Early Franciscans in England: Sickness, Healing and Salvation

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Abstract

From their first arrival in England in 1224, the Franciscans were concerned with the treatment of ill-health for both practical and spiritual reasons. Many brothers fell sick, and their illnesses required both interpretation and treatment. Some friars practised healing on their brethren and on lay patients. This article will focus on the question of the relationship between the religious vocation of the friars and the exigencies of sickness. Little evidence survives in England in the form of administrative records. But two early Franciscan writings (*Tractatus de adventu fratrum minorum in Angliam*, and the letters of Adam Marsh OFM, d. 1259) throw significant light on attitudes to illness and practical responses.

Keywords

Franciscan – friars minor – Thomas (Friar) – Adam Marsh – medicine – illness – Solomon (Friar) – Adam de Bechesoveres – confessor – charity

Introduction

This article will focus on two unusual sources for the early history of the Franciscan order in England, both of which throw unexpected light on health and healing. The first one, entitled “Treatise on the coming of the Friars Minor to England,” is a chronicle written by a Franciscan, telling the story of the first thirty-five years of the province, covering the years 1224 to 1259.¹ The other is a collection of letters to different recipients by an Oxford Franciscan, Adam

¹ *Tractatus de adventu fratrum minorum in Angliam et dilatione et multiplicatione ipsorum in ea.*

Marsh, written at roughly the same time as the chronicle was compiled, in the mid-thirteenth century. These two sources are valuable because of the almost total loss of archives of the Franciscan order at provincial, custody and conventual level in England. Other regions where the order flourished in Europe are far better documented at these official levels but do not have chronicles devoted to the early development of the province, or letter collections for individual friars. These two English sources reveal that Franciscans took bodily health matters very seriously, while also emphasising the spiritual significance of episodes of illness. Their perspectives on health were however quite different, insofar as the documents were written for contrasting purposes. The chronicle was written to instruct and edify the brethren of the order, and to affirm the collective identity of the province and individual houses within it, stressing the apostolic mission and humility of the first Franciscans in England. The letters on the other hand were those of an academic and administrator who had the ear of courtiers and bishops, as well as of leading Franciscans in England and the other Franciscan provinces of Europe.

By looking closely at both these sources, I show that health and healing were more than simply incidental factors that constrained the activities of Franciscans in England. They were central preoccupations of the two authors, and, as I illustrate in this article, remained so for the order in later years. I will examine each of the sources in turn, exploring the significance of health and healing as expressed in the documents, beginning with the chronicle of Brother Thomas, and then moving on to the letters of Adam Marsh. Finally, I will assess the significance of these two sources in the context of the development of the mendicant orders in England, and the emergence of what may be called the medicine of the friars.

While some research has already been done that has some bearing on the Franciscans and medicine, the only monographic study so far published on friars and medicine is by Angela Montford. Her work focuses on the convents of the Franciscans and Dominicans in Bologna, and shows the centrality of health matters in those institutions, and as regulated by the provincial and custodial decrees of both orders. She argues that the practice of medicine by friars in their convents was in decline by the fourteenth century in Italy, but also points out that this was not necessarily true of other countries and at later dates.² The relationship between medicine and theology at the universities is the subject of Joseph Ziegler, *Medicine and Religion, c. 1300: The Case of Arnau*

2 Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot, 2004); eadem, "Dangers and Disorders: the Decline of the Dominican Frater Medicus," *Social History of Medicine*, 16 (2003), 169–192.

de Vilanova, and he discusses mendicant authors whose religious writings show considerable knowledge of medicine, for instance the Dominican Giovanni de San Gimignano (d. ca. 1332) and the Franciscan Servasanto da Faenza (d. ca. 1300). Central to the argument of Ziegler's book is what he calls a "clerical attitude to disease and medicine," which nevertheless is surprisingly variable even amongst the friars. At one extreme, the weighty *Summa predicantium*, an alphabetically ordered handbook for preachers compiled in the first half of the fourteenth century by the English Dominican John Bromyard, argues that disease is first and foremost a moral phenomenon with accidental physical manifestations, leaving no place for the physician. But this is directly at odds, as Ziegler points out, with the view of medicine taken by Giovanni de San Gimignano.³ Iona McCleery's work on the career of the Portuguese Dominican Gil de Santarem (d. 1265) – in life, a practising healer who wrote about remedies, and a saint to whom wonders were attributed after his death – describes a scholastic friar with a practical medical bent.⁴ More recently, Laurence Moulinier-Brogi has identified some anonymous medical writings by friars, testifying to their interest in astrology as well as therapeutics.⁵ Clearly, much depends on local contexts when it comes to attitudes to health and medicine in the mendicant orders, and so far very little attention has been paid to English friars and medicine. Nor do we yet have any health-related studies of orders other than the Franciscans and Dominicans.

1 **Treatise on the Coming of the Friars Minor to England, and the Spreading and Multiplication of the Friars in England**

This is the English title of a work in Latin compiled by a Franciscan known only as Brother Thomas (he is often called Thomas of Eccleston, but there is no authority for Eccleston earlier than John Bale, writing in the sixteenth

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

4 Iona McCleery, "Opportunities for Teaching and Studying Medicine in Medieval Portugal before the Foundation of the University of Lisbon (1290)," *Dynamis*, 20 (2000), 305–329; eadem, "Saintly Physician, Diabolical Doctor, Medieval Saint: Exploring the Reputation of Gil de Santarém in Medieval and Renaissance Portugal," *Portuguese Studies*, 21 (2005), 112–125.

5 Laurence Moulinier-Brogi, "Un aspect particulier de la médecine des religieux après le XII^e siècle: l'attrait pour l'astrologie médicale," in *Médecine et religion: compétitions, collaborations, conflits (XII^e–XX^e siècles)*, ed. Luc Berlivet, Sara Cabibbo, Maria Pia Donato, Raimondo Michetti and Marilyn Nicoud (Rome, 2012), 65–92; eadem, "La *Practica fratris* du ms. Munich, Clm 267: une lecture d'Avicenne par un religieux au xiii^e siècle?" *Archives d'histoire doctrinale et littéraire du Moyen Âge*, 84 (2017), 157–312, DOI: 10.3917/ahdlm.084.0157.

century).⁶ From the dedicatory epistle to the work, we learn that Thomas had been collecting materials for twenty-six years, beginning about 1232–1233, and finishing about 1258–1259. It is clear that Brother Thomas stayed in London's Franciscan convent for a number of years and knew most – if not all – of the friars who were based there from 1240 onwards at least. Thomas's text is not really a finished work, and some parts of it read as an episodic collection of anecdotes and notes (which appear on occasion in the margins of the text). It is known to us in four manuscripts, two of them fragments. The somewhat complicated history of the text is explained in the introduction to Andrew Little's second edition of the work, which appeared after the editor's death in 1951.⁷

Thomas wrote his work most probably to be read aloud to friars in their houses at the evening collation before the office of compline. Each of its fifteen sections is called a collation. Collation is mentioned at one point in the text as also happening for the whole convent after bloodletting.⁸ These collation gatherings were occasions for the edification of the brethren and Thomas's text is a narrative packed with stories about individual friars, their trials and tribulations.⁹ Reflecting on these stories was designed to inspire the friars to emulate the lives of simplicity and apostolic humility led by the earliest of the English Franciscans. Many of the stories also reflect well on the English friars by comparison with more worldly friars in other provinces. The friars mentioned in *De adventu* are also identified with named convents or houses in English towns or cities, and thus the audience at collation in those same convents could take pride in their institution.

