

1: Popular medicine in thirteenth-century England

'Popular Medicinesucceeds in two ways: the quality of its philological scholarship confirms the growing academic respectability of an interest in medical history, and the abundance of primary material made available for the first time in print offers a way of reconciling opposing views on medieval English medicine. It forces medical historians.

It also argues that a significant number, although not all, of the charms described in thirteenth-century medical texts would have been acceptable to many authors of pastoral manuals. This was the question of how to define a magical cure, and how to distinguish it from other forms of healing, which might be deemed natural or religious. These were cures that had been observed to work, but which could not be explained by the theory of the humours, and so their basis was in experience rather than in medical theory. Attitudes to empirica varied, however, with some medical writers more tolerant than others, and McVaugh suggests that many writers may have become less sympathetic to charms from the fourteenth century onwards. Eamon Duffy and Don Skemer have pointed out that many written charms closely resemble orthodox prayers and exorcisms, and that many laypeople and even many clerics saw them as legitimate. Writers in both groups criticised the use of cures they saw as magical, but were sometimes prepared to accept a relatively wide range of remedies in practice. In both groups there also existed the potential for different individuals to adopt different views. This paper will bring into this developing picture of medieval attitudes to magical cures a group of sources which have not yet been examined in detail. These are pastoral manuals, texts which summarise the knowledge that priests needed to hear confessions, preach and conduct the pastoral care of the laity. The authors of these texts discussed magical cures fairly regularly under the heading of *Sortilegium*, a term which they employed to cover a range of unorthodox beliefs and practices including divination, beliefs relating to omens and fairies, and the misuse of ecclesiastical rituals, as well as the use of magical cures. They vary considerably in length and format, but detailed discussions of magical cures are found mostly in the longer Latin manuals, called *summae*, which summarise academic theology and canon law. Their readers were also drawn from these groups, and although the longer *summae* were probably too difficult and expensive for many parish priests to use, some of them nevertheless circulated widely. Churchmen had written about confession long before the thirteenth century, and the early medieval period saw the production of numerous penitentials, lists of recommended penances for various sins, which had also mentioned magical cures. Instead of simply listing penances, they also considered the circumstances of the sin and the different sins that different social groups might commit. Behind this change lay a shift in the way penance was conceived. Thirteenth-century writers continued to include material from the penitentials and other earlier works. In this way, the attitude of educated churchmen to magical cures as to many other topics was partly shaped by a process of textual transmission going back centuries. A few simply quoted Augustine, including the authors of two continental manuals which circulated in England: Robert of Flamborough, who wrote one of the earliest pastoral manuals in around 1130, quoted a condemnation which originated in the penitentials: Faithful priests should impress on their people so that they know that magic arts and incantations cannot bring about any remedy for any human illnesses, nor can they heal in any way animals which are weakening or lame or even dying; but rather these things are snares and traps of the ancient enemy, with which he perfidiously labours to entice the human race. The *brevia* [written prayers] that are made on Ascension day should not be reproved, since they only contain the words of the Gospel; but it is superstitious to believe that they are less effective if they are written after the Gospel has been read out, or after the mass, or on another day, than [if they are written] when the words of the Gospel which are contained there [in the *brevia*] are spoken. This passage also raises the question of who was writing these *brevia* down. It is hard to be sure but probably they were clerics. By the thirteenth century in England a relatively high proportion of aristocrats, gentry and perhaps officials lower down the social scale were probably able to read Latin to some extent, but writing remained a harder skill, and was often left to the clergy or to professional clerks. But those *brevia* in which certain characters and unfamiliar names are written because they are the unutterable names of God, and in which it is said that whoever carries this *breve* on themselves will not be endangered in this or that way, or that this or that good thing will happen to them,

