The Languages of Medical Writing in Medieval England

Tony Hunt

Therapeutic receipts mark the beginning of medical writing in post-Conquest England, eighty-five surviving from the twelfth century, and these are examined for the light they shed, especially through code-mixing, on problems of language identification and distinction in the period and, not least, on the phenomena of language contact, contiguity and continuity. The evidence up to 1400 suggests that there was no exclusive language of medical writing and that the traditional picture of linguistic and chronological discontinuities (Latin – French – English) is faulty. The emergence of medical compendia and translations after 1250 reveals the same linguistic hybridism, confounding the assumptions of monoglossia. The persistence of Anglo-Norman is striking, for Henslow’s Medical Works of the Fourteenth Century, published in 1899, airbrushed out Anglo-Norman evidence completely. In fact Anglo-Norman material is still being fed into medical compendia in the fifteenth century. The situation is rendered yet more complex by the fact that some Anglo-Norman material, for example that found in MS Cambridge, Trinity College 0.1.20, is arguably of Continental provenance and this possibility underlines the importance of careful attention to word-geography. It is medicine which par excellence engages us with the languages of medieval England.

The vernacularization of medical writing in post-Conquest Britain begins with the medical receipt, or prescription as we now call it, which persists far beyond the Middle Ages. The receipt could be a stand-alone item inserted in a variety of manuscript contexts or part of a varied, more or less coherently structured miscellany, and almost anything in between. The Latin material on which the receipt tradition draws is con-

ventionally divided into receptaria, collections devoted entirely to the therapeutic administration of naturally occurring simples, and antidotaria, receipts which include compound medicines involving minerals and metals, and ingredients of a more pharmaceutical sort, accompanied by indications of dosage. Questions relating to the destinataries of such collections have rarely been asked. Were the collections, for example, designed for the practical use of apothecaries who learned from them which items to stock, or were they directed at healers who might discover which ingredients were indicated for specific ailments? Neither type of collection admits of so much as a hint of medical theory, whilst both types provide a rich store of materia medica and their varying names, vernacular and Latin. The receipts may be therapeutic, diagnostic, prognostic, cosmetic, dietetic or eclectic, but the majority deal with medicaments for ailments. It should not be forgotten, however, that receipts, although frequently gathered in collections, persist throughout the Middle Ages as components of almost every kind of medical treatise. Receipts easily account for the largest share (2,500 items) of medical writings in English, indeed almost all of such writings before 1375, thus comfortably exceeding the next most appreciated scientific subject, alchemy (1,000 items in Voigts and Kurtz). In northern France the Abbé Poutrel’s so-called Cyrurgie, translated and adapted by Jean de Prouville, turns out to be largely a sequence of receipts. The Middle English adaptation of Roger Frugardi’s Chirurgia in British Library MS Sloane 240 (s.xv4/4) leads directly, in the same hand, to a large receipt book in five parts intended as a complement to Roger’s work on surgery. The fifteenth-century Middle English adaptation of Gilbertus Anglicus (over twelve MSS) does little more than simply copy the receipts. Many receipts equally find their way into the Middle English translation of Gui de Chauliac’s Cyrurgie. The study of the medical receipt should not therefore be confined to what are expressly presented as remedy books. In the case of Anglo-Norman under “Medical Prescriptions” Dean and Boulton list thirty-eight manuscript sites, but in fact receipts occur profusely in almost all the medical treatises they inventory. If discrete recipe collections alone are taken into account, we must be dealing with at least 2,000 vernacular receipts, in three languages. If they are ever catalogued, as is fervently to be hoped they will be, the result would enable us to understand better their transmission. Do they travel in blocks or singly? How many are translated from another language, e.g. Latin? How much overlap is there between French, English and Latin items? What are the most commonly treated ailments? What proportion of receipts involves code-switching? Are multilingual specimens ever monolingualized? How
many achieve an independent life and how many remain exclusively attached to, or contained in, a larger treatise? If we are to chart the growing circulation and rising status of the medieval medical receipt, we must cast aside an approach based on a single focus, monoglossia and its narrow definitions and prescriptiveness, and recognize that the receipt is a parasitic genre, keeping all kinds of company, the language, as in the case of Old French in general, being marked by diversity and variability, and therefore better approached as a multilingual code rather than as a switching or mixing of codes. We thus revisit the much vaunted trilingualism of medieval England not as the *discrete* use of three languages but as code in which all three languages (and later four) play a part simultaneously. As Turville-Petre puts it: “Three languages existed in harmony, not just side by side, but in symbiotic relationship, interpenetrating and drawing strength from one another; not three cultures, but one culture in three voices” (181). But how to define the three voices? It is clear that an investigation of the medical receipt at once centralizes the question of language contact – contiguity and continuity. Instead of adopting the traditional perspective on vernacular productions as a set of temporal discontinuities, a chronological sequence of language shifts (Latin – Anglo-Norman – Middle English), we ought to be looking instead at the dynamics of a constantly shifting network of relationships, without discreteness or exclusiveness, in which each language was itself changing, in both oral and written forms, as well as in its relations with others, thus complicating the issue of language identity. Oversimplified schematizations, segmentation, metaphors of rise and decline, victory and defeat, take us far away from the linguistic and cultural reality. There is currently taking place a widespread revision of linguist perspectives and terminology, partly as a result of work on language contact. This involves the collapsing of many conventional categories e.g. “vernacular,” the decay of the concept of “diglossia,” the relaxing of definitions of “code-switching,” the introduction of the idea of “lingua di genere” (i.e. attached to particular text-types), and so on. The evolution of French and Latin has been somewhat truncated by historians, and the position of English from the second half of the fourteenth century oversimplified. In particular the relations between Insular French and Continental French with its Paris-based standard have been little studied, despite the fact that the latter becomes a sort of fourth language in later medieval England. There is at no time a monoglot culture which observes clearly drawn linguistic boundaries, but rather a phenomenon of linguistic permeability and fluidity which supports for a considerable period the confident continuation of writing in three idioms. The appar-
ent vacuum in English writing for two centuries after the Conquest has been filled as the result of the work of Pelteret, Laing and Treharne who have shown how much Old English continued to be copied and, indeed, new texts composed. There simply was no vacuum, there was no rupture. It is in this multifarious linguistic context that the medical receipt continues to command our attention.

