

Zeitschrift: SPELL : Swiss papers in English language and literature
Herausgeber: Swiss Association of University Teachers of English
Band: 28 (2013)

Artikel: Emotion and the ideal reader in middle English gynaecological texts
Autor: Flannery, Mary C.
DOI: <https://doi.org/10.5169/seals-390797>

Nutzungsbedingungen

Die ETH-Bibliothek ist die Anbieterin der digitalisierten Zeitschriften. Sie besitzt keine Urheberrechte an den Zeitschriften und ist nicht verantwortlich für deren Inhalte. Die Rechte liegen in der Regel bei den Herausgebern beziehungsweise den externen Rechteinhabern. [Siehe Rechtliche Hinweise.](#)

Conditions d'utilisation

L'ETH Library est le fournisseur des revues numérisées. Elle ne détient aucun droit d'auteur sur les revues et n'est pas responsable de leur contenu. En règle générale, les droits sont détenus par les éditeurs ou les détenteurs de droits externes. [Voir Informations légales.](#)

Terms of use

The ETH Library is the provider of the digitised journals. It does not own any copyrights to the journals and is not responsible for their content. The rights usually lie with the publishers or the external rights holders. [See Legal notice.](#)

Download PDF: 02.04.2025

ETH-Bibliothek Zürich, E-Periodica, <https://www.e-periodica.ch>

Emotion and the Ideal Reader in Middle English Gynaecological Texts

Mary C. Flannery

Middle English medical treatises often explicitly acknowledge that shame is one possible response to medical examination and treatment. This is a problem that medieval gynaecological treatises, in particular, struggle to address. These texts treat bodily shame as a paramount concern for women, who – socially and personally – might have much to fear from the exposure of their private lives and private parts. One of the foremost methods used by gynaecological treatises to circumnavigate the possibility of shame is to place the burden of responsibility on readers, male and female alike. Consequently, Middle English gynaecological texts tend to imagine their ideal readers in terms of shame, whether by admonishing male readers not to be “vncurteys” to women or by envisaging a community of female readers who share their medical expertise and do not “diskuren her previtees to suche vncurteys men.” Reading the prologues of these texts for their affective strategies reveals that shame could underlie not only the treatment, but also the acts of writing and reading about women’s ailments in the Middle Ages.

Over the past twenty years, one of the most significant developments in the study of medieval women’s medicine has been the general shift away from the reductive assumption that “women’s illnesses were women’s business” (Rowland xv). As Monica H. Green has observed, scholars are no longer assuming that “women had exclusive control over gynaecology and obstetrics” or that “written texts on women’s medicine must have been created by women and intended for their use” (*Making Women’s Medicine Masculine* 18). But one persistent scholarly trend is a tendency to focus on the practical implications of medieval gynaecologi-

cal texts – in other words, on what they and their manuscripts suggest about who owned and read them, and about who had knowledge of and practiced women’s medicine in the Middle Ages.

I would like to argue here for a new approach to reading medieval gynaecological texts that considers instead what they and their prologues can reveal about affective reading in medieval England. One particular element that suggests this might be a fruitful approach to these medical texts is the frequency of the shame topos in gynaecological literature. While shame’s recurrence as a topos in the discourse of women’s medicine has been well noted by historians (Green, “From ‘Diseases of Women’”), less attention has been paid by literary scholars to how the prologues of these texts both invoke and elevate shame as a key component of reading them appropriately. Indeed, one of the most significant aspects of these prologues is how they imagine ideal readers in specifically affective terms – that is, in terms of their readers’ grasp of the significance and dangers of shame, as well as in terms of readers’ response to the potential for shame to be experienced by women. These prologues and their collective stance towards shame suggest that this painful emotion could underlie not only the practice of women’s medicine, but also the acts of writing and reading about women’s ailments in medieval England. At the same time, the discourse of shame in the prologues – and, indeed, the very presence of the prologues themselves – provides convincing grounds for viewing gynaecological texts alongside other medieval texts and traditions, rather than treating them as a genre distinct from literature.