should without doubt be condemned and not be carried, and the people who write them, or teach that they should be carried, or carry them, or give them, or sell them, sin unless they are so simple that ignorance excuses them. Again, there are hints about the use and circulation of these brevia, with mentions of recommendation, selling and giving. If the writing of brevia was most often done by clergy, then either selling or giving would be necessary for them to circulate among the laity. William also tells us that the brevia offered not only health, but also concrete promises of protection. His attitude to these promises is not clear. He did not say why, but a later Dominican, Thomas Aquinas, argued that these unfamiliar names might in fact be the names of demons. Similarly, we should beware, it seems, of strange words we do not understand lest they contain something unlawful. But what about those enchantresses or enchanterers who sing charms over the sick, children, and animals? Surely they do not sin mortally? I answer that if they do not say or teach or do anything superstitious, but only use licit prayers and adjurations, such as by the Passion and the Cross and similar things, I do not believe that they sin mortally, unless they do such things after the Church has forbidden them. This is what we might expect: William went on, however, to make further, more surprising concessions, which depended on the status and attitude of the person using the cures as well as on the cures themselves: But I believe that women and men who are accustomed to mix in very many useless and superstitious things should be prohibited, unless perhaps they are a priest or a religious, and discreet; or even if they are a layperson, either a man or a woman, of excellent life and proven discretion, who after pouring out a licit prayer over the sick person not over an apple or a pear or a belt and similar things, but over sick people, lays hands on them according to the Gospel of Matthew [sic], They shall lay hands on the sick and they shall recover Mark Nor should people of this sort be prohibited from such things, unless perhaps it is feared that because of their example, indiscreet and superstitious people will see this example and practise the abuse of charms for themselves. Nor did they include any element, such as unknown names, that might honour any being other than God. These distinctions are clearly spelled out, and although William forbade several practices, he permitted those which did not use unfamiliar words or extraneous observances, and even justified their use with a quote from the New Testament. Recent studies of other writers suggest that his attitude was not unusual among educated clergy. Aquinas, thirteenth-century canon lawyers and even Augustine also offered a rationale for the use of some verbal cures, even as they condemned others. This shows that definitions of magical cures might be ambiguous in practice, because what was superstitious when done by one person might be a legitimate healing practice when done by another. Instead he emphasised that women who used charms never had the authority to do so: Therefore [even] if what they do were good, they should still stop because of all these prohibitions, and so that their action is not taken by others as a dangerous example. This is a proverb found in other medieval texts, and it suggests that some writers thought about non-verbal amulets in a similar way to charms and herbal medicines, because all could be conceived of as working by means of natural forces. For example, John of Gaddesden, an Oxford physician with a degree in theology who wrote a medical encyclopaedia, the *Rosa Anglica*, in , suggested a nosebleed remedy which required the sick person to wear herbs around his or her neck, as well as saying a charm or prayer while gathering the herbs. This was not a position forced on them by older theological texts because, as we have seen, Augustine criticised incantations and amulets together as magical. One of the few to reproduce them was John of Freiburg, and even he devoted less space to them than to written amulets and incantations. Those thirteenth-century churchmen who did mention the wearing of substances such as stones and herbs did not deny that these could heal illnesses. Although Aquinas condemned the wearing of written characters and astrological images, he did admit that certain substances might have natural properties conferred on them by the stars which could affect the body. Strange words in charms looked more obviously like an attempt to communicate with demons than did wearing or carrying a stone or herb which, it could be argued, worked because of mysterious but nevertheless natural and even god-given forces. The demons were then supposed to bring about the desired result. However, an exception could be made if there were genuine natural reasons for this: Peasants who pay attention to times for sowing seed, or cutting down trees, or similar things, which have a certain and natural reason why they should be done in this way, should not be condemned here. The same goes for physicians, when they are giving medicines and similar things, for which a certain and manifest reason can be given

according to natural philosophy. It is well known, however, that holy words have much effectiveness in natural matters. For the natural philosophers say that the force of nature is concentrated above all in three things: We know something about the power of herbs and stones, but of the power of words we know little or nothing. Claire Fanger has identified other thirteenth-century writers who considered that the power of some words might be natural, but this position was always controversial. He stated flatly that words had no natural power and so must rely on demons to produce their effects: When things are used in order to produce an effect, we have to ask whether this is produced naturally [naturaliter]. If the answer is yes, then to use them so will not be unlawful, since we may rightly employ natural causes for their proper effects. But if they seem unable to produce the effects in question naturally, it follows that they are being used for the purpose of producing them, not as causes but only as signs, so that they come under the head of a compact entered into with the demonic.

