the first folios of the new quires. Perhaps the compiler

²⁴⁶ Go to 4.5.2.

²⁴⁷ See Chapter 4, 4.5.2, Figure 72.

or binder of Ha 2347 was following the same procedure. That would explain not only the alleged codicological mistake, but also the position of the finger-tab, which like the rest of the bookmarks in the codex could be marking the beginning of the quire.

Purposely or not, the finger-tab in f. 53 is in a folio that goes after an allusion to a John Lane ('Medicine liber magistri Johannis Lane', f. 52r), that is to say, after a potential mark of ownership. That the compiler and earliest owner of the volume could read Anglo-Norman is manifested in the thirteenth-century French addition and the inclusion of some collections which are partially written in Anglo-Norman and might evidence his noble background. Similarly, seeing that the manuscript was copied by the same scribe at different times, it is plausible that the same individual, possibly a practitioner, was responsible for the copying and the compilation of the booklets. In fact, the *receptarium* in Booklet 3 reveals features that match the medical handbook principle. Even though the collection contains approximately ninety-five recipes, its table of contents lists only seventy-two, suggesting that twenty-three recipes were copied at a later stage, as if in an ongoing process. Furthermore, the signs of usage shown on the edges of the lower margins would be in keeping with the possibility that the volume was a practitioner's handbook. Whether this practitioner was John Lane or someone else is more difficult to discern, although it should be noted that his sign of ownership was recorded on the upper margin of the folio that appears to have been added later. Nothing is known about this practitioner or the provenance of the manuscript for that matter. He might have performed modest surgical operations, since the collections contain some surgical recipes. What looks more certain is that during the seventeenth century, and part of the eighteenth, the volume was in Devon, as it was owned by Samuel Knott (d. 1687), rector of Combe Raleigh and priest of Broad Hembury, and Robert Burscough (1650/51-1709),

prebendary of Exeter, archdeacon of Barnstaple and rector of Cheriton Bishop: two men who, in addition to living nearby, had a mutual passion for manuscripts.²⁴⁸

3.4.6 JOHN HEWET AND HARLEY 2390

Ha 2390 is a manuscript copied by a single scribe and originally designed to be a single unit, although it was afterwards supplemented by two other quires (ff. 146r-156v; 158r-161r) and an additional leaf (f. 157r). These fifteenth-century additions contain collections of recipes and, according to the British Library, come from two, or possibly three, manuscripts copied by a different scribe each. That the singleton originally belonged to a larger volume is rather evident at a glance. This folio, which holds only four recipes, was horizontally bound to the manuscript, therefore, the written lines lie vertically.

Further to the addition of these leaves, the manuscript experienced other remarkable changes at an early stage. Based on its signatures, someone moved its original first five gatherings (a-e: ff. 105-145) to the second part of the volume, placing the signature l-t at the beginning (ff. 1-104), and possibly removing four or five gatherings in the process (f-k). The outcome of this rearrangement was that the majority of the scholarly material was assembled at the beginning of the volume. Another codicological feature that characterises this volume is that the binder placed the last folio of some gatherings as the first folio of the new quire. Thus, the twelfth folio of Q1 is bound as the first leaf of Q2, and the eleventh folio of Q9 has become the first leaf of Quire 10. Given the varied content of the manuscript, it seems impossible to know what the removed gatherings

²⁴⁸ Burscough's widow sold it to Harley in 1715.

contained. However, considering that the rest of the codex is composed almost exclusively of twelve-leaf quires, I can speculate that the missing four or five gatherings might have ended up in a useful forty-eight or sixty-leaves codex somewhere else.

There is a possibility that this rebinding was orchestrated by the presumed practitioner, whose name appears on a note at the end of the first insertion ('a good book of medysyns qwech longyth to Iohn Hewet Magnus'; f. 156v). He might have acquired the manuscript in its original form, that is, as a volume of a hundred and forty-five folios plus the missing gatherings; and then removed the central quires, and added other pieces of writing he already owned, accommodating its older form to a more convenient arrangement. Alternatively, this same procedure could have been followed by another individual. Either way, it seems that the codex was aimed at being used by a practitioner from the onset, since, before the remodeling, the volume would have opened with a Middle English proclamation for the itinerant physician (f. 105r). What is more, the considerable amount of short learned texts it contains, and the inclusion of unusual subjects like grammar and memory, indicate that the codex might have been originally designed to be used by a university-trained physician or in an academic environment, as other manuscripts with academic and logical and grammar texts have been preserved in that context.²⁴⁹

²⁴⁹ P. M. Jones, 'University Books and the Sciences c. 1250-1400', in *CHBB 2*, ed. N. J. Morgan and R. M. Thomson (Cambridge: Cambridge University Press, 2008), pp. 453-462 (p. 455).

3.4.7 HARLEY 2381

Ha 2381 is possibly composed of four separate units that were primarily copied by a single scribe and are distributed as follows: Booklet 1 (ff. 1-16: Q1), Booklet 2 (ff. 17-30: Q2), Booklet 3 (ff. 31-34: Q3) and Booklet 4 (ff. 35-116: Q4-7). The content and structure of the manuscript suggest that it was intended to form a large block of collections of recipes (Booklet 4). This block is introduced by a table of contents (Booklet 2), that is preceded by another gathering (Booklet 1) with calendrical information, and followed by a group of recipes (Booklet 3). The group of recipes was uncommonly, though conveniently, placed between a *receptarium* and its table of content, and contains (among other things) a text on weights and measures frequently used by physicians, which would have been certainly helpful when preparing the recipes and antidotes of the large collection. That the fourth booklet was planned to contain the main collection of the manuscript is confirmed by the foliation written by the scribe himself in certain lower margins. This foliation refers to chapters one (ff. 35v-56r), two (ff. 56v-68v), four (ff. 71v-82v), five (ff. 83r-97v) and six (ff. 98r-100v. Also: ‘this ys the 6 tabulle of surgery of iij²⁵⁰ medicynes & ale’); and omits chapters three (ff. 69r-71r), seven (ff. 101r-105r) and eight (ff. 105v-115v).

A number of internal and external aspects suggest that a practitioner was behind the compilation of this manuscript. Codicologically speaking, the irregularity of the gatherings, which contain quires of twenty-two, twelve, sixteen or thirty-two folios, the addition of two bifolia to the main collection, and the fact that Booklet 3 is made out of two bifolia and two paper slips indicate that, even though copied by the same scribe, the

²⁵⁰ They seem to have what looks like two medieval y’s above the numbers.

gatherings were possibly written at different times. This irregularity in the codicology of the booklets reveals the compiler's attempt to complement and customise the material as needed. Textually, the codex contains two short texts that would have been rather useful to a practitioner: the text on weights and measures mentioned before, and a list of six cases of people (with their names), who were treated by a practitioner and owed him money. Additionally, the table of contents is grouped alphabetically and headed by letters that are at times followed by blank spaces, as if the scribe relied on adding more information at a later stage: therefore, following the medical handbook principle. Letters *s* and *t*, for example, were allocated a page each, plus an extra blank page with the same letters as headings. Some of these blank spaces have been filled with recipes later on. Curiously enough, Jones discovered that Ha 2381 includes a recipe for dropsy that is attributed to Fayreford (f. 67), thus proving that, after all, Fayreford exerted some influence in his own time, and confirming the presence of a practitioner in the production of the present volume.²⁵¹ In fact, the similarities between this manuscript and Fayreford's book are considerable. Further to the inclusion of one of Fayreford's recipes, they both followed the medical handbook principle and copied a list of their medical cases. Perhaps the practitioner-compiler of Ha 2381 came into possession of Fayreford's handbook, or was simply drawing on a common practice amongst medical practitioners at the time. Another oddity about these two codices is that they both ended up in Suffolk by the late seventeenth or early eighteenth centuries: Ha 2558 in the hands of J. Covel, and Ha 2381 in those of an antiquarian called John Batteley. Batteley was a Church of England clergyman who was not only an antiquarian, but also the son of an apothecary in Bury St Edmunds.

²⁵¹ Jones, 'Witnesses to Medieval Medical Practice', p. 4.

3.4.8 HARLEY 3383

It would be reckless to say that Ha 3383 was originally composed of independent booklets. There are certainly a number of parts that evince some autonomy in codicological and thematic terms: ff. 1-35 (Q1-3), ff. 36-55 (Q4), ff. 56-76 (Q5), ff. 77-94 (Q6), and ff. 95-98 (Q7); however, affirming that they were intended to be booklets would be adventurous, especially seeing that, except the last gathering (Q7), the volume was entirely copied by a late fifteenth century scribe, who is presumably the compiler and earliest owner of the codex. The additional gathering is a four-leaf quire which contains a few recipes (ff. 95r-96r) copied in a late fifteenth century or early sixteenth century hand, and an alchemical recipe (ff. 96v-97r) in a fifteenth-century hand, followed by two blank pages (f. 97v-98). In view that additional quires generally contain complete collections, and not scattered recipes copied by various hands, it is possible that the gathering was part of the original structure of the volume, being added by the main scribe to be filled out at a later stage: therefore might be interpreted as a sign of the medical handbook principle. As many of the practitioner-compiled composites, the volume shows the removal of a considerable number of folios, more particularly twenty-one. Q1, 2 and 4 present the most remarkable cases, as, based on their signatures, the fourth gathering lacks ten folios, and the first two quires were originally part of a larger gathering of twenty-six leaves that now misses its fifth-seventh and contiguous twentieth-twenty-second folios.

With regard to its decoration, the manuscript looks rather plain: it has very little colour, and every time a new item is added to a collection a simple line was drawn in the same ink as the text block. Its modest decoration, the fact that it was written by a single

scribe, and the removal of a significant amount of leaves point to a practitioner-produced compilation. Whilst one can but conjecture about the early life of the manuscript and its former owners, there is evidence that during the seventeenth and part of the eighteenth, century the volume was owned by Samuel Knott and Robert Burscough. As with the other manuscripts in the catalogue he owned, Knott interacted with the codex by writing numerous cross-references, copying the titles of some of the collections, and by including some notes (ff. 21 and 70). The addition of these *ordo* techniques show that post-medieval readers and owners considered fifteenth-century manuscripts more than mere collectable objects: they were also repositories of estimable and creditable knowledge.

3.4.9 HARLEY 3407

Ha 3407 is a manuscript composed of ten independent booklets which are distributed as follows: Booklet 1 (ff. 1-20: Q1-2), Booklet 2 (ff. 21-38: Q3-4), Booklet 3 (ff. 40-48: Q5), Booklet 4 (ff. 49-67: Q6-8), Booklet 5 (ff. 68-79: Q9), Booklet 6 (ff. 80-81: Q10), Booklet 7 (ff. 83-90: Q11), Booklet 8 (ff. 92-101: Q12), Booklet 9 (ff. 102-107: Q13), Booklet 10 (ff. 108-117: Q14). In addition to these ten separate units, the volume contains three additional single leaves: ff. 39, 82 and 91. The booklets were written mostly by twelve main scribes in the fifteenth century, although Booklets 1 and 8 might have been copied in the late fourteenth century, and Booklet 7 and the last singleton (f. 91), date from the twelfth century. These booklets were produced in England and France: Booklets 1, 2, and possibly 7 were copied in France; whereas 3, 4, 5, 6, 9, 10 and possibly 8 were produced in England.

The dimensions of the booklets provide evidence of their originally heterogeneous nature, since while the top of the pages are even, as if lined up, the lower part of the booklets show their legitimate various sizes. Additionally, some of the booklets are characterised by idiosyncratic codicological features. Booklet 3 contains the only gathering whose outer and inner bifolia are made in parchment while the remainder is in paper. Besides showing signs of dampness on its folios, Booklet 7 comprises a twelfth-century quaternion and an additional single leaf (f. 91) whose earliest hand dates from that same century, and which, like the gathering, was possibly produced in France. It seems logical to presume that they were already bound together before being brought to England. This booklet presents textual and decorative features commonly associated with monastic or academic environments: the text is copied in two columns, it contains pen-flourished initials and some glosses (single leaf) added by another contemporary scribe. Moreover, there are occasional marginal and interlinear corrections and notes (ff. 83r, 85r, 88r) written by another hand in black ink, indicating that a supervisor, or maybe the same later hand that added the list of weights, revised and corrected the text.

Other codicological alterations include the removal of further content from the original collections, as indicated by the catchwords that Booklets 3, 5, 7 and 8 have on the verso side of their last folios. In all these cases, the missing gatherings are part of renowned treatises: *Doom of Urine* (Booklet 3), Gilbertus Anglicus, *Compendium Medicinae sive Lilium Medicinae* (Booklet 5), Constantine the African's Book 1 of his *Viaticum* (Booklet 7) and Book 1 of Avicenna, *Canon* (Booklet 8). Booklet 9 also shows signs of missing content. A marginal note in f. 104, possibly recorded by Knott, Burscough or any other seventeenth-century annotator, pinpoints the removal of twelve leaves from the centre of the gathering, which is confirmed by the medieval foliation

found in the lower margin of the recto folios. Another noticeable feature of this booklet is that the scribe recorded catchwords in almost every leaf, both on the recto and the verso sides.

The fact that various booklets contain only sections of larger treatises suggest that the compiler may have been selective in choosing the content of the booklets, disposing of those parts that were not useful to him. It is also possible that he acquired some of the booklets, especially the earliest ones and those that were produced in France, in stationers', since they occasionally had second-hand material in stock that aged over a hundred years: much of which previously belonged to deceased readers.²⁵² The inclusion of academic treatises copied in Latin, such as the *Trotula*, *Kyrannides* or the *Viaticum*, in the volume point to an educated compiler, possibly a physician.

3.4.10 HARLEY 3719

Ha 3719 represents a rather singular case when compared to the rest of the volumes in the catalogue, inasmuch as it is probably an early sixteenth century creation built upon a fourteenth-century compilation. The volume is composed of seven independent booklets that were copied by six scribes and are distributed as follows: Booklet 1 (ff. 1-32: Q1-2), Booklet 2 (ff. 33-154: Q3-12), Booklet 3 (ff. 155-159: Q13),²⁵³ Booklet 4 (ff. 164-177: Q14-15), Booklet 5 (ff. 178-229: Q16-19), Booklet 6 (ff. 230-258: Q20-23) and Booklet 7 (ff. 259-282: Q24-25); plus three paper slips (ff. 160-163) which contain S. Knott's notes. Booklet 1 comprises several treatises copied correlatively

²⁵² Kwakkel, 'Commercial Organization and Economic Innovation', p. 176-177.

²⁵³ The four missing folios correspond to Knott's notes and are in separate paper slips.

and written in Latin by a hand that dates from the late thirteenth or early fourteenth century. This same scribe copied Booklets 2 and 5 as well, as suggested not only by his script, but also by the consistent *mise-en-page* of all his treatises: they are copied in Latin, two columns, with decorated large initials with pen flourished decoration and rubricated headings in the margins. Texts from Booklets 1 and 5 contain a number of corrections, including missing headings, which seem to have been made by the main scribe himself, as if he were revising the text; whereas Booklet 2 includes, along with his corrections, glosses, corrections and notes by another fourteenth-century scribe, an early sixteenth-century hand and Knott. An example of this scribe's diligence can be appreciated in f. 28r, where having skipped a paragraph in the text block, he amended the error by copying the missing excerpt in the lower margin and marking both parts with a caret in the form of an arrow with three dots on top of it (Figure 21). The competent performance of the scribe indicates that he was aiming at producing a professional work, or that he was being supervised and corrected by another scribe. All these elements indicate that the booklet might have been produced in a monastic environment, possibly a scriptorium.

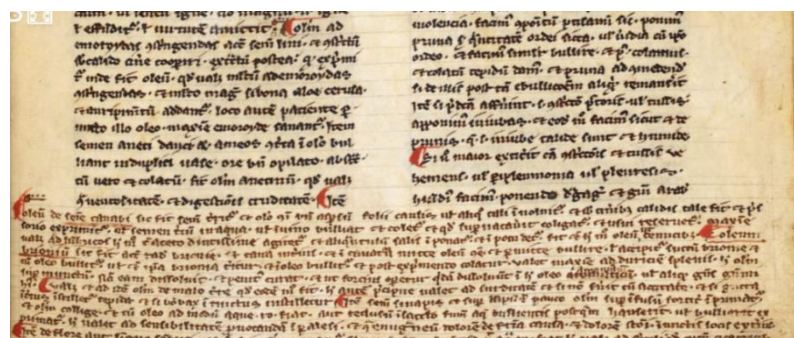


Figure 21. A fourteenth-century scribe correcting the text (f. 28r).

Further to the fact that they have the same scribe and *mise-en-page*, the codex contains another feature which indicates that Booklets 1, 2 and 5 were a compact unit

before being combined with the rest of the booklets. One of the three tables of contents the volume holds was copied by this fourteenth-century scribe, and contains only the Latin collections in the manuscript (f. 4v). This suggests that in its earliest form the volume was composed of learned texts bound together by a fourteenth-century individual who added not only a table of contents that include all these collections, but possibly another table of contents that relates to the largest collection in the codex (Gerardus Bituricensis's *Glossae super Viaticum Constantini*) and belonged originally to a different manuscript (ff. 2r-3r).

The other booklets were written by various fourteenth and fifteenth century scribes. Despite the difficulty in determining the date of production of Booklets 3 and 4, due to their calendrical information and the use of a formata script, the contents of the tables of eclipses in Booklet 3 point to a late fourteenth or early fifteenth century production. Booklets 6 and 7 were also copied by two different hands: the former dates from the late fourteenth century, and the latter from the fifteenth century. That the manuscript was originally made of independent units can be seen not only in the variety of hands and periods of production, but also in the various folios which were originally blank at the end of the booklets which are now filled with content copied by other hands: thus, the last two folios in Booklet 4 (ff. 175v-177) were copied by a new scribe in an early sixteenth century hand, and the end of Booklet 5 (F. 229v) contains additional annotations written by different hands. Along with the treatises, Booklet 2 also includes a bloodletting text and a zodiac-vein man copied in Latin by a fifteenth-century scribe (ff. 152v-154r): they occupy the last two originally blank leaves of the booklet, plus the verso side of the previous collection.

A sixteenth-century hand played a significant part in giving the manuscript its present form. This individual copied a table of contents that refers to the entire volume (f. 1v) that was revised and corrected by a later hand, possibly Knott. He also recorded the titles of some collections in the upper margin of certain folios (ff. 5r, 226r, 259r, 266r), glossed and corrected the *Viaticum*, and added two obituary notes to the calendar (ff. 165v, 169v) that date from 1500 and 1504 and relate to his parents, Clemencia and Thomas Smyth. He possibly copied the spheres of Pythagoras added as gap fillers at the end of Booklet 4, and added blue paragraph marks to some of his notes and other previous annotators, and to sections where the text appears in double column in the margins of Booklet 6. Apart from all these contributions to the internal structure of the manuscript, this annotator seems to have contributed to the manuscript on a much larger scale, since evidence suggests that he is the potential compiler of the modern volume. Presumably, it was he who acquired another fourteenth-century collection of treatises, and supplemented it with four other units (Booklets 3, 4, 6 and 7) to create the present compilation in the early sixteenth century. As a final touch, he copied a table of contents (f. 1v) where all the collections and treatises were included. The cohesion of the codex is manifested not only in his table of contents, but in the foliation that appears on the recto upper corner of the folios. Despite its late-medieval appearance, the foliation was probably added by this sixteenth-century compiler, as he uses the same numbers in his table of contents.²⁵⁴ This confirms once more that the volume was compiled and arranged by one of its sixteenth-century owners and has kept its present form intact.²⁵⁵ He made a volume which looks quite luxurious and large compared to the rest of the other manuscripts in the catalogue.

²⁵⁴ The table of contents repeats numbers 95 and 122 and omits 111. It also skips four paper slips (ff. 160-163), which correspond to S. Knott's notes and were added later on.

²⁵⁵ The only exception being the insertions of Knott's notes.

As in Ha 3407, the numerous academic treatises it contains and their extensive use of Latin point to a sixteenth-century educated physician.

CHAPTER 4. LOOKING INTO A PRACTITIONER'S HANDBOOK. YORK MINSTER LIBRARY, MS XVI E. 32: A CASE STUDY

The previous chapter has shown that the more irregular a manuscript is in codicological terms, the more likely it is that the codex was compiled by a practitioner who was attempting to customise his medical handbook: an argument which has been supported by an examination of the ten practitioner-compiled composites in the catalogue. This examination, however, has consisted essentially in defining the codicological structure and other remarkable features of the manuscripts without exploring the medical handbooks in detail. That will be the purpose of the present chapter: it will provide a comprehensive study of the York MS. There are two main reasons why this codex deserves further consideration. On the one hand, it represents one of the most extreme cases of booklet composition, inasmuch as it is composed of ten independent booklets copied by various scribes in different dialects and presumably different places. On the other hand, the presence of the compiler is highly evident in the quaternion annotations and the leaf signatures that appear in the majority of the booklets. The chapter will start providing a general description of the manuscript, to be followed by a thorough examination of all its booklets and its marginalia.

4.1 GENERAL DESCRIPTION

The York MS is composed of ten distinctive and independent booklets which contain twenty-one quires, a hundred and seventy-four folios, and six paper flyleaves (three on the front and three at the end). The booklets are bound in an eighteenth-century cardboard covered with parchment and collate $1^6 2^6 + 1$ leaf (f. 14) after $6 3-5^{12} 6^{10}$ wants

1-3 before f. 51 7-8¹² 9-11⁸ 12⁸ wants 1, 2 before f. 106 13⁸ wants 8 after f. 118 14⁸ 15⁶ wants 1, 3 and 5 16-18⁸ 19⁸ wants 2 after f. 154 and 6 after f. 157 20⁶ + 1 leaf (f. 165) after 5 21⁸. Based on an ascription to a *Magister Willelmus leche de Kylingholme* in its fourth booklet (f. 109r), the spine of the book reads: ‘MEDICINE. by WILL: DE KILINGHOLME AD MCCCCXII’. Explaining the rationale behind this date (1412) is a difficult endeavour. *IMEP* states that the year relates to the list of kings that opens the codex (f. 2), even though Henry IV’s reign ended in 1413. Based on the contents of arts. 1 and 2 in his catalogue, Ker dates the volume from ca. 1414.²⁵⁶ By all accounts, establishing the exact date of production of a volume that is composed of several separate booklets copied at different times seems incongruous; although, as suggested by Ker, in all probability the codex was bound together by the year 1500.²⁵⁷

Copied in a variety of skilled hands, the texts are mostly written in a rather elegant anglicana. The majority of the booklets are in good condition and have abundant marginal space, which gives the reader a sense of spaciousness, and visual harmony. This harmony is only disrupted by a number of folios that have been obscured by reagent, presumably after entering York Minster Library.²⁵⁸ Unfortunately, the library does not seem to hold any records of who applied the reagent, or when he or she did apply it.²⁵⁹

²⁵⁶ Arts 1 and 2 contain a list of kings, a pestilence treatise, a sphere of life in Ker, p. 702.

²⁵⁷ *Ibid.*, p. 702.

²⁵⁸ The stained folios are ff. 2r, 27r, 28r v, 29r, 35r, 36r, 53v, 54r, 119r, 122r, 126v, 127r, 146r, 158v (margins), 159v (margins), 160r (margins), 166v, 167r and 174v.

²⁵⁹ Trying to obtain further details about the origin of the stains, I went through a file in the York Minster Archivist’s office named ‘Notes on Holdings’, which contains information regarding the library collection from about 1990 to 2012. I could not find anything concerning the stains in the only records which according to the archivist might have been of help. I can conjecture, however, that the reagent was possibly applied between the time the manuscript entered the library in 1843 and 1990, the time where the ‘Notes on Holdings’ started to be gathered.