The earliest post-Conquest vernacular receipts appear in the twelfth century and though what is commonly thought of as the matrix language is Anglo-Norman, English is present too in this first tranche of medical data, which is made up of five MS witnesses. What is the nature of these early witnesses? The first receipts are additions to British Library MS Sloane 2839 of c. 1100, which contains medical texts and a set of cautery illustrations. Before the end of the century this MS had played host to two Anglo-Norman receipts, without any English present, written on a blank folio (f.78v) and on the last page. Similarly, Cambridge, Trinity College MSR.14.31, a beautifully executed medical volume, consisting largely of Latin medical treatises, has on f.244v, in the hand responsible for the whole codex, a short Latin receipt, and one in Anglo-Norman illustrating the three languages of England, for it is headed Ad cancrum (“For cancer”), and incorporates an English gloss: Pernez la caneilidé, ce est en engleis henneuol (“Take henbane, in English henbell”).

British Library MS Royal 5 E VI is another twelfth-century production, principally furnishing a text of Pseudo-Isidore’s De numero, to which vernacular additions were made in the form of over thirty receipts in Anglo-Norman which were added towards the end of the century, in this case in the space surrounding the writing block. Here, too, we witness the coexistence of French and English: in crudes (“curds”) and huf (“hôf”); Pur le huf lever . . . Si liefed le huf . . . le runce quit en vin e furmage freche amendet le huf. (“To get rid of a callus . . . it removes the callus . . . bramble cooked in wine and fresh cheese cure the callus”). There is also the mysterious boniface (xv. fuilles de boniface),¹ as well as Latin: un herbe ki at nun aquileia en latin. A fourth MS from the twelfth century is British Library MS Royal 8 D V which presents Book II of Hugh of St Victor’s De sacramentis, after the end of which ten Anglo-Norman receipts have been added seriatim and not appended outside the main writing area, although

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¹ The word is noted in another manuscript by P. Meyer in Romania 37 (1908), 365 no.36 and recorded in W. von Wartburg, Französisches Etymologisches Wörterbuch 1,433a only with the sense of “simpleton.” The word is not in the Middle English Dictionary.
headings are placed in the margin. There is no English. These then are early manuscripts, in which the vernacular receipts are all additions.²

By far the most interesting of the early witnesses, however, is British Library Royal 12 C XIX, of the early thirteenth century, a MS embellished by an elegantly copied Bestiary, enriched with extracts from Honorius of Autun’s Imago mundi, Isidore’s Etymologiae, two Latin sermons and, at the end, supplemented by two quite extensive collections of medical receipts, the first in Anglo-Norman and the second in Latin. This marks the coming of age of the vernacular medical receipt for the following reasons: the manuscript is the work of a single scribe who has produced an elegant volume of 112 folios, which includes a vernacular receipt collection comprising no fewer than forty-two items which is accorded the same dignity as the other texts in this carefully copied codex, and represents a unit wholly composed in Anglo-Norman, and treated as a “text,” not flyleaf notes or add-ons. So far as language is concerned, there are four apparently “English,” by which I mean etymologically English, words in the matrix language of French: cherlokes, la flur de / la foille de siecfrigres / siecfrigres, “beivre pesant a un ferthing,” (“charlock; the flower / leaf of siecfrigres /siecfrigres, drink a farthing’s weight”) and an explicit gloss in amorosche, co est melden en engleis (in the Peterborough fragment amersche and mayten, edited by Bell), (“stinking chamomile, mayweed in English”).

To sum up, three of the earliest five manuscripts exhibiting vernacular receipts (eighty-five of them in all) display from the beginning French and English side by side. Just as significantly, they engage us with the notorious problem of code-switching or mixing – simply put, “the alternation of languages in a single communicative event,” – more specifically, with language demarcation or boundaries, and that bogeyman of lexicologists the “loan word” (see Trotter). In other words, they embody the world of language contact. There is now a huge literature