6 *Index Britanniae Scriptorum: John Bale's Index of British and Other Writers*, ed. Reginald Lane Poole and Mary Bateson; with an introduction by Caroline Brett and James P. Carley (Woodbridge, 1990), 437.

7 *De adventu fratrum minorum in Angliam*, ed. Andrew G. Little (Manchester, 1951). This edition replaces the earlier one by Little published in *Collection d'études et de documents sur l'histoire religieuse et littéraire du moyen âge* 7 (Paris, 1909). The manuscripts on which the 1951 edition was based are Oxford, Bodleian Library, MS Lat misc.c.75; London, British Library, MS Cotton Nero A IX; BL, MS Egerton 3133 (originally part of the Cotton MS); and York Minster Library MS XVI.K.4. Thomas's date of writing is established by Little on the basis of the internal evidence of people mentioned in the text (p. xxii), and Thomas says (p. 1): "... communico vobis collationes quas a carissimis nutritiis et coalumnis meis per viginti sex annos consecutum fuisse me gaudeo." For a magisterial assessment of what the text reveals about the history of the Franciscan order in England, see Michael J. P. Robson, "Thomas of Eccleston, the Chronicler of the Friars' Arrival in England," in *The English Province of the Franciscans (1224–c.1350)*, ed. idem (Leiden, 2017), 3–27.

8 *De adventu*, ed. Little, 83. See Mary K. K. Yearl, "Medieval Monastic Customaries on Minuti and Infirmi," in *The Medieval Hospital and Medical Practice*, ed. Barbara S. Bowers (Aldershot, 2007), 175–194.

9 See Annette Kehnel, "The Narrative Tradition of the Medieval Franciscan Friars on the British Isles: Introduction to the Sources," *Franciscan Studies*, 63 (2005), 461–530 (esp. 466–481).

It is striking how often health and healing feature in *De adventu*. This is also true of early sources for the life of St Francis, whose care for lepers and frequent episodes of illness were central to his *vita*. It may well be then that, in dwelling on the significance of health, Thomas was imitating the legend of the founder's life. He mentions that Brother Leo (one of Francis's early companions) recorded events from Francis's life in writing.¹⁰ In Thomas's own text, sickness can be the instrument through which a friar is brought to understand his vocation. In collation 12, the friar-confessor Maurice of Dereham finds a boy who had for a long time been wasting away with an incurable illness ("diutius desperabili languore tabescentem"). Maurice hears his confession and tells him that each day he should say three Ave Marias and pray to the Virgin for healing so that he can become a Franciscan. The boy obeys and is fully cured. Once he reaches the age of fifteen (and becomes of age to enter the order) he immediately takes the habit at the hands of the Franciscan provincial minister Agnellus of Pisa. The Virgin responds to the boy's prayers for healing (from the illness but also from sin) so that the boy can join the order particularly devoted to her.¹¹

At other points in the text, Thomas interprets sickness as an occasion when the true character of the friar is revealed. In collation 15, Brother William of Nottingham, at this time the English Provincial (head of the order in England), had reached Genoa while travelling on a mission to the Pope when his companion (his *socius* – all friars travelled in pairs) fell victim to a deadly disease (*pestilentia*) there. Instead of abandoning him, as all others in the party did, Brother William remained to look after him, and was himself struck down by the disease, dying far from England in 1254.¹² This is exemplary of the love and duty owed to the *socius*, whatever the worldly importance of the office and mission undertaken by the friar. In these stories told by Thomas about the early friars, illness is the bodily occasion for acts of spiritual significance. Sickness is a test of submission to the will of God or a trial of one's vocation as a friar. Attempts to heal a sick person by medical means tend to feature in these narratives as well-intentioned but often futile actions. This is very much in line with a stricter version of what Joseph Ziegler calls the clerical approach to medicine and the physicians in his pioneering study *Medicine and Religion*:

In a spiritual and religious context, the "clerical approach" to disease would introduce God into the curing process, give moral significance to disease, and stress the priority of spiritual over physical health. In

10 *De adventu*, ed. Little, 75.

11 *Ibid.*, 62.

12 *Ibid.*, 100–101.

such a context even academic physicians like Arnau might employ the clerical approach.¹³

But this is only part of the picture. In other stories told by Thomas about the early English friars, we learn more about the diagnosis of illness and its treatment. The longest of these, and the most informative, is the story of Brother Solomon in collation 3, which deals with the reception of novices into the order. Brother Solomon was the very first novice to become a Franciscan in England. Solomon himself told Thomas that, while still a novice and acting as a procurator and collecting alms, he was cursed by his own sister. He kept the vow of poverty strictly and became so cold on one occasion that he thought he would die on the spot. His brothers, guided by charity, as Thomas says, crowded round him like huddled pigs to get him warm. Archbishop Stephen Langton said of Solomon when he advanced him to the order of acolyte: "Let brother Solomon of the order of the apostles be admitted."¹⁴ When they had eaten with the Archbishop, Solomon and the other friars returned to Canterbury barefoot in the snow, which lay very deep. Thomas's next sentence continues (and it is not clear if this is as an immediate consequence):

Gout affected him in one foot, by reason of which he lay sick in London for two years, nor could he scarce ever move about unless he were carried. In this sickness he merited a visit from Brother Jordan of holy memory, Master-General of the Order of Friars Preachers, who said to him: "Brother, be not ashamed, although the Father of Our Lord Jesus Christ draw you to Him by the foot." Now after he had lain so long a time in his cell, where he could not hear Mass – for the Brethren did not celebrate in the friary, but went to the parish church to hear the Divine Offices and to celebrate – his disease grew so desperate that, by the advice of the surgeons, it was thought necessary to amputate the foot. When the axe was approaching, and the foot uncovered, a pus was discharged which gave some hope; so that painful verdict was postponed at that time. Meanwhile Brother Solomon conceived a sure hope that if he were taken to the shrine of St Eloy [at Noyon], he might recover his foot and his health. When Brother Agnellus arrived there, he ordered that he should be taken to the shrine of St Eloy overseas without delay, and in whatever manner might most conveniently be arranged. This was done, nor did

13 Ziegler, *Medicine and Religion*, 250. Ch. 5 of this work is devoted to exploring, through case studies, variations of this clerical attitude to disease and physicians.

