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Introduction

In our present era of hyper-specialisation, where it is becoming increasingly rare for medievalists or Renaissance scholars to engage with, let us say, twenty-first century literature, let alone with contemporary mathematicians, medical practitioners, geographical explorers, religious leaders, or heads of state, it is important to recall how, in previous eras, these various fields of knowledge and expertise were often regarded as contiguous and complementary. The essays in the present volume demonstrate, above all, the hybridity of knowledge in the medieval and early modern periods, and the special illuminations that can arise from seeing the world through the lens of more than one particular discipline. In some cases, the discovery of a free flow of knowledge from folkloric or religious to medical spheres may make us glad of our own modern, rationalist separations (who would want to be treated by a doctor who believes in elves?). In other cases, however, we may feel the loss of a certain richness of perspective that is produced when two ways of knowing (poetry and the arts of navigation, for example) are brought to bear on a single text.

Our sense of identity may be said to rest, in fundamental terms, on the ways in which we choose to situate ourselves in space and time. With what systems of reference do we locate *where* we are, in order to say *who* we are? In the modern era, Einstein's theory of relativity provides one way of addressing the question; the dynamics of narrative and story telling provide another. But it is one of the limitations of our age that we rarely attempt both kinds of investigation at the same time and in the same place. Tamsin Badcoe's essay, "Mariners, Maps, and Metaphors: Lucas Waghenar and the Poetics of Navigation," provides a window into a world that was being mapped according to spatial metaphors that were simultaneously scientific and poetic. Badcoe studies the prefaces of navigational texts to reveal, firstly how mapping was recognised in the early modern period as a poetic science, and secondly, how reading was understood, in this maritime age, to be analogous to the art

of navigating the sea. One insight gained from this doubling of navigational and poetic arts is to be made keenly aware of language as a material substance that could be crafted to deliver an almost sensible, tactile experience to the reader. While many readers will be familiar with Chaucer the master storyteller, few will know him as the master of a treatise on the measurement of time. Stefania D'Agata D'Ottavi's essay, "Between Astronomy and Astrology: Chaucer's 'Treatise on the Astrolabe' and the Measurement of Time in Late-Medieval England" discusses the rhetorical strategies that Chaucer deployed to make the study of time intelligible to a young schoolboy. The fact that Chaucer not only understood how medieval time worked and could be measured, but that he also felt an obligation to synthesise and communicate this knowledge to a young reader, provides us with another instance of the higher degree of integration between poetic and scientific ways of knowing in these earlier periods.

Moving beyond temporal and spatial parameters, one of the dominant themes of the present, cross-disciplinary collection is the matter of human health and disease, as understood from the perspective of a range of different disciplines. Some contributors reveal the extent and depth of the medical discourse about health and disease that circulates in the poetry and drama of the medieval and early modern periods. Others demonstrate the rhetorical, poetic and narrative strategies employed in medical texts about disease. In contrast to the modern, secular consensus, an individual's health was not considered to be solely or even primarily his or her doctor's business; it was also the business of philosophers, poets, theatre (and anti-theatre) practitioners, and religious communities, all of whom sought, in their different spheres, to purge and relieve the body, soul or mind of the human sufferer.

Anxiety and depression are chronic conditions in modern, developed societies, and the number of drugs used to treat these ailments escalates by the hour. But what physician, recently, has given thought to anatomising the healing powers of different types of laughter, in the kind of astonishing detail offered by the Renaissance physician, Laurent Joubert? In the opening essay of this volume, Indira Ghose explores the "Paradoxes of Laughter" in Joubert's *Traité du Ris* (1579). Laughter, according to Renaissance humoral theory, originates either from the heart or the spleen; its medicinal properties attach to its capacity to warm the body. As Ghose fascinatingly argues, laughter plays a key role in the Renaissance art of "self-fashioning," for the self can be forged through the acquisition of a socially appropriate laugh, a "decorous mirth" being the courtier's ideal. If laughter is physically good for you, as well as a performative act that establishes your place in society, it becomes difficult indeed to separate the world of the physician from that of the Ren-

aissance theatre-goer, who might have had multiple reasons for becoming devotees of the new comedies then being produced by Shakespeare and Ben Jonson.

