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Illness and Literature in the Low Countries

From the Middle Ages until the 21st Century

With 10 figures

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Introduction

In 1807 Willem Bilderdijk published *De Ziekte der Geleerden* (*The Illness of the Scholars*). Amounting to over three thousand lines, the work is to be considered a milestone in the history of the Dutch didactic poem that need not shun comparison with international melancholy literature.¹ The subject suited the poet to a tee. In a colourful manner all his own, he depicted the ‘Iliad of plagues’ that could assail men of learning together with its origins, accompanying symptoms and any remedies developed to cure it. He discussed, for example, melancholy, sleeplessness and the ‘weakening’ of the brain.

Yet the fascination with being ill was hardly a new phenomenon in the nineteenth century. From as early as classical antiquity there has been an interplay between literature and medicine. The first book of Homer’s *Iliad* recounts the plague that swept the camp of the Achaeans, supposedly sent by Apollo out of revenge. While this instance concerns a full-length book, it is the aphorism that is of greater importance as a literary technique for the dissemination of medical knowledge, from the *Corpus Hippocraticum* of antiquity until the *Aphorismi de cognoscendis et curandis morbis* (1715) by Herman Boerhaave. In addition, the subject of illness and its impact on mankind was explored by great numbers of poetic scholars and scholarly poets.

A number of topoi keep recurring in the relationship between literature and medicine. Magic has a place in both domains as magical words, sayings and songs were believed to have a healing effect. Since classical antiquity, physicians have been viewed as priests with access to secrets that remain hidden from patients. This is where the distrust of physicians stems from. On the one hand, they are suspected of charlatanism, as if their knowledge were mere bluff; on the other hand, medicine has to the present day been an ‘arcane’ science, riddled with – at least to the uninitiated – incomprehensible notions and concepts. Further, arrogance and greed on the part of physicians already constitute an

1 Cf. JORIS VAN EIJNATTEN, ‘Bilderdijk’s Head. Meta-medical Reflections of an Afflicted Poet’, in: *Social History of Medicine* 18 (2005), pp. 337–356.

important motif in *De Medicina*, the history of medicine by classical physician Celsus. Another topos concerns the concept of injury (trauma). Again, the *Iliad* sets the tone: the first surgeon is Machaon. He may have been able to dress incurable wounds but he could not heal the trauma of Iphigenia's sacrifice, which was thus left to spread through the doomed history of the Atrides.

Three research domains

The relationship between literature and medicine has received a relatively great deal of attention in the research conducted over the past decades.² Here, only those aspects that are relevant to the present collection are discussed. Despite the fact that since the nineteenth century literature and medicine have come to be seen as separate entities, and the natural sciences are increasingly placed in a positivistic light, the communication between the two areas as sketched above remains.³ In all likelihood, the two cultures of the *humanities* and the *sciences* have never even functioned as separate worlds. The research on literature and medicine generally distinguishes three lines of approach:

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- 2 For a short overview of the research on medicine and literature cf. CARSTEN ZELLE, 'Medizin', in: ROLAND BORGARDS [e.a.] (eds.), *Literatur und Wissen. Ein interdisziplinäres Handbuch*, Stuttgart 2013, pp. 85–95; HARALD NEUMEYER, 'Medizin und Literatur', in: ANSGAR NÜNNING (ed.), *Metzler Lexikon Literatur- und Kulturtheorie. Ansätze – Personen – Grundbegriffe*, 5th edition, Stuttgart 2013, pp. 504–505. For subjects and authors cf. DIETRICH VON ENGELHARDT, *Medizin in der Literatur der Neuzeit. Bd. I: Darstellung und Deutung*, Hürtgenwald 1991; DIETRICH VON ENGELHARDT, *Medizin in der Literatur der Neuzeit. Bd. II: Bibliographie der wissenschaftlichen Literatur 1800–1995*, Hürtgenwald 2000; BETTINA VON JAGOW and FLORIAN STEGER, *Literatur und Medizin. Ein Lexikon*, Göttingen 2005. Some recent publications on this topic are: SARAH ANDERSON, *Readings of Trauma, Madness, and the Body*, New York 2012; JAN FRANS VAN DIJKHUIZEN and KARL ENENKEL (eds.), *The Sense of Suffering. Constructions of Physical Pain in Early Modern Culture*, Leiden 2009; MARC PRIEWE, *Textualizing Illness. Medicine and Culture in New England 1620–1730*, Heidelberg 2014; ALLAN INGRAM [e.a.], *Melancholy Experience in Literature of the Long Eighteenth Century. Before Depression, 1660–1800*, Basingstoke [etc.], 2011; STEPHANIE SIEWERT and ANTONIA MEHNERT (eds.), *The Morbidity of Culture. Melancholy, Trauma, Illness and Dying in Literature and Film*, Frankfurt/M. etc. 2012. On art and medicine cf. RENÉE VAN DE VALL and ROBERT P. ZWIJNENBERG, *The Body Within. Art, Medicine and Visualization*, Leiden 2009.
- 3 C.P. SNOW, *The Two Cultures and a Second Look. An Expanded Version of The Two Cultures and the Scientific Revolution*, Cambridge 1979. On the communication between literature and medicine cf. BETTINA JAGOW and FLORIAN STEGER, *Was treibt die Literatur zur Medizin? Ein kulturwissenschaftlicher Dialog*, Göttingen 2009.