14 Thomas identifies Solomon and the first English Franciscans with the *vita apostolica*, the simple life of the first Apostles of Christ, as voiced by Archbishop Stephen Langton.

his confidence deceive him; no, indeed, he afterwards so much recovered that he could walk without a stick, and could celebrate Masses, and became Guardian in London and Confessor-General to the whole city.¹⁵

Thomas's story here shows the efficacy of pilgrimage to the shrine of St Eloy in curing Solomon's foot. Eloy was the patron saint of farriers, and thus peculiarly effective for those with foot problems. Solomon's illness was an occasion to demonstrate faith, and to show the efficacy of miracle where medicine has failed. At one level then, this is a story of sacred healing trumping secular medicine.

But it also shows Thomas paying close attention to the diagnosis and signs of Solomon's sick foot. According to the narrative, the friars first consulted surgeons who wanted to amputate the affected foot. It was only the discovery of the discharge from the foot that prevented this measure, giving hope and causing a postponement of the amputation. The word Thomas uses for Solomon's complaint is *gutta*; this is a medical term for one of several ailments attributed to "defluxion" of the humours, so that in Solomon's case these humours (blood, choler, phlegm, melancholy) flow down to the foot. This concentration of humours in the foot can cause acute pain, swelling or redness. Medicines given to those suffering from *gutta* in the foot (also identified in medical texts as *podagra*) were designed to evacuate the troublesome humours.¹⁶ Somebody present (perhaps Thomas himself?) had enough medical knowledge to suppose

15 "Postea accepit eum gutta in uno pede unde languit Londoniae per duos annos ita quod vix unquam nisi portatus movere [se] potuit. In hac infirmitate visitare meruit a sanctae memoriae fratre Jordano Magistro totius ordinis praedicatorum qui dixit ei: 'Frater nonne recunderis etsi Pater Domini Jesu Christi trahat te ad ipsum per pedem.' Igitur postquam tam diu iacuerat in cellario ubi missarum solemnina non audierat – fratres enim non celebrabant in loco sed ibant ad audiendum divina et ad celebrandum ad ecclesiam parochialem – factus est morbus ita desperatus ut iudicio chirurgicorum pedem oporteret praecidi; et cum allat esset securis et pes discoopertus esset exivit sanies quaedam quae spem aliquam promittebat unde dilatum est illa vice durum illud iudicium. Interim concepit certam spem quod si ad santum Eligium duceretur pedem utique recuperaret et salutem. Quo cum frater Agnellus advenisset mandavit ut absque dilatione quocumque modo commodius fieri posset ad santum Eligium in partes transmarinas duceretur. Quod ei factum est nec fefellit eum fides sua quin potius postea in tantum convaleuit ut absque baculo incederet et missas ipse celebraret et gardianus Londoniae et generalis confessor totius civitatis existeret." (*De adventu*, ed. Little, 13).

16 For *podagra* as one of three forms of *artetica*, the common use of *gutta* as a term for *artetica*, and the cause through defluxion of humours, see Johannes Platearius in *La Practica de Plateario: edición crítica, traducción y estudio*, ed. and trans., Victoria Recio Muñoz (Florence, 2016), cap. 63, *De artetica*; and Gilbertus Anglicus, *Compendium medicine Gilberti Anglici tam morborum universalium quam particularium nondum medicis sed chirurgicis utilissimum* (Lyon, 1510), book 7, cap. *De arthetica passio et eius speciebus* (fol. 309v).

that the discharge from Solomon's foot signified that the humours were coming out of the foot as a "pus"¹⁷ and gave some hope that amputation might not be necessary.¹⁸

Healing his foot at the shrine of St Eloy was far from the end of Solomon's tribulations with illness. However, he did sufficiently recover from the *gutta* in his foot so as to be able to walk without a stick, and celebrate mass, and he went on to high office as Guardian at the London Franciscan house, and general confessor to the city of London. Thomas continues his story:

But because he had begged the dear Jesus to cleanse him from his sins in this present life, He sent him a *gutta* that attacked his spine, so that he became hunch-backed and bent; moreover He sent him the hot dropsy and frequently bleeding haemorrhoids until his death. But on the day before his soul departed to Christ, sweet Jesus sent him such sorrow of heart that all his former sufferings seemed insignificant when compared with this trial, and he did not understand the cause of his grief. So he called three friars, who were his close friends and revealed his agony of mind, begging them to pray earnestly for him. But while they were devoutly at prayer together, the sweet Lord Jesus with holy Apostle Peter appeared to him, and stood by his bed gazing at him. Instantly recognising the Saviour, Brother Solomon cried out: "Lord have mercy on me! Have mercy on me!" And the Lord Jesus answered: "You have always begged Me to punish and purge you from all your sins in this present life, so I have given you this present affliction, especially since you have lost your first zeal, and have failed to bring forth fruits worthy of repentance as your vocation demands. Furthermore you have dealt leniently with the rich when imposing penance." And blessed Peter added, "You know you have also sinned deeply in your judgement of Brother John of Chichester, who died recently. Now, therefore, ask God to grant you a death as holy as his."

17 *Sanies* is a technical medical term.

18 The copying of texts of Salernitan practical medicine flourished in the Anglo-Norman world of "the long twelfth century" as nowhere else. This is the description of Monica H. Green, "Salerno on the Thames: the Genesis of Anglo-Norman Medical Literature," in *Language and Culture in Medieval Britain: The French of England, c.1100–1500*, ed. Jocelyn Wogan-Browne (Woodbridge, 2009), 220–232; see also eadem, "Rethinking the Manuscript Basis of Salvatore de Renzi's *Collectio Salernitana*: the Corpus of Medical Writings in the 'Long' Twelfth Century," in *La 'Collectio Salernitana' di Salvatore de Renzi*, Edizione Nazionale "La Scuola medica Salernitana," 3, ed. Danielle Jacquart and Agostino Paravicini Bagliani (Florence, 2008), 15–60. Although evidence for the library holdings of mendicant houses in thirteenth-century England has almost completely disappeared, Green points to the early acquisition of Salernitan practical texts in English monastic houses ("Salerno on the Thames," 222–223).