Three scholars engage closely with medical texts of the medieval and early modern periods, and in each case we find that medical discourse is hybridised either with the discourse of other spheres of knowledge, or with a plurality of linguistic traditions. In her essay, “Blame it on the Elves: Perception of Sickness in Anglo-Saxon England,” Susan Závoti analyses the recipes (medical receipts) of Anglo-Saxon leechbooks, where she finds a blend of medical and cultural discourses, ranging from classical medical theory (humours and elements) to native Celtic legends about the supernatural. Thus elves, conflated with devils, are held to be the cause of strong temptations and headaches.

Meanwhile, Anthony Hunt’s essay, “The Languages of Medical Writing in Medieval England,” invites us to reflect more broadly on the term “medieval medicine.” What cultures and linguistic traditions does this term actually encompass? Hunt argues that we need to recognise England as a tri-lingual culture, particularly in the area of medieval medical culture. This tri-lingualism is clearly in evidence in the medical recipes or receipts which, in fact, make up the largest corpus of surviving medical documents written in English. According to Hunt, many of these receipts are written in a multilingual code which combines Old French, Anglo-Norman, English and Latin in a complex, symbiotic relationship.

In her essay, “Emotion and the Ideal Reader in Middle English Gynaecological Texts,” Mary Flannery explores the rhetorical and affective structures of medieval gynaecological writing, demonstrating their close kinship with more evidently literary texts. In particular, she focuses on the construction of an implied, ideal reader through an appeal to their emotion. The emotion of shame proves to be an important constituent factor in the creation of a complicity between writer and reader of gynaecological texts. The author acknowledges the shame that (female) readers feel in relation to female-specific illnesses and, rather than dismissing such reactions as merely emotional as one might expect, encourages readers to deploy this sense of shame in a productive, therapeutic direction. The disciplined state of “shamefastness” becomes a contributory factor in developing the health of the soul, and thence the health of the body. Flannery’s analysis thus reveals how gynaecological writings dissolved binaries between rational and affective, as well as masculine and feminine, spheres of discourse and power.

Indeed, in many cases, it proves anachronistic to think of medical, religious and literary practices as occupying separate spheres, as is demonstrated in the essays by Naoë Kukita Yoshikawa and Christiania Whitehead. Chaucer’s tale of the physician of *The Canterbury Tales* illus-

trates how university-trained medical practitioners were often members of the ecclesiastical hierarchy and were expected to practice medicine in accordance with the orthodoxies of the church and Bible. Religious and medical texts share a particularly close kinship in the literature of the medieval and early modern periods. In terms of rhetorical strategies, both religious and medical writers rely heavily on citations of *auctores*, whether of the Bible, patristic writings, Galenic or Hippocratic texts. The *persuasio* of the priest or physician's text often takes the form of a dialogic exchange, between medical practitioner and patient, or between priest and penitent, as if the representation of a fictive intimacy played an essential role in stimulating the patient or penitent to produce his or her case history or confession. In such cases, story telling is not only an instance of, but also triggers further development of, the confessional mode. While the doctor or priest may cite instances of successful cures in the past, patients and penitents respond by narrating detailed experiences of their own. Extant manuscripts and early printed texts testify to the frequency of such dialogic exchanges. Both the medical practitioner and the priest also required expert hermeneutic skills. Just as the medical practitioner applied his hermeneutic skills to the body as "text," so priests, friars and other clerics applied the hermeneutic tools of established exegetical practices in interpreting both the sacred books and the deep recesses of the human soul. The analogues between medical and devotional practices are particularly well demonstrated in Yoshikawa's essay, "*Post-mortem* Care of the Soul: Mechtild of Hackeborn's *the Booke of Gostlye Grace*." Here, a convincing case is made for the therapeutic aims of votive masses and other liturgical performances. In the post-mortem care of the soul, we find an interesting transmission and transformation of medical discourse and practices onto a completely immaterial object. This hybridisation of religious and medical therapeutic practice is also shot through with economic interest, as those interceding on behalf of the post-mortem souls are motivated by expectations of recompense, in the form of the health of their own souls in the afterlife.