² Another addition, in three languages, to a twelfth-century manuscript (British Library MS Cotton Titus D XXIV), consists of a number of formulas for the visitation of the sick, see Careri et al. (80-81).
³ Französisches Etymologisches Wörterbuch 15, ii, 120b sub fœrêlœn (ags.) gives Old French frelin, ferlin as quarter of a denier. Because of the chronological gap between the adoption of the two senses coin / weight it is suggested they arose at different times, the second from Middle English. The Dictionary of Medieval Latin from British Sources sub ferlingus gives the senses as (i) fourth part of a measure of land, usually of a virgate, with 12-century examples, and (ii) the fourth of a penny (1277 >). See Anglo-Norman Dictionary³. Cambridge, Trinity College MS 0.2.5 f.101rb has furline as an indication of weight. Both meanings, coin and weight, are illustrated in Beroul’s Tristran (s.xii³), ed. A. Ewert ll. 3658 and 3982.
on code-switching, not all of which, though casting light on its mecha-
nisms and distribution, has been of great assistance to sociolinguists in 
their study of communication systems, particularly discourse strategies 
and community, what is indicated by Fishman’s celebrated formulation 
‘Who is speaking what language to whom and when.’ To which we might 
add ‘and why,’ for purpose is a very important factor in communication. 
Also, when positing a discourse strategy, we are led to ask how far so-
called code-switching anticipates and acknowledges the perceived needs, and 
expectations, of the addressee, in a didactic or explanatory spirit compa-
rable with the use of synonyms or doublets as aids to comprehension. 
Or may code-switching, rather, reflect the lexical acquisition of the speak-
er / writer, who displays his scientia in a manner he has learned from his 
source materials, including, by the way, oral sources, for we should keep 
in mind Richard Ingham’s argument (Mixing Languages) that the mixing 
of languages in manorial records he has studied may reflect oral dis-
course as part of the experience and memory of the writer. The very 
mention of our source materials, at least so far as written evidence is 
concerned, at once alerts us to a defining feature: we are surveying cop-
ies, and further, compilations, and moreover specialized (i.e. domain-specific) 
texts. None of the material is pris sur le vif, and recovering elements of 
discourse and community, speaker and addressee, is therefore more than 
just difficult – nothing has really been done on medical receipts and syn-
onyma lists. Who were they designed for? At this early stage of medical 
writing most of the material contains single-lexeme switches, including synonyma, but the basic issue of language identification remains challeng-
ing and not unproblematic, as I shall now illustrate.

Let us return to those early receipts from the twelfth century. In Brit-
ish Library Royal 5 E VI huf seems safe as Middle English indicating a 
horny growth or callus (see Gui de Chauliac “hoof or nayle”); crudes (si 
facet crudes) we find in Anglo-Norman also in Bodleian Library MS Digby 
69 (s.xiii) f.176v “pernez crudden de leit . . .” and in Walter of Henley 
(Oschinsky 278, in Anglo-Norman: furmages, bure, leit, croddes). Now in 
the Royal example the morphological plural marker -s suggests a French 
word, as in Walter; whereas in Digby 69, the marker seems English, 
crudden.4 It is repeated in the next receipt “od crudden seit mise,” (“let it 
be added to curds”) a receipt which begins with an English word (de-
noting a species of Ranunculus or Veratrum): “Pus pernez cloyunké”

4 See also Hunt (Teaching and Learning Latin, vol. 2 p. 19) where in a thirteenth-century 
Durham copy of Alexander of Villa Dei’s Doctrinale the word cruddes is preceded by 
macuns as a gloss on coagula. The form curde is later (avoidance of homonymic clash with 
curde = gourd / cucumber ?).
Which dictionary does the word “curd” go into? The *Anglo Norman Dictionary* or *Middle English Dictionary*? Well, of course, *cloψunke* is etymologically Old English appearing in Middle English in a considerable variety of forms. Incontestably, therefore, indigenous, it is here unexpectedly glossed i.e. *c[el]idonie* and has, even more unexpectedly, gained entry in the *Anglo-Norman Dictionary*! The third example in Royal 5 E VI is *boniface*, also accepted into the *Anglo-Norman Dictionary* (as denoting “wood avens”), whilst occurring elsewhere only in a continental French receipt collection, as indicated above. Is its second, continental, occurrence a copying error, or a confirmation of an obscure word? There are, of course, a number of plants named from the combination of *herbe* and a saint (*sanctus* usually dropped in the vernacular), but Boniface has yet to be recorded. I have already suggested that in certain contexts and domains it may be that language demarcation and identity are an artificial concept and that the inclusive policy of *Anglo-Norman Dictionary* is the only right one. In a multilingual situation can we be sure of the chronology and etymology of certain words? By what criteria should we accord the status of loanword? In British Library MS Royal 5 E VI, for example, the word *bersise* (grout, infusion of malt) is not flagged, and yet almost all the citations in *Anglo-Norman Dictionary* are accompanied by English glosses as if the word needed explanation. Is it a loanword then, or has it been naturalized? Can we even be sure of its origin and identity? The form *braisis* (and *braisium*) is also found in medieval Latin (*Dictionary of Medieval Latin from British Sources*) starting in the twelfth century, with *bersisa* attested for the thirteenth century. What about the Anglo-Norman receipt collection in British Library MS Royal 12 C XIX? There we found *cherlokes* (Engl. *charlock*), another Old English word admitted to *Anglo-Norman Dictionary* (though not to *Anglo-Norman Dictionary*!). In the *Synonyma* lists it is often flagged *anglice*, it is never identified as a French form, yet in the Royal MS it appears unflagged in a list of wholly French names. There are many intriguing cases like these. The second case of English in the Anglo-Norman text of British Library MS Royal 12 C XIX is *slecfritgres / siecfritgres*, the final syllable certainly suggesting English “grass,” the rest uncertain, and marking a language switch: *la flur de / la foille de*. Will *slecfritgres* appear in *Anglo-Norman Dictionary*? we may ask And then there is a single instance of an explicit bilingual gloss: *la rascine de l’amarosche ço est melden en engleis*, (“the root of stinking camo-
mile, mayweed in English”), usually interpreted as the plant stinking camomile. Intriguingly, there are no examples of ameroche in Anglo-Norman Dictionary which are not accompanied by the English gloss, though there are four examples in my Popular Medicine without glossing; it can be misleading in a dictionary to give only glossed examples. Do we have here an adherence of the gloss to the interpretamentum as the result of endless copying rather than as a spontaneous, independent result of the unfamiliarity of the French derivative of amarusca? This specific case is the only example of such bilingual glossing in this particular receipt collection. This leads us to hesitate over the one other, monolingual, gloss in the same collection: “la racine del time, çö est l’amblette del pré ou des marais” (“the root of thyme, that is field or marsh amblette”). Where are we to place “thyme?” Tobler-Lommatzsch, Altfranzösisches Wörterbuch can’t make up its mind between the French spelling tim and tym and consequently has no entry for either. The Französisches Etymologisches Wörterbuch dates it to the thirteenth century with no details. The Oxford English Dictionary has only late, essentially fifteenth-century examples, which seems extraordinary. We can certainly supply an earlier example from a synonyma list in British Library MS Add. 15236 (pre-1300 and containing Irish glosses: see Hunt, Botanical Glossaries) “thymus anglice time,” the earliest example by a century to be recorded in the Middle English Dictionary. And on the Anglo-Norman side? Cambridge, Trinity College MS O.1.20 has tim in an Anglo-Norman receipt on f.50v. Though the Anglo-Norman Dictionary has only two examples (including British Library MS Royal 12 C XIX), there are certainly others from the thirteenth century, but these have not been integrated into any printed account of the word.