1.

The functionalist angle is strongly represented in the research. What is studied here is the *literary function* of medical knowledge and the reception of this knowledge in literature. The fact that a great number of authors were themselves physicians or at least possessed medical expertise plays an important role. Well-known German examples are Friedrich Schiller or Gottfried Benn. For Dutch literature, such authors as J.J. Slauerhoff or Simon Vestdijk come to mind. From classical antiquity, medical knowledge was held to be a necessary asset for the moneyed, well-educated (male) elite, and this affected the uses of this knowledge in literature. Conversely, however, literature also fulfils a function in the history of medicine. After all, literary works can be used as a source of information on the state of affairs of the medical sciences in the past; they serve as representations. Indeed, disease and good health are frequently reflected upon in literary texts. Ethical matters, such as the reputation of physicians, their social duty and the balance of power between physician and patient are also often thematised in functionalist research.⁴

2.

A second angle is provided by *cultural studies*. In the background stand the various ‘turns’ in the cultural studies of the past decades, such as the *linguistic turn* or the *affective turn*. Culture is perceived as a fabric of linguistic expressions that has come about according to discursive rules. In this manner, the functionalist separation of literary and medical texts is removed; medical texts too are texts that go back to a certain cultural discourse. Hence, methods of discourse analysis – building on the theoretical principles of Michel Foucault – play an important role. This also comprises the idea of disease as cultural construct, as, for instance, in the research by Ludwik Fleck. Studies on the functions of corporality, research into traumata or the development of particular metaphors for the discussion of disease are also considered part of this domain. Since text and culture are closely interwoven, medical concepts define social and political observation, and vice versa.⁵

4 Cf. F. MEULENBERG, J. VAN DER MEER and A.K. ODERWALD (eds.), *Ziektebeelden. Essays over literatuur en geneeskunde*, Utrecht 2002; SOFIE VANDAMME, *Koele minnaars. Medische verwoording en literaire verbeelding van ziekte in verhalen*, Leuven 2007.

5 Cf. MICHEL FOUCAULT, *Naissance de la clinique – une archéologie du regard médical*, Paris 1963 and *Les mots et les choses – une archéologie des sciences humaines*, Paris 1966; LUDWIK FLECK, *Denkstile und Tatsachen. Gesammelte Schriften und Zeugnisse*, Berlin 2011.

3.

Connected with the second angle is the idea that the linguistic articulation of medical knowledge has *a poetics of its own*. The methodological merits of literary analysis, particularly in the field of narratology, are brought to bear on medical texts: historical, ancient or Biblical exemplum literature, casuistry, *medical case histories* or *medical observationes*. Although these genres ranging from classical antiquity to the (post-)modern period define the observation of medical phenomena, historical differences in writing about disease are indeed perceived. Moreover, a direct interaction with literary texts takes place here as well. The influence of the Freudian *case histories* on the literature of the fin de siècle is a case in point.⁶

Content of this collection

In this collection, all these angles recur in the approaches adopted by authors as they discuss texts roughly ranging from the Middle Ages up to the twenty-first century. A central place is especially allotted to texts from the Low Countries: from mediaeval non-medical literature, early-modern works by learned poets and physicians, texts from the Enlightenment (when literature and knowledge entered into a fruitful symbiosis in the learned societies) and from the nineteenth-century Romantic period, to subjects from the twentieth and twenty-first century. The various perspectives and subjects of the various contributions are sketched against the backdrop of the angles mentioned above. Thereby the collection covers a wide range of different sorts of texts and genres. It might be needful to remember that the concept of an autonomous literature (although always under discussion) is the product of cultural processes in the 19th and 20th century. In the research about the topic the mentioned broad choice of texts proved to be very useful. As could be seen in the following delineation of the articles it challenges chronological and thematic boundaries and opens up a differentiated view on the relationship between illness and literature.