Pastoral Manuals and Medical Texts The authors of the pastoral manuals presumably expected their clerical readers to pass their criticisms of magical cures on to the laity through preaching and confession, but there is little evidence from thirteenth-century England of more active attempts by the church to combat medical magic. It has been estimated that the ecclesiastical courts of the diocese of Canterbury prosecuted on average two or three people a year for magic between and “far fewer than the numbers prosecuted for sexual offences. Nor were those who were prosecuted punished harshly. However, some thirteenth-century medical encyclopaedias and recipe collections suggest another possible explanation. Many, although not all, of the charms included in these works could arguably have been seen as legitimate when compared with the criteria for magical cures set out by the authors of the pastoral manuals. For example, John of Gaddesden included several charms in the *Rosa Anglica*. One is this cure for bleeding: God who deigned to cure the woman presented with a flux of blood with only the touch of the hem of your garment, we humbly entreat, Lord Jesus Christ, who alone heals illnesses, such as the flux of blood of this person, for whom man or woman we pour out prayers. Cause it to staunch and stop by extending the right hand of your power in compassion. With a Pater Noster and Ave Maria. The verbal cures in these collections take many different forms, but many of them would arguably have been legitimate. Charms containing unknown words do exist, such as one suggested by Gilbert of England to cure infertility and impotence in his *Compendium of Medicine*, written in around

Conclusion In the cases of both charms and non-written amulets, there are signs that some thirteenth-century medical writers and the authors of pastoral manuals shared similar ideas. Non-verbal amulets were broadly acceptable to both groups, except for astrological talismans, which were criticised by Aquinas and John of Freiburg, but accepted by some medical writers. This is not to say that everyone held exactly the same views. Charms containing unknown words are recorded, and conversely, some authors of pastoral manuals worried that some forms of medicine were incompatible with Christian moral teaching. Here they were not necessarily thinking of magical remedies, but more often of unacceptable sexual practices such as masturbation. It is also possible that attitudes changed over time, as McVaugh has suggested, although more detailed research would be needed to confirm this.

2: Medical Magic and the Church in Thirteenth-Century England

A study of Anglo-Norman medical prescriptions, which analyses six collections comprising over receipts. It includes a historical introduction that offers an account of popular medicine in the.