Whitehead's essay, "Spiritual Healing: Healing Miracles Associated With the Twelfth-Century Northern Cult of St Cuthbert," explores further the economic interests involved in spiritual healing, as well as its complex relation to existing medical practice. Here the particular focus is on the Durham cult of St Cuthbert during the twelfth century and the role played by miracles in the process of spiritual and physical healing. Whitehead reminds us of the competition between the religious and medical fields in the care of souls and bodies. In the (many) cases where medicine failed to cure the body, the cult of saints provided a patient with a range of therapeutic alternatives. The proper devotion to Cuthbert could, it was claimed, perform miraculous healings where con-

ventional medicine had failed. But entering this system of cure came at a cost; for those who failed in their devotions, the saint could be equally swift in visiting disease and injury on his lapsed patients. In the case of Cuthbert in the later medieval period, women were prohibited access to his shrine, and the texts provide examples of severe punishment for women trespassing in forbidden areas. Here again we see how miraculous spiritual healing was deeply grounded in political and economic concerns, as the followers of Cuthbert were embedded in a north versus south contest to capitalise on economically profitable pilgrimage routes running through their respective territories. Whitehead suggests that the northern cult of Cuthbert in Durham and on Lindisfarne was developed in competition with the major southern pilgrimage centre of Canterbury Cathedral, which housed the body of Thomas Beckett.

While the parallels with poetry are not as clearly delineated as those between devotional and medical practice, yet it is obviously the case that poetry too has interests in the health of the mind, body and soul. What is striking about the medieval and early modern poetry discussed in the essays by Virginia Langum, Laetitia Sansonetti and Lisanna Calvi is the extent to which poets may be demonstrated to have engaged in medical questions about the nature of disease. They do not merely borrow the language of medical discourse; they also analyse symptoms, seek out causes and propose courses of treatment for both physical and psychological ill health. Thus, for example, Langum studies Gower's exploration of the sins (or sicknesses) of wrath and envy in the fourteenth-century poem, *Confessio Amantis*. Gower's text raises the question of whether wrath and envy should be understood as metaphors for, or causes of, the soul's ill health. No less than the devotional practitioner, then, Gower is asking his readers to consider, what makes us ill, and how can we be well? Ultimately the poem suggests the active practice of compassion as a form of spiritual cure, but this recommended treatment is based on a quasi-scientific analysis of the physiognomic symptoms of sickness.

Spiritual and mental conditions are similarly understood in physiognomic terms in Spenser's *The Faerie Queene* (1590-6). As Sansonetti's essay demonstrates, misplaced amorous passion is treated as an illness in *The Faerie Queene*, while melancholy is understood to have been caused by an imbalance of humours (for a similar idea, see also Ghose's essay on Laurent Joubert). These mental and spiritual imbalances if unchecked can lead to the serious and often fatal disease of syphilis (or alternatively, syphilis is a manifestation of the mental disease). Combining Paracelsian and Galenic medical practices, Spenser's poem suggests an integrated treatment combining (internal) spiritual regimen and (external) physical regimentation of the body. Many readers today may well

react sceptically to the blend of poetic and medical diagnosis and treatment offered by these texts, and yet their holistic approach to questions of health and disease can, at very least, lead us to think more critically about modern western culture's separation of medical, aesthetic and spiritual spheres.