However, one would expect it to be gallic acid, potassium bisulfate, an alternation of hydrochloric acid and potassium cyanide, or, most likely, hydrophosphate of ammonia.²⁶⁰

The collections in the manuscript are presented in a neat and meticulous layout, and, except for the herbal glossary (ff. 113r-115r) and the first table of contents (ff. 79v-80r), are written in single columns. They are generally copied in English, although they contain a number of recipes and charms written in Latin (the Latin content is gathered primarily in Booklet 3), and a charm in Anglo-Norman (f. 144v).²⁶¹ The codex misses eleven folios altogether: two were removed between ff. 105v and 106r, the remainder were cut away. That the folios were cut away is evident in the gutter of the manuscript, where one can still see the remaining parts of the removed folios, and some letters from what were once marginal notes. There are six catchwords in the manuscript, and they appear in three of the only four booklets which contain several gatherings, namely Booklets 4, 8, and 9 (the exception being Booklet 3).²⁶² All the catchwords were recorded in the lower margin of the verso side of the folios, and were written by the same scribes who copied the corresponding collections. Catchwords in Booklet 4 are written in the same ink as the body of the text and are introduced by a double virgule; whereas the only catchword in Booklet 8 was written in red. Catchwords in Booklet 9 have a more elaborate appearance: the first one (f. 153v) is in a cartouche, and the second one (f. 159v) inside what looks like a group of line fillers. The codicological analysis of the codex has also shown that quires are mostly signed not only by some quaternion annotations that mark the end of the quires, but also by leaf signatures.²⁶³

²⁶⁰ R. Clemens, R., and T. Graham, *Introduction to Manuscript Studies* (Ithaca & London: Cornell University Press, 2007), p. 104.

²⁶¹ They are more particularly in ff. 2r v, 3r, 6r, 17r, 27v, 30v, 31v, 32r, 34v, 35v, 36v, 38r, 40r, 47r, 51v, 68v, 71r, 74r, 76r, 77r, 77v, 80v, 98r, 110v, 111v, 116v, 127v, 142v, 145r, 151r, 166r, 172r and 173rv.

²⁶² These signatures are in ff. 89v, 97v, 105v, 137v, 153v and 159v.

²⁶³ See Chapter 3, 3.4.4.

The volume has three different foliations: a modern foliation written in pencil that is consistently found at the bottom of the recto pages; a post-medieval foliation (1-69) on the top outer part of the folios in Booklet 3 (ff. 15-81); and a medieval foliation (1-28) in Arabic numbers situated on the top outer part of the folios in Booklet 4 (ff. 82-109). The foliation of the manuscript is indeed a source of controversy, since scholars have been referencing the manuscript differently. There is a foliation which considers a parchment flyleaf as the first folio of the manuscript: this one is followed by the York Minster Library staff and, consequently, myself; and another foliation, followed by N. R. Ker or the *Index of Middle English Prose*, which views the first written page of the manuscript (a list of kings) as its first folio.

4.2 PROVENANCE

According to the *Liber Donorum*, a book that keeps the records of the manuscripts and printed copies given to the York Minster library until 1924, the codex was given to the minster by a man called Reverend Edward Churton in 1843.²⁶⁴ The entry for that year reads: ‘Medicine by William de Killingholme Ms- Six sermons preached in 1582 Ms and Wiclifi Dialogis 4to (Quarto). All given by Reverend Edward Churton. Rector of Craykes’.²⁶⁵ Reverend Edward Churton (1800-1874) was born at Middleton Cheney (Northamptonshire), and lived in the North Riding of Yorkshire from 1835, the year when Bishop Van Mildert appointed him rector of Crayke, until his death.²⁶⁶ During that time, he was Canon of York and rural Dean and Rector of Crayke in 1845, Archdeacon of Cleveland from 1846 to 1874, and Prebendary of Knaresborough from 1841 to 1874.

²⁶⁴ J. Raine, *A Catalogue of the Printed Books in the Library of the Dean and Chapter of York* (York: John Sampson, 1896). The book also records later entries in loose pieces of paper.

²⁶⁵ There are two other donations that same year, given by two different people.

²⁶⁶ The information concerning Churton’s life has been compiled from the ODNB.

He was a theologian and Spanish scholar who was also interested in Anglo-Saxon literature, although the donations his wife made to the library on his behalf after his death indicate that his interests revolved mainly around religious matters. The library divided his collection into Manuscripts and Printed Books, both under the heading: '1874. The following works were presented to the Library by Mrs Churton, in memory of her husband Edward Churton m.a., Archdeacon of Cleveland'. Churton's wife gave nine manuscripts to the library (including a fifteenth-century copy of the *Vita Bernardi*), the remainder are printed copies. According to the *Liber Donorum*, he donated nearly three hundred printed copies published between 1550 and 1840. They contain primarily theological and scholarly discussions in the form of tracts, dialogues, defenses, testimonies and sermons. His intellectual interests are also reflected in a few religious and literary books he edited, as illustrated by his edition of the minor theological works of Bishop John Pearson, or his thorough study of Góngora in *Góngora: An Historical and Critical Essay on the Times of Philip III and IV of Spain, with Translations*. Another good instance of Churton's literary and theological standards can be found in a letter (YML, MS Add 651) he wrote in January 23rd, 1854, when he was in Crayke. Addressed to Reverend G. C. Hodgkinson, Principal of the diocesan Training College of York, who faced a doctrinal enquiry before the Archbishop of York and Bishop of Ripon, the letter warns Reverend Hodgkinson of a man called W. Baxter, who intended to discredit him; the object of the letter was to support Reverend Hodgkinson. The tone of this epistle, which finishes with a Latin sentence and allusions to the Spanish work *El Curioso Impertinente* and Bishop Barnet's *History of the Reformation*, reveals not only his scholarly education, but also his interest in Spanish literature.

Apart from the York MS no medical volume is registered amongst the books he bequeathed to the library. In fact, it seems that he did not have any connections with the

medical profession, as he does not seem to have undertaken any medical courses or practice medicine. Hence, unlike the rest of the last owners of the manuscripts in the catalogue, Churton was neither a collector, nor did he seem to be related to medicine in any way. Given the scholarly disposition of Churton's father, it is possible that the York MS was handed down to him after his father's death. He might have also acquired the manuscript in an antiquarian bookshop, as part of a lot of old books; or perhaps someone gave it to him as a gift.²⁶⁷

Another line of enquiry regarding the provenance of the manuscript, which does not have a clear explanation, is the fact that a volume copied in such a variety of Midlands dialects ended up in Yorkshire. The most obvious hypothesis could be that Churton himself brought it up north. However, the codex contains two post-medieval marks of ownership which allude to a Frauncis Acton and a Johannes breythe/brogston. Johannes breythe/brogston wrote his name on the top margin of the first folio of the volume in a sixteenth-century script which is now rather stained by reagent. Frauncis Acton of the church of Stretton', on the other hand, scribbled down her name upside down nearly at the end of the volume (See Figure 22). The history of the Acton family dates back at least to the fourteenth century. Several members of the family, many of them named Francis or Frances, were settled in Acton Scott, a village near Church Stretton (Shropshire). Based on the date of the script, the most plausible candidate seems be Francis Acton (1749-1762). She was the daughter of Richard Acton, 5th Baronet of Acton, and Lady Anne Grey, and had a sister named Elizabeth.²⁶⁸ She was only thirteen years old when she died,

²⁶⁷ The idea of the antiquarian bookshop was kindly suggested by C. Henderson in private correspondence: C. Henderson, "'For the ston that olde John Busshy hathe?': An Analysis of the Codicology and Marginalia of William Leech of Killingholme's Medical Manual, York Minster Library XVI E. 32' (unpublished master's thesis, University of York, Centre for Medieval Studies, 2014).

²⁶⁸ *Cracroft's Peerage: The Complete Guide to the British Peerage & Baronetage* <<http://www>.

which might explain the childish appearance of her script. Considering that her sister married a Yorkshire Esquire named Philip Langdale, a possible explanation might be that the couple took the codex with them up north after their marriage, where presumably any of the Churtons acquired it. This might clarify how a manuscript that was still in the Midlands, more particularly in Shropshire, by the eighteenth century ended up in York Minster Library in 1843.

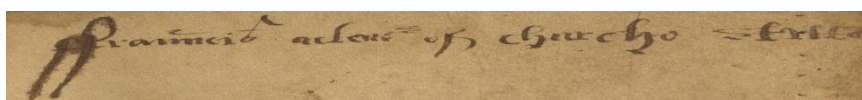
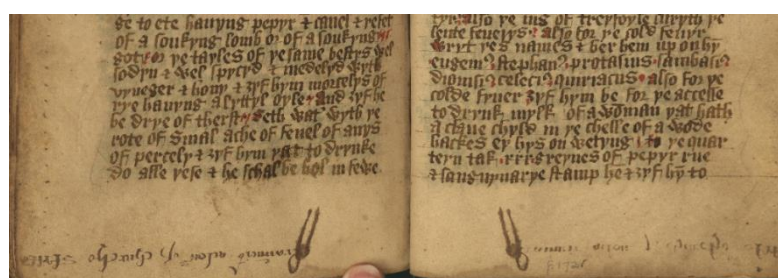


Figure 22. Mark of ownership written by Francis Acton (f. 171v).

4.3 LIST OF CONTENTS

The list of contents below itemises the individual articles of the York MS. It offers a more detailed list than the one provided in the catalogue, as it divides the material into booklets, and includes the openings and closings of the collections.

cracroftspeerage.co.uk/online/content/actonb1643.htm?zoom_highlight=john+mhor+macdonald> [Accessed 17 June 2014]; *The National Archives* <<http://discovery.nationalarchives.gov.uk/details/rd/52b8ee1e-f792-4d03-8450-1fc985788bca>> [Accessed 17 June 2014].

Booklet 1: Quire 1 (ff. 2r-7v)

F. 2r. List of kings from Alfred the Great to Henry IV. Begins: 'Rex alfridus regnauit xxi annis'. Ends: 'Rex henricus xiiij annis 14'; Notes on the plague, famine, and insurrection. Begins: 'Anno christi 1348 magna pestilencia fuit'. Ends: '21 die aprilis post mediam diem fuit terremotus'.

F. 2v. Sphere of Pythagoras (including six verse lines: 'Colige per numerum quicquod esse probatum'). Begins: 'Hic incipit Racio spere pictagori plati quam Apoliagro scripsit de qua [...] Res scire volueris vt puta de egris'. Ends: 'Si super fuerit venit morietur & infra'; Recipe for the gout. Begins: 'Probata for þe gowte. Tak ambrosse sawge wormode'. Ends: 'Ley yt & put hem yn boxys'.

F. 3r. Latin charm for fever. Begins: 'Ad Iuracio pro febris'. Ends: 'In nomine patris & filii & spiritus sancti'.

F. 3v. Latin charm for fever. Begins: 'Pro feberis. Cum intrasset dominus Ihesus in domum Simonis leprosi'. Ends: 'Per sanctam Mariam matrem deum nostri Ihesus christ Amen'; Recipe for painless childbirth. Begins: 'To delyuer a woman or adede childe oþer of aquyke leye upon hyre wombe'. Ends: 'And 3he schal haue childe with oute trauayle'.

F. 4r. Charm on epilepsy in English and Latin. Begins: 'Pro morbo caduco. To hele þe fallynge euyl Seþe þe wordes'. Ends: 'He schal neuer haue it whyles hit is abowte hym'.

F. 4v. Latin charm on epilepsy. Begins: 'Pro Morbo Caduco In nomine patris & filii & spiritus sancti'. Ends: 'Caducum et liga in collo eius'; English recipe for painless childbirth. Begins: 'For a woman þat trauail of child for to be de lyuerred'. Ends: 'Che schal ber hur child with out eny gret labre or harme'.

F. 5r. Three perilous Mondays for childbirth and beginning work in February, May and September. Begins: 'Al so wytey wel þat yere be iij monendaies in þe zeer perilous'. Ends: 'Drinc it v dayys fastyng & he schal be holle'; Three other perilous days for bloodletting or taking medicine in April, August & December. Begins: 'Also þer bethe iij dayys yn þe zere þat yff eny man lete hym blode þer e eny off þre dayys or tak eny medycyne'. Ends: 'þe firste day of august & þe last day of decembre'; English recipe for epilepsy. Begins: 'For þe fallynd [...] tak mistyle þat grouit'. Ends: 'Drinc it v dayys fastyng & he schal be holle'.

F. 5v. To make a balm. Begins: 'To make bame Take erbe Ion agode quantite before þe feste of seynt Ion'. Ends: 'Wel hit hat agrete vertu but it last but iij zere'; Recipe for lechery. Begins: 'To distrye þe lust of lecherie Take hemloc in þe sun[day] of þe new of þe mone or þe sunne arise'. Ends: 'Drynke often tymis rewe and verueyn vij days & hit vil stanche'; Two recipes for staunching blood. Begins: '[...] & sentori bay is helena campana'. Ends: 'Salt vetayne long piper & hem in swute [...]'.
[...]

F. 6r. Latin charm for women in childbirth. Begins: 'For wemen þat Trawayillit on Cyldebed In nomine + patris + & filii + Ihesus'. Ends: 'Cum manibus cium pocoem'; Recipe to remove teeth. Begins: 'For Sorre tethe to take þem out with out any enstrument Take gum of yeruy And Agryue Euete'. Ends: 'þu schalt fynd þe hole fule of gume';

Recipe for size. Begins: 'ffor to make agode scyze tak aquart of lynced oyle'. Ends: 'And I ownce of whyt coperoze'.

Ff. 6v-7r. Sphere of Pythagoras. Begins: 'Here bygynis þe resoun of þe spere Pittagri prelati þe whiche he wrot to Apoliago'. Ends: 'If it be aboue he shal lyue and if it be beneþe is bot ded'.

F. 7v. Lunar diagram with numerals and 'Etas lune Signa Gradus Minuta'; Attributes of the zodiacal signs. Begins: 'Aries leo sagittarius ignei colerica'. Ends: 'Signa communia gemini virgo sagittarus pisses'.

Booklet 2: Quire 2 (ff. 8r-14v)

Ff. 8r-13v. Astronomical calendar. Begins: 'Ianuarius'. Ends: 'December'.

F. 14r. Table of the eclipses of the moon. 'Tabula eclipsium lune 1414-1450'.

F. 14v. Table of the eclipses of the sun. 'Tabula eclipsium solis 1411-1462'.

Booklet 3: Quires 3-8 (ff. 15r-81v)

Ff. 15r-79v. Collection of recipes. Begins: 'Si caput infirmum cetera membra dolent Tak veruyne or betoni or wormode and mak leize þer of'. Ends: 'Also of herbis þou maiste make oille'.

Ff. 79v-80r. Incomplete table of contents of previous *receptarium*. Begins: '1 ffor þe hed ache'. Ends: 'ffor þe glandres 61'.

F. 80v. Recipe for nerval. Begins: 'þus begyns makyn of nerwelle Tak Beton & Ameros Groundyuyn wormwod'. Ends: 'May botter & howlle do lyfe & fraynkynseyncs'.

F. 80v. Table of mutations and conjunctions of the moon in Latin. Begins: 'Incipit regela mutas como le pertotum aum criulum'. Ends: 'iij die precedente eret mutacio & como le xv hora'.

Ff. 80v-81r. Latin charm for toothache. Begins: 'In honorem domini nostri ihesu christ Sancte marie'. Ends: 'Regnat deus per omnia secla sanctorum Amen'.

F. 81r. Latin balm. Begins: 'Versus de virtute agni dei Balsamus & munda'. Ends: 'Pater noster aue maria'.

F. 81v. Incomplete table of contents of the next *receptarium*. Begins: 'In this table þe schalle fynde eueri thyng'. Ends: 'Contra fustulam in ano'.

Booklet 4: Quires 9-12 (ff. 82r-111v)

Ff. 82r-109r. Collection of recipes. Begins: 'On þis manere þow schalt make a stroctorie Recipe þe iuse of planteyne & of syngrene & of stonore'. Ends: 'This tretyse byfore wryten is compyled of þe tretyses of arystotel Galyene & of ypocrase & of oþer leches of salerne Magister Willelmus Leche de Kylingholme'.

F. 109v. Bloodletting-zodiac man. Begins: 'For þe migrein for impostem in þe hed'. Ends: 'Pissis / sophena / sciatica'.

F. 110r. Zodiacal sign diagram.

Ff. 110v-111v. Treatise on thirty-two perilous days for bloodletting. Begins: 'þe noumbrary in þe fyrst lyne it unswerys þe sygne in þe noumbyr of alle maner'. Ends: 'Pysces be war of cuttyng in þe feet in ony maner'.

F. 111v. Latin charm for fevers. Begins: 'In nomine pater & filii & spiritu sancti a coniuero vos febres'. Ends: 'Super hunc famulum'.

Booklet 5: Quire 13 (ff. 112r-118v)

Ff. 112r-113r. Treatise on the regulation of the body in each month of the year. Begins: 'Of þe mones in þe 3er heer techyn maystyr galyon & Ipocras þe gode lechys of mete drynk & tyme of bledyng. In þe monyþ of genyuer whyht wyn is good fastyng to drynke'. Ends: 'þus þou may kepe þe al þe 3er from harm'.

Ff. 113r-115r. Latin-English herbal glossary. Begins: 'Hic sunt nomina herbarum Plantago agni lingua'. Ends: 'Morsus galine chekyn wyd wyth þe rede flouris'.

F. 115r. To make popillion. Begins: 'For to make poppylyan Tak iiij libra popelyr le uys & iiij libra erbe wauter'. Ends: 'þat is þe kende making of poppylyan'.

Ff. 115v-117v. Collection of recipes. Begins: ‘ffor alle maner poysun or venym tak mylk of agot & seth it wyth sed of chanure’. Ends: ‘zyf hym to eten or cast alytyl seue in hys potage’.

Ff. 117v-118v. Treatise on good and bad days for letting blood. Begins: ‘He þat letys hym blod on þe ryht arm þe viij day of marche’. Ends: ‘It zeues lygthnes to þe lemes of þe body’.

Booklet 6: Quire 14 (ff. 119r-126v)

Ff. 119r-120r. Prophecies of Esdras. Begins: ‘Yf þe day of oure lord falle vp on a sonenday agod wynter’. Ends: ‘Shal skap to liue & þenk on him þat wrot þis’.

Ff. 120r-121r. Treatise on the virtues of betony. Begins: ‘Betonie To telle of beteyn i haue gret mynde An sithen of oþer herbes als I fynde’. Ends: ‘Whilk þat may on erth be founde’.

Ff. 121r-122r. Treatise on the virtues of the rosemary. Begins: ‘þes are þe vertues of þe rosemaryne þe wich is both herb & tre as þe leches of salerne wrot to þe Countes of Henowde’. Ends: ‘Hit shal kepe þe wyne fro turnynge to vynegere Explicit’.

F. 122v. Chiromancy diagram.

Ff. 123r-124r. Treatise on bodily characteristics and their significance. Begins: ‘Of her þat is euene & fayr be tokenys dwellyng & good nesse of broun colour’. Ends: ‘Neythyr zyf dyfferens synes bowand to þe betyr part it arn prefabele’.

Ff. 124r-126r. The Interpretations of Daniel the Prophet. Begins: 'Here beggynyth þe exposyssyun of dremys þat danyel þe profete saw & dysposyd In babyloyne'. Ends: 'To sowe sedys to haue chydyng or slaundyr'.

Ff. 126r-126v. Two recipes for removing fleas. Begins: 'ffor to dystroye fleu Tak a bole horn & bren it'. Ends: 'It wyl do her falle 3yf it be anyntyd þer wyth'.

Booklet 7: Quire 15 (ff. 127r-129v)

Ff. 127r-129v. Collection of recipes. Begins: 'A god drynk god for þe heued Tak betoyne verueyn wermod'. Ends: 'þe festur þer with & if þe taynt be white þen is it'.

Booklet 8: Quires 16-17 (ff. 130r-145v)

Ff. 130r-145v. Collection of recipes. Begins: 'Here techep Maister Galian þe leche to ponopholon his disciple of makyng of waters of oymentes'. Ends: 'ffor festre or venym Take syngrene arnement & garlek & poun hem'.

Booklet 9: Quires 18-20 (ff. 146r-166v)

Ff. 146r-166v. Collection of recipes. Begins: 'ffor alle maner of sores wondes & postemys & oncomes kanceres or festeres'. Ends: 'Do it in þe hole þat þe werm hath mad'.

Booklet 10: Quire 21 (ff. 167r-174v)

Ff. 167r-171r. Uroscopy with diagram (f. 167r). Begins: 'Heer is þe tabelle of dyscressyun of waterys bedyuers colourys to knowe dyuers euelys in manys body be þe doctrine of maystyr galyon & ipocras þe worthy lechys Vryn redysch be tokenes heel & good dysposicyun of manys body'. Ends: 'On þe matryce sethen on þe bleddere Make þi medecynes as reson askes'.

Ff. 171r-174v. Remedies for fevers. Begins: 'þer ben fele kendys of feuerys þat norechyn in men sothly. Ends: Lat hym drynk þat watyr probatum est'.

F. 174v. Remedies for fevers. Begins: 'Mef fabis is lud lia. Ends: In tali hora est dies mala 0 1 9 8 7 6 5 4 3 2 1'.

4.4 THE BOOKLETS

As in the rest of the practitioner-compiled composites, the separate booklets that comprise the York MS ended up making a unique compilation which, despite forming a single unit, contain a number of idiosyncratic features that are worth exploring. Its ten booklets will be examined individually, paying special attention to their scribes and their most striking palaeographical and thematic characteristics. To differentiate the scribes' handwriting I have performed a palaeographical analysis, which does not intend to offer a comprehensive study of the graphs, but to identify some of the scribes' most diagnostic letters. Due to their variability at the time, I have concentrated on the letters *w*, *y*, *þ*, *v*, *h*, *s*, *x*, and *d*, as they will provide a more definite identification of the hands; other letters

have been contemplated when presenting any peculiarities. The omission of any of the diagnostic letters indicate that there are no samples in the text. On occasions, the resemblance between the different handwritings have complicated a scribal identification. Scribes C, D and F, for instance, copied their texts in a neat *anglicana* with a peculiar *d*. Other examples include Scribes C's and F's use of *anglicana* and secretary *x*, and the two entirely different kinds of *x*'s and *d*'s Scribe E employed in the various collections he copied, which can be distinguished thanks to his rather distinctive *w*'s and his squarish handwriting.²⁶⁹ In terms of content, only the collections which have not been described in Chapter 2 (2.3) will be considered in this section.

4.4.1 BOOKLET 1

Booklet 1 (ff. 2-7) is composed of one quire of six leaves (Q1). The size of the folios varies from 175 x 115 mm. at most, to 155 x 110 mm. at least, and the written space varies from 156 x 115 mm. at most, to 120 x 95 mm. at least. The number of lines alternates between eighteen and thirty-one. The booklet contains several recipes and charms in English and Latin; a list of kings; some notes on the plague, famine and insurrection; two spheres of Pythagoras; a treatise on the three perilous Mondays for childbirth, beginning work, taking medicine and bloodletting; a lunar diagram; and a diagram with the attributes of the zodiacal signs.²⁷⁰ It was written by Scribe A, although it was possibly partially copied by Scribe B, as he might have written the outer folio of the quire (ff. 2r and 7v).²⁷¹ Scribe A produced the majority of Booklet 1, including its

²⁶⁹ Ker's catalogue and MWM have helped me when in doubt, as, except for the first three booklets, they both recorded the scribal and dialectal variations of almost the entire manuscript.