Thus the very earliest MS witnesses illustrate the interesting challenges posed for a linguist and the urgent need for writing word-histories. The problem of language ascription continues of course into the thirteenth century. When we have no early datings, and related forms appear in Latin, Anglo-Norman and Middle English (e.g. grumil, gromil, grumillus) how are we to establish the etymology and development of the word (see Durkin)? What shall we make of the appearance

7 Cambridge, Trinity College MS O.1.20 f.50v (antidotaire); British Library MSS Sloane 3550 f.235r sauge . . . tim; Sloane 146 f.3v thyme, f.6v thyme; Harley 978 f.28ra tiume et epteime.

8 Modern French grémil (obscure initial element plus mil “millet”). Hunt, Plant Names sub granum solis has “gallice et anglice wild gromil.” See also milium solis, sponsa solis, cauda porcina. Middle English Dictionary sub gromil (< Old French grumil, gromil) – first example 1300.
of the word *docke* in “i. poigne de docke” which occurs in a receipt in Cambridge, Trinity College MS O.1.20. A word of English origin, but not so flagged, it was easily confused with Latin *daucus* (*creticus*) “wild carrot” which is not in the *Französisches Etymologisches Wörterbuch*, but is recorded in *Anglo-Norman Dictionary* dauk . . . and *Middle English Dictionary* dauke(e) (1400). In other manuscripts we find “un oynement de doche roche e holioc” (“an ointment of red dock and hollyhock”) and “ruge docke” which suggest complete naturalization. We also encounter “suredoke” (sorrel) and trilingual “accipe dok-rute et rue et simul terratur” (“Take the root of dock and rue and grind together”). Also in Cambridge, Trinity College 0.1.20 (f.31va) we have “herbe que ad a non ramese,” suggesting either that there is no French word for the plant, or else that Old English *ramse*, “ramese” (elsewhere *ramesee*, English “ramsons”) is fully naturalized. There are two examples of “titolose(s)” (medical receipts in Cambridge, Trinity College MS 0.1.20 f.33r and f.36r), which are identified as English by Bierbaumer, yet here are unflagged in continuous French. British Library MS Sloane 420 in a list of *synonyma* has “ermodactula vel titulosa, anglice croulek” which raises the possibility that Latin was the intermediary between English and French. There are plenty of such cases where the ascription of a plant name to a language and date seems precarious and a medico-botanical code has apparently been produced which does not distinguish or depend on a sense of language identity. The *Dictionary of Mediaeval Latin from British Sources* contains thousands of headwords which are simply Latinizations of vernacular items, which adds to the complexity of etymologies. Consider the following: *avencia, bardana, borago, calcatrappa, cholettus, confiria, cresso, currago, coluragium, faverellus, felgera, fras(e)aria, grumillus, fresgunda, gerdandrea*. There are very many more. The uncertainties of language identity and consciousness are further exacerbated by the fact that in Insular MSS of the thirteenth century metalinguistic labels such as *gallice* and *anglice* as used by some scribes / authors are sometimes apparently “wrong.” My plant-names book records many instances where under a

