New 'Medicine' for Old? Recipes, remedies and treatments in vernacular manuscripts[*]

Theresa Tyers, University of Nottingham

Introduction

This paper investigates why the Anglo-Normans were so keen to have vernacular copies of works of medicine particularly, those that addressed women's health. One possible approach is to quantify what it was these works offered readers that was not already available in the vernacular in England or Northern France. Was this really new medicine for old or was it merely old medicine masquerading in a new guise? Beginning with the use of medicinal recipes and remedies in Anglo-Saxon England for women, the paper focuses on later vernacular understandings of women's medicine after the Conquest. The texts include a vernacular rhymed version of the *Trotula* (Cambridge, MS Trinity College 0.1.20) together with a collection of recipes which in this manuscript has become known as the *Physique Rimee*. The third work is a fifteenth-century adaptation of a regimen of health which includes additional material (Paris, MS Biblothèque Nationale fonds français. 2046), which represents another genre of popular medicine, the *Regimen.*

Enthusiastic nineteenth and early-twentieth-centuries writers such as Cockayne (1865), eager to record folklore, relegate or denigrate the substantial medical corpus of Anglo-Saxon England. Anglo-Saxon medicine was mostly categorised as superstitious and largely worthless: in essence a type only suitable for the 'Dark Ages'. More recently, defendants of the value of early English medicine, including Voigts (1979), have convincingly demonstrated that much Anglo-Saxon knowledge draws on the writings of Greek medical authorities as transmitted through the re-writings of late antique physicians. Research has upheld this view with the discovery that a number of works which had been attributed to Salernitan writers were, in fact, already in use in England at least as early as they became available in Salerno (Talbot 1967:8-20). As a result, it is

[*] Two relevant essays appeared while this article was in preparation: Monica Green, 'Salerno On Thames: The Genesis of Anglo-Norman Medical Literature' and Elizabeth M. Tyler, 'From Old English to Old French' (Wogan-Browne 2009).

now widely accepted that the physicians of Anglo-Saxon England had access to and were using many of the same texts and authorities that were also available elsewhere in contemporary Europe. Many of these recipes and remedies probably formed part of a common repository of traditional medicine which was circulating in Western Europe throughout the Middle Ages. Indeed, encyclopaedic works such as that of Pliny (23-79) and Isidore of Seville (560-636) continued to be major repositories for the oral knowledge of medicine in this period.

Evidence of such medical knowledge, derived from Latin texts, is also found amongst the many works of Bede (673-735), for example, ch. 30 *De Aequinoctiis et Solstitiis* of his *De temporum ratione* (Cameron 1993:28). In this work he demonstrates his own interest in one theoretical issue of health, namely how the relationship between the body and the physical and physiological fours – the affinity between the four winds, the four seasons and four elements of the physical world, the four ages and humours of man – affect health. He cites as his source the *Epistula Hippocratis ad Antiochum regem* (Hippocrates, Letter to the King of Antioch). This text is close to those found in Helmreich's and Nierdermann's editions of Marcellus's *De Medicamentis* (Cameron 1993:28). Underpinning the *Epistula* is Greek medical theory in which dietetics played a major role in both sustaining health and treating illness. Bede's writings, therefore, provide evidence that he had access to at least one medical compendium: a collection of extracts from many of the writers of late antiquity (Cameron 1983:146). Further evidence for the existence of other medical books includes a letter from Cyneheard, Bishop of Winchester, to Lull, Bishop of Mainz, written soon after 754, asking Lull to keep him in mind if he was to acquire any books on the medical sciences, because as Cyneheard explains 'we have some medical books, but the foreign ingredients we find prescribed in them are unknown to us and difficult to obtain' (Cameron 1993:29).

We know through Cuthwine's eye-witness account of Bede's last hours, that before his death Bede shared out his few possessions which included 'linen, pepper and incense' (Cameron 1983:147). Both pepper and various forms of incense often appear in medical recipes and by early in the next century further contact with the East had probably

brought a wider range of *materia medica* to England. For example, an early tenth-century manuscript, widely referred to as Bald's *Leechbooks* (Cockayne 1865) is described by Voigts (1970:250-268) as a 'living remedy book'. Extracts from well known works of antiquity are included, for example the sixth-century *Therapeutica* of Alexander Trallianus which itself is known to be a compilation of other works, and the seventh-century works of Paulus Aegineta who borrowed heavily from Alexander and other writers of antiquity.