Shame and women’s medicine have gone hand in hand for millennia. Writing in the fifth and fourth centuries BC, the author(s) of the ancient Greek Hippocratic text *Diseases of Women* observed that complications could arise in the diagnosis and treatment of female maladies because “women are ashamed to tell even if they know [what ails them], and they suppose that it is a disgrace, because of their inexperience and lack of knowledge” (Hanson 582). A few centuries later, the Roman author Hyginus (ca. 64 BC-AD 17) related the impressive story of the female Athenian doctor Agnodice in his *Fabulae*.¹ Agnodice disguised herself as a man in order to learn about gynaecology and obstetrics and to treat

¹ See Hyginus, Fable CLXXIV (pp. 196-7); for an English translation, see *Apollodorus’ Library* 180.

women. Her medical reputation soon spread, and she eventually attended most of the female population in Athens. Jealous of her success, male doctors accused her of seducing her female patients. Their case fell apart when Agnodice exposed herself in court in order to prove her gender and her innocence, but they then protested even more vociferously that, because she was a woman, she should not be allowed to practice medicine. The wives of leading Athenians intervened on her behalf, however, and as a result the Athenian law against the practice of medicine by women was changed. But the question of who should be allowed to practice women's medicine continued to be debated well into the Middle Ages, and many writers acknowledged the delicacy of the issue. Indeed, the *Liber de Sinthomatibus Mulierum* (the first text of the so-called *Trotula* ensemble, possibly dating from the late twelfth century) opens by observing that

[W]omen, from the condition of their fragility, out of shame [uerecundiam] and embarrassment do not dare reveal their anguish over their diseases (which happen in such a private place) to a physician. Therefore, their misfortune, which ought to be pitied, and especially the influence of a certain woman stirring my heart, have impelled me to give a clear explanation regarding their diseases in caring for their health. (*The Trotula* 71)²

When discussing these kinds of references to shame in medieval gynaecological texts, most scholars have focused on their implications for the practice and/or regulation of women's medicine in the Middle Ages. From the perspective of such studies, female shame's significance lies in how it affected the nitty-gritty details of how medieval gynaecology was practiced, and who could practice it. How could (male) physicians diagnose and treat their patients without making them feel ashamed (or feeling ashamed themselves)? Who was best suited to the practice of women's medicine? Viewed from this perspective, female shame functions as a kind of problem to be negotiated, a potential obstacle to effective diagnosis and treatment. Medieval medical texts tend to argue along the same lines: thus the twelfth-century *Breviarium* of John of Saint Paul (Johannes de Sancto Paulo) justifies male treatment of gynaecological diseases by arguing that

Women are ashamed to confess [their diseases] out of embarrassment. Therefore, let reason reveal what shame conceals.

(Green, *Making Women's Medicine Masculine* 44)

² The Latin title of this text is most frequently translated as *Conditions of Women*. In medieval tradition, the text was later known as the *Trotula Major* (*The Trotula* 3).

Verecundantur femine confiteri propter turpitudinem. Ratio itaque pandat quod uerecundia celat[.]

(London, British Library, MS Additional 16385, fol. 56)³

Here, the learned, rational doctor must overcome the irrational hindrance that is female shame in order to diagnose and treat women. As Green notes, “John seems to see the problem of shame as *women’s* problem; it is the male practitioner’s reason, his enlightened ability to speak rationally about disease” that will solve the problem of women’s shame (*Making Women’s Medicine Masculine* 43-4, her emphasis). There are two key components to Green’s observation. The first is that John of Saint Paul’s statement draws a clear distinction between the emotion experienced by the (female) patient on the one hand, and the reason of the practitioner on the other. The second key point is that John’s statement also establishes a clear hierarchy between reason and emotion, one which prioritizes the “enlightened” rationality of the physician over the problem of female shame. Indeed, the binary seems almost explicitly to be one in which masculine, Latin learning and reason are opposed (and superior) to unlearned feminine emotionality. It is worth noting, however, that this dynamic of the physician’s rationality versus the patient’s shame was not confined to women’s medicine: for example, a fifteenth-century Middle English translation of Guy de Chauliac’s *Grande Chirurgie* warns that ulcers “of the þighe bone and of his parties” may grow worse if a male or female patient is too ashamed of where the ulcers are located to expose them to “þe sighte and to the touchinge” of a physician; the key problem here is that the ulcers “ben not schewede for schamefastnesse til þat þai ben made wikkede” (*Cyrurgie* 319.31-320.4). On the one hand such passages indicate that fear or shame is a natural, expected response on the part of a patient who is asked to expose his or her private parts to close scrutiny. On the other hand, however, these passages also smack of a certain frustration concerning such “schamefastnesse”: it hinders diagnosis and treatment, and can result in the worsening of a patient’s condition. From the perspective of the learned practitioner, shame may be natural, but it is also inconvenient. Likewise, John of Saint Paul’s remark characterizes affect and reason as separate qualities, and privileges the latter as the superior of the two. But if we acknowledge – as I will argue we should – that shame can shape both the writing and reading of medical texts, then that acknowledgement puts pressure on this binary of “irrational” shame versus “enlightened” rational knowledge. Indeed, as I will show, the Middle English prologues’ re-