Hippocratic medicine[edit] The Western medical tradition often traces its roots directly to the early Greek civilization , much like the foundation of all of Western society. The Greeks certainly laid the foundation for Western medical practice but much more of Western medicine can be traced to the Middle East , Germanic , and Celtic cultures. The Greek medical foundation comes from a collection of writings known today as the Hippocratic Corpus. Greek philosophers viewed the human body as a system that reflects the workings of nature and Hippocrates applied this belief to medicine. The body, as a reflection of natural forces, contained four elemental properties expressed to the Greeks as the four humors. The humors represented fire, air, earth and water through the properties of hot, cold, dry and moist, respectively. Maintaining the balance of humors within a patient occurred in several ways. An initial examination took place as standard for a physician to properly evaluate the patient. The heavens influenced each person in different ways by influencing elements connected to certain humors, important information in reaching a diagnosis. After the examination the physician could determine which humor was unbalanced in the patient and prescribe a new diet to restore that balance. Hippocratic medicine was written down within the Hippocratic Corpus, therefore medical practitioners were required to be literate. At Alexandria in Egypt, the Greeks learned the art of surgery and dissection,; the Egyptian skill in these arenas far surpassed those of Greeks and Romans due to social taboos regarding treatment of the dead. The combination of knowledge in diet, surgery, and medication formed the foundation of medical learning upon which Galen would later build upon with his own works. Temple healing[edit] The Greeks had been influenced by their Egyptian neighbors, in terms of medical practice in surgery and medication. However, the Greeks also absorbed many folk healing practices, including incantations and dream healing. The religious side of Greek medical practice is clearly manifested in the cult of Asclepius , whom Homer regarded as a great physician, and was deified in the third and fourth century BC. Healing visions and dreams formed the foundation for the curing process as the person seeking treatment from Asclepius slept in a special dormitory. Afterwards the visitor to the temple bathed, offered prayers and sacrifice, and received other forms of treatment like medication, dietary restrictions, and an exercise regiment, keeping with the Hippocratic tradition. This influence was highlighted by the interplay between Christian theologians who adopted aspects of pagan and folk practices and chronicled them in their own works[citation needed]. The practices adopted by Christian medical practitioners around the 2nd century, and their attitudes toward pagan and folk traditions, reflected an understanding of these practices, especially humoralism and herbalism. The practice of medicine in the early Middle Ages was empirical and pragmatic. It focused mainly on curing disease rather than discovering the cause of diseases. Nevertheless, secular approaches to curing diseases existed. People in the Middle Ages understood medicine by adopting the ancient Greek medical theory of humors. Since it was clear that the fertility of the earth depended on the proper balance of the elements, it followed that the same was true for the body, within which the various humors had to be in balance. Folk medicine of the Middle Ages dealt with the use of herbal remedies for ailments. The practice of keeping physic gardens teeming with various herbs with medicinal properties was influenced by the gardens of Roman antiquity. These texts, such as the Pseudo-Apuleius , included illustrations of various plants that would have been easily identifiable and familiar to Europeans at the time. These gardens became specialized and capable of maintaining plants from Southern Hemisphere as well as maintaining plants during winter. However, Hildegard maintained the belief that the root of disease was a compromised relationship between a person and God. They believed faith supported by sound philosophy was superior to simple faith. The metaphor was not lost on Christians who viewed Christ as the ultimate physician. Similarly, Christians felt that, while caring for the body was important, it was second to spiritual pursuits. Locations of the monasteries were secluded and designed to be self-sufficient, which required the monastic inhabitants to produce their own food and also care for their sick. Prior to the development of hospitals, people from the surrounding towns