10 See Bierbaumer, 3 142f Rumex acetosa. See *Anglo-Norman Dictionary* (ME) (bot.), *wild garlic*.
11 Bierbaumer 3, 61f and 229 records two instances of *tidolosa* and *tidulosa* (ermodactula vel tidolosa) with the sense *Allium vineale*, *Colchicum autumnale* or *Crocus albiflorus Kit* (*cräwenleac*). Marzell considers that *tidolosa* is a Latinisation of Low German *zitilose* (Old High German *zitilose*). Consider also the Anglo-Norman metrical *Trotula* in Hunt, *Anglo-Norman Medicine* 2, 99, where we might in l.629 correct “la litose” to “titolose”?
12 For scribal confusion of *gallice / anglice*, see Laing 7.
Latin headword a number of vernacular terms are given without tagging for language, both when standing alone and when in a multiple listing: *acidula, asille, surele, surdokke*. There are also innumerable instances where a single vernacular word is tagged *gallice et anglice*.

amigdala: gallice et anglice alamande; apium macedonicum: anglice et gallice staunque [corr. stanmerche] vel alisaundre; aristolochia: gallice et anglice aristologe; atonia: gallice et anglice fenugreek; beta: gallice et anglice betys; betonica gallice et anglice betayne

I have tried so far to suggest that the role of Anglo-Norman in the vernacularization of medieval English medical writing is part of a complex and sometimes ambiguous context. Looking at the earliest documents shows that so-called code-switching raises currently intractable problems of language identity and demarcation. The same may be said of the role played by Latin. The well-known collection of medical recipes known as the “Lettre d’Hippocrate” exists in Anglo-Norman in many copies. But in British Library Royal 12 B XII there is a version in Latin! Which came first? In this case, against expectation, I think because of a translation error, we can say that the Latin is translated from the Anglo-Norman. Such errors can of course shed valuable light on the direction of translation. The persistence of code-switching alerts us to the varied phenomena of language contact over a considerable period and warns us against the inherited picture of linguistic and chronological discontinuities of the Latin > French > English type. A symbol of the continued collateral development of Latin, Anglo-Norman and Middle English is provided by nine significant trilingual anthologies from the period 1260-1340 (Hunt, *Insular Trilingual Compilations*), not to speak of certain famous psalters. Besides a change of approach we also need a concerted attempt at information gathering. The fact is that the dictionaries, according to which so much language labelling is effected, are unreliable, and deficient, so far as datings are concerned, certainly before 1300. There is a considerable traffic of medical receipts across the English Channel (for example in the *Lettre d’Hippocrate*) but in what direction? Investigating the distribution of such materials, at home and abroad, is naturally beyond the resources of the average dictionary. Who then in the interests of word geography will record them and where? Are insular lexemes filtered out when copied on the Continent? How

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many regional French words are removed? This is where transmission and copying have important things to tell us.

Copying over long periods raises many questions of recognition and shifts of meaning. I will illustrate this with reference to one of the early receipt collections which I have already mentioned, British Library MS Royal 12 C XIX. In the middle of the fourteenth century there was copied in Cambridge, Trinity College MS 0.2.5 the book of the wise physician Hippocrates), a medical compendium, wholly in Anglo-Norman, with the Latin colophon *Explicit liber Ypocratis philosophi et medici sapientissimi de diversis medicinae maxime corporibus humanis proficiendibus* (“Here ends the book of the most wise philosopher and physician Hippocrates concerning different medicines beneficial to the human body”). The second section of the compendium is headed *Si commence del livere del(i) sage mire Ypocras* (“Here begins, and comprises a miscellany of medical receipts”) (hence my opening injunction not to search for receipts exclusively in remedy books), amongst which there is a block of fourteen receipts (plus one separate) which mirror almost exactly those encountered in British Library MS Royal 12 C XIX. How do we view discourse and community here and, for that matter, a century earlier when some of the royal receipts were copied into a manuscript at Peterborough (edited by Alexander Bell)? This time, in the Trinity medical compendium, though copied in the middle of the fourteenth century, everything is in French save the interlinear gloss (in the hand of the text) on f.106vb *de l’aloigne / wormod /*. Is this a function of age? All the problem words I discussed earlier in relation to British Library MS Royal C 12 XIX have gone. Why? Because they were no longer recognized or is this just an accident of transmission? What sort of factors affected the *mouvance* of manuscript texts? Who was to know that some of the receipts were already a hundred and fifty years old and originally bore lexical traces of their Insular beginnings? Was there a conscious attempt to clear such traces? The transmission of multilingual texts deserves a study to itself.

The question of origins and provenance is significant, of course, if we wish to study the earliest form and subsequent transmission of medical receipts and compendia. Indeed, at the head of the vernacularization of medical authorities in England, which later spawned Middle English translations, lies the disconcerting volume Cambridge, Trinity College MS 0.1.20 of c.1240, an Anglo-Norman copy, to be sure, but does it transmit the work of Anglo-Norman writers? Here word geography may be of vital importance. The word *amblette*, for example, has been thought of as a lexical trace (cf. *biluef, bannebane* to be discussed shortly), for it is both rare and a pointer to north-eastern France (see Hunt, *Anglo-
Norman Medicine 2, 13), where at one time most of the known examples came from (cf. modern French ambrette). As evidence accumulates, however, we now have four occurrences in Anglo-Norman Dictionary and the case in British Library MS Royal 12 C XIX, as we saw, is glossed: “thyme root.” Did it need explanation? What are the criteria for labelling an item “Anglo-Norman”? And how are we to describe the relationship between Anglo-Norman and English?