³ Cited in Green, *Making Women’s Medicine Masculine* 44.

vised view of female shame elevates the emotion as a necessary component of diagnostic processes.

In order to uncover the range of roles played by shame in medieval medical treatises, we would do well to consider the roles played by emotions such as shame in non-medical medieval texts, which offer some examples of how affect may be lauded as a productive tool for penitence and personal comportment. According to the authors of fourteenth-century devotional texts, for example, shame was one of the most effective emotional weapons against sin, particularly the sin of pride. The opening lines of *Handlyng Synne*, the treatise translated from an Anglo-Norman source by Robert Mannyng (died c. 1338), suggest that shame is fundamental both to moving the penitent to confession and to eventually triumphing over “þe fende”:

Fadyr, and Sone, & holy goste,
 Þat art o god of myȝtes moste,
 At þy wurschyp shul we bygynne,
 To shame þe fende & shew oure synne;
 Synne to shewe, vs to frame,
 God to wurschyp, þe fende to shame.
 (lines 1-6)

And as Walter Hilton’s *The Scale of Perfection* shows (c. 1343-1396), shame can also forestall the possibility of pride:

Thanne yif thou feele a stiryng of pride, or ony othir spice of it, be soone waar yif thou mai, and suffre hit not lightli passe awai, but take in thi mynde and rende it, breke it and dispice it, and doo al the shame that thou mai therto. (89, fol. 80v)

Here, Hilton’s words pit shame against pride in a psychomachic struggle over the Christian soul. In this context, shame is not a problem to be overcome by reason, but is instead a tool to be used by the reader “in thi mynde” to combat sin.⁴

In medieval exempla and conduct literature, shame often plays a similarly disciplinary role. In Geoffrey Chaucer’s *Physician’s Tale*, for example, it is Virginia’s famed “shamefastnesse” – her modesty, sobriety,

⁴ This is not to say that shame was not sometimes viewed as an obstacle to such processes as that of confession. If felt too keenly, it might prevent a man or woman from confessing altogether. As Thomas N. Tentler has noted, the key was not to be coerced by shame, but to experience the appropriate amount while repenting of one’s sins (108). Similarly, as Robert Stanton points out, reveling in self-righteous shame could also lead to the sin of vainglory. See also Flannery.

and seriousness (*Middle English Dictionary* s.v. *shamefastnes(se)*) – that lies at the heart of her exemplary virtue:

And if that excellent was hire beautee,
 A thousand foold moore vertuou was she.
 In hire ne lakked no condicioun
 That is to preyse, as by discrecioun.
 As wel in goost as body chast was she,
 For which she floured in virginitee
 With alle humylitee and abstinence,
 With alle attemperaunce and pacience,
 With mesure eek of beryng and array.
 [. . .]
 Shamefast she was in maydens shamefastnesse,
 Constant in herte, and evere in bisynese
 To dryve hire out of ydel slogardye.
 (lines 39-57)