²⁷⁰ See the Catalogue (2.2.1) and the List of Contents (4.3).

²⁷¹ For a more detailed explanation, go to the codicological examination of the manuscript in Chapter 3 (3.4.4).

rubrics, which are used to introduce recipes and the beginning of the two spheres of Pythagoras. Based on his letters *a* and *x*, it seems that the scribe uses a mixture of secretary and anglicana. His diagnostic letters are *g*, *d* and *w* (See Figure 23). His *w* has a curvature at the base (though not always), and its left limb is separated from the right one. It also has a *B*-shaped element with double lobes on the right limb. Given the frequent use of Latin in the booklet, the letters *w* and *þ* occur rarely. The *y* has a very long and curved tail, especially if compared to the *þ*, which tends to have a short and straight tail. He uses two different forms for the letter *v*: the main one tends to have a descending stroke (though sometimes it does not), and the other one looks like the left limb of the *w*. He employs sigma *s* in initial and final positions and a long one in medial and initial position. His *d* has a curved head and is looped and unlooped; he uses both in all positions. Sometimes the upper loop is arching back beyond the extent of the lower lobe, while others the upper lobe is not completely closed. His handwriting shows dialectal features from the Midlands, probably from Northamptonshire, and dates from the first half of the fifteenth century.

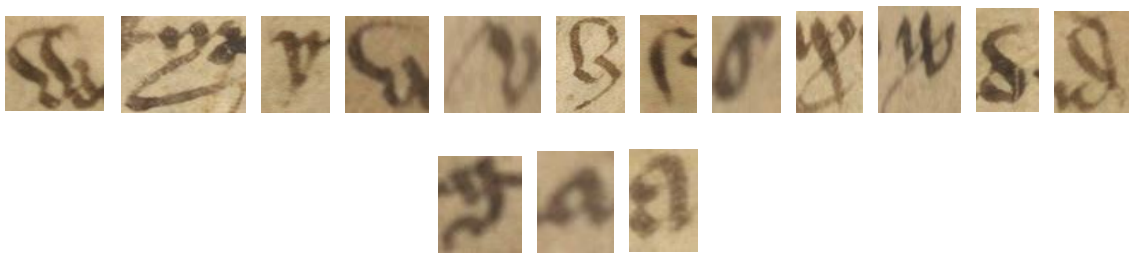


Figure 23. Scribe A's handwriting.

In appearance, Booklet 1 is not only the smallest in size, but the least meticulous and consistent in terms of layout. It is also the only gathering in the manuscript which does not show a correlation between folios; in other words, there is no connection between

the sides of the leaves, or the different folios, therefore, the recipes may have been copied by the same scribe but at different times. This would point to a collection that follows the medical handbook principle: a fact that is reinforced by the simple decoration of the booklet. It is thus highly likely that a practitioner copied this booklet. Other features worth mentioning are some line fillers (ff. 4r, 3v, 5v and 6r), and the numeral two which appears in the upper margin of f. 3, and that seems to be foliating the leaves; even though, it is the only folio to be numbered.

4.4.2 BOOKLET 2

Booklet 2 (ff. 8-13) is composed of one single quire of six bifolia (Q2), plus a singleton (f. 14) which contains an astronomical calendar and a table of the eclipses of the moon and the sun. The size of the folios varies from 180 x 115 mm. at most, to 180 x 110 mm. at least, and the written space varies from 140 x 95 mm. at most, to 135 x 90 mm. at least. The number of lines oscillates between thirty and thirty-four. It was mainly written by Scribe B, although the calendar also contains a number of later additions. This scribe produced the booklet in its entirety, and possibly the singleton added to the end of the booklet (f. 14), and the outer folio of Booklet 1 (ff. 2r and 7v). Scribe B uses red extensively and his diagnostic letters are *w*, *h* and *x* (See Figure 24). The left limb of his *w* is separate from the rest of the graph and it has a *B*-shaped element with double lobes on the right. His *h* has an angled foot and a forked head. He uses an 8-shaped *s* and an unlooped *d*. His *x* is quite peculiar, since if it were not for a line that descends from the lower left of the graph, it could be easily confused with an *r*. The text is copied in gothic textura and therefore is squarish in shape. This brilliantly executed script is characterised by its straight vertical lines and its constant use of minims, that is to say, short vertical

strokes employed to represent principally the letters *i*, *u*, *n* and *m*. Due to the calendrical content of the booklet, it is rather complicated to identify the dialect of the text. However, based on the tables of the eclipses and the list of kings, I can speculate that the texts were written sometime around 1414.



Figure 24. Scribe B's handwriting.

The calendar in the booklet is commonly found in English astronomical and medical texts.²⁷² The rites employed at the time followed the Sarum or the York liturgy, unless the calendar was specially prepared for a member of one of the religious orders, in which case a calendar appropriate to the individual's religious order would have been used. The part copied by the main scribe is a Sarum calendar, and it includes almost all the main saints one would expect to find in it, even though there are a few saints missing. The calendars in medical manuscripts usually included fewer saints than a full Sarum or York calendar in a liturgical manuscript. The majority of the additions in this calendar were mostly written by two scribes who did not add entries to all the months of the year, but focused more particularly in January and February. In January they added some Sarum feasts which the first scribe had omitted, such as Perpetua's and Felicity's on Mar. 7th; as well as many other non-Sarum entries characteristic of York calendar, including January 10th, Paul the Hermit; January 17th, Anthony; January 23rd, Emerentiana; January 24th, Babillus; January 26th, Polycarp and February 4th, Gilbert. It appears that for January and February there was the intention to adapt the calendar to the York use, although there

²⁷² All the information concerning the calendar was gathered by Professor Nigel Morgan, who kindly examined the manuscript to help me identify its main features.

is one more additional entry in July 8th, Grimbald. Some entries (for example, March 17th, Patrick; or October 16th, Etheldreda: with 'sancti' rather than 'sancte') are neither Sarum nor York, and may have been included for personal reasons.

4.4.3 BOOKLET 3

Booklet 3 (ff. 15-81) is made out of six quires (Q3-8) of twelve leaves each (except quire 6 which misses three folios). It contains primarily a collection of recipes and charms in English and Latin, which is related to a popular treatise known as the *Liber de Diversis Medicinis*.²⁷³ This treatise, also found in the Lincoln Thornton MS, is followed by two incomplete tables of contents (ff. 79v-80r and 81v), some recipes and charms that are not part of the main collection (ff. 80v and 81r), and a table of mutations and conjunctions of the moon (ff. 80v-81r). The size of the folios varies from 180 x 125 mm. at most, to 172 x 120 mm. at least. In the *receptarium*, the written space varies from 135 x 93 mm. at most, to 130 x 90 mm. at least, and the number of lines is mostly twenty-nine or thirty, with a few cases as many as thirty-one, or as few as nine at the end of the collection. The written space of the first table of contents varies depending on the column: 89 x 41, 92 x 50 and 133 x 100 (including the numbers) or 133 x 92 (with the exclusion of numbers). Similarly, the number of lines differs: seventeen, nineteen, twenty-seven and twenty-six, respectively. The last two folios were copied by a number of annotators that will be considered later in this chapter.²⁷⁴ Folio 80v contains three sections that were written by three different scribes: a recipe (seven lines), which is followed by a table of mutations and conjunctions of the moon (nine lines), and a charm (nine lines); in other

²⁷³ Ogden's edition.

²⁷⁴ Go to 4.5.1.1.6; 4.5.1.1.7; 4.5.1.1.8 and 4.5.1.1.9.

words, twenty-five lines in the folio altogether. Folio 81r contains the end of the charm (fifteen lines) and a balm (fourteen lines), which makes twenty-nine lines altogether. The written space of the second table of contents (f. 82v) is 99 x 110 mm. and it is made out of nineteen lines.

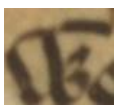
The booklet comprises a collection of recipes (ff. 15r-79v) that was primarily written by Scribe C. His diagnostic letters are *d* and *w* (See below and Figure 25). He employs different types of *w*: most of which have a curvature at the bottom, as described below.



The one he uses extensively has closed head loops, though sometimes it has no loop on the left arm or an open loop on the right. Likewise, the left arm is sometimes separate from the rest of the graph.



The left limb of this *w* has a looped approach stroke, curving to the left at the head, and it is quite similar to that of the *v*. It always has a *B*-shaped element on the right and its head is sometimes open. When it is in a first line, this form has a longer right arm.



This *w* has extended curves above the graph, which at times are not so long. Occasionally, the left limb is separate from the rest of the graph.



This form, with a *B*-shaped element on the right and open loops, has sometimes the left arm closed and separate from the rest of the graph or has a loop.



This form, with open loops and a shorter left limb, has at times a longer left limb.

Other times the left limb has the same size as the right one, and has a non-arched head.



On some occasions this form, with open loops, a *B*-shaped element on the right and squarish base, has its head closed.



Found only in the first lines, this *w* has a rather round left limb whose curve extends above the graph.

The graphs above have shown how this scribe could execute various forms of the letter *w*. His *y* has a long arched tail which frequently resembles that of the *b*; in fact, they are occasionally interchangeable: an idiosyncratic northern feature that spread through the Midlands, as well as some parts of East Anglia (namely in Norfolk and Suffolk) during the late medieval period (See Figure 26).²⁷⁵ He uses different forms of the letter *v*, whose curving stroke sometimes ascends, and others descends. When the approach stroke descends, the base tends to be squarish and the descending stroke long, or the base is not so squarish and the descending stroke is very short. When the curving stroke ascends, the base can be squarish and the ascending stroke long, or the *v* can look like a *b* and have a less squarish base. The tail of the *h* turns clockwise and runs horizontal along the line, though sometimes it is longer, slightly shorter, or not as arched as the one shown below. He employs a sigma *s* in initial and final positions and a long *s* in medial (and sometimes initial) position. The letter *x* has a secretary form. His main *d* is looped:

²⁷⁵ M. Benskin, 'The Letters <þ> and <y> in Later Middle English, and Some Related Matters', *Journal of the Society of Archivists*, 7 (1982), 13-30.

its lower lobe tends to be rounded in shape, although it is sometimes presented in a more squarish base. Occasionally, its upper loop arches back beyond the extent of the lower lobe, or the lobes are not completely closed. From time to time it is tagged in final position.



Figure 25. Scribe C's handwriting.

His anglicana script dates from the end of the fourteenth century or the beginning of the fifteenth century, and it shows a mixture of northern, southern and Midlands dialectal features, although Midlands traits are prominent, more particularly those found in the areas of Shropshire, Herefordshire and Worcestershire.

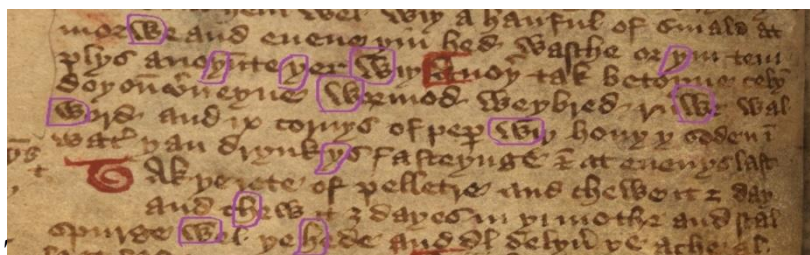


Figure 26. A sample of Scribe C's handwriting where it can be appreciated how he uses the letters *y* and *h* interchangeably, as well as the different forms of his *w* and *h* (f. 15v).

Another scribe, who has been called here the Rubricator, copied the titles of the recipes of the first quire (ff. 15r-26v). His diagnostic letter is the *w*, which has no head

loops and rather straight limbs (Figure 27). Its left limb is separate from the rest of the graph and it has the *B*-shaped element at the right. Other distinctive features of his handwriting include his unlooped *d*, or the fact that, even though the tail of the *y* tends to be longer, straighter and to have no curvature at the end, it sometimes looks like the *þ*. The Rubricator uses a mixture of *anglicana* and *secretary* traits, as illustrated by his double-compartment *g* and *a*, and by his unlooped *d* and sigma *s*.



Figure 27. Rubricator's handwriting.

Since both Scribe C and the Rubricator wrote in a late medieval script, we should consider the possibility that they worked in partnership. In fact, the Rubricator did copy the headings of the first quire in the booklet, however, Scribe B copied the remainder in a script which is fancier and larger than the text-block script. It was not an unusual practice in medieval England to employ a variety of scripts for different purposes. In the twelfth century, scribes used a primary display script for headings, titles and other significant divisions; a secondary display script for the opening words of an important division; and a tertiary display script within the text block.²⁷⁶ In many of the manuscripts studied here, *textura quadrata* is frequently used as the primary display script, and also the preferred script for calendars and other calendrical tables; whereas *anglicana* is generally the tertiary display script.

²⁷⁶ Parkes, 'Layout and presentation of text', p. 64.

Whilst the Rubricator copied the recipe headings at the margins, most likely at a later stage, Scribe C produced his in the body of the text, possibly later than the text too. When a recipe is introduced by a rubricated initial, it is common to find one or two blank lines between the last sentence of a recipe and the new remedy. These spaces were commonly filled with headings which were sometimes squeezed into the body of the text, which confirms once more that the titles were added later (Figures 28 and 29).

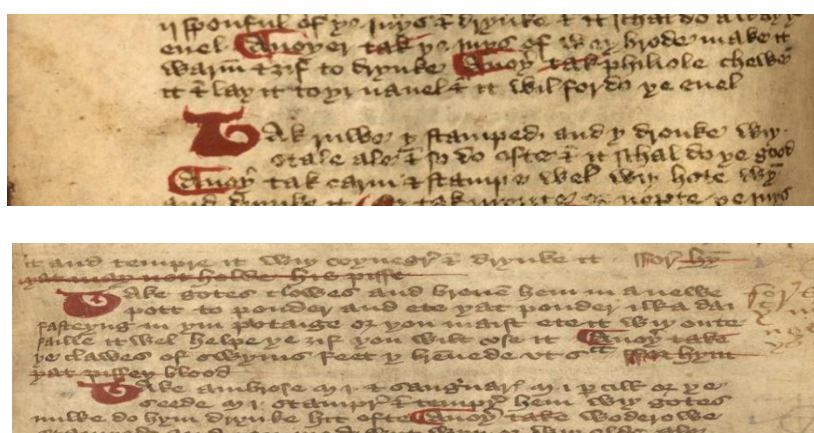


Figure 28. Spaces left between recipes that were used to copy the headings (ff. 28v and 39r).

Red paragraph marks and initials appear to have been drawn after the text block too, as a few initials are missing all through the booklet, and paraps were generally painted over the top of the script.²⁷⁷ I suspect that it was the scribe himself, or someone who was not a professional illuminator who drew the rubricated initials, since whoever painted them added only the *t*'s; parts where other letters were required, such as *h*'s or *a*'s, were left blank. At times a guide letter can be read in the spaces, although in all cases the missing letter can be deciphered by context. These missing initials might reflect the commissioner's attempt to reduce costs.

²⁷⁷ The missing initials are in ff. 24v, 52v, 57v, 59v, 62v, 65v, 69v, 71r, 72r, 73v, 78r, and 79r v.

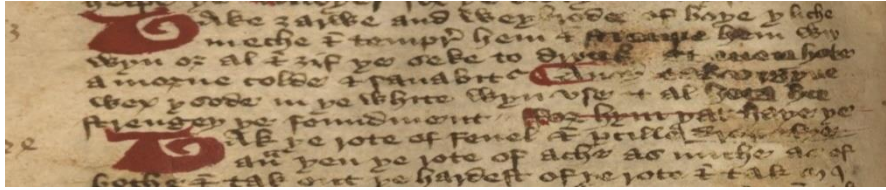


Figure 29. A sample of a heading that was added at a later stage (f. 30v).

Other remarkable features in the booklet include the appearance of four Roman numbers in red (20, 40, 60 and 69) in ff. 34v, 51v, 71v, 79v, which match perfectly with the number of folios the booklet would have had if it were not for three leaves that have been removed from the collection. The *l*, *v* and *x* indicate that they were produced by Annotator I (4.5.1.1.9): an annotator who also wrote a *44* in f. 69v, and *xlxl...lef* in f. 109r. The post-medieval foliation indicates that the collection lacks ff. 37 and 39; however, the remains of the missing leaves (which can still be seen in the gutter of the volume) and the signature (*diiij*) of the following folio suggest that three and not two *bifolia* were torn apart. Apart from skipping that folio, the reader recorded number 49 twice, although he amended his error by crossing out the second one and writing a 50 below it. This post-medieval reader also copied certain numbers (49, 40, 41 and 43) on the top right hand side of ff. 32v, 33r v, 34r, whose purpose is difficult to discern. The last feature that will be considered regarding the collection in Booklet 3 revolves around its frequent use of the term *patient*. As manifested in its twenty-three occurrences, the collection was addressed to a practitioner: ‘Tak salt comyn and piper ana and mak of hem a powder þan zif þin pacient to drynke in a sponseful of lewk wyn or water þis medicine is proued for soþe’ (f. 22r). Even though the constant use of the word may reflect the intention of the exemplar and not of one of its copies, it would still demonstrate that practitioners were often the intended audience of medical texts.

4.4.4 BOOKLET 4

Booklet 4 (ff. 82-111) is made out of four quires of four bifolia each (Q9-12). It contains a *receptarium*, a zodiac-vein man, a zodiacal sign diagram, a treatise on thirty-two perilous days for bloodletting, and a Latin charm for fevers. The size of the folios varies from 185 x 125 mm. at most, to 180 x 120 mm. at least. The written space is outstandingly consistent: 135 x 90 mm. The number of lines in the collection of recipes oscillates between twenty-five and twenty-eight (except the last folio that contains fourteen, plus four in a colophon); the treatise on perilous days, on the other hand, is composed exclusively of twenty-three and twenty-four lines. The collection of recipes (ff. 82r-109r) is ascribed to a leech named William of Killingholme (See Figure 20) and was produced by Scribe D. The remainder of the booklet (ff. 109v-111) was copied by Scribe E: the only scribe who copied various texts in the manuscript.

Scribe D's handwriting is elaborate and skilful, and his diagnostic letters are *w* and *d* (Figure 30). The head loops of his *w* are open and its right arm tend to be longer than the left one, although sometimes the arms do not extend above the graph. His forms for *y* and *þ* are normally rather standard, though sometimes their tails are very short; other times the tail of the *y* is not as arched as shown below. The base of his *v* is notably squarish, and its descending stroke is sometimes short. Occasionally, he uses a second *v* with an ascending stroke in initial position, and frequently in numbers. His *h* has an angled foot, and his *x* is in an anglicana script. He uses the sigma *s* and the 8-shaped *s* in initial and final positions, although the latter is the most common one; for medial positions Scribe D always employs the long *s*. He uses two types of *d*: a close and rather rounded *d* whose loops are sometimes slightly pointy; and, most frequently, a squarish *d* with a

not fully closed lobe, that is occasionally completely closed. This scribe uses an anglicana script that dates from the last quarter of the fourteenth century and shows linguistic features typical of the Leicester dialect.

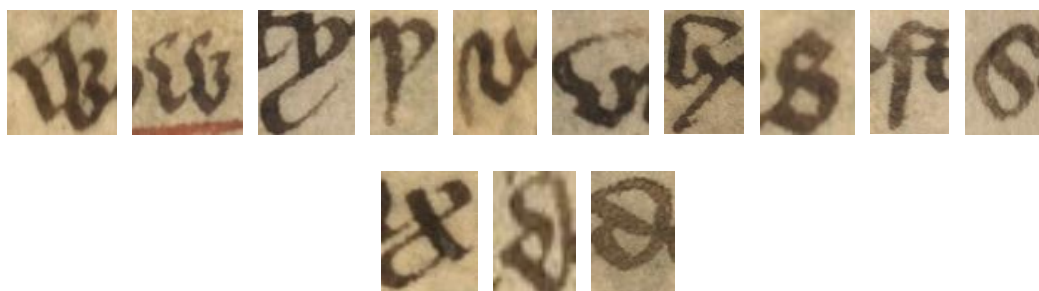


Figure 30. Scribe D's handwriting.

The other scribe in the booklet, Scribe E, copied texts which are now in Booklets 4 (ff. 109v-111v), 5 (ff. 112r-118v), 6 (ff. 122v-126v), 9 (ff. 146r-166v) and 10 (ff. 167r-174v). He wrote the headings of the recipes and the rubrics of the different collections he produced; he also wrote in red the captions in the vein-zodiac man (f. 109v), the initials, and the numbers and zodiac houses of the astrological text and diagram (f. 110r-111v). His handwriting is notably squarish and his diagnostic letters are *d*, *w*, *y*, *þ* and *x* (Figure 31). The right limb of his *w* is fairly large compared to the left one, which has a concave side. Letters *y* and *þ* have short tails and arms that look like forks; they are sometimes indistinguishable. His *v* has a square base with a curving and ascending approach stroke. He uses the sigma and mostly the 8-shaped *s* in initial and final positions and the long *s* in medial and initial positions. One of his most remarkable scribal characteristics is that he uses a combination of gothic textura and anglicana script in the letters *d* and *x*; therefore, he employs two quite distinctive types of *d* and *x*: a looped and unlooped *d*, which tend to have a squarish base; and an anglicana *x* combined with a gothic textura form, which looks like an *r* crossed out by a line (Figure 32).

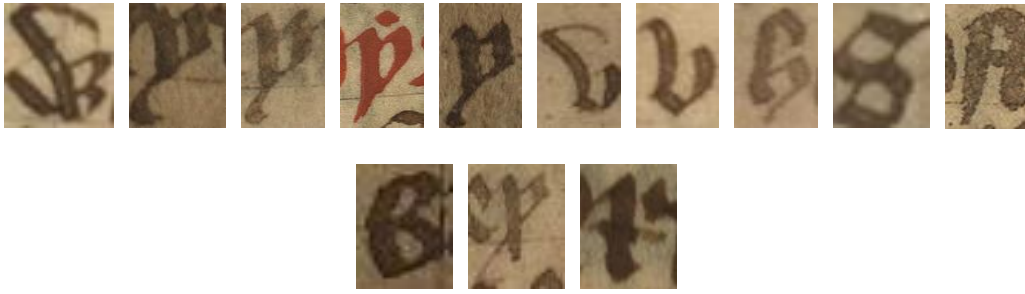


Figure 31. Scribe E's handwriting.



Figure 32. Scribe E's unsystematic use of the letter *d*.

His dialectal features are those of a north-west Norfolk dialect. The texts copied by this scribe are varied and rich in content: except the collections of recipes, treatises are not repeated and cover abundant medical topics.