These works are clearly a repository for recipes and treatments garnered from Graeco-Roman collections. One chapter of *Leechbooks II* (Cockayne 1865) with treatments for 'disorders of the inwards', now missing, had evidently dealt with a number of gynaecological conditions for which, as the extant index reveals, there were forty-one remedies. This index suggests which treatments the compiler or commissioner of the manuscript had felt warranted inclusion (Ch. xl, Cockayne 1865). This missing section was followed by a number of remedies that clearly specify the use of non-native *materia medica*, much of which may have belonged to a pharmacological work (*Antidotarium*) which became widely disseminated in the twelfth century (Sigerist 1958:129). Amongst the *materia medica* quoted is *balsam,* for the treatment of coughs and carbuncles, *petroleum* for treating inward tendernesses*,* 'to smear outwardly on a winter's day' and *triacle* also known as *theriac.* This latter compound was a Greek antidote of great complexity reputed since ancient times to serve as a universal antidote and was also widely used to treat the symptoms of plague, poisoning and venomous bites (Fabbri 2007:247-83). This section of the *Leechbook* concludes with further evidence of early contact with Syriac medicine in the East citing 'All this Dominus Helias, Patriarch at Jerusalem, ordered *one* to say to King Alfred' (Cockayne 1865:289).

A number of women's recipes and remedies are also found throughout scattered throughout *Leechbook I.* These offer remedies to treatment conditions which differ from those which, based on the evidence of the extant index, would have been found in the lost gynaecological chapter. Amongst these few simple remedies, for non-gynaecological conditions, we find therapeutics to correct bad breath and to improve the complexion together with a simple treatment for sore lips which includes the use of pepper.

The results of this brief analysis demonstrate that not only are there similarities between the medicine found in Anglo-Saxon manuscripts and those which appear in Anglo-Norman and French but also in the method and thought that had been applied to their compilation. Unlike other texts on medicine these works contain indexes and descriptions of plants both of which are, of course, valuable indicators that the texts were not merely reference books but were consulted and used. As noted earlier the contents of these collections centred on transmitting practical knowledge rather than theoretical principles or science. It is clear that the ancient theoretical basis, as for example found in Bede's *De temporum ratione*, has largely been set aside to focus on the practice of healing, and although references to hot and cold, dry and moist qualities remain, they are mere echoes of theory.

These practical works, thus, represent a continuation of an early synthesis of traditional insular medicine, both herbal and so-called 'folk' medicine, with the medicine of the East as exemplified in *Leechbook II,* some of whose *materia medica* could not have been obtained from native sources. Their inclusion in manuscripts is, of course, not proof of use but there is substantial evidence that points towards the widespread trade in both new words and use of drugs which flourished in Charlemagne's lifetime on both sides of the Alps (McCormick 2002). The non-native ingredients referred to in *Leechbooks I and II* include references to the use of mastich, pepper, galbanum (from Asia Minor), scammony (from Syria), gutta ammoniaca (from Armenia), cinnamon, vermilion, aloes, pumice, mercury, brimstone, myrrh, frankincense, petroleum (from Judaea) and ginger. The recovery of the *Genizah* documents showed that the Cairo Genizah in 1896-97 included a considerable number of documents recording everyday life of the Jewish communities in the eleventh and thirteenth centuries. Amongst the documents found were a number of medical prescriptions. These documents have enabled valuable research to be carried out which identifies which *materia medica* was more likely to have been used at this time. (Lev and Amar 2007).