Chaucer's doubled reference to the "shamefastnesse" of "shamefast" Virginia stresses the importance of this quality over and above all her other good points. Here, Virginia's model behaviour is directly governed by her unflinching desire to avoid any form or risk of disgrace. As I have pointed out elsewhere, this emphasis on the importance of shamefastness to good conduct may also be seen in such courtesy poems as those contained in Oxford, Bodleian Library MS Ashmole 61 (Flannery 177-8): *How the Wise Man Taught His Son* (fols. 6r-6v), *How the Good Wife Taught Her Daughter* (fols. 7r-8v), *Stans Puer ad Mensam* (fols. 17v-19v) and *Dame Courtesy* (fols. 20r-21v) are all concerned with the way that one is perceived by others, and with the possibility of being disgraced or dishonoured in the eyes of others. Far from dismissing shame as an inconvenience or an obstacle, such texts privilege it as a means of governing one's behaviour, and suggest new ways of approaching the topos in writings on women's medicine. If in these recognizably literary genres it can be a means to virtue and penitence, can it not perform similar functions in the prologues of gynaecological treatises?

In the remainder of this paper, I will angle away from the practical implications of shame for medieval women's medicine to consider its potential as a means to the affective reading of medieval works on gynaecology and obstetrics. The prologues to two Middle English gynaecological treatises suggest a new way of reading shame's role in medieval writings on women's medicine: that is, as a corrective force that shapes and guides reading. Just as pastoral, exemplary, and courtesy texts rely on the shamefastness of their readers in order to produce good behaviour, the prologues of these gynaecological treatises use shame in order

to shape their readers' approach to and use of the practical material that follows.

The first text I will consider is the prologue to the mid-fifteenth-century text *The Sickness of Women*, which appears to have been the "most widely disseminated" gynaecological text in late-medieval England (Green, "Obstetrical and Gynaecological Texts" 72). It is a partial translation into Middle English of the Latin *Compendium medicinae* by Gilbertus Anglicus (composed ca. 1240), and is extant in two versions preserved in sixteen manuscripts. The prologue appears at the beginning of Version 2, and constitutes an addition to the main body of the text, appearing in all four manuscripts in which the work survives.⁵ The precise nature of the intended audience is unclear: although the main body of the text is in Middle English, it occasionally lapses into Latin, and never addresses itself to a female patient or midwife. The translator/compiler explains that the guide has been produced partly in response to the shame women feel during medical examination:

For as moche as ther bien many wymmen that han many diuers maladies and sikenessis nygh to the deth and they also bien shameful to shewen and to tellen their grevaunces to any wight therfor I shal sumdel write to their maladie remedy, prayeng to God and to his blessid moder Marie ful of grace to sende me grace triewly to write to the pleasaunce of God and to al wymmens helpyng[.] (485)

At first glance, this passage seems to be addressing a practical issue: the fact that shame can be an obstacle to the diagnosis and treatment of women's ailments. Because women can be "shameful to shewen and to tellen" what ails them, it is more difficult for them to be diagnosed and treated. But what follows these lines moves away from practical concerns and deeper into affective territory:

And though wymmen have divers evils and many grete grevaunces mo than al men knowen of, as I saide, hem shamen for drede of reprevyng in tymes comyng and of discuryng of vncurteys men that loven wymmen but for their lustis and for their foul likyng; and if wymmen bien in disease, suche men han hem in dispite and thynken nat how moche disease wymmen han or than thei han brought hem [i.e. men] furth into this world.

⁵ Version 2 is preserved in the following four manuscripts: London, British Library, Sloane MSS 249 (fols. 180v-205v) and 2463 (fols. 194r-232r); London, Royal College of Surgeons, MS 129 (fols. 1r-45v); and Cambridge, Trinity College MS R.14.52 (fols. 107r-135v).

And therfor in helpyng of wymmen I wil write of wymmen prevy sikenes the helpyng of, that oo womman may help another in hir sikenes and nat discure hir privitees to suche vncurteys men. (Ibid.)