Continuing the investigation of lexical trace elements as a means of determining the geographical origins of a text, we may examine the Trinity copy of Roger Frugardi’s Chirurgia, which contains five glossed lexical items:

I,46 Pernez de la semence jusqu’ami que en englés est apelé “hannebane” [Ms hannebaire]
(“Take seed of hyoscyamus which in English is known as henbane”)

I,54 e olie feit de la semence de chenillé, qui est apellee “hannebane”
(“and oil from the seed of canicularis which is known as henbane”)

I,53 une maladie que est apelé serpigo e en francois “derte”
(“a sickness known as serpigo, derte [=tetter] in French”)

II,3 Pernez les verms qui issent hors del ventre de l’home e que li Anglés apelent “maddokes”
(“Take worms which issue from a man’s belly which are called maddocks by English people”)

II,5 gipsus, qui est en englés apelé “cockel”
(“gipsus, called cockle in English”)

III,10 foilles papaveris [nigri], qui est apelé en engleis “popi neir”
(“leaves of papaver niger, known in English as black pepper”)

The last entry suggests some linguistic confusion concerning the appellation “engleis.” “Popi” is sometimes found unflagged and unglossed in Anglo-Norman texts, and “neir” is certainly not English. One might also observe that “dert(r)e” is common enough in Anglo-Norman not

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14 It is found in British Library MS Add.10289, which is Continental, see Hunt in Medioevo Romanzo 13: 31 no.17 and n.34.
15 To which may be added Hunt, Three Receptaria, 112 no. 259 (amplette).
16 See sirup de blanc popi in “Euperiston” [99] and [107], Hunt, Anglo-Norman Medicine 2, 160 and 162 respectively.
to require a gloss (from another source?) “en franceais.” 17 Finally, “han-
nebane” (which lacks an ascription to English in the second example)
also occurs in Continental texts. The manner of the incorporation of
these “English” ords leaves room for the possibility that they began life
as glosses before being attracted (by the copyist?) into the main text.
Can we then assume that the exemplar was Anglo-Norman? 2

This is where the real problems start. The lexical evidence is am-
biguous. In the text of the rhymed receipts known as Physique rimee, also
found in Cambridge, Trinity College MS O.1.20, we have two occur-
rences of the word bibuef (“retremisia, mugwort”) which is not present in
two other Anglo-Norman copies of the Physique, which instead have
artemise. It is in fact a word of Germanic origin used in north-eastern
France. There are three more examples in two other works copied in the
Trinity MS, one receipt containing the ingredient blaunc bibuef – an
Anglo-Norman graphy followed by a northeastern French lexeme! So it
looks as if some of the texts in MS O.1.20 were copied from Continental
French exemplars. This is confirmed by the occurrence, in several texts
in the same MS, of the words gris con and con chanu, names for the plant
“fumitory,” confined to north-eastern France. The same goes for am-
blette, which is restricted to texts in this MS and to the northeast region
of France, with a single exception – the example we found in the
twelfth-century receipt collection in British Library MS Royal 12 C XIX.
These lexical items invite questions about the transmission of medical
writings in the vernacular and, in particular, the issue of whether France
or England legitimately has the priority in the vernacularization of
Salernitan, and other, medical treatises. Aside from the major treatises in
MS O.1.20 it also transmits a collection of medical receipts which in-
clude “vous li poës donner caudel, geline et vin feble” – the Anglo-Norman
Dictionary entry (sub chandel, “caudle”) is not marked as Middle English,
in which it is attested from 1325. On the other hand the Dictionary of
Mediaeval Latin from British Sources records caldellum from 1190 onwards, 18
which makes the Middle English Dictionary attestation seem suspiciously
late. As we saw, Latinizations of vernacular words are common in this
dictionary, but much depends on the amplitude of the documentation,
especially as regards contexts and dates, if we are to form an idea how
far these trace words migrate. So far the interaction of three languages,

17 See the receipt in Edinburgh, Advocates Library MS 18.6.9 f.68v Por une maladie quod vocatur “tetur wilde,” Hunt, Anglo-Norman Medicine 2, 130 n.7.

18 See Paris, Bibliothèque Nationale de France nouvelles acquisitions françaises 6539 f.107vb (an extensive medical treatise with emphasis on humoral pathology) . . . chandel d’amandes.
written and oral, is complex, and further complicated by “foreign” i.e. Continental items. There is, at any rate, no great language shift which prepares us for extended works in English in the fourteenth century.

When we come to the fourteenth century there is often an expectation, fuelled by Henslow’s *Medical Works of the Fourteenth Century*, that English now takes over medical writing. The impression is misleading because Henslow simply excerpted medical receipts in English from a variety of manuscripts (there are eighty-five collections). He recorded no Anglo-Norman – it has been airbrushed out of the picture. Linguistic evidence in medieval English should not be presented without the concurrent evidence of other languages. The evidence of fourteenth-century receipts contained in *Three Receptaria* shows the shifting patterns of concurrence: in Bodleian Library MS Rawlinson C 814, 34 percent of the receipts are in Latin, the rest in Anglo-Norman; in Cambridge, Corpus Christi College MS 388, first compendium, 36 percent are in Anglo-Norman, the rest evenly split between English and Latin; and in the second Corpus compendium all one hundred and eighty-six receipts bar one (in French) are in English: a choice therefore of all possible permutations. The parallels given in the editor’s notes show how widely disseminated such receipts were and offer an urgent invitation to establish an electronic *repertorium*.19