The list of *Materia Medica* found in the Cairo *Genizah* medical documents includes all of the items which are specified in both the Old English and Anglo-Norman

manuscripts suggesting not only knowledge but also widespread use of non-native ingredients in this period. It is known that King Alfred sent envoys to and received messages from the Patriarch of Jerusalem and indeed Asser, his biographer, states distinctly that he had seen and read letters accompanied with presents that had been sent to the King by the Patriarch (Giles 1848:78). Further evidence for insular knowledge of earlier texts is present in the contents of the Bald's *Laeceboc*. C.H. Talbot (1965) has shown it contains a great deal of valuable material drawn from Greek medical writers via Latin translations and pre-dates much which has been attributed to later Salernitan writers such as Petrocellius and Gariopontus. These works are now known to have been available in England in the ninth century and pre-date the influence of Salerno (Cameron 1983:143). Early widespread misunderstanding of the origins of works such as these, which occurred as early as the twelfth century in the case of the *Petrocellus,* obscures the extent to which the medical knowledge of ancient authors was known in early medieval England in the vernacular.

After the Norman Conquest a large group of clerks and physicians from northern France begin to appear as witnesses in both charters and other records including the *Domesday Book*. Although there were Normans in England before 1066, Talbot and Hammond were struck with the number of medical practitioners of foreign birth and education who 'made their way to England from the time of the conquest' (1965:ix). Later research has revealed a total of ninety physicians active during the period 1100-1150 recorded by the clerk of the *Leges Henrici*, some of whom are not noted by Talbot and Hammond (Kealey 1981:31-32).

The evidence provided by the records of the twelfth to the fifteenth centuries establishes that in the early years these non-native physicians came mainly from France. One of the earliest to arrive in England before the Conquest was the widely travelled Baldwin (d. 1097-8), both Abbot of St. Edmundsbury and physician to the last of the Anglo-Saxon kings, Edward the Confessor. After Edward's death Baldwin became physician to William the Conqueror. He was born at Chartres and probably studied medicine at its famous cathedral school moving later to St. Denis in Paris and Leberaw in

Alsace. In Chartres, Baldwin would have had access to an extensive collection of medical writings that, almost without doubt, included a tenth-century copy of the *Aphorisms* of Hippocrates, which, contemporary evidence suggests, was owned by the Cathedral school of Chartres (Latouche 1967 and 1964 Vol.2:225-230). As with Petrocellus' *Practica* and the *Passionarious Galeni* mentioned earlier this tenth-century copy of the *Aphorisms,* already in place in northern France, pre-dates the influence of Salerno. Just after 1100, the *Aphorisms* joined the corpus of basic medical texts in which were used in Salerno for introductory instruction in the art of medicine and one section of this work devoted primarily to women was widely used throughout the medieval period (Green 2000:15).

For the post-conquest period extant manuscripts are witness to the continuous production of anthologies of medicine in Latin but by the middle of the twelfth century the first of the recipes and charms redacted in Anglo-Norman began to appear (Hunt 1990:25). By the thirteenth century there is corroborating evidence from insular records of not only the corresponding rise in the theoretical contents of the 'medicine chest' but also an increase in the availability of *materia medica*. Some ingredients, for example pepper, had clearly been in continuous use throughout the Graeco-Roman and medieval period. Indeed, reference is made to this valuable commodity in the records of the Rolls of the Justices in the Eyre of Yorkshire for 1218-19 when rent is paid by a woman, Eda, to Roaldo, partly in silver shillings and partly in pepper:

> *quedam (Eda nomine) tenuit istud tenementum de ipso Roaldo per vi solidos et i libram peperis et ipsa defuncta* (Surtees 1937:12, 28).

By the mid-twelfth century the production of books in Old-English came to an end as it ceased to be either a literary language or the language of science. Many new manuscripts in the vernacular appear and very soon the Anglo-Norman and French manuscripts became widely disseminated. By the mid-thirteenth century a considerable number of works associated with medical practice and the southern Italian town of Salerno, had been translated into Anglo-Norman or French. It is well known that early travellers to the southern Italian town of Salerno reported that this town, famous for its healing and spas, was an important centre for the study of medicine. Nevertheless,

despite this seemingly conclusive evidence, Skinner notes that 'the desire of historians to see a deliberate intellectual centre being set up at Salerno derives in part from the wealth of medical texts emanating from southern Italy at an early date' (1997:127).[1]