Like the *receptarium* in Booklet 3, this collection refers occasionally to patients (fourteen allusions altogether), suggesting that the collection was intended to be used by a medical practitioner. The collection has a remarkable layout. It is meticulous, neat and well-structured: the first letter or paragraph mark of every recipe is always in blue or red,²⁷⁸ and the titles are normally underlined in red. It contains a late medieval foliation (1-28) in Arabic numbers situated on the top outer part of the folios. This foliation numbered the folios correlatively, without noticing that two bifolia had been removed. If

²⁷⁸ It is indeed the only booklet that has initials in blue.

it were not for a catchword in f. 105v, which does not correspond to the first letter of the following folio, and the leaf signature of f. 106r (kijj), the two removed sheets would have gone unnoticed. This implies not only that the late medieval scribe who foliated the booklet did not notice the lack of these two *bifolia* (probably because they were not torn apart but carefully removed), but also that the folios were missing or taken out not very long after the booklet was produced. The removed sheets may have contained practical information, perhaps a diagram, that may have been of help to a practitioner, to the point that he took it to his patients' houses. Other examples show that this was not an uncommon practice: Trinity College, Cambridge, MS O.5.26, a late fourteenth century manuscript written in English which comprises a collection of astronomical and astrological texts contains a *bifolium* (a text on prognostications) that was removed from the centre of a quire (ff. 92-3), folded in quarters (it was originally a folio-sized leaf), and, based on its dirt and wear, carried around before being put back into place.²⁷⁹

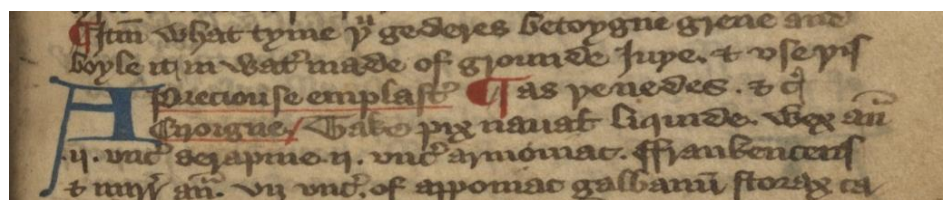


Figure 33. An example of how initials were painted before the text block (f. 94r).

Large initials were probably copied before the text block, as suggested by the numerous times that, after adding a paragraph mark, the scribe copied the end of a recipe next to the first line of the new recipe (Figure 33). Other noticeable features in the booklet include a few line fillers, and some enlarged and embellished ascenders in certain letters

²⁷⁹ For more details, see Mooney, 'MS Evidence for the Use of Medieval English Scientific and Utilitarian Texts'.

written in the first lines of ff. 97 and 104. The collection started to be numbered by the sixteenth-century annotator (Annotator D; 4.5.1.1.4), who wrote the incomplete table of contents at the end of Booklet 3 (Figure 34); eventually, he numbered only the first three recipes of the collection.

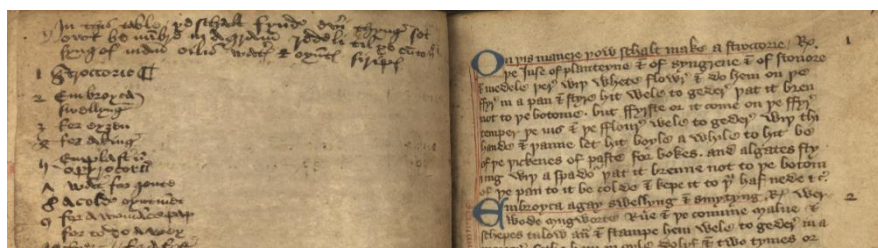


Figure 34. Table of contents and their corresponding numbers in the *receptarium* (f. 81v-82r).

4.4.5 BOOKLET 5

Booklet 5 (ff. 112-118) is composed of a single four-bifolia quire (Q13) written by Scribe E (already described in Booklet 4). It contains a treatise on the regulation of the body for each month of the year; a Latin-English herbal glossary; a remedy to make *popillion* (i.e. a remedy made out of poplars); a list of twenty-seven recipes to cure different ailments; and a treatise on good and bad days for bloodletting. The size of the folios varies from 185 x 130 mm. at most, to 180 x 120 mm. at least. The written space varies from 145 x 100 mm. at most, to 130 x 90 mm. at least, except for the herbal glossary that is composed of two columns that vary from 145 x 62 mm. at most, to 101 x 45 mm. at least. The number of lines changes with the text as well: the treatise has mostly twenty-six and twenty-eight lines (except the end of the text which has eight); the herbal has twenty lines in each column on the first leaf and twenty-seven in the remainder; the

remedy collection has twenty-seven and twenty-eight; whereas the bloodletting treatise has twenty-six and twenty-seven.

As in the last folios of Booklet 4 (also written by Scribe E), sections are generally introduced by rubrics. Hence, months in the treatise on the regulation of the body are introduced by rubricated initials, and numbers are encased in red dots. Every new herb in the herbal has red touchings, and the entire herbal has red lines on the left hand side of the margins that go from the first herb to the last one (Figure 35). Similarly, recipes are introduced by red headings, and the bloodletting treatise has initials, paragraph marks and numbers in red. Other striking features include the presence of pricking holes all through the booklet and the drawing of a rather basic line filler at the end of the booklet (f. 118v). In terms of layout, the herbal is the most remarkable collection in the booklet. It is divided into two columns: the first one introduces the plant name in Latin and the second one in Middle English. Occasionally, it looks as if the scribe had no space to write the words in full and had to finish them either in the line below or the one above (Figure 35). When this happens, the continuation of the word is linked to the rest by a line drawn with the same ink; therefore, it is not difficult to infer that they are connected.

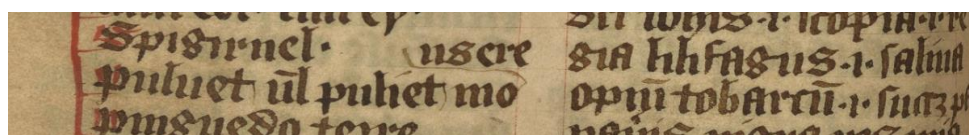


Figure 35. Word finished in the line above and connected by a line (f. 113v).

Nearly at the end of the glossary (f. 114v), the scribe changed the format he was originally using, and instead of introducing the Latin herb and its English equivalent next to it, he copied (still in two columns) the names of the herbs as a text block, uniting the

Latin and English terms by means of the phrase 'that is' (*·i·*). He probably thought he would not have space to complete it and wanted to use the space economically.

4.4.6 BOOKLET 6

Booklet 6 (ff. 119-126) is composed of a single four-bifolia quire (Q14), whose number of lines oscillates between twenty-three and twenty-six. Its folios measure 181 x 125 mm. and the written space varies from 146 x 100 mm. at most, to 125 x 95 mm. at least. The booklet was produced by Scribes E (already described in Booklet 4) and F. Scribe E wrote the second half of the booklet (ff. 123r-126v), which contains consecutively a treatise on bodily characteristics and their significance, the Interpretations of Daniel the prophet, and some recipes. None of these collections appear in any other part of the manuscript. The treatise on the bodily characteristics describes bodily features and what they signify. The text starts by presenting the different forms hair can have, focusing especially on their colour, and what they signify in terms of personal character:

Of her her þat is euene & fayr be tokenys dwellyng & good nesse of broun colour & row nesse of her betokenys on wys & mekyl her be tokenys wanderyng blak her be tokenys ryth wysnesse & loue of ryth wysnesse her neythyr blac ne broun but between boþe be tokenys aman vndyrstandyng of pees (f. 123r).

Further to the characteristics of the hair, the treatise discusses other bodily parts, more particularly the eyes, eyebrows, nose, mouth, face, neck, legs and flesh. The other treatise, the *Somnialis danielis*, contains the prophetic dreams of the prophet Daniel. In the form of brief statements, the text interprets ominous events which are textually highlighted in red. The treatise, which opens with the extract below, includes numerous examples of dreams and their interpretation:

Here be ggynyth þe exposyssyun of dremys þat / danyel þe profete saw & dysposyd in babyloy / ne þat tyme he wrot hem & be took hem to þe / pepyl to rede & seyde I haue nout lernyd þis / of my self but of god þe fadyr al myty / for be hym þei ben made opyn to me as it / tellyth here a man 3yf he dreme þat he se brydde / fytn ageyn hym it be tokenyth wratthe / foulys gadere to gedere (f. 124r).

Whilst Scribe E copied the second half of the booklet, Scribe F produced its first half (ff. 119r-122v), and some headings which are not rubricated, but have discreet red touchings in their first letters. His diagnostic letters are *d* and *w* (Figure 36). His *w* is looped at the head and has its left arm slightly smaller than the *B*-shaped element on their right. He uses a looped *d* whose lobes are sometimes rather angular. His forms for *y*, *þ* and *h* are rather standard and are consistently executed. The forms of the letter *v* vary slightly: sometimes their base is squarish, whereas others it is pointier. They tend to have a descending stroke, though not always. He also uses a type of *v* that resembles the letter *b*. He mainly uses sigma *s* in initial position, the long *s* in medial position, and the 8-shaped in final position. His *x* is secretary, although he uses an anglicana script for the numerals. He writes mainly in an anglicana script that shows features of the north-west Derbyshire dialect.

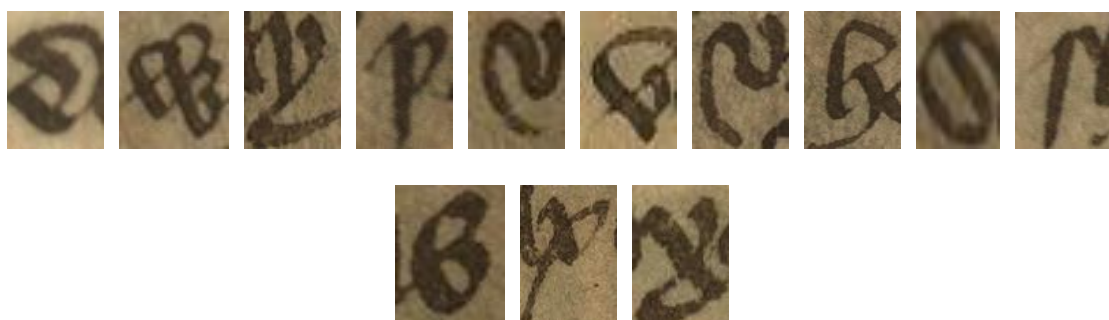


Figure 36. Scribe F's handwriting.

The texts he copied include the Prophecies of Esdras, a treatise on the plants of the rosemary and the betony, a chiromancy or palm reading diagram, and some recipes.

The text on the rosemary is a copy of Friar Henry Daniel's text.²⁸⁰ It contains the traditional reference to the Countess of Hainault and her daughter Queen Philippa; however, no allusion is made to the translator of the text: 'þes are þe vertues of þe rosemaryne þe wich is both herb & tre as þe leches of salerne wrot to þe Countes of Henowde And che sende a copy til hir doghter qwen of Engelonde þat highte qwen Phillipe' (f. 121r). This treatise gives instructions on how to use the leaves and flowers of the rosemary in order to heal various diseases: 'Also þe floures taken with hony is god for þe tisike' (f. 121r); 'also þe leues of hit with camamille sothen in white wyne abregges þe hedwarke' (f. 121v). The treatise on the virtues of betony holds the same kind of herbal wisdom: 'betoyne bulyd & dronkon with hony is god agayne þe dropsy' (f. 120v). This text also represents a remarkable case, as it happens to be one of the only three copies written in verse that have come down to us.²⁸¹ Medical texts in verse were not as unusual as one might think in medieval England: they were frequently used for their mnemonic advantages. As Voigts has observed, 'just as one cannot consider Middle English apart from Latin or Anglo-Norman texts, so it is artificial to separate prose from verse in considering Middle English medical writings'.²⁸² Examples of a treatise on the Prophecies of Esdras and of the chiromancy diagram in the manuscript were provided in Chapter 2 (2.3.3), therefore, no further details will be given in here.

Visually speaking, the presence of the colour red is highly noticeable throughout this booklet. Every time a day of the week is introduced in the treatise on the Prophecies of Esdras, the first four letters of the phrase 'yf þe day of oure lorde falle *upon a*' have red touchings. It is difficult to determine if they were painted by Scribe E, but the colour

²⁸⁰ Go to Chapter 2; 2.3.2.

²⁸¹ S. Powell, 'Another Manuscript of *Index of Middle English Verse* N° 2627', *Notes and Queries*, 34 (1987), 154-156.

²⁸² Voigts, 'Medical prose', p. 317.

was certainly applied at a later stage. The treatise on betony has also red touchings in some initial letters. These letters are always preceded by a *punctus elevatus*, though not every *punctus elevatus* is followed by a red initial. The same procedure occurs in the treatise on the virtues of the rosemary; the text also has additional red in a few words (*countess, engelonde, and*), and in a cross that introduces the treatise. Further red is used in the hand diagram and in the words *of* and *he*, which appear frequently when describing bodily characteristics. Even more noticeable is, however, the rubricated opening lines of the interpretations of Daniel, and the red used when providing the meanings of the dreams (Figure 37).



Figure 37. The interpretations of Daniel the prophet with the interpretation of the dreams in red (f. 124v).

Other distinct aspects of this booklet include a stained and illegible explicit (f. 122r) and a line filler. The frame is seen all through the booklet, and the ruling is visible in the treatise on bodily characteristics.

4.4.7 BOOKLET 7

Booklet 7 (ff. 127-129) is made of a three-bifolia quire (Q15), whose number of lines alternates between thirty-four and thirty-nine. It measures 175 x 130 mm., and the

written space varies from 173 x 11.5 mm. at most, to 162 x 11.5 mm. at least. The booklet contains a collection of recipes and charms produced by Scribe G. Scribe G's diagnostic letters are *w*, *y* and *þ* (Figure 38). As Scribe C, he uses several forms for *w*, though the *B*-shaped element to the right is always present, and most of them have a curvature at the bottom. Their right arm is sometimes looped at the head, with extended curves above the graph, whereas their left arm tends to have a straight approach stroke. The letters *y* and *þ* are rather similar: sometimes interchangeable; the tail of the *þ* is occasionally curvier than that of the *y*, and vice versa. He does not employ *v* frequently, but the few in the text are ordinary in form. He uses an anglicana *x*, a sigma *s* in initial and final positions and a long one in medial position. His *d* is looped, and sometimes the stroke that separates its lobes is not completely closed. He writes in an anglicana script which dates from the end of the fourteenth century, and his dialect has many features in common with the Nottinghamshire area.

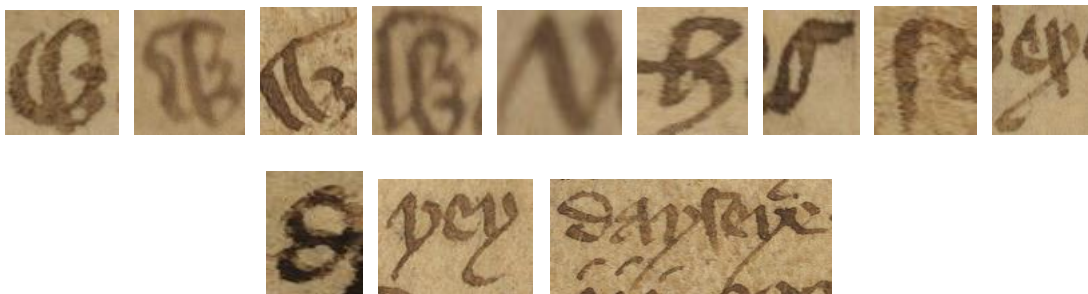


Figure 38. Scribe G's handwriting.

Made of only three bifolia, this booklet has a recto leaf fully stained by reagent (f. 127r) and does not have much marginal space, possibly due to the fact that it was heavily trimmed. The gutter of the manuscript reveals that three folios were cut away from the booklet. The fact that these folios, which most likely contained further recipes, were considered by the individual who marked the quaternion annotation ([...] fol de

quibus iii carent) suggests that they were removed before the booklets were bound together. The collection has also what seems to be another foliation written by a person who, ignoring the missing folios, wrote Roman numbers (II, III) in red at the bottom of ff. 128r and 129r (Figure 39). Folio 127r appears to have a number one too, even though the entire folio is obscured by reagent and it is difficult to confirm; these numbers indicate the position of the folios in the booklet.

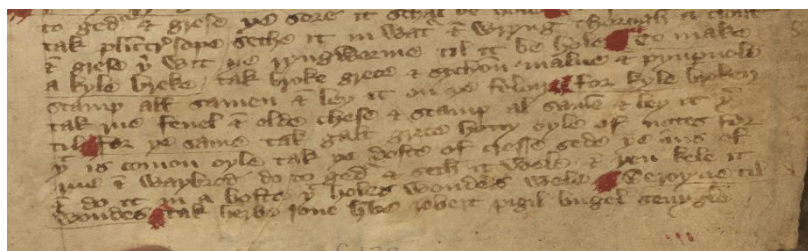


Figure 39. A number three on the right bottom which coincides with the codicological position of the folio in the booklet (f. 129r).

In terms of decoration, the headings of the recipes, which were introduced by rubricated paragraphs and sometimes underlined with the same ink used in the body of the text, were written by the main scribe. Occasionally, the first letter of a heading has red touchings which were applied at a later stage, perhaps by the scribe himself.

4.4.8 BOOKLET 8

Booklet 8 (ff. 130-145) is composed of two quires (Q16-17) of four folios each, and it contains a collection of recipes and charms. Folios measure 180 x 120 mm., and the written space varies from 138 x 95 mm. at most, to 135 x 93.5 mm. at least. It has mostly twenty-five lines per leaf, except for the first folio which has twenty-seven. It was written by Scribe H, who was also responsible for copying the in-text headings. His

diagnostic letters are *w* and *d* (Figure 40). His *w* is looped at the head and has a *B*-shaped element to the right. The tail of the *y* is normally longer than that of the *h* (though not always), and on a slant. Additionally, the lobe of the *h* does not tend to be completely closed. His main *v* has a descending stroke and sometimes its base is squarish; although he also uses one that looks like a *b*, especially when writing the number five and the term *vnce*. He uses a sigma *s* in initial and final positions, an 8-shaped *s* in final position and a long *s* in medial position. The left limb of his *x* is fairly vertical, while the right one is clearly rounded. He employs a looped *d* whose lower lobe is generally squarish, and whose upper loop arches back beyond the extent of the lower lobe; in final position it is sometimes tagged. He makes extensive use of *punctus elevatus* to list the herbs and to mark the end of the sentences. His dialect is related to south Shropshire or north Herefordshire, and his *anglicana* script dates from the end of the fourteenth or the beginning of the fifteenth century.

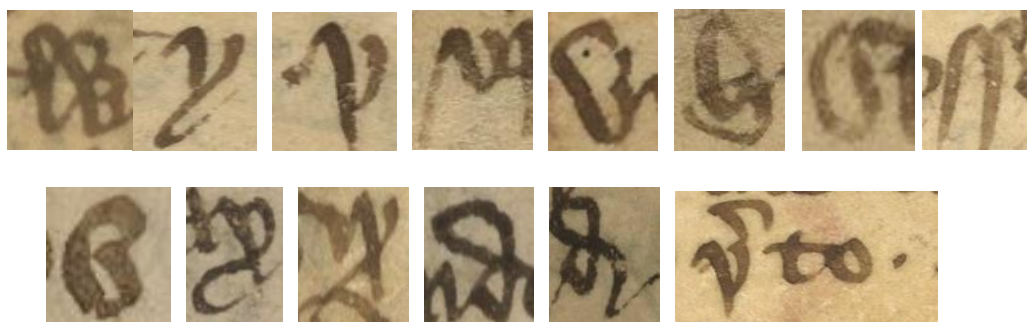


Figure 40. Scribe H's handwriting.

As in the cases of Booklets 3 and 4, this *receptarium* is neat and well-organised. Some recipes are introduced by fancy rubricated initials which are always located on the left hand side. These initials seem to have been drawn before the collection was copied, inasmuch as, on numerous occasions, the scribe was forced to end the recipes in a rather

unorthodox manner, as exemplified by Figures 41 and 42. As seen in Figure 41 below, the scribe had to write the word *saue* in the same line as the beginning of the following remedy, separating them with a double virgule: a procedure he also follows in the body of the text to mark the beginning and sometimes the end of the headings. Figure 42, on the other hand, might be more revealing in showing how difficult it was for Scribe H to accommodate the text to the already painted initials, since if it were not for the virgules he wrote to distinguish between titles and recipes, it would be impossible to follow the reading without disruption. These examples, and the many others that have not been mentioned here, suggest that the rubricated initials were drawn earlier than the text, and that the scribe had difficulties in dealing with it.

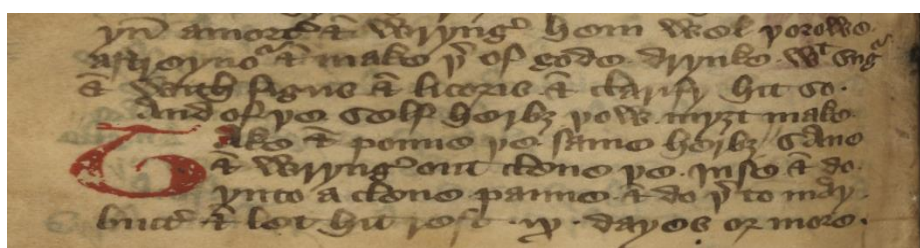


Figure 41. Recipe that finishes in the first line of the following recipe (f. 136v).

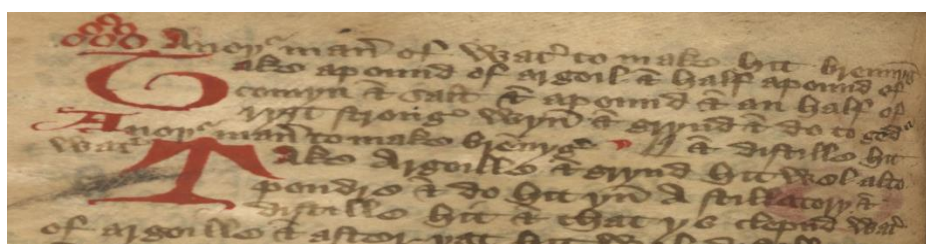


Figure 42. Scribe H having serious difficulties in accommodating the text to the already painted initials (f. 130v).

Along with the large red initials, several smaller rubricated initials appear in the body of the text. Judging by the blank spaces left where an initial would be needed (ff. 130r, 132r v, 135r, 142r, 144r and 145r), these ones were drawn at a later stage. The

similarities between both large and small initials indicate that the same illuminator rubricated the entire collection. Other uses of red in the booklet include the painting of decorative drawings which function as paragraph marks (Figure 43). They were generally drawn before the headings of the recipes and, as like the in-text initials, are sometimes missing.²⁸³



Figure 43. Drawings which function like paragraph marks and mark the beginning of new recipes or sections (From left to right: ff. 130v, 135r, 136r (also in 140r and 142v), 137r (two), 138v, 139r, 140r (two), 140v (two), 142r).

The booklet has also visible pricking holes and ruling in some bifolia, abundant space in its lower and left margins, and a few line fillers.²⁸⁴ A few folios at the end of the collection (ff. 142v, 143r and 144v) have been crossed out. All these folios contain charms and religious elements: f. 142v has a charm against the falling evil (epilepsy); f. 143r contains another charm for the foul evil (also epilepsy) where holy water is used; and f. 144v has a charm for wounds with a prayer that extends into f. 145r (Figure 44). That the individual intended to discard only the charms is evident in the fact that other recipes that appear in these same folios, namely a recipe for a woman's headache (f. 145r) and a

²⁸³ They are in ff. 133v, 134r (two), 134v (two), 135r, 137v, 138r, 140r, 141r v and 145v (three).

²⁸⁴ The line fillers are in ff. ff. 133v, 140v, 141v, 143v (three) and 145v (three).

remedy to heal wounds (f. 142v), were not crossed out. The charm in f. 142v is accompanied by crosses, whereas the one in f. 144v is the charm of St William: a popular remedy for worms, cankers, festers and various forms of gout, which was frequently accompanied by the drawing of a plate of lead. In this case, the charm comes with a large black cross within a square, which has four small black crosses: one in each corner (Figure 44). This cross presumably symbolises the five holy wounds, that is, the five wounds Jesus Christ suffered when crucified.