These lines have most frequently been read for what they suggest about the status and/or gender of the intended readers: the prologue invites female readers to “helpe another in her sykenesse,” envisaging a community of women who share their medical expertise and do not “diskuren her previtees to suche vncurteys men” (although, of course, the text’s actual readership may have been quite different). But I would argue that what is also significant here is shame’s status: here, womanly “drede” and shamefastness are not solely obstacles (although they *are* issues to be addressed). Instead, these lines identify shamefastness as the motivation behind the writing of the text that follows. Writing “in helping of women,” the author of this prologue identifies him-/herself as someone who understands and sympathizes with female emotions, and by offering a way for women to avoid exposing themselves to “vncurteys men,” the author identifies the text as something intended for a shamefast readership. In other words, what matters most here is not a question of gender or literacy, but rather of affective disposition. Whether or not it was realized or reflected in actual practice, the pose of addressing women in this manner is significant, and it stands in stark contrast to the words of John of St. Paul. Here, the most important thing is not the reason or the Latin learning of the male physician, but the vernacular, affective female experience. The text markets itself as the product of (and for) a mind that is not “vncurteys” to women, a mind that wishes to help them to avoid shame.

The translator of an earlier Middle English gynaecological text – *The Knowing of Woman’s Kind in Childing* – similarly imagines ideal readers in terms of shamefastness. Composed either in the late fourteenth or early fifteenth century and extant in five manuscripts, *The Knowing of Woman’s Kind* synthesizes translations of a variety of gynaecological texts, and contains a number of structural and rhetorical similarities to *The Sickness of Women*.⁶ Initially, its prologue explicitly claims that the text is intended for women:

⁶ As Green and Mooney note, although “*Sickness* owes no direct textual debt to *Knowing*,” “their structural similarities are unlikely to have been merely coincidental” (463). Indeed, they suggest that it seems “quite likely, then, that the author of *Sickness 2* was aware of the existence and the rhetorical posture of *Knowing* even if s/he didn’t employ it as a direct model. Both texts see male involvement with women’s diseases as potentially threatening to women, and both claim to wish to empower women to ‘help one another’ by reading (and using) their text, thereby allowing them to bypass any dependence on males” (466).

And be-cause whomen of oure tonge cvnne bettyre rede & vndyrstande þys langage þan eny oþer & euery whoman lettyrde [may] rede hit to oþer vnlettyrd & help hem & conceyle hem in here maledyes with-owten schevyng here dysese to man, I have þys drawyn & wrytyn in Englysch. (42)

By composing a text that can be read by and shared among women, this author – like the author of *The Sickness of Women* – seeks to insulate women from the potential shame of exposure to men. However, the lines immediately following these concede that men may indeed read this text, and consequently admonish any male readers to respect the “preuytees” of women:

And yf hit fall any man to rede hit, I pray hym & scharge hym in ovre Lady be-halue þat he rede hit not in no dyspyte ne sclavndure of no woman ne for no cause but for þe hele & helpe of hem, dredynge þat vengavns myht fall to hym as hit hath do to oþer þat have schevyd here preuytees in sclavndyr of hem, vndyrstondynge in certeyne þat þey have no oþer euylys þat nov be a-lyue than thoo women hade þat nov be seyntys in hevyn.

(Ibid.)⁷

Although the “vengavns” that might befall the uncharitable male reader remains vague, this text demands that male readers approach its contents with not only charitable, but specifically shamefast intentions. This passage’s references to “ovre Lady” and other women “þat nov be seyntys in hevyn” lend an aura of sanctity to women in general, incorporating them into a community defined by female saintliness. The result is the corresponding elevation not just of women in general, but of their suffering, their illness, and even their shamefastness, which are here imbued with holiness-by-association.

As a text that concerns the potentially shaming “preuytees” of women, *The Knowing of Woman’s Kind* begins with a preface that functions as a gatekeeper to the delicate subject it addresses. The prologue acknowledges that men may indeed read the ensuing text – and it nowhere suggests that this is, in and of itself, a problem. What *is* a potential problem is the intent or disposition of those male readers.⁸ Above all, the text must not be read “in no dyspyte ne sclavndure of no woman.” Here, the “problem” of female shame is converted to a solution: a

⁷ The warning contained in this passage, taken from the “Douce Version,” may also be found in a nearly identical form in the “Cambridge Version” of the text (*The Knowing of Woman’s Kind in Childing* 43).