Among the records of early physicians who are known to have arrived from overseas and who were practising in England from the eleventh and twelfth centuries, a few are known to have originated from Italy. These included Faritius, (d. 1117) thought to be one of the outstanding physicians in England during the reign of Henry I, and who was chief among the physicians attending Queen Matilda at the birth of her first child (Talbot and Hammond 1965:45). Charter evidence also reveals the presence of another Italian named Grimbald, a physician possibly from Arezzo, who also attended the birth (Talbot 1965:67). Scant evidence in the form of early visitors to Salerno, such as that recorded by Orderic Vitalis and Marie de France in the twelfth century, does confirm contact with the medical activities taking place in Southern Italy. However, there is little evidence beyond that of the presence of Adelard of Bath that men from England went to Salerno to learn the art of medicine. Indeed, Voigts considers that Brian Lawn has convincingly shown that Adelard of Bath's contribution to medicine was based on traditional herbal medicine and not on Arabic (Lawn 1963:1-15, 20-21).

Although there is no evidence of them practising as physicians we do know that Warin (d. 1195) who later became Abbot of Winchester and his brother, Matthew, were Salernitan 'Old Boys' (Talbot and Hammond 1965:372). It is in this late twelfth-century period, that English and Northern French interest in medical manuscripts becomes apparent. Evidence of this forms the focus of the next section of this paper.

The materials used for comparison

Against the background of these works the fifteenth-century MS BN fr. 2046 provides a third example of the vernacular medicine which was widely transmitted in Europe. This manuscript contains a *Regimen* which although in this case is fifteenth-century, follows a

[1] There is an ongoing debate about the existence of an actual University which had formerly taught medicine at Salerno. Its reputation may have rested on the presence of a large number of physicians, including women, and its geographical position as a centre of trade. A useful background is given in *La Scuola Medica Salernitani. Gli autori e i testi,* (Jacquart e Bagliani 2007).

model found in the thirteenth century whose origins, as noted above, lay in antiquity such as the late first-century lost work *Self-Help for the Layman* by Rufus of Ephesus, preserved in a number of Arabic fragments (Nutton 2004:210).

Palaeographical evidence demonstrates that the earliest versions and copies of the *Trotula* treatise, in both Latin and the vernacular, originate in either Northern France or England. England in particular seems have favoured the text with nearly one-third of the extant Latin texts originating there (Green 2000:127).

The early vernacular version of the *Trotula* treatise found in MS CTC 0.1.20 portrays a different picture to that of the simpler *Physique Rimee* with which it travelled. Although in the *Trotula* we still encounter many familiar names of plants and ingredients, some of these are now incorporated into compounded medicines many of which include 'ready made' or 'off the shelf' pharmacological formulae. For example, following Hippocratic and Galenic thought, it was widely believed that a woman's health depended on her monthly 'purgation' and that serious cases of amenorrhea would result in increasing illness and finally death. One of the numerous treatments for menstruation which appears in the vernacular *Trotula,* contains *gerapigre* one of many purgative compounded emmenagogues (an agent which increases or renews the menstrual discharge) used to provoke the menses (fol. 219^{v}) which is the same as the Galenic *Hiera Picra* found in Greek and Arabic works. The compiler of this collection does not hesitate to recommend this treatment, stating simply that 'this is quite a good potion'. For good measure this writer also includes in this blend *gerologodïon*, another purgative compound (Hunt 1997:88-92). However, the copyist of this particular *Trotula* also gives a compound recipe for an emmenagogue which includes native plants and ingredients from much further afield. The comprehensive list includes meadowsweet, gout weed or bishop's weed, spikenard, cassia bark, cinnamon, gromwell, parsley, juniper, fiveleaf, lovage, aniseed, savoury, chervil, oregano, pennyroyal, betony, sea holly (or perhaps scale fern) and finally alexanders or horse parsley (*Fisalidos, ameos, et espis/cassiafistre et canele et grumis/Lis persils, savins et quitenfoille/Luvese, anis et satre et cefoille/Origanon, poliol et vetoine/?ceterach ovesques macedogne*) (fol. 220r). All of these are to be

cooked in wine and given as a drink in the morning and at night.