On the other hand, no modern reader in their right minds would wish to have been a mental patient in the medieval or early modern period, as the "cure" of mental illness involved just such treatment as would render a healthy person insane: imprisonment, light deprivation, starvation, and other bodily torture. We are given a rare insight into seventeenth century constructions of madness, and their often extreme treatments of mental conditions, in Calvi's essay, "Is't *Lunacy* to call a *spade*, a *spade*?": James Carkesse and the Forgotten Language of Madness." Calvi discusses Carkesse's poem, "Lucida Intervalla" (1679), which was composed inside Bethlem Hospital while its author was undergoing treatment for mental insanity. Amongst the treatments Carkesse endured were vein-cutting, emetics and the application of leeches. While his doctors understand his "poetic fury" to be symptomatic of his mental illness, Carkesse himself mounts a scathing attack on their medical practice, and sees the writing of poetry as his only means of cure and salvation, not only from his own condition, but also from the violence of the medical treatment he is forced to endure. Whether or not this poem was composed *within* the condition of madness, or in "lucid intervals" between bouts of insanity as the poem's title suggests, the mysterious fact remains that Carkesse did recover, and yet, after his release from hospital, wrote no more poetry.

If poets engaged closely with medical practice, the relation between medicine and the theatre was no less intense, as is demonstrated in the present volume by Tamás Karáth, Julia Staykova and Jennifer Richards. In our times, the surgeon's operating chamber is still referred to as a "theatre," but in medieval and early modern times, the parallels were ubiquitously felt, and commented upon extensively. Aristotle's theory of theatre as a space for *katharsis*, or mental purgation, indicates, of course, the ancient alliances that have long existed between medicine and the theatre. But the medieval stage was used to reveal, probe and challenge current medical practice in particularly vivid ways; the ambivalently public/private, feminine/masculine scene of childbirth, for example, was alluded to in the Mystery Cycles. Thus in his essay, "Staging Childbirth: Medical and Popular Discourses of Delivery and Midwifery in the Medieval English Mystery Plays," Karáth argues that the Nativity pageants, performed as part of the Mystery Cycles, may be interpreted as normative representations of actual medical practice of birthing children in the medieval period. What these pageants revealed to their contemporary

audiences were the ambivalent power relations between professional female midwives and male medical practitioners during the “scene” of childbirth, a “scene” that was itself ambivalently situated midway between male, public and female, private spheres (on this ambivalence, see also Flannery’s essay).

In the early modern period, the stage became a site of conflicting discourses, as Puritan religious writers co-opted the language of medicine to wage war against the perceived corrupting influences of Renaissance theatre. As Staykova’s essay argues, a steady stream of Puritan pamphleteers, writing from the 1570s to 1630s, accused theatre practitioners of breeding plague and pestilence. Not only was the gathering of large crowds for theatre performances conducive to spreading the plague, but also, they argued, the theatre’s seduction of the senses could in itself lead to the corruption of body and soul. But if these religious writers laid claim to the authority of medical discourse, Renaissance theatre was eloquent in its own defence and vigorously challenged the high claims to authority made by both medical and religious practitioners.

In the final essay of this volume, Richards analyses Shakespeare’s *Henry IV, Part 2*, which of all the plays of Shakespeare’s corpus appears to be most urgently preoccupied with questions of disease and cure. What is at stake, ultimately, is the health of the state, as the play explores how a nation riven with civil war and rebellion can heal itself. The unruly, over-surfeited body of John Falstaff is a central figure for the diseased body of the state, and the official cure for both Falstaff and the state is “fasting.” But how this medical cure would translate into political action remains ambiguous, as two possible cures for Northumberland’s rebellion – one violent, and one irenic – are proposed in the play. Moreover, Falstaff himself challenges both medical and political authority, when he mocks physicians for their ineffectual treatments (and modern readers may be inclined to share his views) and diagnoses the disease of the state to be an excess of Puritan abstinence; its cure, he pronounces, is “more sack.” Thus we end, where we began, with the ambivalent nature of laughter. Is John Falstaff’s mighty laugh to be heard as a sign of the humorally unbalanced body, or is it the sound of sanity in a diseased state, and the likeliest noise to restore us to our senses?

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