So Brother Solomon cried out, "Have mercy on me, sweetest Lord! Have pity on me, dear Jesus!" Then the Lord Jesus smiled on him, regarding him with so kindly a face that all his previous anguish vanished, and he was filled with joy of spirit and complete assurance of salvation.¹⁹

There is no bodily cure for Solomon this time, but at the end he is assured of the salvation of his soul. Before this he had been afflicted with three illnesses as means through which he was enabled to purge his sins.²⁰ The vision of Christ and St Peter described in Thomas's report makes it clear what these sins were. Solomon failed to assess and enforce penance on the rich as was his responsibility as confessor to the city of London. The presence of St Peter in the vision represents the power given to the church by Christ to bind and to loose, and thus to confess sinners and decide on appropriate penance. But St Peter told Solomon that in addition to his failure as confessor-general he had been uncharitable in his judgement of his deceased brother John of Chichester. Sickness, judgement, confession and penance are thus deeply entwined in the story. But alongside the edifying message designed for the listeners at collation, there is again a startling amount of medical detail emerging from the diagnosis of the three illnesses suffered by Solomon. The first of these is another form of *gutta* or *artetica*. This is the form identified as *sciatica*, afflicting the hips rather

19 "Verumtamen quia dulcissimo Jesu supplicaverat ut eum in praesenti a peccatis suis purgaret misit ei guttam quae fregit spinam dorsi sui ita ut gibbosus et curvus fieret; misit ei hydropisim calidam et frequentem fluxum haemorrhoidarum usque ad obitum suum. Postremo vero pridie quam pergeret ad ipsum immisit ei dulcis Jesu tantum dolore cordis cuius tamen causam ignorabat quod omnes praecedentes passiones in respectu illius angustiae nihili aestimavit. Vocatis igitur tribus fratribus qui sibi specialiores erant indicavit eis agoniam animi sui et intente supplicavit quatenus pro statu suo instanter orarent. Ipsi igitur in oratione unanimiter perseverantibus apparuit ei dulcissimus Jesus Christus cum beato Petro Apostolo coram lecto suo stans et aspiciens in eum ipse vero statim cognito Salvatore clamavit: "Miserere mei Domine, miserere mei." Et respondit ei Dominus Jesus: "Quia semper me rogasti ut in praesenti te plene affligerem et purgarem misi tibi dolorem praesentem et praecipue quia caritatem tuam primam reliquisti et non fecisti ut decuit vocationem tuam dignos fructus poenitentia." Et addidit beatus Petrus: "Insper scias te graviter peccasse in iudicando fratrem Johannem de Cicestria qui nuper obiit. Et nunc roga Deum ut det tibi talem finem qualem ipse habuit." Et clamans frater Solomon dixit: "Miserere mei Domine dulcissime miserere mei et dulcis Jesu," qui subridendo respexit eum ita placido vultu quod tota praecedens angustia evanuit et ipse spirituali gaudio repletus certissimam spem suae salutis concepit ..." (*De adventu*, ed. Little, 13–14).

20 There is a double sense of *purgatio* (purging) at work here. For the intersection of spiritual and medical *purgatio*, see Naama Cohen-Hanegbi, *Caring for the Living Soul: Emotions, Medicine and Penance in the Late Medieval Mediterranean* (Leiden, 2017), 103–106; Daniel McCann, *Soul-Health: Therapeutic Readings in Later Medieval England* (Cardiff, 2018), 52–57.

than the hands or feet. As described in the eleventh-century *Passionarius* of Gariopontus:

We notice sufferers from sciatica first by a minor pain in the bone: this comes from the intestines, and descends to the socket of the hip, or into a joint. Afterwards comes a sharp pain with a pricking sensation and heat, an inability to move in the thigh and groin area, down to the legs and shins, right as far as the feet.... As this illness develops the patient is turned into a cripple, with disfiguring injuries.²¹

The second illness developed by Solomon is a hot dropsy. Dropsy, we are told by Johannes Platearius in his *Practica brevis* (ca. 1120), is a fault of the digestive process in the liver, creating swelling in the limbs. There are four types of dropsy, corresponding to qualitative imbalances: too much cold and wet, or cold and dry, or hot and wet, or hot and dry. The last two of these are called *asclites* and *timpanites*. So, a hot dropsy is either *asclites* or *timpanites*. Both are almost impossible to cure, but you must give the patient a temperate diet, and a diuretic in the treatment of both.²² Interestingly, hot dropsy also features in the Franciscan *Chronicle of Lanercost*, written by Richard of Durham, probably around the end of the thirteenth century. In the year 1288, Alexander Furbur, a citizen of Newcastle, was taken ill with a hot dropsy, and swelled up like a barrel. His doctors despaired and he made a vow to visit St Francis's tomb, at which moment there was a great outflowing of fluid from his body. After he had made the pilgrimage he was cured of his dropsy.²³ The third of Solomon's ailments is a *fluxus emoroydarum*, a case of flowing haemorrhoids. Again, we meet with this in the *Practica brevis* of Johannes Platearius. Haemorrhoids affect five blood vessels in the anus. There are three kinds of illness involved: swelling, retention, and flowing. Solomon had a case of flowing haemorrhoids, which has its specific causes, signs, prognosis and treatment in the *Practica brevis*.²⁴

21 Gariopontus, *Passionarius*, book 4, cap. 1 (Lyon, 1526), fol. 52: "Sciaticos apprehendimus primum ex paruo dolore ossis: qui de ylio descendit in vertebra coxe: sive in compaginem. deinde vehemens dolor cum compunctione & feruore quodam: & motus debilitate per femur: & inguinem & crura & tibias: vsque ad pedum vestigia descendit ... Si vero inuetraverit hec passio per tempora: claudi efficiuntur: & lesi turpes fiunt."

22 Platearius, *Practica*, ed. Muñoz, cap. 48, *De ydropisi*.

23 *Chronicon de Lanercost*, ed. Joseph Stevenson (Edinburgh, 1839), 123–124. See Andrew G. Little, "The Authorship of the Lanercost Chronicle," *English Historical Review*, 31 (1916), 269–279; 32 (1917), 48–49; Antonia Gransden, *Historical Writing in England*, 2 vols. (London, 1974), I: 494–501.