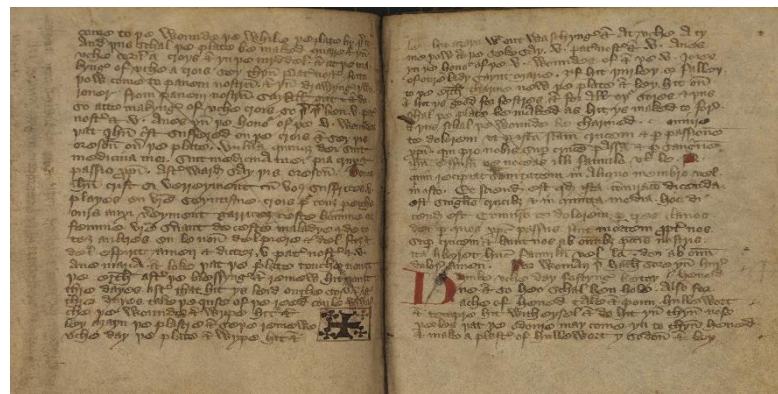


Figure 44. The charm of St William and its supplementary cross (f. 144v-145r).

Like other Early Modern readers, this individual was clearly seeking to eliminate the presence of crosses, prayers, holy water or the five holy wounds in medical recipes. Interestingly enough, there is a charm copied in the margins of f. 142v by a sixteenth-century annotator (Annotator H: 4.5.1.1.8) that it is still intact.²⁸⁵ Perhaps this might be taken as evidence that Early Modern readers were not sufficiently familiar with Latin, and therefore did not understand Latin charms as they did comprehend their Middle English translations.

²⁸⁵ A few charms in Booklet 1 has also been preserved.

4.4.9 BOOKLET 9

Booklet 9 (ff. 146-166) is composed of three quires (Q18-20): the first two have eight folios, and the third one comprises six folios plus an additional singleton. The size of the folios varies from 190 x 125 mm. at most, to 181 x 120 mm. at least, and the written space varies from 145 x 115 mm. at most, to 135 x 93 mm. at least. The number of lines oscillates between twenty-six and twenty-nine. It contains a collection of recipes copied by Scribe E, which includes a treatise on the virtues of *aqua vite perfectissima* (ff. 163r-164r). According to the text, this water, which is essentially brandy or another spirit, has numerous virtues; for instance, it:

comfortys a cold stomak it dystroyes bothe scabbes & scalle & thorw þe vertu of þis kendelych werkyng wyth inne forth it helys al maner old sorys & it good for defnesse of erys pouryd in to þe erys lew it amendys stynkande breth zyf a man drynk it (f. 163r).

This treatise opens and closes with line fillers that facilitate its location amongst the group of recipes. Other line fillers were drawn between the headings and the beginning of the recipes.²⁸⁶ They look like French quotation marks pointing to the right, and are used inconsistently to fill the spaces left by the in-text headings (Figure 45). The recipe headings were produced by Scribe E, possibly after he copied the text block, as illustrated not only by the inconsistent use of the line fillers, but also by the fact that at times he strives for space to finish copying the titles of the recipes (Figure 45).

²⁸⁶ Line fillers are found in ff. 147v, 148r (three) v, 149r, 150v, 151r v (two), 152r (two), 156r, 155r, 163r (two), 164r (two) and 165r (two).

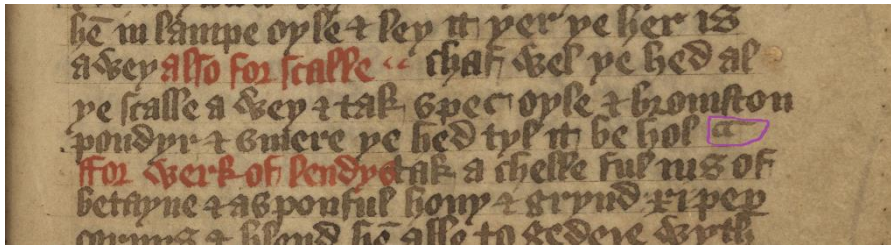


Figure 45. Line fillers to fill the spaces left by some headings, and a symbol that functions as a paragraph mark (f. 149r).

Besides the line-fillers, two of the folios (ff. 148v and 149r) include a symbol that looks like the superscript *a* in the word *ana*. This symbol, which is placed before the headings, functions as a paragraph mark, or as a guide to indicate where one should have been drawn (Figure 45). The booklet contains some folios with water stains at the lower part of their leaves, and visible pricking holes and ruling lines. The use of red is reduced to the treatise on the virtues of *aqua vite perfectissima*, the in-text rubrics, and the conjunction *or*, which replaces what would normally be the word *item* in *receptaria*. Although the quaternion annotation in the second quire (f. 159v) indicates that there is one folio missing (quat' 81 in 8 fol caret vnus), the gutter of the manuscript suggests that the gathering lacks another leaf, which was possibly cut away after the manuscript was bound together. This might explain the two leaf signatures (siii, iiii) that appear on the lower right margin of f. 156r, since if the second bifolium of the gathering (now missing) were in its right place, f. 156r would be certainly the fourth folio of the quire (Figure 46). Unfortunately, it is the only visible signature in the gathering.

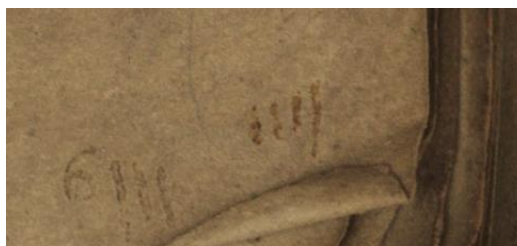


Figure 46. Leaf signatures at the end of the second quire (f. 156r).

4.4.10 BOOKLET 10

Booklet 10 (ff. 167-174) is composed of a single quire (Q21) of eight folios. It was produced by Scribe E and it contains a uroscopy and a treatise of remedies for fevers. The size of the folios varies from 187 x 125 mm. at most, to 185 x 125 mm. at least. The written space varies from 166 x 115 mm. at most, to 131 x 91 mm. at least. The number of lines oscillates between twenty-five and twenty-eight, except four lines which were copied below the diagram of urines that mark the beginning of the treatise ('heer is þe tabele of dyscressyun of waterys bedyuers colourys to knowe dyuers euelys in manys body þe doctrine of maystyr galyon & ipocras þe worthy lechys').

The diagram of urines (f. 167r) has two types of captions (Figure 47): one above the various colours of the urines, where a description of the colours is provided ('subcytryne as þe colour of an appyl cler in þe compas'); and another one in the centre of the diagram, which reveals what the urine colours tell about the patient's digestion ('þes two vrynes betokyn parfyth defying'). The urine colours are displayed inside urine flasks, which are connected to the captions in the centre by means of arrows. Unlike other treatises of urine whose jordanes are scattered through the text accompanying the

description of the urines (See Figure 7 in Chapter 2), this text includes all the flasks in a single folio and is then followed by the description of the urines.



Figure 47. The uroscopy diagram (f. 167r).

The different colours of the urines are described in the treatise, and introduced by a letter with red touchings, generally the *v* of the word *vrine*. The other collection in the gathering (the treatise on fevers) also has red touchings in punctus and certain letters, as well as rubricated headings. This text gathers remedies to fight various types of fevers. For example, for the cold fever (chills) the text recommends:

gader iij plantys of planteyn aftyr þe sunne going doun seying þi · pater noster · & tempyr it wyth watyr & 3yf hym to drynke whan he tremelyth 3yf it be þe tercyan it helpys hym meche · ffor þe cotidian tak · ix · plantys of planteyn er þe sunne aryse & 3yh hym to drynke wyth watyr: also þe ius of treyfoyle curyth þe lente feuerys (f. 172r).

As in the previous booklet, the ruling lines can be clearly appreciated in this quire.

4.5 MARGINALIA

The marginalia of the York MS is indeed one of its most outstanding features. Its margins show numerous notes and drawings which are distributed all through the codex. If it were not for the marginalia, one would presume that the manuscript was barely read, since, except for a few dog-ears and some insignificant dampness stains, the booklets are in excellent condition. The only aspect that calls the reader's attention when examining the manuscript is the damage a reagent has caused on some leaves. That the manuscript is in such good condition is in fact bizarre, since as H. Hargreaves has observed 'as practical aids to leech-craft, [...] the number of imperfect, dog-eared, and generally scruffy manuscripts is greater [...] than in other areas'.²⁸⁷ In this regard, Robbins also states that 'most Middle English medical manuscripts show signs of wear, so that a volume "in almost perfect condition" [...] is unusual'.²⁸⁸ Undoubtedly, these annotations reflect an attempt on the part of later readers to understand the content of these medical volumes. Traditionally, readers have marked and adapted the texts they read as a method of assimilating and internalising new and useful material, sometimes summarising and outlining the main points in the margins, as illustrated by the diagrams Thomas Fayreford wrote in the margins of Ha 2558 (Chapter 3, Figure 10). By means of comments, marks and other additional material, readers show an engagement and interaction with the texts which represent a natural process of reading. Blank space provided opportunities for writing these annotations and were therefore filled with further material, such as recipes, charms or short texts, as well as with devices that facilitate the navigation and understanding of the volumes. As the practitioner-compiled composites

²⁸⁷ H. Hargreaves, 'Some Problems in Indexing Middle English Recipes', in *Middle English Prose. Essays on Bibliographical Problems*, ed. by A. S. G. Edwards and D. Pearsall (New York & London: Garland Publishing, 1981), pp. 91-113 (p. 97).

²⁸⁸ Robbins, 'Medical MS in ME', p. 395.

have shown, post-medieval owners of the volumes responded to our fifteenth-century volumes by copying numerous titles, headings and tables of contents of the treatises. Originally born in monastic and academic environments, the use of *ordo* devices expanded and left the walls of monasteries and universities to be later present in academic and lay contexts. As M. B. Parkes puts it in his groundbreaking paper on *ordinatio* and *compilatio* apparatus:

The notion of *ordinatio* developed by commentators was realised, the disposition of material into books and chapters was made manifest in the layout of these books, and the concomitant apparatus of headings, running-titles, *tabulae*, and other devices was disseminated along with the compilations. Features of the apparatus can be found even in well-produced copies of vernacular texts which do not presuppose an academic readership.²⁸⁹

By means of tables of contents, titles, cross-references or bookmarks, scribes and/or readers organised medical codices in a systematic manner, thus facilitating the identification of specific collections or sections. It is undeniable that knowing the disposition of this kind of content might have been indeed helpful, if not necessary, to the reader. Given the practicality of such subject matter, the fact that some of the material was copied in alphabetical order, that the headings of the recipes were copied both in the body of the text and the margins, or that several *receptaria* follow the so-called ‘head-to-toe’ principle would have been favourable to the practitioner in need of specific information to heal a patient, especially if in haste. *Tabulae* were particularly popular, and it is not unusual to find them in single leaves or booklets, either preceding or following a medical collection in a contemporary hand; even though it is much more common to come across tables of contents in sixteenth and seventeenth-century hands

²⁸⁹ M. B. Parkes, ‘The Influence of the Concepts of *Ordinatio* and *Compilatio* on the Development of the Book’, in *Scribes, Scripts and Readers: Studies in the Communication, Presentation, and Dissemination of Medieval Texts*, ed. by M. B. Parkes (London: Hambledon Press, 1991b), pp. 35-70 (p. 64).

that have been inserted at the beginning of the manuscripts. They became so popular that they circulated separately, as witnessed by Simon Bredon's will.²⁹⁰ This fourteenth-century doctor of medicine included ten independent tables of contents concerning medical texts in his testament. This was not a rare practice. The frequent copying of certain collections encouraged the independent production of the tables of contents that accompanied them; these tables were afterwards added to the corresponding text.

As the rest of the practitioner-compiled composites, the York MS evinces numerous readers' responses to the texts. With the exception of Booklet 3, which contains two originally blank leaves at the end of the booklet, these later additions have been copied at the margins of the booklets. With a special interest in its annotators, this section will examine the marginalia of the codex.

4.5.1 MARGINAL ANNOTATORS

The margins of the manuscript display two types of annotators: those who appear frequently (major annotators), and those who make sporadic appearances (minor annotators). The major annotators produced recipes or sections that were not part of the original design of the collections but have contributed notably to give the manuscript its present form. Conversely, the minor annotators contributed humbly to the content or form of the volume; however, their presence evinces later usages of the codex. Unlike the analysis of the major scribes' handwritings, which offered the opportunity for a more thorough examination of a group of letters (w, y, þ, v, h, s, x, d), this section will focus exclusively on identifying the annotators' diagnostic letters. The analysis will reveal that,

²⁹⁰ Jones, 'University Books and the Sciences', p. 458.

whilst Annotators G and H annotated the manuscript in late medieval scripts, the remainder (Annotators A, B, C, D, E, F and I) are sixteenth-century hands. The individual study of the annotators' performance will also include the comments they made and other relevant information, as one of the objectives of this chapter is to explore how contemporary and later readers of the manuscript made use of the volume. At times, diverse annotators have taken notes on the same folio; in these cases, the place of the comment in question has been specified by adding 1st, 2nd or 3rd.

4.5.1.1 MAJOR ANNOTATORS

4.5.1.1.1 ANNOTATOR A

There are several elements that, if following Pouzet's definition, suggest that Annotator A was a non-professional scribe. These features include the copying of distorted and irregular letter-forms, loops and compartments, a failure to lay ink homogeneously, the use of variable spellings, and the presence of overt grammatical errors.²⁹¹ Figure 48 below shows how this scribe's handwriting presents a number of these characteristics. In view of the limited space the booklet has on its left and right margins, it is not surprising that Annotator A copied all his additional content either at the end or the beginning of the pages. Similarly, it is likely that he annotated the booklet when it still circulated independently, since he is not identified elsewhere in the manuscript. As the second major annotator of Booklet 1, he wrote the following recipes:

f. 2v English recipe for the gout.

²⁹¹ Pouzet, p. 229.

f. 4v English recipe for painless childbirth.

f. 5r Three perilous Mondays for childbirth and beginning work in February, May and September and three other perilous days for bloodletting or taking medicine in April, August and December; English recipe for epilepsy.

f. 5v English recipe (faded).

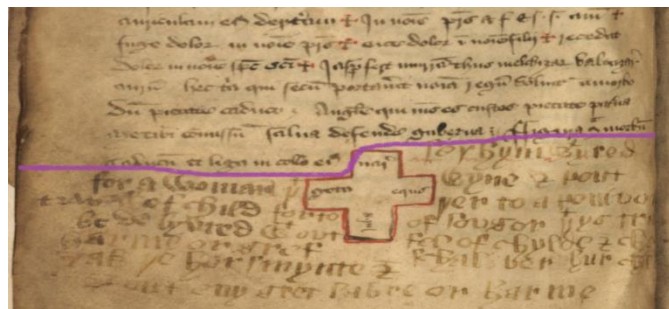


Figure 48. An example of Annotator A's handwriting in the lower margin of the folio (f. 4v).

His diagnostic letters are the *w* and the *h* (Figure 49). His *w* has a *B*-shaped element at the right with double loops, as well as very long and curvy, open arms, whose curves sometimes extend above the graph. The peculiarity of his *h* relies on the fact that it has a very long and looped tail and an arched, open head-stroke.



Figure 49. Annotator A's diagnostic letters.

4.5.1.1.2 ANNOTATOR B

Annotator B wrote the following six lines in a one-page treatise on the three perilous Mondays for childbirth, beginning work, bloodletting and taking medicine:

& at so yt ys nouzt to begynne eny wurk þer eny off off þyse dayys afforsaide//Also þer bethe iij dayys yn þe zere þat yff eny man lete hym blode þer e eny off þre dayys or tak eny medycyne with ynne þe vj dayys or elles þe xij dayy he schale be dede & þyse bethe þe dayys mononday [?](f. 5r).

He did not copy the entire text: he continued what Annotator A started and finished; therefore, his work provides a continuum between the preceding and succeeding part of the text (Figure 50), which suggests that both annotators were working together in the copying of the text. Seeing that Booklet 1 was copied nearly in its entirety by Scribe A, one could conjecture that this scribe left this page blank, and Annotators A and B came later to fill it with a prognostication text.

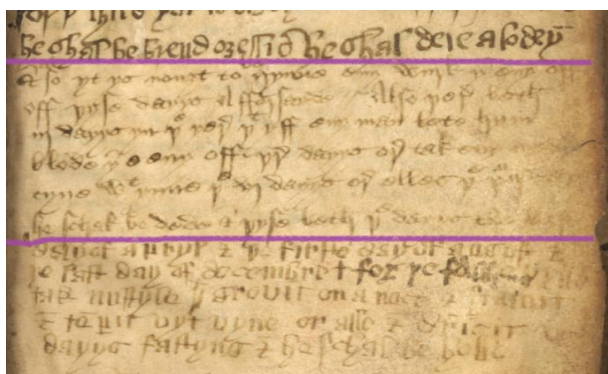


Figure 50. The six lines Annotator B's copied between the purple lines (f. 5r).

Annotator B's diagnostic letters are *y*, *w*, *v* and *h* (Figure 51). The tail of his *y* is rather long and curved, especially if compared to his *þ*. His *v* looks like the modern *b* and

it has the form of the right, and possibly the left, limb of his *w*. His *h* has a looped head-stroke and vertical descender from the shoulder.



Figure 51. Annotator B's diagnostic letters.

4.5.1.1.3 ANNOTATOR C

Annotator C is the only annotator who did not add any recipe or contribute to the main texts in any way; he wrote exclusively at the margins of the folios. It has been included here, nevertheless, because he annotated the volume heavily, and therefore cannot be considered to be a minor annotator; in fact, he is the second major annotator of the manuscript. His diagnostic letters are *v*, *y*, *w* and *h* (Figure 52). His *v* has a right, curved stroke that is very characteristic and can also be appreciated in other letters, namely in the letters *y* and *w*. The tail stroke of his *h* is vertical and descends from the shoulder; the graph has a looped head.



Figure 52. Annotator C's diagnostic letters.

Annotator C annotated the following folios in Booklets 1, 3, 4, 8, 9 and 10:

- f. 5r** ‘theyse be þe iij mundayes’, ‘pro morbo caduco’.
- f. 26r** He drew a caret to indicate that there was a word missing in the heading written by Rubricator, and then added the word *harte*.
- f. 42r** 3rd ‘for swelynge’.
- f. 46r** ‘for bone ache’.
- f. 64v** ‘her be nethe þe shalle fynde powduerys for ded fleshe of dyverrys maners’ (See Figure 53).
- f. 72v** ‘oylesse’.
- f. 86v** ‘for heryng’.
- f. 90v** ‘to have redy knowleche of dethe’.
- f. 91v** ‘for þe morfu’.
- f. 92r** ‘a medysen for my wyffys hed ache provyd trew’.
- f. 96v** ‘for brokyn bonys, ‘for horsenese’, ‘for þe horsse’.
- f. 101v** 1st ‘for hym þat hathe þe rede stone þat is rede’.
- f. 103r** 1st ‘for þe throtte’.
- f. 104r** ‘with I vnce of mastik’. He used a caret to indicate the place of the phrase in the text block. In his note he uses a punctus between *I* and *vnce*, as if emulating the main scribe’s style.
- f. 130v** ‘for yen’.
- f. 132v** ‘her ys the makyng of aqua a cuta that is to sey a sharpe wature’.
- f. 133v** ‘here cummyth In the makyng of salvys for alle wondus’.
- f. 136r** ‘a watur of antyoche a lyghtylle be fore’.
- f. 157v** ‘for þe ston þat olde Johannes burthy hath’. There are two aspects worth highlighting about this note. It is written by the same hand but with different inks, thus, either Annotator C ran out of ink, or he recorded it at different times. The second aspect

is that it contains an allusion to a man called Johannes Burthy. The fact that the annotation specifically refers to an individual who suffered from a particular disease, and the possibility that the note was taken at different times suggest that the annotator was possibly a medical practitioner.

f. 159v 2nd ‘bonne ache’

f. 172r ‘for þe agu callyd the tersian’.

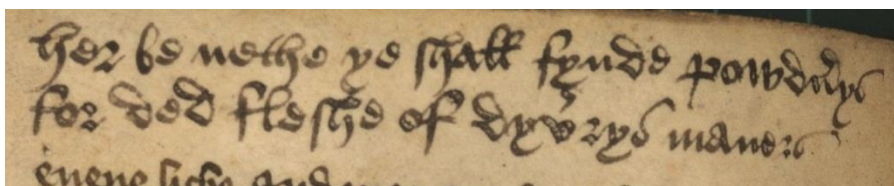


Figure 53. An example of Annotator C’s handwriting (f. 64v).

It is evident that Annotator C annotated the codex once it was a whole unit, and not when the booklets were still circulating independently. His annotations accomplish various tasks: they state the purpose or content of the recipes by copying the headings in the margins (f. 130v), assess recipes (f. 92r), edit or complete parts of the material (f. 26r), and add titles to mark the beginning of sections, either on the top or at the bottom of the pages (f. 64v). Examples like the third note in f. 96v, which points at a recipe for the *hosenesse* or hoarseness and includes an *r* which does not appear in the text block but complies with the modern spelling of the word, demonstrate that Annotator C understood the content of the recipes and that he had some understanding of medicine.

4.5.1.1.4 ANNOTATOR D

Annotator D is without doubt the principal and most prolific annotator of the manuscript. His diagnostic letters are *h* and *a* (Figure 54). They are rather distinctive, especially if compared to the rest of the hands of the manuscript, both scribes and annotators. His *h* has a looped head and a tail stroke which loops neatly round and sometimes connects with the following graph. His *a* is written both with one and two compartments; however, his most frequent *a* has a single lower compartment but no upper compartment, even though there is space for it on its vertical stroke.



Figure 54. Annotator D's diagnostic letters.

His notes appear in Booklets 3, 4, 5, 6, 8, 9 and 10, more particularly in the following folios:

f. 34v 'for him þat swette to myche to myche'.

f. 35r 'abowt þe harte', 'þe tesic'.

f. 39r 'or þe ston'. He completed the information provided by the in-text heading, which reads 'for euel & ache in þe bledder'.

f. 41r 'for horsnes'.

f. 41v 'for ache'.

f. 42r 2nd 'for þe pyntylle'.

f. 42v 'for swellyng of fette'.

- f. 43v** ‘for þe cornys on þe fette’.
- f. 46v** ‘for nature þat ys loste’, ‘for þe ryngworm’.
- f. 47v** ‘for þe uli metangere’.
- f. 48v** ‘for þe fellown’.
- f. 49r** ‘þe beste salve in þe word’.
- f. 50v** ‘for werynes of travelle’.
- f. 51r** ‘for dyverse axsses’.
- f. 51v** ‘for þe acces or fever’.
- f. 55r** ‘harnete’.
- f. 57v** ‘for blud lettyng on þe beste maner’.
- f. 58r** ‘to stanche blud’.
- f. 59v** ‘herre bygynnith to make salvys’.
- f. 65v** ‘to know þe fester or canker wher of yt comyth’.
- f. 69r** ‘The iij^{de} parte of þis booke’.
- f. 74v** ‘for clyssturys’.
- f. 75r** ‘for clysternis’.
- f. 78r** ‘a preshus watur for man or woman’.
- f. 81v** An incomplete table of contents (See Figure 34 in 4.4.4).
- f. 84v** ‘to do away here’, ‘for þe festure’.
- f. 85r** ‘for þe kankur’.
- f. 85v** ‘for þe kankyr’, ‘for bade herryng’.
- f. 86v** ‘for wrom [worm] in þe erre’.
- f. 87r** ‘for þe colde caussyd’, ‘paralasis is þe cowslope or primerose’, ‘for þe palsys’.
- f. 87v** ‘for a fistula in ano’, ‘for wondus’.
- f. 88r** ‘for þe mormalle’.