⁸ Green makes a similar point regarding the contents of gynaecological treatises: “What is at issue is not so much what the texts contain as *how* they are read” (*Making Women’s Medicine Masculine* 201).

means of approaching and using a medical treatise appropriately, and the key issue on which successful treatment of female maladies hinges.

The prologues to *The Sickness of Women* and *The Knowing of Woman's Kind in Childing* each describe themselves as relying upon a specific form of affective reading to ensure the correct reception of their texts. They thus effect two translations: one from Latin into English, and one from the masculine perspective of Latin learning to a perspective sympathetic to women's affective experience. According to this new perspective, the ideal audience is defined in terms of its emotional intelligence. In turn, this strategy suggests an affinity with rather than a separation from other medieval genres, which privileged emotions such as shame in similar ways. Closer examination of the rhetoric of medical treatises could well reveal further appropriations of more familiarly "literary" techniques and perspectives, but closer examination of medical discourse in medieval literature would also do much to bridge the perceived gap between these bodies of medieval writing.⁹ By way of a conclusion, I would therefore like to return briefly to the genre of pastoral writing in order to offer one example of how medical and emotional discourse can intersect in medieval prompts to affective reading.

For my purposes, the most thought-provoking pastoral reference to shame occurs in Chaucer's *Parson's Tale*, a treatise on the three elements of penitence: contrition, confession, and satisfaction. The passage I wish to consider is the Parson's strong condemnation of male fashion – specifically, men's tights. What is particularly notable about this passage – apart from its vehemence – is the way that it merges pastoral and medical discourse with the language of shame in order to guide readers towards penitence:

Allas, somme of hem shewen the boce of hir shap, and the horrible swollen membres, that semeth lik the maladie of hirnia, in the wrappyng of hir hoses; / and eek the buttokes of hem faren as it were the hyndre part of a she-ape in the fulle of the moone. / And mooreover, the wrecched swollen membres that they shewe thurgh disgisyng, in departyng of hire hoses in whit and reed, semeth that half hir shameful privee membres weren flayne. / And if so be that they departen hire hoses in othere colours, as is whit and blak, or whit and blew, or blak and reed, and so forth, / thanne semeth it, as by variaunce of colour, that half the partie of hire privee membres were corrupt by the fir of Seint Antony, or by cancre, or by oother swich meschaunce. (lines 422-7)

⁹ A number of scholars have begun to move in this direction; see, for example, Bishop, Gasse, and Walter.

The above passage fixes the mind's eye on man's shameful parts: the "boce" (bulge) of the "horrible swollen membres," "the buttokes," the "shameful privee members," all of which are vividly likened to various medical conditions ("the maladie of hirnia," "the fir of Seint Antony," "cancre"). These images are not titillating, but disgusting and shameful, meant to combat any possibility of lust or pride and to inspire penitence. The grotesque imagery of swelling and discoloration transforms what might be an object of fascination to an object of revulsion. But these lines depend implicitly upon the shamefastness or modesty of readers for their shocking effect; if readers were impervious to shame and disgust, this kind of imagery would not be effective.

Like the excerpt from *The Parson's Tale*, the prologues to Middle English gynaecological texts rely on what is explicitly conceived of as a required, shared sensibility to shame for their definition of good reading and use. Rather than relying on masculine reason to solve the "problem" of female shame, readers are exhorted to cultivate a specific affective disposition in order to access the information that will enable them to diagnose and treat female maladies successfully. But just as these prologues exhort medieval readers to read the ensuing texts correctly, so, too, do they challenge us to reconsider how they work upon their readers. Shame's role in these texts depends on how one is *reading* these texts. From the "practical" point of view, shamefastness is an obstacle that must be overcome by the "rational" physician in order for effective diagnosis and treatment to proceed. But read from an affective position, shamefastness is an essential tool for the correct reading and use of medieval gynaecological texts: a shamefast mind is the only mind capable of writing, reading, and using their knowledge appropriately. To focus solely on the practical aspects of these texts is to miss other ways in which they function, employing the affective strategies that we so often see at work in other medieval genres. For the present-day student of these works, perhaps the larger point to take away is that what can be lost or revealed in these texts also depends greatly on how *we* read them.