24 Platearius, *Practica*, ed. Muñoz, cap. 44 *De emorroidis*: Emorroide sunt v venule existentes in ano ex quibus diverse fiunt passionis: inflacio. retencio, et fluxus (ll.1–2). Fluxus quandoque fit vi nature venas abruptentis, quandoque vi sinthomatis, ut ex humorum

The description of Solomon's illnesses in Thomas's text is extraordinarily specific in diagnostic terms. The three English translations which have been made from the Latin text of *De adventu* do not do justice to this specificity, using vague terms for the illnesses or, in the case of haemorrhoids, avoiding such indelicate references altogether!²⁵ But Thomas was equally precise in diagnosing both Solomon's spiritual afflictions and his bodily afflictions.²⁶ As someone who almost certainly had himself been trained as a confessor, and indeed had practised as such, it is easier to understand what lies behind Thomas's assessment of the spiritual dangers to which Solomon was exposed than it is to account for his precision in medical diagnosis. He may have read Gariopontus and Johannes Platearius, given that what he wrote about Solomon's illnesses seems to reflect their teachings.²⁷ But there is a lot of overlap in what these eleventh- and twelfth-century authorities on practical medicine say about diagnosing the complaints from which Solomon suffered. This makes it impossible to be certain which particular texts Thomas may have read.

It is more doubtful that Thomas could have read the work of his contemporary Gilbertus Anglicus, the most famous English medical writer of the thirteenth century. As Michael McVaugh writes, "His *Compendium medicine* was arguably the first great Latin survey of medical knowledge to have been

acumine, venareum nimia apercione (ll.19–21). Fluxus etiam patientis testimonio cognoscitur et ex sanguine fluente quandoque puro, quandoque nigre, quandoque croceo, secundum diversitatem humorum (ll.27–29).

- 25 *The Chronicle of Thomas of Eccleston: De adventu Fratrum Minorum in Angliam/newly done into English, with preface and notes, by Father Cuthbert* (Edinburgh–London, 1909), 142–146; *The Coming of the Friars Minor to England & Germany: being the chronicles of Brother Thomas of Eccleston and Brother Jordan of Giano*, trans. E. Gurney-Salter (London, 1926), 17–21; *The Coming of the Franciscans/translated by Leo Sherley-Price* (London, 1964), 8–10.
- 26 Faith Wallis has pointed out to me that all of Solomon's afflictions involve a morbid accumulation of fluid. These swellings were perhaps also meant to remind the brothers at their collation of the spiritual dangers of pride.
- 27 One of the earliest manuscripts of Gariopontus, *Passionarius*, was probably copied in England in the late eleventh or early twelfth centuries (Cambridge, Trinity College, MS R.14.50); Florence Eliza Glaze, "Galen Refashioned: Gariopontus of Salerno's *Passionarius* in the Later Middle Ages and Renaissance," in *Textual Healing: Essays in Medieval and Early Modern Medicine*, ed. Elizabeth Lane Furdell (Leiden, 2005), 53–77, discusses twelfth-century English manuscripts of the *Passionarius*. Johannes Platearius, *Practica brevis*, circulated widely in England by 1200, and was then translated into Anglo-Norman. See Green, "Rethinking the Manuscript Basis," 27, 40, 56, for the English circulation of "Salernitan" works of *Practica*. See also Florence Eliza Glaze, "Gariopontus and the Salernitans: Textual Traditions in the Eleventh and Twelfth Centuries," in *La 'Collectio Salernitana' di Salvatore de Renzi*, ed. Danielle Jacquart and Agostino Paravicini Bagliani (2008), 149–190.

composed after the arrival of Greek and Arabic texts in western Europe, and it enjoyed immediate popularity.”²⁸ On internal evidence, McVaugh dates the *Compendium medicine* to the decade of the 1250s, and suggests that Gilbertus taught at the medical school at Montpellier. There were manuscripts of the *Compendium medicine* in circulation in England, although the earliest of these so far identified is Cambridge, Pembroke MS 169, of s.XIII–XIV (written in southern France but annotated in a contemporary English hand).²⁹ But in any case, although Gilbertus cited some twelfth-century authorities on practical medicine, he writes about the illnesses described by Thomas in much more detailed and scholastic terms.³⁰ Because of timing and the absence of scholastic terminology, it is unlikely that Thomas studied his diagnosis in Gilbertus. Nor is there any evidence he had read another contemporary, his fellow Franciscan, Bartholomaeus Anglicus, whose encyclopaedia *De proprietatibus rerum*, completed before 1247, deals with sicknesses in book VII. Again, the terms in which Bartholomaeus wrote about those specific illnesses which afflicted Solomon are not reflected in Thomas’s work.³¹ We can exclude then the possibility that Thomas knew medical works representing scholastic teaching at universities, or medicine through the encyclopaedias of the friars.³² His medical learning belonged instead to the tradition of what used to be called Salernitan medicine (though not all of it was produced in Salerno).³³

28 Michael McVaugh, “Who Was Gilbert the Englishman?” in *The Study of Medieval Manuscripts of England: Festschrift in Honor of Richard W. Pfaff*, ed. George Hardin Brown and Linda Ehrsam Voigts (Turnhout, 2011), 295–324, at 295.

29 See the description in the forthcoming catalogue of the manuscripts of Pembroke College by Rodney M. Thomson. He has been kind enough to share his draft with me.

30 McVaugh, “Who Was Gilbert,” 306, points to “the recurrent use in the *Compendium* of the techniques of scholastic debate,” including *questiones* which are resolved magisterially. Passages in the *Compendium* on the diseases described by Thomas are many times the length of the equivalent earlier *Practica* passages on those same diseases.

31 Victoria Muñoz shows that both Gilbertus and Bartholomaeus Anglicus made use of Johannes Platearius, supplemented with newer medical authorities (*Practica*, ed. Muñoz, 70–76). Mattia Cipriani, “Between Preaching and Medicine. A Practical Medical Education for Friars: the Case of Thomas of Cantimpré’s *Liber de natura rerum*,” in an unpublished paper given at the “Angelical Conjunctions” meeting at McGill University in April 2019, shows that the medical additions to a “second edition” of the *Liber de natura rerum*, using Salernitan sources, were not made before the 1250s, and so could not have been used by Thomas (“of Eccleston”).

32 Andrew G. Little, “Chronicles of the Mendicant Friars,” in *Franciscan Essays II*, ed. Francis C. Burkitt, H. E. Goad, Andrew G. Little (Manchester, 1932), 85–103, says that Thomas studied at Oxford, but “shows no sign of being a learned man himself” (87). It may be that he was not seeking to make a display of learning, medical or otherwise.