Cameron (1993:105) has noted that it is possible to trace the origins and trading patterns of drugs through their names: 'Thus, the Arabic *alloeh* entered Greek and in passing into Latin became *aloe* and eventually known in Old English as alwe', however, despite its appearance in a number of early English remedies it did not become a common drug until the later period. In line with the simpler treatments which are found in the *Leechbooks* discussed earlier*,* the copyist also prescribes a more readily available remedy to promote the menses based on the herb 'pennyroyal' (*Mentha Pulegium*), a remedy also widely prescribed throughout the later vernacular texts.

With the exception of the newly discovered Arabic therapeutics there is little difference in actual therapies that distinguish the 'new medicine' of the thirteenth century from that of the extant *Leechbooks.* However, what does re-appear is the Hippocratic and Galenic notion inherited from antiquity of the inextricable link between health and the four elements: fire, water, earth and wind seen in the writings of Bede. This notion also appears in the simpler *Physique Rimee* found in MS CTC 0.1.20 (fols. 1^{rv} - 21^{rb}). In this work the writer is careful to explain to the readers, or audience, that it is inevitable that the human body is incapable of remaining in a state of health precisely because it is made up of these four elements (MS CTC 0.1.20 (1044) fols. 1ra-21r). The translator particularly focuses on indigenous species.

> *Ki bien la force conustroit/A maint home valer porroit/Herbes ony mult tresgrant vertu/De bois, de pré et de palu/Semence, flors, fuile racine/Mult par valent a medicine*. (Fol. 1^{rb})

He informs the reader that the ingredients he intends to cite in his work (seeds, flowers, leaves and roots) are easily found everywhere (in woods, meadows and hedges) and he appears to sincerely believe that the result of his endeavours will provide 'medicine for all' (my translation). He also notes that 'we are apt to take for granted what is freely available but that common plants are greatly appreciated by those who know their true properties' (Hunt 1997:144).

When turning to what this writer has included for women's conditions we find a

similar pattern to that of the *Trotula* manuscript with which the *Physique Rimee* travelled. Amongst the recipes for women are two which concern the delivery of a stillborn child, one diuretic slimming recipe (for young girls), and one recipe to increase a mother's milk (fol. 20ra). Although in the edited version this is referred to as a substitute for nurse's milk it is, in fact, a recipe to increase milk for a wet nurse whose milk is failing (Hunt 1990:45). There is also a collection of recipes for removing hair, for colouring the hair black using the burnt stems of vines, or red for which, among other ingredients, saffron and brasil wood are used. Finally, before turning to his copy of the *Trotula* treatise, the compiler of the *Physique Rimee* includes a recipe to prepare a lotion for a woman's complexion.

The third text under discussion (MS BN fr. 2046) belongs to another genre of medicine which became increasingly popular in vernacular writing. It is just one version of a *regime* of health which from the thirteenth century onwards proved to be as popular as the *Trotula.* This version owes its origins to the *Regimen Sanitatis Salernitanum.* Early in the history of this treatise the name of Jehan de Milan became attached to a number of copies. Despite the early origins of the text of this manuscript which have their origins in Salerno, by the fifteenth century the compiler of this small, easily transportable, pocket-sized manuscript book claimed that it was approved and commissioned by the University of Salerno to which he simply adds 'which is in England'. He also seems to have believed that this work was written for the King of England and his government in the event that 'there were no physicians left to consult':

> *Ce present livre (com)posa et ordonna maist(re) Jehan de milan et lapprouva luniversite de salerne qui est en anglet(er)re la quele universite (et) (?) Roy danglet(er)re pour garder sa sante et pour soy gouvernment [. . .] ou cas que ilz nauroit nulz phisiciens*. (fol. 58^{v}, my translation).

This manuscript, therefore, represents a genre which flourished in the vernacular and was composed for a lay audience.

The general purpose of these works is made quite clear by this particular writer as he tells the readers that through reading his work and following its advice they will learn

how to live a long and healthy life without the necessity of consulting a physician. Regimens such as this refer to the notion of the close inter-relationship between the four elements and health which was not new to England as Bede himself had written on the subject. The tradition of works such as these also dates back to antiquity but what differs here, is that the concept has now left the realms of theoretical medicine, to become widely available for a lay audience.