- f. 89r** ‘v good erbys’.
- f. 91r** ‘for þe ye’, ‘errys’, ‘mylte’, ‘for alle man of evyllis in yes’, ‘for kolde’.
- f. 92v** ‘for þe kankyr in þe mowthe’.
- f. 93r** ‘for þe gowte þe beste medsyne in þe word’, ‘lepure’, ‘to dreve owt todys & othur’.
- f. 93v** ‘a good medsyne for pe/arleben’, ‘for þe stonne on þe best wyse’, ‘for woman þat be barren’.
- f. 94r** ‘bleryd eyen’, ‘loke here’. This note is accompanied by a manicule.
- f. 95r** ‘for þe ys þat be sor’.
- f. 100r** ‘for þe teture’.
- f. 100v** ‘for the swellyng in legge’, ‘also for þe fette þat swette’. Two inks, same hand.
- f. 101r** ‘for þe sauceflem þe beste remedy þe fore’ (another hand added ‘& shenglys’), ‘for wylde fyer’, ‘for swettyng’.
- f. 101v** 2nd ‘for þe rede face’. This note is accompanied by a manicule.
- f. 102r** ‘for slep in seknes’, ‘for wyld fyr’, ‘to breke bylys’.
- f. 102v** ‘for fracnes’, ‘for kankyr or festure’.
- f. 103r** 2nd ‘for a strok’.
- f. 104v** ‘to do away here’, ‘for þe quarteyne’.
- f. 105r** ‘for þe bloody flyxze’, ‘for bleynys in þe face’, ‘for þe goute’, ‘for þe morymalle’.
- f. 105v** 1st ‘for brokyn boon’, 4th ‘for vemyn’.
- f. 107v** ‘madin mylke ys thus made’.
- f. 108r** ‘Thys wature is callyd aqua acuta’.
- f. 113v** ‘adaregrasse’. This word is in the Latin-Middle English herbal glossary, next to the plant ‘Sathercia: neddyrgres’ (f. 113v). It alludes to the Middle English term *naddregras*, that is, adder’s grass: some plant of the genus *Ophioglossum*.

- f. 115v** ‘poyssun’, ‘skabe’, ‘for pyssing of blod’, ‘þat woman that faylyth mylke’, ‘fellone’, ‘pysse’.
- f. 116r** ‘ston’, ‘to make here grow’, ‘senewwys’, ‘bytyng with venum’, ‘leprose’, ‘messelle’, ‘gowte’, ‘my frend be holde herre for women þat travellyth of chylde berthe’.
- f. 116 v** ‘for ded fleche’.
- f. 126v** ‘her be nethe þe shall fynde a woord þat seyth gostle that is a vyrtre’.
- f. 130r** ‘a good wature for yen’.
- f. 132r** ‘for þe eyen’. This note is accompanied by a manicule.
- f. 133r** ‘for þe syghte’, ‘for herryng’, ‘for eyen’.
- f. 135r** ‘for wemen with chylde’.
- f. 135v** ‘for wemen with chylde’, ‘for þe ston’.
- f. 141r** ‘for hym þat mant pis’.
- f. 144r** ‘for alle evllis of eyn’.
- f. 149r** ‘for a sore pyntyll’, ‘for a thorne’.
- f. 149v** ‘for tothake’, ‘hare’.
- f. 150v** ‘for þe kanker’, ‘for þe sausflem face’.
- f. 151r** ‘To parbrake’.
- f. 151v** ‘fallyng seknes’.
- f. 154r** ‘for perlas a medsen’.
- f. 154v** ‘for eyn a provyd medsyne þat is good & trewe indede’. The word *indede* was written by someone else.
- f. 156r** ‘for sausfle’.
- f. 157r** ‘to make a man to speke’, ‘for man owt of wyt’.
- f. 158v** ‘for þe ey’.
- f. 159v** 1st ‘for þe wekyd sprette’ (spirit).

- f. 160r** ‘for þe dropcy’, ‘for þe elvyn calfe in þe wooman’, ‘for þe molde þat ys downe’.
- f. 160v** ‘for þe felloun in þe hede’, ‘for the cowhe’.
- f. 161r** ‘to opyn a wounde’, ‘gowte’, ‘felune’, ‘for þe posteme in man or woman’, ‘for eyn’.
- f. 161v** ‘for eyn’.
- f. 164r** ‘to take flene’, ‘for a stynkkyng brethe’ .
- f. 164v** ‘for ylle brethe of þe nosse’, ‘for swellyng or ache were yt be’, ‘a good oynement for mane dyssessys’ (the recipe specifies the diseases: ‘woundys’, ‘bylys’, ‘swellyng’, ‘goute’, ‘felon’), ‘to make turpentine’.
- f. 165r** ‘for þe bake’, ‘for warte’.
- f. 165v** ‘for þe cowhe’, ‘for alle evelle’, ‘for þe stynke of þe nosse’, ‘or þe stomak’, ‘for blak tethe & þe yellow’.
- f. 166v** ‘her be nethe þe shalle fynde a medisyne to restorre bothe man and woman & it is dia satturum’, ‘for wartis’, ‘for a bylle’, ‘dysaturum’ [...], ‘her to do ys away’, ‘for wormys in manys body’, for [...] or pysun.²⁹²
- f. 169v** ‘note welle thyes iiij complecions & qualytes’.
- f. 170v** ‘nota bene’.

That Annotator D was a conscientious reader is apparent in the numerous booklets and folios he annotated, sometimes annotating up to eight notes in a single page. His familiarity with the volume and its layout, or perhaps with medical manuscripts in general, is also manifest in a few recipe headings he copied in the body of the text. In an attempt to facilitate the location of these remedies, Annotator D drew a paragraph mark, followed by an underlined title and two slashes, as scribes frequently do (Figure 55).

²⁹² The square brackets indicate that there is one or more words which are not legible.

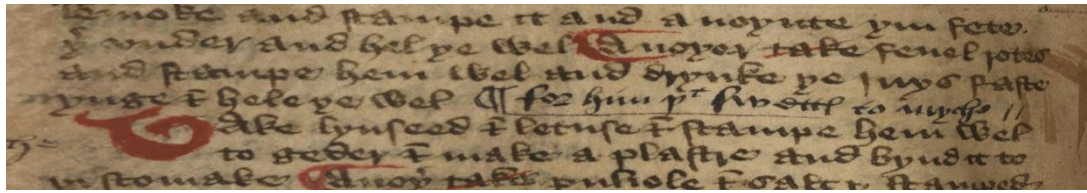


Figure 55. Annotator D adding the title of a recipe (f. 34v).

As Annotator C, he copied recipe titles in the margins (f. 158v), assessed remedies (f. 49r) and completed parts of the material (f. 39r). He also added *ordo* devices, such as titles (ff. 59, 69) or tables of contents (f. 81v), and glossed terms (f. 113v). Considering the similarities between this annotator and Roger Marchall, who provided tables of contents, rubrics, annotations and emendations to the texts (Chapter 3, 3.2), it is highly likely not only that Annotator D did read the volume, but also that he was a medical practitioner himself; even though sometimes it is doubtful that he understood what he read. For example, in f. 47v there is a recipe for the *noli me tangere*, a cancerous ulcer that affects soft tissue and bone, for which he wrote the note ‘for þe uli metangere’, as if he did not understand a concept which, according to an entry that dates from the year 1974 in the OED, has been used in medical contexts until recently.

On most occasions, however, he proves to have the medical knowledge needed to cope with such a specialised terminology. In f. 100r he annotated ‘for þe teture’ next to a recipe that was aimed to cure the *dertere*: both words refer to skin diseases characterised by scabby eruption, scaling, and a tendency to spread. Similar cases can be found in f. 105r, where the in-text title of the recipe reads ‘for þe bloody menysoun’, and its marginal annotation ‘for þe bloody flyxze’: both referring to menstruation; or in f. 166v where there is a recipe ‘to breke a kyle’ with an annotation close to it that reads ‘for a bylle’: both cases alluding to a sore or ulcer. Equally interesting is a case in the Latin-

English herbal glossary (f. 113v), where one of its entries glosses the plant *Sathercia* as *neddyrgres*. Annotator D wrote *adaregrasse* in the margins: a term that refers to the plant known as *naddregras* in Middle English, that is, the adder's grass (some plant of the genus *Ophioglossum*).

4.5.1.1.5 ANNOTATOR E

Annotator E wrote the table of contents which appears in ff. 79v-80r and refers to the *receptarium* of Booklet 3 (Figure 56). He probably wrote the numbers that index the collection too, although there is nothing distinctive in the numbers that can corroborate this assumption. Seeing that he copied the table in a late medieval script, like the main and only scribe of the booklet (Scribe C), it is highly probable that they produced the booklet together.

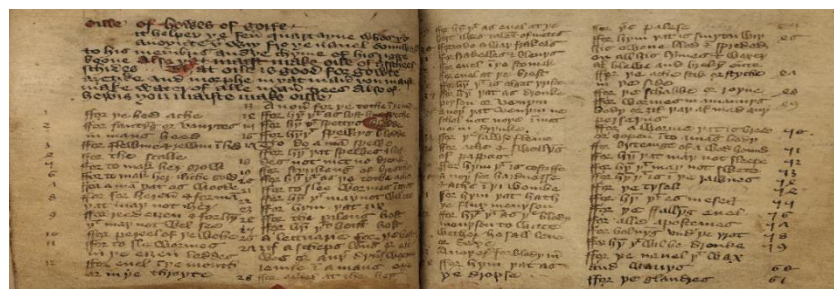


Figure 56. Table of contents of the *receptarium* in Booklet 3 copied by Annotator E (ff. 79v-80r).

His diagnostic letters are the *w*, *y* and *b* (Figure 57). His *w* has a B-shaped element and generally closed head loops in its right arm, as well as unlooped left limbs; whereas his *b* and *y* are interchangeable.



Figure 57. Annotator E's diagnostic letters.

4.5.1.1.6 ANNOTATOR F

Annotator F wrote a recipe to make *nerwel*, that is, a medicinal ointment for the nerves or the sinews, at the beginning of f. 80v. His diagnostic letters are *w* and *h* (Figure 58). He uses two types of *w* in the recipe: they both have a *B*-shaped element at the right, however, look rather different. Whilst one has closed head loops, the other one has open loops and its left limb has a descending and looped stroke. His *h* has a looped head and a round, open tail.

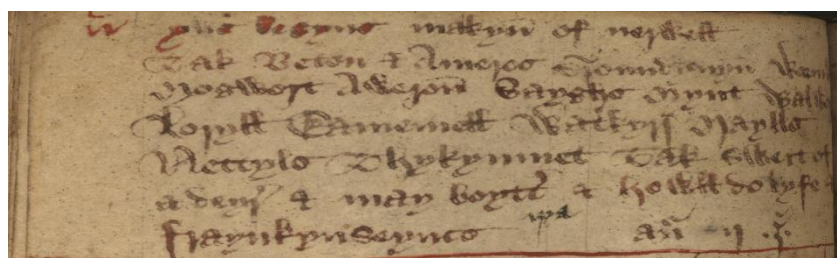
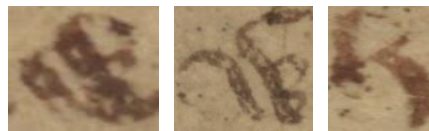


Figure 58. Annotator F's diagnostic letters and handwriting (f. 80v).

4.5.1.1.7 ANNOTATOR G

Annotator G wrote a table of the mutations and conjunctions of the moon in Latin in f. 80v which he framed in a red square. The most diagnostic letter of the nine-line extract he copied is the *v*, inasmuch as it has a pointy base and an ascender that extends slightly to the right (Figure 59).

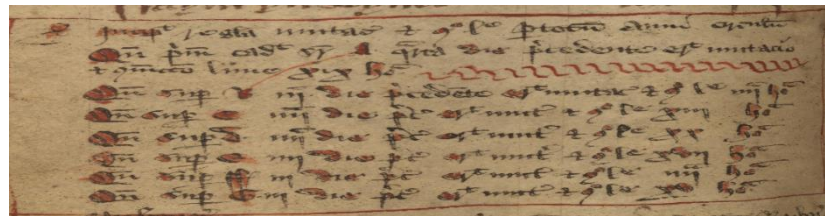
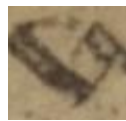


Figure 59. Annotator G's diagnostic letter and handwriting (f. 80v).

4.5.1.1.8 ANNOTATOR H

Annotator H wrote a charm in Latin for the toothache in f. 80v that extends into f. 81r. As in the case of Annotators F and G, there is not much text to provide a reliable analysis of the hand; however, the fragment shows the use of the *v* that resembles a modern *b*, and an *h* with an arched and open head-stroke (Figure 60).



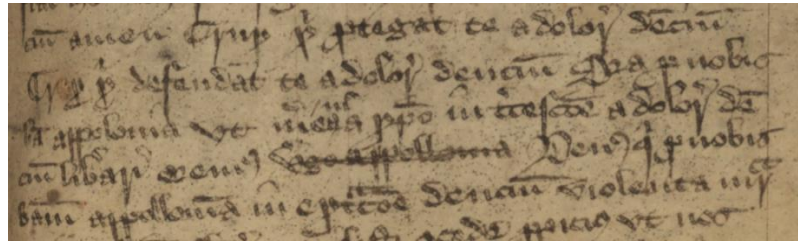


Figure 60. Annotator H's diagnostic letters and handwriting (f. 81r).

4.5.1.1.9 ANNOTATOR I

Annotator I, the third major annotator of the manuscript, wrote the second part of f. 81r, which corresponds to the preparation of a balm. His diagnostic letters are the *w*, *h* and *l* (Figure 61). His *w* has a *B*-shaped element at the right with double loops, and his limbs are remarkably long. His *h* has a long tail stroke that sometimes loops, and his *l* has a peculiar curvature at the head.

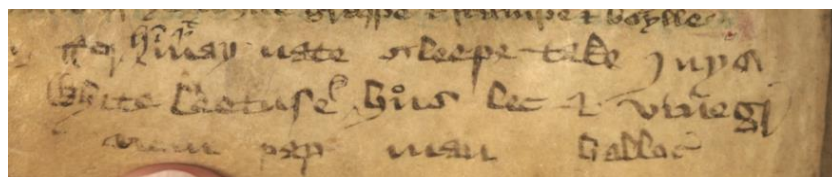


Figure 61. Annotator I's diagnostic letters and handwriting (f. 33v).

Except for a charm written in Latin and English (f. 142v), Annotator I copied only new recipes at the margins of the leaves. The recipes are sometimes related to the remedies described in the body of the text; this has been indicated in the list below by the

phrase ‘same as the text block’. His contributions can be found in Booklets 3, 4, 8 and 9, namely in the following folios:

f. 16r ‘betoryne’, ‘brent salt have mig to geddere & [...] hede’. Annotator I may have been glossing the word *betoyne*, which appears next to the note in the body of the text.

f. 19r ‘for vebbe hony lorer in eizen’ [same as the text block].

f. 33v ‘for [‘him þat’, written and completed probably by Annotator C] may nate sleepe take luye white leetuse hus lec & vinegre nam pap man halloc [?]’ [same as the text block].

f. 38v ‘[...] pertori, parcille, & ole dolfe & mak I plastere & la to’.

f. 39r ‘ij colrage [...] it drege it ij pertori wort bore pis dede’.

f. 49v ‘for þe worme tak floure of wet hony lat him to hol tal palere of span potto hol iij as izapta’ [same as the text block].

f. 52r symbols that look like measures, ‘puliole’, ‘pentz’.

f. 74v ‘sentsor Isope siropus long peper grans canel galaa osa’.

f. 77v measures: ‘vnce (symbol) a pound (symbol) ana I libra’.

f. 78r ‘den’, ‘treasendula’. The word *treasendula* is in the same line as the measurement weights found in the previous leaf; thus, it seems to be the continuation of what he wrote in the page before, even though it is difficult to appreciate their relation.

f. 79v ‘XII soor hacles oys boc’.

f. 80r ‘willemus leche’ (in red).

f. 109r measures in symbols (in red).

f. 130r ‘for blerd eyen take bentstel lac thor vyel ber it vod as prusas flem brent dra magantum [?]’ [same as the body of the text: ‘a water good for the eyes’].

f. 142v ‘contra morbum caducum dictatur tec in auricala dextera eius comando cadit: ashapta: ashapta: cashapta: and commande hym to ryse in vertu of godde holy name +++++’ [same as the text block: a charm ‘for the foule evil’].

f. 161r ‘take herbe roberte vater eltieer lyli wylde nyep olye ana boyle it al to gedder vax of vergenz’.

His notes appear always at the bottom or the top of the folios, and once on a left margin. As seen in the list above, occasionally they were aimed at curing the same diseases described in the text, which suggests that the annotator was trying to gather content that was related and putting it together. The recipes, which seem to be written hastily and by a non-professional scribe, frequently omit the purpose of the recipes. This may be due to the fact that Annotator I preferred to copy the new remedies close to others intended to heal the same ailments, therefore, he would not need to indicate what they were for. All this leads me to conclude that the manuscript might have been the favourite, if not the only, medical book used by this annotator, who might have decided to include further recipes he considered to be valuable in order to complete and supplement his handbook.

Having analysed the major annotators of the manuscript, one can conclude that the objectives of the marginal notes are threefold: referential, authorial and editorial, in that order of frequency. They are mostly referential, as they are used with indexing purposes; some of them are authorial, especially the ones which record new recipes; and only a few are editorial, primarily in those cases in which the annotator has corrected what another scribe wrote before him. Generally, they are used to find relevant recipes faster, to underline their efficiency, or simply to highlight other significant aspects,

proving that, at least in its post-production stage, the volume was both valued and utilitarian. Additionally, by means of these annotations, readers and owners of the manuscript appear to be dialoguing with later readers and owners of the codex, as sometimes they address them directly: ‘her be nethe ye shall fynde a medisynne to restorre bothe man and woman & it is dia satturum’ (f. 166v), ‘my frend be holde herre for women pat travellyth of chylde berthe’ (f. 116r).

4.5.1.2 MINOR ANNOTATORS

There are notes in medieval and post-medieval hands that appear occasionally (only once or twice) in the margins of the folios. Even though there is not much information that can be provided about them, they bear testimony to how the manuscript was vastly read and annotated after its production. The majority of these annotations reflect the individuals’ interest in a specific kind of content. Thus, the calendar in Booklet 2 has numerous additions which consist basically in the insertion of further saints’ names into the rows of the tables.²⁹³ Seeking to adapt the calendar to their own use, these saints’ feasts were added mainly by two medieval annotators: the first annotator annotated f. 8 (recto and verso) and the second one annotated ff. 8r and 11r. Another three post-medieval annotators, one of whom may be Annotator D, made notes on ff. 10r, 11r and 12r (recto and verso).

The remainder of the annotators were attracted to other parts of the manuscript. A medieval reader was particularly interested in camphor, that is, the resin of the camphor tree (*Cinnamomum camphora*). By adding the word in the margins of two recipes, he

²⁹³ Further information about the calendar was provided in the analysis of Booklet 2: 4.4.2 on p. 200.

seems to be either glossing the term or locating recipes which contain this ingredient; although, seeing that the main text has two different forms of the same term (*caunfere* and *caumfre*), and that the annotator used the same word (*camfer*) to gloss them in both cases (ff. 71r and 130r), it is more likely that he was glossing the term (Figure 62). Perhaps he was not familiar with the other two forms of the word and was aiming at clarifying this in the margins. Additionally, the fact that he annotated two different Booklets (3 and 8) suggests that he probably had access to the entire volume and not to an individual booklet. This annotator is not the only one to show an interest in a specific type of material. A post-medieval reader wrote two notes on the same folio (f. 105v) which allude to remedies to cure squinacie, that is, an inflammation or swelling of the throat ('for the quynce', 'per quynce'). Similarly, another post-medieval annotator appeared to be interested in remedies against worms ('per wormis', 'per wormes') found in ff. 32v and 33r.

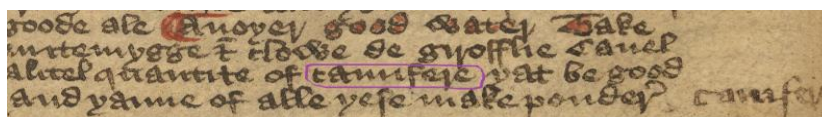


Figure 62. An annotator interested in camphor (f. 71r).

A different post-medieval annotator wrote a few notes in folios 86v ('a good medicin for heryng') and f. 89r ('vij herbis'). Based on his *h*, his script dates either from the second half of the sixteenth century or the first half of the seventeenth century (Figure 63). Despite annotating only Booklet 4, it is highly improbable that the individual had access only to this booklet, since the manuscript was bound together by then. This evidences that sometimes later readers probably read only the sections which were useful to them, instead of the entire codex: in this case a collection of recipes which is in the fourth booklet of the volume.

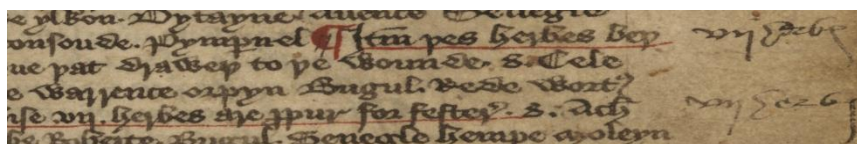


Figure 63. A post-medieval annotator (f. 89r).

The examples above show the interest certain annotators had in particular ingredients, diseases or sections. Many of these annotations represent the only contributions made by various medieval and post-medieval annotators. As some of the notes written by the major annotators, these minor annotations are mostly referential, therefore, were intended to work as finding aids and to facilitate the location of specific information; although there is also an editorial note whose purpose was to complete a marginal heading copied at an earlier stage (See in this chapter, Annotator D, f. 101r).

4.5.1.3 OTHER RESPONSES: SCRIBES' AMENDMENTS AND A MODERN READING

In addition to the major and minor annotations, there are two other groups of notes which do not conform to any of these two sections and yet are worth considering. The first group revolves around a number of corrections made by some of the main scribes. They are all cases where a scribe who skipped a word eventually entered the term at the margins of the folio (normally interlineally or as close to the term as possible), adding generally a caret or two slashes to the main text. In view of the booklets in which these mistakes occur, that is Booklets 3, 4, 6, 8 and 9, it is clear that these responses come from Scribes C, D and E, and they appear in the following folios.

f. 20r ‘horne’. Scribe C expunged a sentence and wrote this word above it. However, he eventually crossed it out, added a caret to indicate that there was a word missing and copied it on the right margin (Figure 64).

f. 28r ‘make’.

f. 56r ‘take’.

f. 62r ‘take’.

f. 66v ‘be’.

f. 68r ‘palmere’.

f. 90v ‘eiper’.

f. 124r ‘be’.

f. 147v ‘it’.

f. 159v ‘do’.