33 On the early and widespread circulation of Salernitan texts of *Practica* in England, see Green, “Salerno on the Thames,” 220–232: “Nearly all the Salernitan works of praxis,

Brother Solomon's is not the only case in which Thomas showed precise knowledge of medical diagnosis. The Franciscans who first came to England were led by Agnellus of Pisa. Agnellus was Provincial of England when he was taken ill at Oxford. His sickness was brought on by cold and hard work while he was on a mission back and forth to reconcile King Henry III and the Earl Marshal of England, who controlled the Welsh marches.³⁴ Thomas tells us that the flux associated with his *dysenteria* was stopped with the use of medicines, but he was then seized with *iliaca passio* and pain in his side. This was so severe that for three days of agony before his death Agnellus cried out continually "Come, sweetest Jesu!"³⁵ He died on 12 May 1236 at Oxford, where he had established the Franciscan school. Thomas wrote that his body was later found uncorrupted when the tomb was opened, and diffused a fragrant perfume. Gariopontus taught that *diarria* (flux), if continued for days, and treatment neglected – and if the intestines start to hurt – can become *dysenteria*. There are two kinds of *dysenteria*, affecting the upper or lower parts of the intestines respectively. *Iliaca passio* involves swelling of the belly and the intestines, and great pain. One of its most characteristic signs is an inability to pass excrement, which in extreme cases can lead to its being vomited up. Implicit in Thomas's story about Agnellus's illness is the idea that once the flux had been stopped by medicines, a resultant inability to pass excrement, together with acute pain in the side, were signs of a transition from *dysenteria* to *iliaca passio*, which in Agnellus's case was fatal.³⁶ That Agnellus's corpse should remain fragrant after such a medical history makes this outward sign of saintliness all the more remarkable.

however, which constitute the bulk of Salernitan production in the twelfth century, are found only in late twelfth-century copies of northern origin, from England or northern France" (222). For Salernitan medicine in general, see the following modern studies: *La scuola medica salernitana: gli autori e i testi: convegno internazionale, Università degli studi di Salerno, 3–5 novembre 2004*, ed. Danielle Jacquart and Agostino Paravicini Bagliani (Florence, 2007); *La Collectio Salernitana di Salvatore de Renzi*, ed. Jacquart and Paravicini Bagliani (Florence, 2008).

34 Richard 6th Earl of Pembroke (d. 1234). It is most likely that Agnellus's illness was brought on by his labours two years before his death when Richard was at war with King Henry.

35 "... infirmatus est Oxoniae dysenteria, prae frigore, ut dicebatur, et labore, quem pro pace reformanda inter dominum regem et marescallum suum in marchia Walliae, et in discurrendo per Angliam sustinuerat. Postquam autem fluxus per medicinalia restrictus fuerat, accepit cum iliaca passio et dolor lateris, unde vix a clamore continere se valuit. Clamavit autem per tres dies continuos, antequam obiret, quasi continue: 'Veni, dulcissime Jesu!'" (*Tractatus De adventu*, 76).

36 Gariopontus, *Passionarius*, bk. 3, cap. 14, *De diarria et eius signis*; cap. 15, *De dysenteria* (fol. 34); caps. 27–8, *De ileo* (fol. 42); Platearius, *Practica*, ed. Muñoz, cap. 42, *De diarria*; cap. 40 *De dissenteria*; cap. 37 *De dolore intestinorum* (where pain in the side is associated with sickness of the ileon).

2 The Letters of Adam Marsh

In stark contrast to the chronicle of Thomas, we have the evidence of the well-born Oxford intellectual and administrator, Adam Marsh. Adam features in Thomas's chronicle where we are told that he made his profession as a friar in 1232 or 1233 at the convent of Worcester.³⁷ Before that, Adam had incepted as an MA and held a rich living at Bishopwearmouth, which was in his uncle's gift. After becoming a Franciscan, Adam began a course in theology at the University of Oxford, which he completed after eight years of study, probably in 1242. He was the first Franciscan to incept as a master in theology, and took over the role of lecturer to the Oxford Franciscans (the first such lector was Robert Grosseteste who, as Bishop of Lincoln, became Adam's mentor and friend). At Grosseteste's insistence, Adam accompanied him as adviser to the papal Curia at Lyons in the autumn of 1244, and he stayed there for the duration of the thirteenth ecumenical council (The First Council of Lyon) the following year. On his way home in the autumn of 1245 he was detained at Mantes, on the river Seine, nursing his *socius* – his companion friar – who had been taken ill. This was the same fate as was to befall William of Nottingham in 1254, as per the aforementioned account given by Thomas. But Adam was luckier than William and survived the experience of nursing his *socius*. Once back in England, he resumed his teaching in Oxford in 1246. He gave this up for good in 1250, given the pressure he was under to undertake all of the business thrust upon him by Grosseteste, his superiors in the order, the Archbishop of Canterbury, the King, the Queen, the Montfort family, and others.³⁸

The modern critical edition and translation of Adam Marsh's letters by Clifford Hugh Lawrence judges that they are arguably the most important collection of private letters to have been produced in England before the fifteenth century.³⁹ The letters were assembled by an unknown copyist, for an unknown purpose, between ten and twenty years after Adam Marsh's death in 1259. The letters cover the years 1241 to 1259, and are addressed mostly to Franciscans,

37 *Tractatus de adventu*, 18, as quoted by C. H. Lawrence, *The Letters of Adam Marsh*, 2 vols. (Oxford, 2006–2010), 1: xiv.

38 This account is based on Lawrence, *Letters*, 1: xiv–xvii. See also Andrew G. Little, *The Grey Friars in Oxford* (Oxford, 1892), 135–139; Clifford H. Lawrence, "Adam Marsh [Adam de Marisco]" in *The Oxford Dictionary of National Biography* [hereafter: *ODNB*], <<https://doi.org/10.1093/ref:odnb/95>>.

39 Lawrence, *Letters*, 1: xiv. Marsh's letters were previously edited in John Sherren Brewer, ed., "Adae de Marisco epistolae," *Monumenta Franciscana*, 1, Rolls Series 4 (London, 1858), 77–489. The letters were used extensively by Andrew G. Little, "The Franciscan School at Oxford in the Thirteenth Century," *Archivum Franciscanum Historicum*, 19 (1926), 803–874. They are much cited in modern works on English politics and church history, but Lawrence's work is the only study of the letters as a whole.

bishops and abbots, and members of the royal family or nobility. In his letters, Adam deals often with the illnesses befalling himself, his brother friars, and his elevated connections among the higher clergy or at court. As we have seen, he and his brethren sometimes had to themselves provide medical care to a *socius*. Adam also offered health advice to other friars. He wrote to Brother Robert of Thornham, then custodian at Cambridge, suggesting that the rigours of conventual diet could be relaxed for one of the friars there:

I hear that provision will be made for the consolation of the so-much afflicted brother [Philip of London] by additional food on the greatest scale within the means of the place and the community, so that God's will may be observed and the needs of the sick man met, and that consideration may be given in the Lord to salutary examples for the brethren.⁴⁰

The needs of the sick friar are to be met in accordance with God's will. Close observation of the course of fever was a matter for report, even if no relief was to be expected. In February 1253 Adam wrote to Brother William of Nottingham, provincial minister:

Our beloved Brother G. of London, who has suffered a fourteenth attack of fever, after some relief from his troubled health, is at London awaiting a genuine remedy from the mercy of our Saviour.⁴¹

But health was not left to fate. The ministrations of healers were called for. Adam refers on occasion to secular physicians who treated patients of high status. One such was Master Reginald de Stokes, whose medical services Adam recommended in the warmest terms to his friend Bishop Robert Grosseteste. Reginald was advanced in both arts and medicine, he claimed.⁴² In the same letter, Adam also mentioned as a trustworthy courier Master Peter de Alpibus, rector of Wimbledon, and physician to the Queen, Eleanor of Provence.⁴³

Judging by Adam Marsh's letters, medical treatment for friars was, where possible, placed in the hands of those with specialist skills within the order. It

⁴⁰ Letter 177. Lawrence, *Letters*, II, 423.