Of the four major medical compendia of the fourteenth century three attracted vernacular material and were host to popular receipts, which bulk increasingly large in such treatises. The first such work by an English author is the *Compendium medicinae* (some twelve MSS) of the elusive Gilbertus Anglicus writing c.1240, some thirty years before the earliest surviving MS. Perhaps because Gilbertus spent much time on the Continent (including visits, probably, to Salerno and Montpellier) he does not incorporate vernacular items or indulge in code mixing, but was a rich source of later receipt collections. When the *Compendium* was adapted by a fifteenth-century Englishman (fifteen MSS), it was radically cut and reduced to become little more than a Middle English *receptarium*, treatments of easily identifiable conditions together with theoretical and natural philosophical aspects of medicine are entirely eliminated.

The same phenomenon is illustrated in the odyssey undergone by the Latin *Speculum medico-rum*, a compilation of uncertain dimensions, the beginning of which is found in the twelfth-century Bodleian Library MS Rawlinson C 235 (ff.9r-31v) without glossing or vernacular items. A century later it appears, this time acephalous, in the late thirteenth-

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19 For some of the difficulties to be encountered in such an enterprise see Hargreaves.
century Bodleian Library MS e musaeo 219 where it comprises over twenty-five medical texts. There are French and English glosses, within and alongside the Latin text. Yet when it appears in the fourteenth century in British Library MS Sloane 420, it has no vernacular entries at all, is highly abbreviated, and offers little more than a personal anthology containing very short receipts, as is also the case in the next century when it reappears in British Library Harley 2390. The evident elasticity of medical compilations, together with language mixing, is further exemplified by the fact that an apograph, including all glosses and annotations, was made of MS e musaeo 219 in Oxford, Merton College MS234 one hundred and fifty years later, further demonstrating the inseparability of vernacular names from *material medica*, the continuing concurrence of three languages, and the tenacity of copying, which is such an obstacle to determining the work’s original function. Associated with Merton College were the medical writers John of Gaddesden, John of Arden, and Simon Bredon. The interval between the copying of the two texts is the same as in the case of British Library MS Royal 12 C XIX and Cambridge, Trinity College MS O.2.5. Finally in a fifteenth-century copy, British Library Royal 12 E XXII the *Speculum* is considerably amplified, and the French material it contains exceeds material in English. There are glosses in three languages, which also appear in some receipts:

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Accipe sepum ovinum et pinguedinem porcinam nova[m] et liquefiant ana succum de tansay, de plauntayne [anglice] ribwort, mellis despumati, dregges de cervisia veteri, de jubarbe, de lempe, de grundeswall, de omnibus superdictis ana
(“Take fresh sheep- and pig-fat and render together with tansy juice and plantain – English ribwort – skimmed honey, lees of stale beer, houseleek, brooklime, groundsel, of all these the same amount”)
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What is interesting is how supplementary material in French is still being imported to a compendium as late as the fifteenth century, whilst the incidence of material in English is almost negligible. There is now only one further fate left open – that is, wholesale translation. In the second quarter of the fifteenth century a full and careful translation of the *Speculum* into Middle English was produced. It is found in British Library MS Add. 34111. Typically the only edition from this rich MS has been a collection of medical receipts (Fordyn) and a small anonymous collection edited un informatively by W. L. Braekman. The *Speculum medicorum*, in all its forms, is a work which needs thorough investigation.

As well as the *Speculum* and the work of Gilbertus Anglicus, there are three other fourteenth-century compendia which were hosts to English
and French material and cannot be approached from a standpoint based on monoglossia. Just as celebrated, but more pragmatic and clearly organized than Gilbertus, was John of Gaddesden’s *Rosa medicinae* (1305-17) which was plundered for its receipts, and like Gilbertus, was translated in the fifteenth century – this time into Irish. Vernacular plant names are included and some MSS (e.g. British Library MS Add. 33996) contain vernacular receipts – mostly Anglo-Norman, a few Middle English – and vernacular glosses. In other words, Latin and the vernacular could not be kept apart.

A third Latin medical compendium is the work of John of Greenborough and follows a copy of Gilbertus in British Library MS Royal 12 G. IV (s.xiv) and contains many receipts which, indeed, largely constitute the treatise. The number of Middle English items increases (there remain a few in Anglo-Norman) and vernacular words (Anglo-Norman and Middle English) occur frequently in the course of the Latin text. Finally, there is the most comprehensive summary of medieval English medicine, the *Breviarium Bartholomei* (two MSS) of John of Mirfield (d. 1407), almost entirely therapeutic in nature, a generous host to vernacular words (see Getz, *Medicine* 52). Thus for a century, works designed to provide a summary of the standard medieval medical authorities, mixed learned and popular material, Latin and vernacular, without caution or impediment. But before the last quarter of the fourteenth century no medical texts, other than receipt collections or remedy-books, were written in English. A hundred and fifty years earlier Anglo-Norman had been used exclusively in the translations of Roger Frugardi’s *Chirurgia*, Platearius’s *Practica brevis*, Archimathaeus’s *De instructione medici*, a versified translation of *liber de sinthomatibus mulierum* – in other words Salernitan material, all found in Cambridge, Trinity College 0.1.20. One of the most comprehensive compendia is the trilingual “Practica” (thirty folios) found in Cambridge, Trinity College MS 0.5.32, copied in the fourteenth century and containing treatises in Latin and French, and many receipts familiar from vernacular collections like the *Lettre d’Hippocrate* and the *Physique rimee*. English appears only in single lexeme glosses and in one whole receipt and a single charm (and half another). Code-switching is common between the indication and the directions in the numerous receipts. The acceptance of individual English lexical items, taken with the absence of any passages in continuous English, demonstrates that no English treatises were available, if indeed any existed. For the ampli-