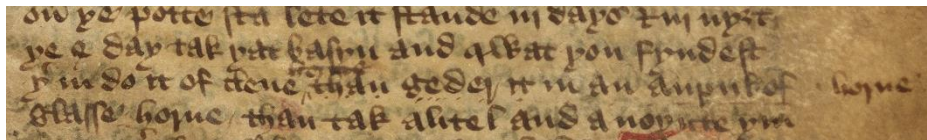


Figure 64. Scribe C correcting a mistake (f. 20r).

The second group relates to some notes and drawings written in pencil by a modern reader. At first I suspected that these annotations may have been written by Miss Elizabeth Brunskill, a former York Minster librarian who did a comprehensive study of the volume.²⁹⁴ This study includes, for example, a full transcript of the manuscript, a list of contents, or relevant bibliographical material. She also developed an analysis of the *Liber de Diversis Medicinis*, the source text of Booklet 3: she compared the booklet to M.

²⁹⁴ Her notes are in loose paper in York, York Minster Library, Add. MSS 198.

Ogden's edition of the treatise and wrote some notes on the margins of her transcript. Due to this exhaustive analysis of the volume and the modernity of the script, I assumed that she was responsible for the pencil annotations in the manuscript. However, it is highly unlikely that anyone took notes on the book once it entered the library. Furthermore, Elizabeth's handwriting does not match with that of the pencil notes in the margins. The comments written in pencil are in the following folios of Booklets 3, 4, 6, 7, 8 and 9:

f. 39r 'cuperula' [?]. This note is written above a pencil circle with a tick.²⁹⁵

f. 39v 'suras'[?], 'rous'. The note is written above a pencil circle with a tick. The second word glosses or transcribes the word *roses*.

f. 54r 'lovage'. The annotator is glossing the term *loue ache*, which refers to a plant under that name.

f. 56r 'this word occurs p 9 ii p.8'. This cross-reference is accompanied by a manicule which points at the word *molde werpe* (mole). There are three allusions to this same term in the entire booklet and one is in f. 64v, which is the eighth folio after this note. The annotator may be referring to this part of the text, although the lack of another note on any of the previous or later folios impedes a proper identification; he might be referring to notes taken somewhere else.

f. 79v 'aretike i.e.erratic. su/lu [?] p.45. 2'. Like the previous note, this annotation does not seem to allude to any other part of the text.

f. 80r There are a few glosses in the first table of contents (ff. 79v-80r): *priste* is glossed as 'thirsty' (item 34); *palese* is glossed as 'palsy' (item 45); *cropen* is glossed as '+cropen i.e. crept' (item 50); *tysek* is glossed as 'phthisic' (item 54. See Figure 65).²⁹⁶

f. 108v 'clove gilliflower'. It glosses the term *clow gilofores*.

²⁹⁵ Further details about these circles and ticks will be provided in the section 'Finding aids' below.

²⁹⁶ The table has two items 54, and the gloss alludes to the second one.

f. 121r ‘serpent’, ‘phthisic’. *Serpent* glosses the term *serpenttene*. *Phthisic* glosses *tysike*: a term he had glossed before on f. 80r. On this page, two manicules point at the beginning of the treatise on the rosemary and to the Countess of Hainaut and the Queen of England. The other side of the folio has a manicule as well, but it is difficult to infer what it is pointing at.

f. 129r ‘queen’. The annotator is transcribing the word.

f. 132v ‘lengþe’. The annotator is transcribing the word ‘lengþe’.

f. 133r ‘embers’. It glosses the term *emeron*, which is not in the Middle English dictionary, but makes contextual sense.

f. 147r ‘shus’ [?]. It seems to refer to *recles* (frankincense).

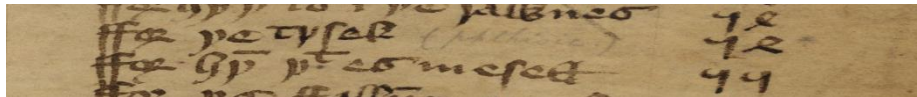


Figure 65. An annotator glossing the term *tysek* in pencil (f. 80r).

The annotations above have demonstrated that whoever made the pencil comments intended to gloss and transcribe words, as well as to add cross-references to some of the words. This individual was interested in the volume, and was familiar with medieval spellings and modern medicine, as suggested by the change into a modern spelling of the letter thorn (Figure 66) and the glossing of some terms like *tysek* (Figure 65). This annotator also drew some manicules, which, as in the case of the other pencil notes, are frequently difficult to discern.

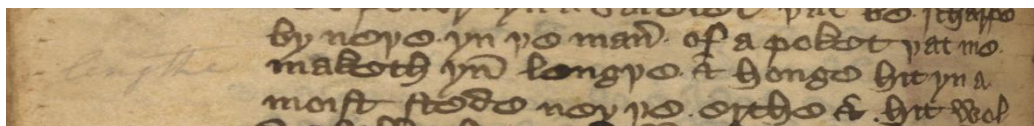


Figure 66. The pencil annotator showing his familiarity with medieval spellings, as he turned the letter *b* into the digraph *th* (f. 132v).

4.5.2 FINDING AIDS

Along with marginal notes, other finding aids can be seen in the margins of the manuscript. These devices are mostly drawings and bookmarkers, and, like the other finding aids, were recorded by readers who aimed to locate specific data, normally a recipe or collection worth noting. In his survey about late medieval practical books, G. R. Keiser describes the practice of using finding and *ordo* devices as follows:

Of particular importance is the apparatus accompanying these texts, which indicates that the compilers and early owners of these miscellanies were persons who recognized, to a greater or lesser degree, that finding-devices would permit efficient access to material within the treatises. In later medieval England, even scribes without clerical education were regularly incorporating finding-devices developed by scholars and preachers in the twelfth and thirteenth centuries -and were superimposing them in books previously copied without such devices. Especially in a study of the practical book, we can better understand how readers were using these miscellanies by examining the *ordinatio*, that is, the division of a text into parts and the ordering of those parts, as well as the apparatus that facilitated use of *ordinatio*.²⁹⁷

The examination of the practitioner-compiled composites has shown how reoccurring *ordo* devices are in many of the manuscripts in the catalogue. The analysis of the marginal annotators have also evidenced the interest of various readers and owners of the volumes in specific parts or content.

²⁹⁷ G. R. Keiser, 'Practical Books for the Gentleman', in *CHBB* 3, ed. by L. Hellinga and J. B. Trapp (Cambridge: Cambridge University Press, 1999), pp. 470-494 (p. 475).

Apart from marginal notes, some of the most frequent finding aids in the York MS include the drawings of circles, manicules, illustrations and bookmarks. The use of these types of indexing symbols is not unusual in medieval manuscripts. As W. Sherman has pointed out ‘the marginalia of medieval and Renaissance readers more often made use of letters and symbols that clearly served an indexing function’.²⁹⁸ That is clearly the purpose of the devices that will be discussed below. A number of booklets contain circles which have been drawn in pencil with a cross inside and an occasional tick on one side, although on two occasions the tick appears independently (Figure 67). They seem to have been drawn by the same individual who wrote the pencil comments in the margins and point at a number of recipes which are located in Booklets 3, 4, 5, 6, 7, 8, 9 and 10.²⁹⁹ Some of the aspects they mark are the Latin extracts and authorial references (such as Galen or the Queen of England) in the booklets. This same annotator is also responsible for the drawing of some lines that go along the margins of nearly every folio in Booklets 5, 6, 9 and 10 (Figure 67). These lines highlight the majority of the text these booklets contain, therefore, were presumably intended to locate large pieces of content.

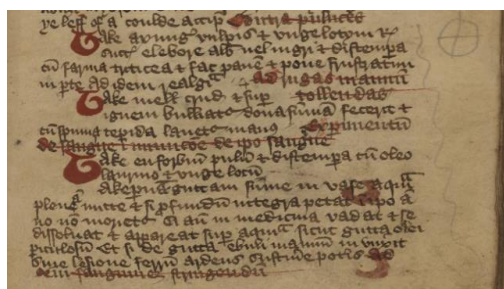


Figure 67. An example of a circle and the pencil lines that go along the margins (f. 76r).

²⁹⁸ W. H. Sherman, *Used Books: Marking Readers in Renaissance England* (Philadelphia: University of Pennsylvania Press, 2008), p. 27.

²⁹⁹ They occur in ff. 17r, 17v, 18r, 23v, 24v, 25r, 25v, 28v, 29v, 31v, 32r, 33v, 34v, 36v, 37r, 37v, 38r, 38v, 39r, 39v, 43v, 45v, 46r, 46v, 47v, 48r, 50v, 55v, 76r, 76v, 83r, 83v, 84v, 90v, 93r, 93v, 98r, 105v, 127r, 128r, 129r, 129v, 130r, 131r, 131v, 132r, 132v, 133r, 134r, 135r, 135v, 136r, 140r, 141r, 141v, 142r, 143r, 143v, 144r, 145r and 145v. The tick is drawn independently in ff. 135v and 141v.

A more traditional finding aid found in the York MS is the manicule (Figure 68). Several names have been given to these pointing hands, namely hand, pointing hand, hand director, pointer, digit, fist, mutton fist, bishop's fist, index, *indicatonium*, indicator, indicule, maniple, or pilcrow. As W. Sherman declares, the term *manicule* appears to be the most neutral description of the symbol, as it derives from the Latin *manicula*, which simply means 'little hand'.³⁰⁰ This is the reason why it has been the term employed in this thesis. In the York MS, some manicules are more elaborate than others, however, they all appear in Booklets 3, 4, 7, 8 and 9.³⁰¹



Figure 68. Manicule pointing at a recipe (f. 96r).

Other less frequent symbols include the drawing of two superimposed carets with a slash in the middle, a black cross without the upper part, an eye, three vertical crosses and a manicule that points at a square with five little crosses inside (Figure 69). They have been drawn in Booklets 3, 4, 5, 8 and 9.³⁰² Like the circles and the manicules, these devices point at a variety of recipes, disclosing no clear preference for a particular kind of remedy; excepting the drawing of the eye which in all cases marks recipes for eye

³⁰⁰ W. H. Sherman, 'Toward a History of the Manicule', in *Owners, Annotators and the Signs of Reading*, ed. by R. Myers, M. Harris and G. Mandelbrote (London: British Library, 2005), pp. 19-48 (p. 19).

³⁰¹ Various kinds of manicules appear in ff. 15v, 59v, 62v, 63v, 72v, 92r, 94r, 96r, 101v, 108r, 128v, 129r, 132r, 134r, 150v, 161v, 164v and 166v.

³⁰² The carets appear in Booklets 3, 8 and 9, more particularly in ff. 62v, 63v, 135r, 136r, 159r, 161r, 161v, 164v and 165r. The cross occurs in Booklets 3, 4, 5 and 9, namely in ff. 22r, 41v, 47v, 90v, 93r, 117r, 117v, 152v, 156v and 157v. The eye appears in ff. 151r, 151v, 158v, 161r and 161v (Booklet 9). The three crosses occur in Booklets 4 and 9, namely in ff. 99r, 145r, 149v and 155v. The manicule that points at a square with five crosses appears only in Booklet 7 in ff. 128v and 129r.

diseases. Together with the manicule that points at the square, this drawing is the only one that occurs four times in a single booklet; the remainder occur in a number of booklets, which indicate that the majority of the marginal drawings were drawn after the booklets were all bound together.

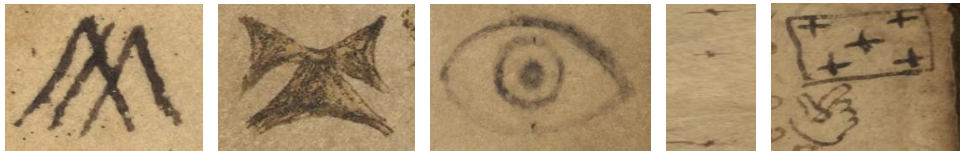


Figure 69. Finding aids found in diverse booklets (ff. 62v, 90v, 151r, 99r and 129r).

Together with these marginal symbols, there are other two marks that appear in a number of booklets (Figure 70). One of them resembles the symbol *ana*: a symbol which appears frequently in medical collections to recommend the use of the equal amount of an ingredient. This mark appears in Booklets 3, 4 and 8.³⁰³ The other mark looks like two *u*'s, one above the other, with a line on top, and it is possibly used as a form of *nota*. It occurs in Booklets 3 and 4.³⁰⁴

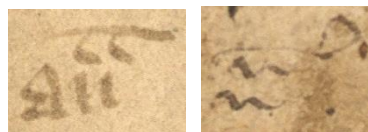


Figure 70. Marks which are used by two annotators to locate sections (ff. 16r and 15r).

³⁰³ They are in ff. 15v, 16r, 18r, 18v (two), 19v, 21r, 22r, 36r, 37v, 38r, 38v, 49v, 51r, 57r, 59r, 60r, 78v, 96r and 139v.

³⁰⁴ They appear in ff. 15r, 17r, 36v, 38v, 39v, 47r, 48r, 50v and 108r.

The manuscript contains also six marginal illustrations, which occur rarely, and are occasionally related to the recipes situated next to them.³⁰⁵ Two instances of this connection between the marginal apparatus and the recipes are illustrated in the figure below (Figure 71). The first illustration depicts a tongue, as suggested by the word it as underneath (tounge), and it was drawn next to a recipe whose aim was to cure the loss of speech: ‘For hym þat has lost his speche’ (f. 22r). The second illustration depicts a dead bovine which was drawn next to a Latin charm for the death or plague among animals: ‘for moreyn of bestys’ (f. 166r).

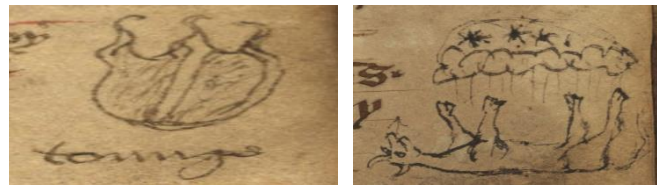


Figure 71. Two examples of marginal illustrations (ff. 22r and 166r).

Marginal notes and illustrations are not the only finding devices in the manuscript: the edges of some leaves contain bookmarkers. This was a usual practice to find material faster and easier; however, unlike modern bookmarks, which consist of external elements placed amongst the pages of a book, medieval bookmarkers were made by modifying the original appearance of the folios of the manuscript.



Figure 72. Finger-tab (f. 65).

³⁰⁵ These drawings appear in ff. 22r, 156r, 157r, 164v, 165r and 166r.

Finger-tabs, for example, were made by cutting the fore-edge of the leaf and passing the tab through the slit (Figure 72). There are four finger-tabs in the York MS: two in Booklet 3 and another two in Booklet 9. The first tab found in Booklet 3 (ff. 59) is possibly marking an explicit and an incipit: ‘Explicit liber primus. Hic incipit liber secundus here bygynneþ to make salues entreteis & drinkes & surrup is to wondes and for oþer harde disseses’. The other tab in the booklet (f. 65) seems to point at a series of recipes to cure cancer and fistulas, as illustrated by an in-text heading (‘Here maist þou here and lerne where of comeþ þe festre and cankere’), and a note added by Annotator D at the lower margin (‘to know þe fester or canker whereof yt comyth’). The finger-tabs in Booklet 9, on the other hand, fit a completely different purpose. They were made in the first folio of the second and third quires of a three-gathering booklet (ff. 154r and 160r), and are possibly marking the beginning of the new quires. It appears that there was an interest in distinguishing the codicological structure of the volumes internally, by adding catchwords and leaf signatures, and externally by making finger-tabs. The tabs were most likely made when the booklets were part of this, or another, manuscript, since they would have been needed only if the booklets were part of a larger arrangement.

There is a different kind of bookmarker in the sixth booklet of the manuscript: a thread to the fore-edge (f. 119) which might have had originally a piece of fabric or other material hanging out the page (Figure 73). I suspect that this mark is locating the opening of the Prophecies of Esdras: a text that predicted the future based on the day of the week in which Christmas day fell; although it should be noted that the bookmarker is also marking the first folio of the quire.



Figure 73. String to mark the folio (f. 119r).

4.5.3 THE YORK MS: A PRACTITIONER-COMPILED COMPOSITE

A comprehensive examination of the York MS has revealed that the volume contains many of the features found in the other practitioner-compiled composites. The codex is composed of ten independent booklets which, based on their variety of Midlands dialects (Shropshire, Herefordshire, Leicestershire, Derbyshire, and perhaps Nottinghamshire) were most likely produced and compiled in the Midlands. They show their heterogeneity in a number of aspects: the booklets were copied by eight different scribes (Scribes A-H), and came possibly from different origins. They hold various types of collections, and display diverse physical characteristics. One of the scribes (Scribe E) was responsible for copying texts in five of the ten booklets (Booklets 4, 5, 6, 9 and 10). This fact has been taken as evidence of a relation between this scribe and the compiler of the manuscript, who might be the same person. That the compiler arranged the booklets meticulously is evinced by the quaternion annotations he, or someone else possibly following his instructions, recorded in the majority of the booklets, in order to assign them a place in the codex. These annotations consider the codicological structure of the manuscript, including removed and added folios, and coincide mostly with its current codicological arrangement, which indicates that, other than the removal of some folios, the compilation has not changed its format since it was initially bound together. Such a meticulous project is probably the work of a compiler-practitioner, inasmuch as it reflects

an attempt to organise the booklets in a specific manner. Furthermore, like other practitioner-compiled composites, the codex alludes to a medical practitioner and contains *experimenta*.³⁰⁶

The marginalia of the volume display numerous marginal annotations and finding aids, which prove that the manuscript was indeed utilised by both medieval and post-medieval readers: fourteen of these annotators are medieval (two of them major annotators), twenty-six are post-medieval (including six major annotators), and other three are difficult to date due to their brief contributions. Some of these readers were rather conscientious and annotated the volume heavily, while others made only sporadic appearances. The presence of all these readers in the manuscript suggests that at least forty-three people valued the content of the codex in the three centuries after its production. Obviously, other people may have read the book without leaving any trace of that interaction.

³⁰⁶ Go to the codicological analysis of the manuscript in Chapter 3 (3.4.4) and read the section on Adam Rous.

CHAPTER 5. CONCLUSIONS: ‘EVERY PRACTITIONER HIS OWN COMPILER’

Now [...] I schal make an ende & if ony man biholde it & fynde ony þing þat displesip him let him not reproue it but let him take sicke a labour in hond azen & let hym be wel a vised þat he be not reproued.

(Glasgow University, Hunter 307, f. 166v)

The codicological examination of a group of fifteenth-century Middle English medical manuscripts has resulted in the identification of four distinct types of medical codices in late medieval England: the quireless units, the intact compilations, the slightly-modified compilations and the practitioner-compiled composites. The ten manuscripts that comprise the practitioner-compiled composites are the focus of this research, as they demonstrate what I have coined the ‘every practitioner his own compiler’ movement. These codices are characterised as booklet-produced compilations which have been heavily altered: both aspects that, as the results of my research have shown, reflect the engagement of medical practitioners in their making, inasmuch as they reveal not only a clear interest in rather technical material, but also a concern for adapting this material to a professional’s needs.

The majority of the booklets in these compilations date from the fifteenth century, although they frequently include earlier gatherings or booklets. These earlier units date mostly from the thirteenth and fourteenth centuries, even though the earliest instance in Ha 3407 dates back to the twelfth century; hence, Ha 2347 and Ha 2558 contain thirteenth-century additions, and the York MS, Ha 1600, Ha 2558 and Ha 3719

hold fourteenth-century collections.³⁰⁷ In this sense, Ha 3719 represents a more singular case, since it appears to be the result of two compiling phases: it is an early sixteenth-century production which combines what looks like a previous fourteenth-century compilation with additional fifteenth-century booklets. This manuscript demonstrates that the ‘every practitioner his own compiler’ movement still prevailed in the Early Modern period, as a sixteenth-century reader, presumably a practitioner, acquired the fourteenth-century compilation, inserted the other fifteenth-century booklets, and added a table of contents of the entire codex, the titles of some collections, and glossed and corrected a treatise (*Viaticum*). Furthermore, he wrote two obituary notes concerning his parents’ deaths in the calendar. All these aspects can be taken as evidence not only that Ha 3719 was possibly the medical handbook of this sixteenth-century practitioner, but also that the ‘every practitioner his own compiler’ movement existed beyond the fifteenth century.

It is probable that the compilers inherited or were given the booklets as gifts, although it is more likely that they purchased them at stationers’. Given the number of surviving medical manuscripts, there is no doubt that there was a market for medical writings in late medieval England. In fact, I would conjecture that scholars will probably find evidence of specialised workshops in the future: workshops situated possibly in traditional centres of book production (London, Oxford, Westminster or Cambridge), which encouraged the spread of medical knowledge amongst both qualified and unqualified medical practitioners. This is an idea that Voigts proposes in her study of the Sloane Group, as illustrated by the extract below:

Although important recent studies suggest that it may be inappropriate to think in terms of workshop production of fifteenth-century English manuscripts, it seems reasonable to think

³⁰⁷ Ha 3383 might contain a sixteenth-century booklet at the end of the volume. However, seeing that the script could also correspond to a late fifteenth-century hand, I have decided not to include it here.

in terms of a 'publisher'. In the case of the Sloane Group, it appears that an individual or a group co-ordinated and exercised control over the subject matter and presentation of these books. Such a publisher, who seems to have specialized in scientific and medical books in the 1450s and early 1460s, must have been responsible for the uniformity of the Sloane Group. Nothing in the Group codices themselves identifies a location, but the John Shirley connection of the related Add. MS. 5467 and the William Ebesham connection of the related Countway MS. 19 suggest London or Westminster. In fine, it appears that there must have been in London or Westminster in the mid-fifteenth century one or more individuals responsible for the production of a specific *kind* of manuscript, uniform in appearance and scientific and medical in subject matter.³⁰⁸

Unfortunately, no evidence has been found yet to support this hypothesis. The analysis of Ha 2378 has shown, however, that the manuscript might be the result of a communal work, as suggested not only by the palaeographical similarities between the majority of hands, but also by the fact that certain collections were clearly copied in partnership. This study has proposed that, seeing that practitioners copied the booklets themselves, it is possible that stationers' and/or universities promoted a system similar to the *pecia* in which practitioners could access and copy the medical booklets they needed, putting them together eventually to make their own customised handbooks.

The thesis has also illustrated that a further characteristic of the practitioner-compiled composites is that, due to their booklet-produced nature, they were copied by several hands: Ha 3383 (two scribes), Ha 1735 (three scribes), Ha 2390 (four scribes), Ha 2558 (five scribes), Ha 3719 (six scribes), the York MS (eight scribes), Ha 2378 (nine scribes) and Ha 3407 (twelve scribes); or that they display a number of modifications which include the addition, misplacement and loss of leaves and gatherings. Thus, Ha 3383, for example, is a single-hand compilation which contains a late fifteenth or early sixteenth-century booklet placed at the end of the volume at a later stage, presumably once the compilation was already made. Ha 2390 holds five gatherings which were

³⁰⁸ Voigts, 'The Sloane Group', p. 37.

wrongly, but deliberately, moved to the second part of the codex, possibly to gather the scholarly material at the beginning of the book. Additional leaves also seem to fit a purpose, as suggested by the singleton that contains tables of lunar and solar eclipses in the York MS which the compiler decided to place after a calendar.³⁰⁹

Indeed numerous folios and quires have been added to the original compendia, yet many others have been removed. Excepting particular cases like that of the fourth booklet of the York MS, where two bifolia were removed without being noticed by the individual who foliated the collection not much after its production, it is impossible to ascertain the exact time when the folios of the codices were taken out. In this regard, it can only be affirmed that they reflect usage and an interest on the part of the later readers who removed them. There is evidence that sometimes texts were removed from a codex in order to be carried around by a practitioner. For example, Cambridge, Trinity College, MS. O. 5. 26 (not in our catalogue) holds a bifolium (ff. 92-93) with prognostications based on the position of the planets that was extracted, heavily used and finally returned to its original place in the volume.³¹⁰ In certain cases entire gatherings have been removed from the manuscripts in the catalogue. Ha 2390 proves to be an outstanding example once more, since, in addition to the misplacement of various gatherings (as explained above), its leaf signatures indicate that four or five gatherings were taken away, possibly forming a forty eight or sixty-leaf codex somewhere else. Despite not being a practitioner-compiled composite itself, Hunter 185 represents also an example of a fifteenth-century compilation that was acquired by an early modern individual, probably a practitioner, who added a collection of recipes that he copied himself.³¹¹ Interestingly, this compilation

³⁰⁹ Go to Chapter 3, 3.4.4.