⁴¹ Letter 186. Lawrence, *Letters*, II, 445.

⁴² Letter 26: "in artibus et in medicina provecto et experto." Lawrence *Letters*, I, 62–3; *Biographical Register of The University of Oxford*, ii, 1784; Charles H. Talbot and Eugene A. Hammond, *The Medical Practitioners in Medieval England: a Biographical Register* (London, 1965), 269–270. Reginald de Stokes was a regent master in Oxford in 1238. He is mentioned again in another letter (I, 129) to Grosseteste of 7 March 1252.

⁴³ Letter 26. Lawrence, *Letters*, I, 64–65; Talbot and Hammond, *Medical Practitioners*, 244–245.

is worth noting that by the 1240s at the latest, the Franciscan order was interested in recruiting from those studying medicine and civil law at universities, as well as those studying theology or canon law.⁴⁴ In 1250 Adam wrote to John of Parma, Franciscan Minister General:

I make a humble request on behalf of our dearest brother W., commended by the prominence of his merits and much praise, who is burdened by a troublesome daily sickness, that out of regard for Christ you would send him brother N., so that with God's favour he may be able to counsel the said W. to alleviate his illness.⁴⁵

Brother N. is not otherwise identifiable, but the Minister General was asked to send him to Oxford to provide advice to Brother W. on his health. According to Adam's letters, one Franciscan *medicus* above all others was to be consulted. This was Brother Adam of Bechesoveres. Adam wrote to Brother John of Stamford, Custodian of the Oxford convent:

I humbly appeal to your constant generosity, father, with a pressing request to undertake the matter of the brother [Ralph of Multon]'s health and ask that you would, out of sole regard for our Saviour, allow the said brother to go in person for a remedy to the said brother Adam de Bechesoveres, who he feels, as he says, has been of considerable help to him, so that he may, by the grace of God, receive the comfort of the medical treatment begun by the said Brother Adam with more effective application.⁴⁶

Here Ralph of Multon was expected to travel to the convent of the *medicus* for treatment, and would have been happy to do so, as treatment by Adam de Bechesoveres had previously been of great help in his affliction. In November 1249, Adam Marsh writes to Robert Grosseteste suggesting how the Bishop might be able to consult Adam de Bechesoveres.⁴⁷ Around the year 1250 Adam de Bechesoveres was in France with the Minister General, but a letter from Adam Marsh promised the Provincial that he would soon return to England and submit once more to regular discipline.⁴⁸

44 See Neslihan Şenocak, *The Poor and the Perfect: the Rise of Learning in the Franciscan Order, 1209–1310* (Ithaca, NY, 2012), 77–79.

45 Letter 165. Lawrence, *Letters*, II, 395.

46 Letter 219. Lawrence, *Letters*, II, 531. Adam de Bechesoveres is discussed in Talbot and Hammond, *Medical Practitioners*, 4–5; Little, *Grey Friars*, 187.

47 Letter 35. Lawrence, *Letters*, I, 103.

48 Letter 186. Lawrence, *Letters*, II, 445; Little, *Grey Friars*, 187.

More usually it was a request for Adam de Bechesoveres to be sent to help one of the brothers at Oxford. Adam Marsh wrote to Brother Robert of Thornham (warden of friars at Lynn, but then custodian at Cambridge):

a humble entreaty from your subject that you would not consider it unsuitable to send the aforesaid Brother Adam of Bechesoveres back to Oxford without delay in accordance with the brothers' desire, to restore the health of the venerable father, Brother John of Reading ...⁴⁹

On one occasion Adam Marsh wrote directly to Adam de Bechesoveres, asking for his assistance for a relation of one of the friars at Stamford:

Roger de Kirkby, brother of our Brother Richard de Kirkby of the Stamford convent ... with an earnest request for you to be so good as to extend to him your helping hand as is, so far as God favours it, necessary and demanded by his dangerous illness.⁵⁰

This shows that the healing activity of a Franciscan *medicus* like Adam de Bechesoveres could extend to those who were not friars, or not even senior ecclesiastics like Grosseteste.

The pattern of writing about health and healing in Adam Marsh's letter is dictated by his wide range of connections both within and outside the Franciscan order, and his busy administrative life. Health comes up as a problem facing friars and non-friars, where the imperative is to give advice and maintain health, and to get the best possible treatment when health breaks down, as it does so frequently. Adam Marsh recommends treatment by a skilled *medicus* within the order for the illnesses of friars and others. Nothing is mentioned of charging fees for the medical services of friars. The care of the sick is a work of charity for any friar, just as it is to look after one's *socius* when travelling. Adam Marsh evidently did not think it was improper for a friar *medicus* to treat those outside the order, as in the case of Roger de Kirkby. Nevertheless, his major concern as a Franciscan administrator was the health of priests. Only when health is restored can the patient, if another friar or cleric, exercise his true vocation – the cure of souls – whether it be through teaching, preaching, or administering confession. Nor does Adam neglect the potential for spiritual development through the experience of bodily afflictions. Writing to one of his Franciscan brethren, he reflects:

49 Letter 177. Lawrence, *Letters*, II, 423. For John of Reading, see Little, *Grey Friars*, 180–181.

50 Letter 238. Lawrence, *Letters*, II, 559.

On this account I have an undoubting confidence that the sharper trial of a long illness expiates for a devout soul to make it pure, and illuminates it to make it glorious, and elevates it to make it holy ...⁵¹

Illness will have a beneficial effect if it is regarded as a test of one's faith, an opportunity to submit to God's will, and to undergo whatever chastisement is required. Adam Marsh endorses this clerical response to illness, but his letters suggest that the friar should also follow St Francis in ministering to the sick, and the responsible administrators of the order must do their best to ensure the health of the friars as they pursue their calling to the cure of souls.