6 Cf. NICOLAS PETHES and SANDRA RICHTER (eds.), *Medizinische Schreibweisen. Ausdifferenzierung und Transfer zwischen Medizin und Literatur (1600–1900)*, Tübingen 2008; YVONNE WÜBBEN and CARSTEN ZELLE (eds.), *Krankheit schreiben. Aufzeichnungsverfahren in Medizin und Literatur*, Göttingen 2013.

1.

The articles by Gerard Bouwmeester and Mark van Vledder, Arnold Lubbers and Wouter Schrover address the socio-cultural position of medicine and of physicians, and the role of literature and the literary field in the dissemination of medical knowledge. They thus follow the functionalist paradigm. In their corpus-based study 'Medical Actors and Actions in Non-Medical Middle-Dutch Literature', Bouwmeester and Van Vledder examine the social position of physicians and the status of medical knowledge in mediaeval texts. Their conclusion is that even in the Middle Ages, the physician's position was a controversial one. While the physician held a high social position as adviser to the king and, even, as a political agent, there were, on the other hand, warnings against fraud, together with pleas in favour of medical knowledge on the part of laymen. Knowledge of medical sciences was considered a competence that was of great importance to civilized persons from the upper classes.

Wouter Schrover's article 'Reading Literature through Medical Sociology: The Doctor-Patient Relationship in Thomas Rosenboom's *Publieke werken* (*Public Works*) and a Poem by Neeltje Maria Min' highlights similar questions. Here, the main starting point is the subject of 'power', a far from unimportant one in the history of medicine. In his analysis of the power of physicians Schrover uses the concepts *Aesculapian*, *charismatic* and *social power*. Dependence on physicians increased, as did the helplessness of the sick. Especially in the nineteenth century, which is also the setting for Thomas Rosenboom's *Public Works*, progress in medical knowledge is achieved at the expense of lower-class patients. An important tool with which to break the power of the medical sciences and the medical elite is irony. In the sonnet 'My body is crawling with streptococci' by Neeltje Maria Min, the irony of the already deceased 'I' constitutes a last resort to protect some personal dignity from the clutches of the doctor (and 'healthy' fellow beings!).

Up-to-date medical knowledge, of the connection between macrocosmos and microcosmos, for instance, already plays a role in the mediaeval texts, revealing a social interest in natural sciences that at an early stage becomes part of popular culture. In other words, scientific interest is not a phenomenon exclusive to the Enlightenment or the nineteenth century. How this interest takes shape in the nineteenth century in book clubs in the United Kingdom of the Netherlands between 1815 and 1830, is the subject of Arnold Lubbers's contribution 'Oddities, or Illness and Health as Topics in the Early 19th-Century Dutch readers' digest'. Apart from books on general knowledge and reference books on health, it is especially two major discussions, hotly debated in early-nineteenth-century Europe, which resonate in the book clubs: those on *animal magnetism* and on *cowpox vaccine*. With respect to the first debate, the influence is notable of

authors translated from the German, such as the influential publication by C.A.F. Kluge, *Proeve eener voorstelling van het dierlijk Magnetismus* (*An attempt to present animal Magnetism*, 1812) or C.W. Hufelands *Belangrijke waarnemingen omtrent het slaapwandelen, of het droomleven, zonder den invloed van het magnetismus* (*Important observations concerning somnambulism, or the dream life, without the influence of Magnetism*, 1817). In the Dutch discourse there is admiration to be found for the reputed treatment successes of mesmerism, besides criticism (on religious grounds) of these methods. A similar discussion takes place with regard to the *cowpox vaccine*. While inoculation was promoted by the government, Abraham Capadose expressed his fierce opposition to the scheme.

2.

The subsequent articles in the collection have been influenced by the said cultural studies approach. The contribution by Helmer Helmers, 'Illness as Metaphor: The Sick Body Politic and Its Cures', shows how medical concepts helped shape the political metaphors of the early-modern period. Here, too, classical tradition plays a decisive role. The Galenistic paradigm of the harmony of the body fluids is brought to bear on the state. Disturbances in this order result in the *body politic in crisis* as analysed by Helmers. The influence of Paracelsian medicine can be detected in political concepts purporting to remove such 'foreign social phenomena' as deviant convictions or political opponents (i.e. *the xenobiotic other*) from the body politic by means of iron and fire, thereby echoing the surgical practices of the day. In curing the body politic, the healing powers of the royal charisma may perform an important role. Medical metaphors may, in this manner, contribute to the development of a national ideology.

