

Medical Discourse in Premodern Europe

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At a recent talk about her 2014 graphic novel, *Probably Nothing*, Matilda Tristram gave a compelling example of what can be at stake in the interpretation of metaphor. When she described her (as it turned out cancer-related) pain as “burning,” her doctor interpreted this as a description of indigestion and did not refer her for further investigation. Tristram’s diagnosis was thus long-delayed and did not take place until the cancer was advanced—and she was pregnant. Metaphor failed her; indeed, it nearly killed her, as her medical audience failed to interpret her words and her symptoms appropriately.¹

Medicine, like literature, is fundamentally about interpretation. Both bodies and the language used by patients to describe their health are offered up for diagnosis and understanding. It is therefore a social process: texts, like bodies and minds, can be interpreted in different ways; there are always conversations to be had, counterinterpretations to be offered.² A crucial question in medicine (similar to questions about authorial intent and reader response) relates to whose interpretation should be prioritized—doctor’s or patient’s? Both are “reading” the body and the mind of the sufferer, but with different vantage points, presumptions, and authority. In the twenty-first century, medical humanities is a growth area as medical schools increasingly emphasize the importance of the humanities in medical training, and literature departments offer courses on literature and medicine that allow literature students to develop their interests in bodies, minds, and texts. Neuroscientific and cognitive approaches to literary study are growing in influence as scholars explore the idea of the embodied mind. While bringing together medical science and the humanities signals a change from the teaching of medicine—and of literature—a generation or two ago, it would be unsurprising to premodern textual practitioners and consumers, who were accustomed to the domain of medicine overlapping with other textual

worlds. Indeed, premodern writers routinely deployed medical discourse in an extraordinarily wide range of texts.

Recent scholarship about premodern culture has productively engaged with the interplay between medicine and literature. In the last three years, for instance, edited volumes and monographs have appeared that focus on the multiplicity of medical discourses in premodern texts and on medical language and devotion.³ There has been a major upsurge of interest in disability studies, and some work in this field overlaps with the field of medical discourse.⁴ Recent essays such as Julie Orlemanski's on medical language as jargon, Virginia Langum's on surgery, confession, and skin, and Daniel McCann's on therapy and devotion are further enriching this field.⁵ The study of medical discourse and its flexibility connects with work on the history of the emotions, on affect and feeling, on disability, on cognition and sense perception, and on form and genre.

The essays in this special issue all share an interest in how medical discourse seeps into other domains across the long premodern period. Within this general area, essays explore allegory and medicine (A. W. Strouse), religion and medicine (Clarissa Chenovick, Richard Sugg), narrative and medicine (Marion Turner, Jessica Tabak), courtly love, the law, and medicine (Julie Singer), and politics and medicine (Margaret Healy). Two aspects of discursive intermingling recur insistently across this volume: metaphor and narrative. And two thinkers recur insistently across many of the essays: Augustine and Susan Sontag, thinkers who are—from their very different perspectives—fundamentally concerned with issues relating to language.

Metaphor has long been a vexed issue in discussions of medical language. Sontag's critique of medical metaphor has been powerfully influential—although the language of battle, victory, and triumph continues to be strikingly common in discussions of cancer in particular. But metaphor, as these essays show over and over again, works in many ways, not all of them obstructive. Julie Singer, for instance, discusses the expansiveness of medical metaphor and its semiological indeterminacy, as an illness can be imagined as punitive *and* purgative, constructive *and* devastating. The openness of medical metaphor is a key part of her argument about how it functions in a different way from punitive legal discourse in Achille Caulier's poems. Metaphor can be unmarked in texts: Margaret Healy uses "crisis" as an example of a medical term that was brought over into political and other domains, becoming part of a medicalizing of politics that dominated sixteenth- and seventeenth-century political discourse. In particular, she examines how the discourse of "chymical" medicine was deployed across the political spectrum.

Lakoff and Johnson argued forty years ago that metaphor is conceptual, existing at the level of thought and grounding our everyday language. More recently, Lakoff has written about neural theory of metaphor, claiming that metaphor is not decoded in two steps—vehicle then tenor—but that the brain simultaneously activates both domains of meaning. In other words, our brains do not separate the materiality of metaphors from their referents.⁶ The essays in this volume repeatedly reveal the importance of the materiality of metaphor and the slippage between the metaphorical and the literal: Clarissa Chenovick, for instance, argues that in Henry of Lancaster's *Livre de Seyntz Medicines*, the sick body does not “represent” the soul; rather, bodily *and* spiritual change is sought. Meditation can achieve physical, material change through what she terms “meditative surgeries.” Richard Sugg's analysis of sermons and devotional literature investigates how praying and preaching actually made people feel physically different, discussing the sensual experience of devotion and the “physiological turmoil” caused by intense spiritual activity as he explores the physiology of bodily spirits in the early modern body and soul. While the early modern heart is a central concern for Sugg, Chenovick is interested in the medieval heart, a heart that, in Henry's *Livre*, is both a material object and itself a text, part of the *body* of the text. Indeed, A. W. Strouse points out in his essay that the most famous doctor of all, Galen, imagined the body as a text, a work of art that is ornamented and decorated. Strouse argues that allegory and hermeneutics in the Judeo-Christian tradition are crucially connected with the medical discourse of circumcision. Medical language about textual interpretation *and* aestheticized language about the body are fundamentally important to the ancient and late antique texts that Strouse analyzes. Medical language here proves to be foundational for early medieval hermeneutics.