Conclusion

These two thirteenth-century sources from England – the chronicle of Thomas on the coming of the friars, and the letters of Adam Marsh – though written from very different perspectives, and for very different purposes, show that medical knowledge and practice were central to the concerns of the early Franciscans. Friars often fell sick, and the rigours of their way of life and their calling to itinerancy perhaps made them more liable to illness than others. This was the case with St Francis, who put himself at the service of lepers, and so it was for the brothers who wished to imitate him in the apostolic life. The followers too embraced illness as an occasion for bodily mortification and spiritual purgation, even if there is no sign in these sources of a commitment to looking after the sick poor or lepers as surrogates for Christ himself, as did St Francis.

Concern for bodily health, however, had always to be reconciled with the cure of souls. Spiritual salvation was the priority, and bodily illness could be the means by which the soul was brought to God, as with Brother Solomon, confessor to the city of London. Edifying lessons for the brethren, and material for sermons, were to be drawn from this episode and others like it. But that did not mean that the sick friar should not be diagnosed or treated by medicine or surgery. Thomas himself shows sufficient knowledge of the diagnosis of illnesses to suggest that he was well acquainted with works on practical medicine, like those of Gariopontus and Johannes Platearius of Salerno. The same might be said of the Franciscan author of the *Lanercost Chronicle*, Robert of Durham. When friars were on the road accompanied only by their *socius*, each friar had to look after the health of his companion. As we see from Adam

⁵¹ Letter 244. Lawrence, *Letters*, II, 573.

Marsh's letters, medical treatment for those in the convent would, where possible, have also been administered by other friars, knowledgeable and well-practised like Adam de Bechesoveres. These medical friars could occasionally be summoned to treat those outside the order, whether prominent patients like Robert Grosseteste, Bishop of Lincoln, or the relative of a friar.

The other major mendicant order in England, the Dominicans, also seem to have had medical friars among the earliest of their brethren. The most prominent of these was John of St Giles (d. 1259/60), OP, who was summoned to the bedside of Grosseteste in the Bishop's last illness, and was said by the chronicler Matthew Paris to have been a skilled physician who had earlier treated both Grosseteste and the Earl of Gloucester for poisoning. Two manuscript sources record remedies attributed to John of St Giles.⁵² John served as a source of religious advice and as a confessor to Grosseteste, and perhaps to others of his patients at court, and among nobles and bishops. Friars could be confessors and healers, ministering to the spiritual as well as the bodily needs of their clients. The activities as healers and confessors in these two mendicant orders marked the beginning of the medicine of the friars in England, a history that so far has not been sufficiently brought to light. Iona McCleery's work on Gil de Santarém (d. 1265), a Portuguese Dominican who was both a medical practitioner and a worker of healing miracles after his death, provides an instructive model of what might be done. She shows that the Dominicans of Santarém ran an effective local medical practice from their convent, to which Gil belonged. Gil left medical writings of a highly practical nature to his name, the *Liber de secretis in medicina*, a compilation of anecdotes and remedies in six books translated from works of Ibn Masawayh and Rhazes, and two other collections of medical recipes, one surviving in Portuguese, the other in Italian.⁵³ Laurence Moulinier-Brogi has shown that friars elsewhere in Europe both studied and

52 Talbot and Hammond, *Medical Practitioners*, 178–181; Danielle Jacquart, “St Giles, John of (d. 1259/60),” *ODNB*, <<https://doi.org/10.1093/ref:odnb/14851>>. Manuscript sources are mentioned in both. See also Peter Murray Jones, “English Dominicans at Court: Confessors and Healers,” in *Studies in Franciscan Art, Hagiography and History: In Memory of Rosalind B. Brooke*, ed. Michael Cusato and Michael Robson (Leiden, forthcoming).

53 Iona McCleery, “*Multos ex medicinae arte curaverat, multos verbo et oratione*: Curing in Medieval Portuguese Saints’ Lives,” in *Signs, Wonders, Miracles: Representations of Divine Power in the Life of the Church* (Studies in Church History 41), ed. Kate Cooper and Jeremy Gregory (Woodbridge, 2005), 192–202; eadem, “Christ More Powerful than Galen? The Relationship between Medicine and Miracles,” in *Contextualizing Miracles in the Christian West, 1100–1500: New Historical Approaches*, ed. Matthew Mesley and Louise Wilson (Oxford, 2014), 127–154. The medical writings of Gil de Santarém are analysed in chapter 8 of Iona McCleery, “The Life and Legend of Giles of Santarem, Dominican Friar

wrote on medicine.⁵⁴ In England, aside from the remedies attributed to John of St Giles, there are the surviving writings on medicine of Roger Bacon OFM, and a larger corpus of friars' medicine compiled in the fourteenth and fifteenth centuries.⁵⁵ The latter sources have also many references to named English friars practising medicine. The chronicle of Thomas *De adventu*, and the letters of Adam Marsh are valuable in helping us to understand the beginnings of these involvements in both the knowledge and practice of medicine by friars in England.

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and Physician (d. 1265): a Perspective on Medieval Portugal" (PhD thesis, University of St Andrews, 2001). See also n.4 above.

54 See n.5 above.

55 On Bacon, see Faye Getz, "Roger Bacon and Medicine: the Paradox of the Forbidden Fruit and the Secrets of Long Life," in *Roger Bacon and the Sciences: Commemorative Essays*, ed. Jeremiah Hackett (Leiden–New York, 1997), 337–364; eadem, *Medicine in the English Middle Ages* (Princeton, NJ, 1998), 53–64. On a fifteenth-century English friar's medical handbook, see Peter Murray Jones, "The '*Tabula medicine*': an Evolving Encyclopedia," in *English Manuscript Studies 1100–1700*, vol. 14, *Regional Manuscripts 1200–1700*, ed. Anthony Stockwell Garfield Edwards (London, 2008), 60–85; idem, "Mediating Collective Experience: the *Tabula Medicine* (1416–1425) as a Handbook for Medical Practice," in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. Florence Eliza Glaze and Brian K. Nance (Florence, 2011), 279–307. See also Henry Daniel, *Liber Uricrisiarum: A Reading Edition*, ed. E. Ruth Harvey, M. Teresa Tavormina and Sarah Star (Toronto, ON, 2020); Linda Ehrensam Voigts, "The Medical Astrology of Ralph Hoby, Fifteenth-Century Franciscan," in *The Friars in Medieval Britain: Proceedings of the 2007 Harlaxton Symposium*, ed. Nicholas J. Rogers (Donington, 2010), 152–168; eadem, "Wolfenbüttel HAB Cod. Guelf. 51. 9. Aug. 4° and BL, Harley MS 3542: Complementary Witnesses to Ralph Hoby's 1437 Treatise on Astronomical Medicine," *The Electronic British Library Journal* 2008, art. 10, <<http://www.bl.uk/ebj/2008articles/article10.html>>, accessed 29 September 2021.