References

- Apollodorus' Library and Hyginus' Fabulae: Two Handbooks of Greek Mythology*. R. Scott Smith and Stephen M. Trzaskoma, trans. Indianapolis, Indiana: Hackett Publishing Company, 2007.
- Barratt, Alexandra, ed. *The Knowing of Woman's Kind in Childing: A Middle English Version of Material Derived from the Trotula and Other Sources*. Turnhout: Brepols, 2001.
- Bishop, Louise M. *Words, Stones, and Herbs: The Healing Word in Medieval and Early Modern England*. Syracuse, New York: Syracuse University Press, 1007.
- Chaucer, Geoffrey. *The Parson's Tale. The Riverside Chaucer*. Larry D. Benson et al., eds. Oxford: Oxford University Press, 2008 [1987]: 288-327.
- . *The Physician's Tale. The Riverside Chaucer*. Ed Larry D. Benson et al. Oxford: Oxford University Press, 2008 [1987]. 190-3.
- de Chauliac, Guy. *The Cyrurgie of Guy de Chauliac*. Margaret S. Ogden, ed. Early English Text Society 265. London: Oxford University Press, 1971.
- Flannery, Mary C. "The Concept of Shame in Late-Medieval English Literature." *Literature Compass* 9 (2012): 166-82.
- Gasse, Rosanne. "The Practice of Medicine in *Piers Plowman*." *Chaucer Review* 39 (2004): 177-97.
- Green, Monica H. "From 'Diseases of Women' to 'Secrets of Women': The Transformation of Gynecological Literature in the Later Middle Ages." *Journal of Medieval and Early Modern Studies* 30 (2000): 5-39.
- . *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008.
- . "Obstetrical and Gynaecological Texts in Middle English." *Studies in the Ages of Chaucer* 14 (1992): 53-88.
- , ed and trans. *The Trotula: A Medieval Compendium of Women's Medicine*. Philadelphia, Pennsylvania: The University of Pennsylvania Press, 2001.
- and Linne R. Mooney. "The Sickness of Women." In *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*. M. Teresa Tavormina, ed. Medieval and Renaissance Texts and Studies 292 (2 vols). Tempe, Arizona: Arizona Center for Medieval and Renaissance Studies, 2006: volume 2, 455-568.
- . "Women's Medical Practice and Health Care in the Middle Ages." *Signs* 12 (1989): 434-73.
- Hanson, Ann Ellis. "Hippocrates: *Diseases of Women* 1." *Signs: Journal of Women in Culture and Society* 1 (1975): 567-84.

- Hilton, Walter. *The Scale of Perfection*. Ed. Thomas H. Bestul. Kalamazoo, Michigan: Medieval Institute Publications, 2000.
- Hyginus. *Fabulae*. Ed. Peter K. Marshall. Stuttgart: Teubner, 1993.
- Mannyng, Robert. *Robert of Brunne's 'Handlyng Synne,' A.D. 1303, With Those Parts of the Anglo-French Treatise on Which it was Founded*. Frederick J. Furnivall, ed. Early English Texts Society, Original Series 119 and 123 (2 vols). London: Kegan Paul, Trench, Trübner and Co., Ltd., 1901 and 1903
- Rowland, Beryl. *Medieval Woman's Guide to Health: The First English Gynaecological Handbook*. Kent, Ohio: Kent State University, 1981.
- Stanton, Robert. "Lechery, Pride, and the Uses of Sin in *The Book of Margery Kempe*." *The Journal of Medieval Religious Cultures* 36 (2010): 169-204.
- Tentler, Thomas N. *Sin and Confession on the Eve of the Reformation*. Princeton, New Jersey: Princeton University Press, 1977.
- Walter, Katie L. "Discourse of the Human: Mouths in Late Medieval Religious Literature" (unpublished dissertation). University of Cambridge, 2006.
- Wogan-Browne, Jocelyne, Nicholas Watson, Andrew Taylor, and Ruth Evans, eds. *The Idea of the Vernacular: An Anthology of Middle English Literary Theory, 1280-1520*. University Park, Pennsylvania: The Pennsylvania State University Press, 1999.