This particular treatise, moreover, includes practical advice and gives instructions on how to prepare simple 'domestic remedies'. For example instructions are given how to make medicinal 'waters' from wild herbs together with detailed descriptions and instructions on where to find them. For example:

> On how to make winter cherry water, that is *morelle de montagne*. This is a herb which grows willingly among the vines. It has a red flower like the red poppy which grows in the wheat and inside this red flour is a fleshy seed and from this seed water is made.
>
> *De leaue alkequenge cest morelle de montagne. Cest une herbe qui creste volentiers p(ar)mi les vignes. Et une fleur Rouge (com)me pavot Rouge qui croise es blez. et dedens ceste fleur rouge a ung gros grain et de grain fait en eaue*. (fol. 13^{r}, my translation)

This author does not simply recreate his source text but aims to make it truly useful by incorporating indigenous information, providing alternative plant names and locations. Following the model of self-help regimes, he also gives clear instructions for a seasonal diet, but goes further by adding more general rules for sustaining health. He stresses, for example, that it is not wise to eat until the previous meal has been thoroughly digested and explains that to remain healthy hands and face should be washed after eating.

To further ensure that readers stay in the best of health the author also includes instructions on how to prepare flour to make good bread and a short description of the properties and uses of garlic. In the vernacular the compiler gives the useful properties of garlic which includes specific advice for women: it kills all venomous things, including fleas, provokes menstruation and cures the womb, expulses the placenta, together with the growths caused by the retention of semen. When used as a fumigation garlic aids in

protracted childbirth where the women is in danger quoting *Ypocras* (Hippocrates) as his authority (fol. 71^{v}). Further treatments for women are included in the section on the properties of a number of other plants. These include some directly related to fertility in the form of recipes to aid conception, to increase milk, to provoke menstruation and to aid childbirth.

Conclusion

At the beginning it was asked whether the manuscripts under review represented an influx of new medicine in exchange for the old in a number of Anglo-Saxon sources or whether they were, old medicine merely masquerading in a new guise. The answer is yes and no. The contents of all of the manuscripts discussed here incorporate the theories of Hippocrates and Galen as they journeyed from antiquity and demonstrate the increasing interest in the medieval period in the natural world and man's place within it. These texts were copied and translated by authors, or compilers who used whole treatises or merely chose sections according to their needs. The names of revered authorities, for example, Galen, Hippocrates or Rufus were added or even removed indiscriminately. This becomes more marked as printed copies of Renaissance texts were adulterated by their editors.

Towards the middle of the twelfth century successive translations into the vernacular added new material, some of which were clearly influenced by newly available Graeco-Arabic pharmaceutical knowledge, or occasionally merely offered a new slant to old ideas. The perennial use of plants as medicine continued to be transmitted through the herbals and popular works in the vernacular, once again reflecting a common heritage of the use of medicinal plants and their close relationship with diet. Rooted in this common heritage, their use in healing crossed both geographical and cultural boundaries. The growing number of lists of synonyms and the inclusion of local plant names and local knowledge made the transfer of information easier. There is, also, evidence of the practical nature of the texts in the Anglo-Saxon writings as well as an awareness of the necessity of ordering the information contained in the them. The lack of access to ingredients to match the requirements of the manuscripts available in Anglo-

Saxon England, about which Cyneheard, Bishop of Winchester, had complained, was eventually overcome as Norman influence expanded and trade increased through further contact within the Mediterranean and with the Iberian peninsula. As we have seen, these early Anglo-Norman manuscripts not only contained 'self-help' advice for common ailments, which were comparable with many treatments found in the *Leechbooks,* but there was extra emphasis on diet as attempts were increasingly made to understand and balance the body according to the individual and their so-called gendered temperament.

Intriguingly, and of particular note, is the widespread availability of both fertility and cosmetic advice which began to appear, scattered throughout the collections of recipes as the number of visible physicians also increased. There is a parallel increase in both the commissioning and availability of regimens of health and self-help works for the lay user. The overall picture is, therefore, one of a continuum of 'old' medicine with a blend of 'new', characterised by an increasing interest in health and personal appearance which was fostered by the production of writings in the vernacular for both men and women.

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