looked to the monasteries for help with their sick. A combination of both spiritual and natural healing was used to treat the sick. Herbal remedies, known as Herbals, along with prayer and other religious rituals were used in treatment by the monks and nuns of the monasteries. An herbal textual tradition also developed in the medieval monasteries. The monks and nuns reorganized older texts so that they could be utilized more efficiently, adding a table of contents for example to help find information quickly. Not only did they reorganize existing texts, but they also added or eliminated information. New herbs that were discovered to be useful or specific herbs that were known in a particular geographic area were added. Herbs that proved to be ineffective were eliminated. Drawings were also added or modified in order for the reader to effectively identify the herb. The Herbals that were being translated and modified in the monasteries were some of the first medical texts produced and used in medical practice in the Middle Ages. Monasteries in Medieval Europe gained access to Greek medical works by the middle of the 6th century. Monks such as Arnald of Villanova also translated the works of Galen and other classical Greek scholars from Arabic to Latin during the Medieval ages. By the early 1200s these translated works would become available at medieval universities and form the foundation of the universities medical teaching programs. She discusses different symptoms that were common to see and the known remedies for them. The monastic clergy traded with one another or used commercial means to obtain the foreign herbs. A serving plan of St. Gall depicts a separate garden to be developed for strictly medical herbals. Some plants were not native to the local area and needed special care to be kept alive. The monks used a form of science, what we would today consider botany, to cultivate these plants. Foreign herbs and plants determined to be highly valuable were grown in gardens within close proximity to the monastery in order for the monastic clergy to hastily have access to the natural remedies. Medicine in the monasteries was concentrated on assisting the individual to return to normal health. Being able to identify symptoms and remedies was the primary focus. In some instances identifying the symptoms led the monastic clergy to have to take into consideration the cause of the illness in order to implement a solution. Christian charity[edit] Christian practice and attitudes toward medicine drew on Middle Eastern particularly from local Jews and Greek influences. The Jews took their duty to care for their fellow Jews seriously. This duty extended to lodging and medical treatment of pilgrims to the temple at Jerusalem. In the early Medieval period, hospitals, poor houses, hostels, and orphanages began to spread from the Middle East, each with the intention of helping those most in need. The cities of Jerusalem, Constantinople, and Antioch contained some of the earliest and most complex hospitals, with many beds to house patients and staff physicians with emerging specialties. Basil AD argued that God put medicines on the Earth for human use, while many early church fathers agreed that Hippocratic medicine could be used to treat the sick and satisfy the charitable need to help others. The Canon became an authoritative text in European medical education until the early modern period. At Schola Medica Salernitana in Southern Italy, medical texts from Byzantium and the Arab world see Medicine in medieval Islam were readily available, translated from the Greek and Arabic at the nearby monastic centre of Monte Cassino. The Salernitan masters gradually established a canon of writings, known as the ars medicinae art of medicine or articella little art, which became the basis of European medical education for several centuries. During the Crusades the influence of Islamic medicine became stronger. The influence was mutual and Islamic scholars such as Usamah ibn Munqidh also described their positive experience with European medicine - he describes a European doctor successfully treating infected wounds with vinegar and recommends a treatment for scrofula demonstrated to him by an unnamed " Frank ". Other influential translated medical texts at the time included the Hippocratic Corpus attributed to Hippocrates, and the writings of Galen. Galen of Pergamon, a Greek, was one of the most influential ancient physicians. Galen described the four classic symptoms of inflammation redness, pain, heat, and swelling and added much to the knowledge of infectious disease and pharmacology. His anatomic knowledge of humans was defective because it was based on dissection of animals, mainly apes, sheep, goats and pigs. His theory, for example, that the blood carried the pneuma, or life spirit, which gave it its red colour, coupled with the erroneous notion that the blood passed through a porous wall between the ventricles of the heart, delayed the understanding of circulation and did much to discourage research in physiology. His most important work, however, was in the field of the form and function of muscles and the function of the areas of the spinal cord.

He also excelled in diagnosis and prognosis. Medieval surgery[edit] Medieval surgery arose from a foundation created from Ancient Egyptian , Greek and Arabic medicine. An example of such influence would be Galen , the most influential practitioner of surgical or anatomical practices that he performed while attending to gladiators at Pergamon. This new wealth of knowledge allowed for a greater interest in surgery. The University of Padua was one of the "leading Italian universities in teaching medicine, identification and treating of diseases and ailments, specializing in autopsies and workings of the body. The most important figure of the formal learning of surgery was Guy de Chauliac. He insisted that a proper surgeon should have a specific knowledge of the human body such as anatomy, food and diet of the patient, and other ailments that may have affected the patients. Not only should surgeons have knowledge about the body but they should also be well versed in the liberal arts. In this way, surgery was no longer regarded as a lower practice, but instead began to be respected and gain esteem and status. They were expected not only to be able to perform formal surgery, but also to be deft at cutting hair and trimming beards. Some of the surgical procedures they would conduct were bloodletting and treating sword and arrow wounds. In the mid-fourteenth century, there were restrictions placed on London surgeons as to what types of injuries they were able to treat and the types of medications that they could prescribe or use, because surgery was still looked at as an incredibly dangerous procedure that should only be used appropriately. Some of the wounds that were allowed to be performed on were external injuries, such as skin lacerations caused by a sharp edge, such as by a sword, dagger and axe or through household tools such as knives. During this time, it was also expected that the surgeons were extremely knowledgeable on human anatomy and would be held accountable for any consequences as a result of the procedure. Omne Bonum England - London; â€” The Middle Ages contributed a great deal to medical knowledge. This period contained progress in surgery, medical chemistry, dissection, and practical medicine. The Middle Ages laid the ground work for later, more significant discoveries. There was a slow but constant progression in the way that medicine was studied and practiced. It went from apprenticeships to universities and from oral traditions to documenting texts. The most well-known preservers of texts, not only medical, would be the monasteries. The monks were able to copy and revise any medical texts that they were able to obtain. Besides documentation the Middle Ages also had one of the first well known female physicians, Hildegard of Bingen. Hildegard was born in and at the age of fourteen she entered the double monastery of Dissibodenberg. This book contained diagnosis, treatment, and prognosis of many different diseases and illnesses.