Using the work of theorists including Vico and Merleau-Ponty to discuss embodied metaphor, Healy argues that metaphor can be a strategy for organizing and patterning experience. Narrativizing illness similarly constructs patterns, imposing emplotment onto unruly bodies and minds. Marion Turner and Jessica Tabak both focus on narrative and draw on narrative theorists such as Paul Ricoeur, while also drawing attention to the limitations of narrative via the work of thinkers such as Elaine Scarry. Turner argues that late medieval poets, doctors, and autobiographers were interested in the construction of illness narratives and in the inevitable limitations of such narratives. Tabak writes about the actual pain of *distentio animi*. She shows how the sickly John Donne employs distinctive narrative strategies to recreate his own physical discomfort in the bodies of his readers. The

difficulty and disorder of Donne's text has a specific purpose and mirrors Augustine's approach in the *Confessions*.

The role of readers, interpreters, and communities is key in many of the essays in this issue. Singer illuminates social aspects of the metaphorical use of hospital space in Caulier's *Hôpital d'Amour*, characterizing the medieval hospital as open, flexible, and accessible in contrast to the prison or courtroom. Chenovick ends her essay with a powerful discussion of the breath that moves between bodies, encouraging us to think about the physiology of textual transmission in premodern reading communities. Tabak discusses the somatic response of the reader to Donne's narrative. Turner explores Arderne, Hoccleve, and Chaucer's self-presentation as sick, wounded readers whose bodies are altered by reading; they are part of textual communities of broken bodies.

When writers choose to deploy embodied metaphors, they elicit particular reactions in their readers. Current research demonstrates that our brains respond differently to metaphors than to literal descriptions; very recently research has suggested that our responses to embodied and sense-based metaphors in particular are more emotional.⁷ Texts function in specifically affective ways when they make use of certain kinds of metaphorical language: we think differently when we think with metaphor. To analyze medical discourse and its use in generically varied texts is to think about the somatic experience of reading, of reading as something that changes bodies as well as minds.



Notes

- 1 Matilda Tristram, talk at Blackwell's Bookshop, Oxford, Nov. 18, 2014, about *Probably Nothing: A Diary of Not-Your-Average Nine Months* (London: Viking, 2014).
- 2 Although I am not arguing that literary criticism and scientific writing are somehow identical (see Darrel Mansell, "The Difference between a Lump and a Text," *Poetics Today* 9, no. 4 [1988]: 791–805), I do think that medicine as an embodied practice and a narrative practice has a much closer affinity with the work of the critic than other branches of science.
- 3 See Naoë Kukita Yoshikawa, ed., *Medicine, Religion, and Gender in Medieval Culture* (Cambridge: D. S. Brewer, 2015); Richard Sugg, *The Smoke of the Soul: Medicine, Physiology, and Religion in Early Modern England* (New York: Palgrave MacMillan, 2013); Rachel Falconer and Denis Renevey, *Medieval and Early Modern Literature, Science, and Medicine* (Tübingen: Narr, 2013).

- 4 See Julie Singer, ed., special issue “Disability and the Social Body,” *postmedieval* 3, no. 2 (2012).
- 5 Julie Orlemanski, “Jargon and the Matter of Medicine in Middle English,” *Journal of Medieval and Early Modern Studies* 42, no. 2 (2012): 395–420; Virginia Langum, “Discerning Skin: Complexion, Surgery, and Language in Medieval Confession,” in *Reading Skin in Medieval Literature and Culture*, ed. Katie L. Walter (New York: Palgrave Macmillan, 2013), 141–60; Daniel McCann, “Feeling Dredeful: Fear and Therapy in *The Scale of Perfection*,” in *Emotion, Affect, Sentiment: The Language and Aesthetics of Feeling*, ed. Andreas Langlotz and Agnieszka Soltysik (Tübingen: Narr, 2014), 89–107.
- 6 George Lakoff and Mark Johnson, *Metaphors We Live By*, 2nd ed. (Chicago: University of Chicago Press, 1981); George Lakoff, “The Neural Theory of Metaphor,” *SSRN: Social Science Research Network*, Jan. 2, 2009, <http://dx.doi.org/10.2139/ssrn.1437794>.
- 7 Francesca M. M. Citron and Adele E. Goldberg, “Metaphorical Sentences Are More Emotionally Engaging Than Their Literal Counterparts,” *Journal of Cognitive Neuroscience* 26, no. 11 (2014): 2585–95, 2592–93.