³¹⁰ Mooney, 'MS Evidence for the Use of Medieval English Scientific and Utilitarian Texts', p. 192.

³¹¹ See type 3 of the typology in Chapter 2 (2.9).

points to a sixteenth-century practitioner, but contains no clear evidence of being originally made for the use of a fifteenth-century peer.

In codicological terms, it is also worth emphasising the number of irregular folios that the quires of the practitioner-compiled composites hold. A simple look at the collations of the manuscripts in the catalogue reveals that, whilst the volumes from the other types of the taxonomy contain regular quires (many of them quaternions), the majority of the practitioner-compiled composites are composed of inconsistent gatherings, which are regular only when forming a booklet. The unsystematic structure of these composite manuscripts reflects a flexibility which demonstrates both their ongoing character and the original self-sufficiency of their booklets, inasmuch as a larger, one-stand project would have been carefully planned and therefore would have had a more consistent layout. As in other aspects, like the fact that they were copied in a single hand and in a rather plain, unsophisticated fashion, the practitioner-compiled composites show a resemblance with contemporary volumes copied and compiled by lay individuals. These codices contain quires with an inconsistent number of folios: hence, Robert Reynes's book (already mentioned in Crophill's section) collates 1-2¹⁶, 3⁸, 4², 5⁴, 6², 7⁴, 8-9⁶, and the London Thornton MS (for which different collations have been proposed in the past) collates partially as follows: 5²⁶, 6[?], 7¹⁸, 8⁶⁺¹ or 8^{14?}, 9²²⁺¹, 10²⁴, 11¹⁸.³¹² Both these commonplace books and the practitioner-compiled composites reflect the work of compilers who aimed at making utilitarian compilations for their own use. Voigts has already discussed some of these ideas in her groundbreaking 'Scientific and Medical

³¹² This collation was established by Hanna in 'The London Thornton Manuscript: a Corrected Collation', *SIB*, 37 (1984), 122-130. However, other collations have been previously proposed by Stern and Horrall: K. Stern, 'The London "Thornton" Miscellany: a New Description of British Museum Additional Manuscript 31042', *Scriptorium*, 30 (1976), 26-37; S. M. Horrall, 'The London Thornton Manuscript: a New Collation', *Manuscripta*, 23 (1979), 99-103.

Books', where she noted not only the booklet-produced nature of late medieval medical codices, but also that the booklets contained mostly quires of ten or more folios, and a considerable number of diagrams.³¹³ This thesis has gone an extra mile by exploring the circumstances that may have encouraged the making of such peculiar compilations, demonstrating eventually that the significant codicological alteration of a medical volume points to the work of a practitioner-compiler, who was seeking to customise his medical handbook in order to make it functional for his practice. The examination of the manuscripts has also shown that, occasionally, these practitioners contributed to the partial or total copying of their books.

This study has also demonstrated that the codicology of the codices is not the only feature to be considered when identifying the elements that evince the presence of a practitioner-compiler. Textual evidence also plays an important part in this regard, even though the texts themselves cannot be taken as solid proof. This is due to the fact that, unless they were rather technical and therefore used only by university-trained physicians, medical texts were employed by a variety of individuals in late medieval England, not only professionals. The audiences of fifteenth-century Middle English medical compendia included medical practitioners, with and without university training, other medicine-related individuals, such as apothecaries, surgeons, or midwives, and non-skilled individuals, like folk healers or householders. To medical professionals, these manuscripts would have been a source of knowledge as well as essential working tools; to householders and other non-skilled individuals, medical codices represented a possible means of performing domestic cures and avoiding physicians' expensive charges. The first owners of the practitioner-compiled composites were in all likelihood literate, since

³¹³ 'Voigts, 'Scientific and Medical Books', p. 353.

as Mustain has noted ‘the picture of the local village leech, illiterate yet providing care for the sick with his herbs, does not fit a man like Crophill, or anyone else who could use the widely available vernacular medical sources’.³¹⁴ It is improbable that these rural practitioners had the Latin expertise that the educated physicians had, but they probably had some basic knowledge of Latin. In Chapter 2 (2.4), the relation between medical writings and the three languages used in late medieval England (Latin, English and Anglo-Norman) was discussed. The conclusion of this discussion was that, although there is a clear tendency to use Latin in more academic spheres, the three languages were employed in a variety of texts, thus blurring the boundaries between learned and popular material.³¹⁵ I would like to propose, however, that, the Middle English recipes found in Latin *receptaria*, as illustrated, for example, by the recipe allegedly prescribed by Lady Ponynges in Ha 2558 (f. 76r), or by a recipe in the same codex in f. 107r that ends ‘& ys medicine ys proued’, might be, in all cases, *experimenta*: remedies transmitted orally, or witnessed by the practitioners who decided to enhance their *receptaria* by adding contemporary contributions to the original collection. That might explain the discreet appearance of Middle English recipes amongst large Latin collections of receipts. These remedies may be gathered as the early, timid stages of Empiricism: a philosophical doctrine that shook Britain in the seventeenth and eighteenth centuries, which chiefly advocated that knowledge should derive from experience and not tradition, as manifested in seventeenth-century institutions like the Royal Society of London for Improving Natural Knowledge (nowadays known as the Royal Society), whose motto displays contemporary scientific views: *Nullius in verba*, or, in other words, ‘take nobody’s word for it’. It seems that even though other practitioners had previously opposed medical authorities in favour of their own experience, as was the case of Guglielmo da Saliceto

³¹⁴ Mustain, p. 474.

³¹⁵ See Chapter 2, 2.4.

who in the thirteenth century overtly rejected some of Galen's theories, the fifteenth century shows the revival of practical medicine at the expense of theory.³¹⁶

Texts themselves may not point reliably to a professional user, but other textual elements can. These elements include ascriptions to leeches and *magisters*, (Ha 2558, Ha 1735, the York MS, Ha 2347 and Ha 2390), or the appearance of material that would have been useful only to medical practitioners, such as lists of patients (Ha 2258, Ha 1735 and Ha 2381), *experimenta* (the York MS, Ha 2347, Ha 2558 and Ha 2378), short texts like the proclamation for itinerant physicians (which contains a rather detailed and varied list of the tasks a physician was expected to accomplish), verses in praise of leechcraft, or, structurally speaking, texts that follow the medical handbook principle (Ha 2558, Ha 2347 and Ha 2381). A broader look at the contents of the manuscripts shows a general interest in prognostication, followed by collections concerning treatment, and diagnosis. Except for tables of contents copied by later readers, calendars and herbal glossaries, which are normally placed at the onset of the volumes, these compilations appear not to obey any principle of arrangement, not even when holding the same kinds of texts, which suggests that there was no standard late medieval medical compendium. It seems that, in the same manner that commonplace books were tailored to satisfy the interests and concerns of their copyists and owners, the practitioner-compiled composites were compiled and arranged by their owners taking their interests and needs into account, consequently following their own idiosyncratic procedures.

The size of these handbooks indicate that, unlike almanacs, they were not intended to be taken to the patients' houses. Seeing that except for Ha 1735 and Ha 2347

³¹⁶ For further details on Saliceto, see L. Demaitre, 'Scholasticism in Compendia of Practical Medicine, 1250-1450', *Manuscripta*, 20 (1976), 81-95 (p. 95).

all the codices exceed a hundred folios, it is highly likely that they were reference books that practitioners consulted when needed: the kind of volume the famous thirteenth-century physician Arnald of Villanova urged other practitioners to consult after leaving a patient's home:

If after this examination you are able to make a diagnosis, all that remains is to decide on the appropriate treatment. But what if you are not immediately able to decide what your patient is suffering from? What if you need to study the medical literature or want to consult with colleagues? [...] you should leave him with positive assurances while you hurry home to look at your books and decide on a more active course of treatment. There you may find it helpful to draw up a chart, setting down the essentials--sex, age, lifestyle, length of illness, symptoms--to help you focus your thoughts as you settle on a diagnosis.³¹⁷

Thomas Fayreford has indeed proven in Ha 2558 (f. 9) that practitioners recorded data about their patients and their treatments. As still happens nowadays, especially in rural areas, practitioners had a tendency to visit certain patients regularly, especially the elders or those who suffered from chronic diseases. They most certainly would have needed to record the evolution and response of their patients on a piece of paper or parchment. Despite their portability, almanacs do not appear to be the place for this, as they do not contain patients' details, or marginal annotations of any kind.

In material terms, it should be noted that both Crophill and Fayreford made use of paper in their autographed gatherings: Crophill's single leaves are entirely in paper, whilst Fayreford's *Practica* holds quires made out of parchment with paper leaves in their inner and outer sides. Likewise, Ha 2381, Ha 2390 and Ha 3383, all composites that are copied by a single scribe, are entirely made of paper. Although there is a case, Ha 2347, which was also produced by a single scribe but made out of parchment, it might be worth exploring the possibility that practitioners who produced their own gatherings or

³¹⁷ McVaugh, p. 213.

manuscripts preferred to employ paper rather than parchment: an understandable fact given its affordability.

As with other types of book produced in the pre-print era, the making of the practitioner-compiled composites surpasses the period of their initial composition; in M. Connolly's words, 'the process of compilation could persist long after the main period of production had finished'.³¹⁸ It has been already mentioned that the practitioner-compiled composites are characterised, among other things, by a remarkable remodeling at the hands of their earliest owners. However, later readers also contributed notably to the current form of the codices. Chapter 3 has revealed that Samuel Knott and John Covel, two late seventeenth-century and early eighteenth-century collectors who were the last owners of some of the volumes in the catalogue before becoming part of the Harleian collection, were responsible for the majority of the *ordinatio* practices reflected in some of the manuscripts. Knott was a clergyman who had a passion for collecting manuscripts and who might have performed medicine at a low scale in his parish church in Devon, as he interacted heavily with his medical books. He owned and annotated Ha 2347, Ha 3383, Ha 3407 and Ha 3719. Like Knott, Covel shows a significant engagement with his books; he did study medicine, although it is uncertain whether he put his medical knowledge into practice. He also owned and annotated some of the manuscripts in the catalogue, more particularly Ha 2558, Ha 2378 and Ha 2381. These post-medieval owners had a great effect on the original structure of the volumes and their content. Structurally, they unintentionally modified the current form of the codices, seeing that the changes these manuscripts have experienced since they were put together in the fifteenth century revolve around notes, written in loose paper slips by post-medieval readers, which were

³¹⁸ Connolly, 'Compiling the Book', p. 140.

presumably incorporated to the volumes when they were given their current binding at the British Library.³¹⁹ Textually, they added to the manuscripts tables of contents of the entire codices, titles to the collections, cross-references, marginal notes and other finding aids. At times, they even included other content, as when Covel added a Latin-English herbal glossary to Ha 2378. In fact, a glance at the marginalia of the codices reveals that finding aids were primarily written by later readers and owners, amongst which Covel and Knott are included.

The practitioner-compiled composites display numerous finding devices in the form of marginal headings and drawings, manicules, notabilia, cross-references and bookmarkers. Manicules and notabilia are possibly the most recurrent finding aids. Like marginal drawings and headings, they are commonly, though not exclusively, used to locate recipes, and appear normally next to the material they refer to. Cross-references and bookmarkers do not occur frequently, but tend to appear consistently in some volumes. As their modern equivalent, cross-references refer the reader to other parts of the text containing related and relevant information. Medieval bookmarkers, however, were different to their modern counterparts in that they consisted in modifying the leaves physically. At least in the manuscripts under discussion, they tend to pinpoint new collections or gatherings. Some of the most habitual modifications are made by sewing a piece of thread to the fore-edge of the leaf, or by making finger-tabs (cutting the fore-edge of the sheet). Undoubtedly, these reading practices confirm that up to the eighteenth century readers had an interest in medieval medicine. As noted by M. C. Jones:

³¹⁹ Ha 3719 is an exception, as it was probably given its present form in the early sixteenth century.

Medieval attitudes to texts and languages have to be reconstructed from the texts which survive, and the survival patterns of these texts may reflect the interests of eighteenth-century collectors as much as, if not more than, those of their original owners.³²⁰

The absence of these reading and referencing techniques at the hands of contemporary readers may indicate that fifteenth-century practitioners were frequently unaware of basic academic skills, since their *ordinatio* was generally limited to headings (especially in *receptaria*), and tables of contents of specific collections, which they might have copied from their exemplars. Even Fayreford, who was rather exhaustive in the making of his handbook, recorded only the contents of his *Practica* and *Surgica*, that is to say, of the two collections he copied and compiled himself. I can speculate that this might be the consequence of owning a small number of books; perhaps practitioners were so familiar with the content of their manuscripts that they remembered the order and location of the texts they contained, having no need to add auxiliary devices.

5.1 GOING BEYOND THE SCOPE OF THE THESIS

In the course of this study several aspects have been identified that would benefit from further examination, as they promise to be lines of investigation worth pursuing in future research works. Some of these ideas have been already introduced in the previous section and will be properly developed below; others will be presented and discussed for the first time.

³²⁰ M. C. Jones, 'Vernacular Literacy in Late-Medieval England: the Example of East Anglian Medical Manuscripts' (unpublished doctoral thesis, University of Glasgow, 2000), p. 18.

5.1.1 THE TYPOLOGY

Given the tentative nature of the typology proposed in Chapter 2 (2.9), it seems appropriate to apply this codicologically-based taxonomy to a larger number of fifteenth-century medical manuscripts. Such a project would, ideally, confirm the existence of a group of practitioner-compiled composites, whose identification would in turn corroborate the importance of late medieval medical practitioners in the production of their medical handbooks. Moreover, by looking at a larger amount of these booklet-produced manuscripts, other features that do not appear in the manuscripts in the catalogue may be identified.

5.1.2 EDITING PRIMARY SOURCES

At the beginning of the twentieth century D. W. Singer noticed that, despite the considerable amount of printed medical material which covered the Classical Antiquity and the modern era, little was published on the medieval period. She literally stated that the medieval material that had been published was ‘extraordinarily scarce’.³²¹ In 1970, R. H. Robbins also observed that from a group of over three hundred and fifty Middle English manuscripts, only a few had been previously discussed and published.³²² The situation has not changed much since then. A number of medieval medical volumes covering different areas, such as prognostication or phlebotomy, have been edited; however, the amount is still insufficient to reflect the entire existing material. The edition of the York MS would be therefore a notable contribution, inasmuch as it contains a

³²¹ Singer, p. 97.

³²² Robbins, ‘Medical MSS in ME’, p. 393.

variety of popular texts, whose edition would provide further insight into these specialised and utilitarian texts. As part of the preparation of this thesis, I had a need to transcribe the York MS in its entirety. Whilst familiarising myself with the texts, I realised that I needed linguistic support to comprehend the ingredients, diseases and other elements that appear frequently in the medical collections, especially the *receptaria*. Besides confirming how specialised medieval medical material is, the effort resulted in the development of a glossary, which, if edited, would be a useful tool for academics interested in medieval medicine; seeing that, as I have noticed myself in the course of my doctorate degree, editions of this kind are limited. In fact, given the difficulty in finding some of the herbal and medical terms elsewhere, previous editions of *receptaria* have been of great help in the making of the glossary.

5.1.3 MARGINALIA AND LATER READERS

The significant amount of marginal annotations found all through the manuscripts in the catalogue has been underlined on several occasions. The marginalia of most of these volumes contain notes, drawings and other kinds of finding and *ordo* devices that prove the interest these manuscripts aroused in post-medieval readers. Looking at an early fifteenth-century text known as the *Tabula Medicine*, P. M. Jones noted that the text, which follows what he has termed as the ‘commonplace book principle’, had been supplemented by additional recipes copied by seventeenth-century readers. In his own words, ‘it is striking that by that time in the seventeenth century there were still practitioners with an interest in the *Tabula medicine* as a handy source of

practical remedies that could be supplemented with their own reading and experience'.³²³ The thesis has shown how some of the owners of our codices left marks of their medical expertise on the leaves of the volumes, as in the case of W. Hunter, who in the eighteenth century wrote on the verso side of the first flyleaf of Hunter 117: 'A great collection of | Recipes, or medisines, | in English', implying that, in his professional opinion, the *receptarium* was efficient. In other cases, later owners were simply collectors who engaged closely with their medieval codices, as illustrated by Knott; even though the possibility that he might have professed medicine to a certain degree amongst the members of his parish church cannot be discarded.

It would be revealing, thus, to explore how post-medieval readers assimilated and used fifteenth-century medical manuscripts, as I have noticed (for example) that sometimes the tables of contents do not coincide with the numbers assigned to the recipes. Being in the middle of a scientific revolution, it would be especially compelling to have a knowledge of the impressions which seventeenth-century readers had of medical texts copied two centuries earlier. An analysis of the annotations they took and the finding and *ordo* devices they employed would likewise help us to determine the treatises, collections and recipes in which they were particularly interested.

5.1.4 EMPIRICISM

The examination of the manuscripts in the catalogue, more particularly of the practitioner-compiled composites, have unveiled a number of recipes or *experimenta*

³²³ P. M. Jones, 'The *Tabula Medicine*: An Evolving Encyclopedia', *English Manuscript Studies 1100-1700*, 14 (2008), 60-85 (p. 70).

which did not come from a written tradition but were orally transmitted. These remedies were most likely added by the scribes who copied the *receptaria* themselves, and consist of cures prescribed by contemporary practitioners, which were presumably witnessed or heard by our practitioner-scribes. Despite the fact that the medical corpus was adopted from classical sources, new recipes were being incorporated, mainly to collections of recipes, during the late Middle Ages. In the course of my analysis I have argued that these *experimenta* might represent the earliest steps towards empiricism; a doctrine that advocates that knowledge derives from experience, or, in other words, that experience should excel tradition. Taavitsainen and Pahta have stated that ‘the transfer from the long rule of scholasticism to empiricism was gradual. It started in the sixteenth century, and reached its culmination in the Royal Society period’.³²⁴ They also said that:

Texts before 1550 unquestionably repeat the old patterns. The new way of thinking started to penetrate medicine in the latter half of the sixteenth century: old scholastic thinking was still present, but started to be replaced by new patterns of thought and new methodology based on observation.³²⁵

Taavitsainen has also declared elsewhere that the change from a firm belief in authorities to a more practical and experimental approach to medicine reflects that medical texts started to be aimed at a wider, non-learned audience.³²⁶ Further examination of this line of enquiry might result in the discovery that old medical patterns started to be challenged some time earlier than expected.

³²⁴ Taavitsainen and Pahta, ‘Vernacularisation of medical writings in English’, p. 162.

³²⁵ *Ibid.*, p. 165.

³²⁶ Taavitsainen, ‘Genre and the Appropriation of Science’, p. 193.

5.1.5 SPECIALISED SCRIBES

In the same manner that the analysis of certain literary texts have revealed that various scribes specialised in the copying of literary material, as illustrated by an anonymous scribe who made two copies of Chaucer's *Canterbury Tales*, eight copies of Gower's *Confessio Amantis* and two copies of other texts,³²⁷ it is highly likely that, seeing how technical the medical jargon is, a palaeographical examination of medical texts would help with the identification of scribes who specialised in medical material. That would confirm that there was a market for medical writings, and might point to the stationers' or workshops where they were produced. Talking about Thornton and G. Keiser's analysis of his scribal performance, J. Orlemanski highlighted that Thornton's copying incompetence, as manifested, for instance, in his eye-skip errors, misreadings, and the consequent corruption of the names of the ingredients, pointed to a lack of understanding of the medical jargon he was copying, which was, according to Keiser, 'a common problem in the copying of vernacular medical books in fifteenth-century England'.³²⁸ Given the level of specialisation a scribe would have needed to copy these texts efficiently, it is highly likely that certain scribes, and especially medical practitioners, specialised in the copying of medical texts, since they were medically educated, and could possibly read and write, therefore were the perfect candidates to tackle the task.

³²⁷ Parkes, *Their Hands before our Eyes*, p. 44.

³²⁸ Orlemanski, p. 237.

5.1.6 PRACTITIONER-SCRIBES

Some decades ago, Jones drew our attention to Thomas Fayreford, a medical practitioner who, as this study has shown, copied a great deal of his medical handbook. At the beginning of his book, Fayreford describes a plant known as *gracia dei*, which, according to him, could be found near Holditch (Devon), and a man named Robert Taylor knew how to find it. If this kind of detail was discovered in other medical manuscripts, it might be easier to locate the geographic areas where the practitioners-owners of these manuscripts practised medicine. Establishing a potential geographic area would also be an appropriate starting point to track down rural, unqualified practitioners, who, despite being commonly acknowledged in *receptaria*, are rather elusive. The identification of particular individuals and locations could result in a visit to the local archives, which may in turn provide further information on these individuals. As Mustain remarks:

the study of individual rural practitioners requires that the historian use those sources that are usually considered the province of the local or social historian and have been ignored by most medical historians. The Public Record Office in London and the various county record offices have a great deal to contribute to the study of medical practice at the rural level. Materials range from records of manorial courts to wills, deeds, and judicial records.³²⁹

Going through these various records would probably give more insight into medieval practitioners' lives and their primary occupations. It would still be an arduous task to identify them, considering that, as Talbot has observed, 'the local leech makes only sporadic and random appearances in local records; when presents at all he remains only too often a mere name'; however, it would be an enterprise worth pursuing.³³⁰

³²⁹ Mustain, p. 470.

³³⁰ Talbot, *A Biographical Register*, p. vi.

5.1.7 HERBS

A more interdisciplinary project would look at the properties of the herbs of the *receptaria* and their efficiency. Preferences for herbal-based treatments have increased in the last decades in European countries, and many of our current chemical medicines contain herbs as their active ingredient. Given the dynamism of medieval collections of recipes, and the variety of medieval and post-medieval individuals who used them, one would expect these herbal remedies to work. In fact, under the headline ‘1,000-year-old onion and garlic eye remedy kills MRSA’, the BBC news announced in 2015 the successful outcome of a recipe found in Bald’s *Leechbook* (one of the few surviving Anglo-Saxon’s remedy books) which the University of Nottingham performed following the medieval instructions.³³¹ This recipe, which combines garlic, onion and cow’s stomach to cure an eye infection, confirms not only that medieval recipes could perhaps be applied to cure modern diseases, but also that professionals from other disciplines would be indeed required if one wanted to be successful in this enterprise. If these remedies proved to be effective, modern pharmacists could develop more natural and herbal-based medicines, inasmuch as numerous *receptaria* from medieval England have come down to us.

³³¹ ‘1,000-year-old onion and garlic eye remedy kills MRSA’, BBC News, 30 March 2015, <<http://www.bbc.co.uk/news/uk-england-nottinghamshire-32117815>> [Accessed 31 March 2015].

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