3: Popular medicine in seventeenth-century England - Europe PMC Article - Europe PMC

'Fills a big gap. It is concerned with recipe collections, perhaps the least studied of all medical documents, and includes - chants, charms and prayers, as well as herbal remedies for a variety of ailments.' *'Popular Medicinesucceeds in two ways: the quality of its philological scholarship confirms the growing academic respectability of an interest in medical history, and the abundance of.*

4: Medieval medicine of Western Europe - Wikipedia

Full text Full text is available as a scanned copy of the original print version. Get a printable copy (PDF file) of the complete article (K), or click on a page image below to browse page by page.

5: Music in Medieval England - Wikipedia

This website uses cookies to ensure you get the best experience on our website. Learn more.

6: Popular medicine in thirteenth-century England : introduction and texts - ECU Libraries Catalog

Popular Medicine In Thirteenth Century England History of medicine wikipedia, the history of medicine shows how

POPULAR MEDICINE IN THIRTEENTH-CENTURY ENGLAND pdf

societies have changed in their approach to illness and disease from ancient times to the present.

7: Popular medicine in thirteenth-century England - CORE

Popular medicine in thirteenth-century England: introduction and texts / Tony Hunt.

8: Popular medicine in thirteenth-century England - Europe PMC Article - Europe PMC

The tension between the advocates of the Black Death as the herald of a new age, and those who see plague as proof of the resiliency of medieval mentalities, is rapidly dissolving.

9: Given Names from Early 13th C England

By the thirteenth century in England a relatively high proportion of aristocrats, gentry and perhaps officials lower down the social scale were probably able to read Latin to some extent, but writing remained a harder skill, and was often left to the clergy or to professional clerks.

Meeting God in the darkness Adaptive Speciation (Cambridge Studies in Adaptive Dynamics) Separable algebroids Basic Field Manual V10, Military Intelligence 2000 foreign policy overview and the Presidents fiscal year 2001 foreign affairs budget request Proceedings of the Texas Conference on Performatives, Presuppositions, and Implicature The Complete Half-Aspenite Anthology of prayers Elle aycart to the max Pioneers every one Theistic rationalism of Thomas Jefferson and Benjamin Franklin Sheet music we gather together hymn DNA analyst training skills The Festival Business Limits of healthreform The wisdom of China and India Chichester Excavations 5 Catholic writers and spontaneous generation. Inefficient lobbying, populism, and oligarchy The Poets Pilgrimage to Waterloo Merging two files into one ument Figure drawing michael hampton Socket programming in c Hostage to Murder Ariens 552 snowthrower service manual State Papers and Miscellaneous Correspondence of Thomas, Earl of Melros Elmira Prison Camp CH 13: THE MACROCOSMIC ORBIT AND THE FIVE PULSES 449 An advance on eternity Photoshop lessons The No Child Left Behind Act, control of the internet, and other current controversies. United States data bank Bells and bellringers of York Minster Pirandello six characters in search of an author Ps4 user guide Salvadoran festivals Fundamentals of investment management Paradise Reconsidered Risk management in cross-border transactions Alexander E. Fisher and Richard M. Inserra Quotation and Cultural Meaning in Twentieth-Century Music (New Perspectives in Music History and Criticis