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20 For a fragment of a similar treatise in Anglo-Norman see Hunt, “An Anglo-Norman Medical Treatise.”
tude of its sections in French it is surpassed only by a compendium in
the National Library of Scotland, Advocates Library MS 18.6.9 which
represents a collection of twenty-three medical texts copied in the four-
teenth century nearly seventy folios of which are occupied by a French-
only treatise entitled “Euperiston, cee est a dire bien esprové, car i[l] n’y
a riens escrit en cest livre ke ne est esprové.” It is topically arranged,
shows just as substantial an investment of time and labour, but its con-
tents more commonly reflect the compound medicines of the antidotaria
tradition, as opposed to the heavier reliance on popular medicine in the
Trinity Practica. There is a great deal of naming of authorities, the lists of
ingredients of the more complex remedies retain their Latin names and
inflections in what must have been straight copying. It is markedly more
ambitious than many contemporary productions, particularly if it turns
out not to be a translation. Everything is in Anglo-Norman, making Eu-
periston comparable only with the Trinity Practica in scope. Lexically there
are only seventeen instances of English names introduced as synonyms
by formulas such as _i.e._, _ke est apleés en engleis, cee est a dire etc._ and not
flagged in the two cases of _sirup de blanc popy/popi._ All this, as one may
appreciate, is a small harvest for English two hundred and fifty years
after the Conquest.

The evidence of the compendia I have been discussing confirms
Richard Ingham’s view (Middle English and Anglo-Norman in Contact) that
French expanded its range of functions until the late fourteenth century,
that 1250-1400 was hence a period of bilingualism among the educated
classes in England, and that this indicates that “the ‘language shift’
model should be abandoned in favour of a ‘maintenance with bilingual-
ism’ model until the late fourteenth century.”

It is at the beginning of the fifteenth century that the sort of medical
knowledge which I have illustrated by reference to four Anglo-Norman
works, Frugardi’s _Chirurgia_, Platearius’s _Practica Brevis_, the Trinity “Prac-
tica,” and _Euperiston_, appears in English alone. Throughout the Middle
Ages translators had an almost impossible task of keeping up with con-
stant changes of nomenclature and penetrating frequently obscure diag-
nostic and therapeutic distinctions. The meaning of a Latin term from
the thirteenth century might have significantly changed by the fifteenth
century, when a text was recopied. One remembers with trepidation
Mondeville’s cynical observation “Oportet enim loqui et morbos
nominibus terribilibus nominare, ut a barbaris pecunia habeatur.” (“he
[the surgeon] has to label illnesses with fearsome names in order to get
some wretched clients to pay”).
I would like to conclude by recommending the extended study of four substantial translations on which there is much work to be done. A Middle English adaptation of Roger Frugardi’s *Chirurgia* is found in British Library MS Sloane 240 (s.xv) ff.1r-47v where it leads without interruption (same hand) into an extensive remedy-book in five parts (ff.48r-137r) complementing the Surgery. Forty-five of Frugardi’s one hundred and forty-one (the Anglo-Norman translation omits only two!) chapters are omitted. As one would expect, a few parts are abbreviated and there are also some additions and amplifications. On the subject of toothache, for example, the Middle English departs completely from the original, concluding “And knowe this for a good rule that ther is no medicyn so good for a roten toth as is pulling out þerof, for þat is most sekerest medicyn.” Surgical instruments are very rarely given their technical names, but some Latin quotations are preserved in the original. In general the translator announces clearly his procedures and sometimes offers translations which are an improvement in clarity, displaying a high degree of conscientiousness.

The *Practica brevis* (at least seventeen Insular Latin copies) receives a detailed translation in Cambridge, University Library MS Dd.x.44 (s.xv) ff.1r-100v with a prologue in red. There are sixty-eight chapters, in which sections on cures are given a red heading *Cura* – the same is often true for *Signa, Cause, Dieta*. It is clear that the vernacular is still struggling to get to grips with botanical terminology and medical terms. As in other translations, materia medica is frequently copied out in its original Latin dress. Interestingly, there is a sixteenth-century copy of the earlier chapters (as far as Book 3) of the Middle English translation in British Library MS Sloane 14 ff.1r-24r. My concluding example of a fifteenth-century Middle English adaptation of a much earlier medical treatise is found in British Library MS Add 34111 (s.xv/2) ff.40r-190r and is a full and careful version of the *Speculum medicorum*, “The Spectacle of Medicines,” with a Preface.

My conclusion is simple. In medieval England medical writing was intimately involved with all three (or four) languages. Indeed, it is medicine which *par excellence* engages us with the languages of medieval England. There was no single or exclusive language of medicine.
References


Ingham, R. “Middle English and Anglo-Norman in Contact.” www.elsj.org/-meeting/81st/81s10ingham.pdf.