Attention is also given, in this collection, to mental disorders and delusions, from the early-modern period to the present day. Even more so than purely physical illnesses, failings of the human brain seem to appeal to many an author's imagination. Again, precursors can be found in classical antiquity. As the contribution by Ronny Spaans, 'Diagnosing the Poetic Inspiration: Medical Criticism of Enthusiasm in the Poetry of Jan Six van Chandelier (1620–1695)', shows, poets and Humanist theologians and physicians from the early-modern period reflect upon the Platonic inheritance of the *furor poeticus*, both at the literary, ethical and medical level. Around 1648, the learned Humanist, writer and pharmacist Jan Six van Chandelier sketches in his poem *Verrukkinge der Sinnen* (*Rapture of the Senses*) a satiric and self-critical image of inspired poethood. To him, poetic ecstasy is a form of frenzy that may impair the health of poets and readers alike. Yet the idea of literature as remedy is here as well. Against wordly

passion stands Christian enthusiasm; early-modern man had to learn the difference between the Christian rapture that could only benefit mental health, and delusions and melancholy that were thought to be prompted by the devil.

Four of the collection's contributions analyse the melancholy concept in the early-modern period and the nineteenth century. In his article 'Melancholy and Fantasy: Johan Wier's Use of a Medical Concept in his Plea for Tolerance', Hans de Waardt examines how the concepts *imagination*, *brain* and *demonic possession* are handled in the famous work *De praestigiis daemonum* (1563) (*Delusions of Demons*) by Johan Wier. Although Humanist circles did not rule out the possibility of demons seizing the human body, it is not so much the direct action of anthropomorphic satanic powers that is involved here as medical concepts of evil powers. Demons were deemed capable of disturbing the human brain by effecting a disturbance of the *humores* in the body. This led to illnesses which could then be diagnosed and treated by physicians. In imitation of such (neo-)Platonic theoreticians as Marsilio Ficino, Johan Wier views the devil as an abstract idea that may cause disease in the human mind but cannot be present as a living person capable of entering into a pact with people. He instrumentalizes this idea in order to argue against the persecution of witches, which was advocated by the church in this period.

The possibility that demons may act on the human body and thus cause mental illness was also acknowledged by the British scholar Robert Burton in his book *Anatomy of Melancholy* (1621), a work that was also influential in the Netherlands. Here, it provides the theoretical underpinning of the subsequent articles. In her article 'Pictures of Melancholia in Four Tragedies by Joost van den Vondel', Bettina Noak shows that the concept of *demonic possession* is still active in the seventeenth-century author Vondel, although ultimately it is the Humanist-medical approach that prevails with him. His predilection for dichotomies not only emerges in the structure of his plays but also in the way in which he deals with the 'melancholy' syndrome: on the one hand, he examines the melancholy of unbelievers and tyrants and, on the other, that of martyrs. The contribution uses four analytical concepts: the sickly imagination of the *conscience* in the downfall of the tyrants, the cannibalistic *incorporation* that connects the poet with, especially, religious delusion, the martyr's *ego impoverishment* and, lastly, chances of a *breakthrough* in the melancholy disposition through faith in the *Christus medicus*.

With lovesickness the subject of her contribution, Olga van Marion examines in 'Lovesickness on Stage: Besotted Patients in 17th-century Medical Handbooks and Plays' one specific aspect of melancholy that was also discussed extensively in the medical literature of the early-modern period. A dichotomic structure is also discernible in the Humanist concepts on love and its medical effects: Burton distinguishes between *nuptial love* and *tyrant love* or *heroical*

melancholy, in other words, honourable love versus deluded love. Sufferers from tyrannical love present particular symptoms, in his view: a quickened pulse (*pulsus amatorius*), blushing, sweating or paling in the presence of the beloved and panting. These topoi are deployed in both G.A. Bredero's tragi-comedy *Lucelle* (1616) and Theodoor Rodenburgh's *Vrou Iacoba* (1638). While love-struck male characters present all the symptoms described here, the female protagonists display what is, according to Van Marion, a specific form of love melancholy: noxious vapours in the female brain cause a flood of tears.

Melancholy was also a *hot item* during the Romantic period. In their 'The Poet as Patient. The Curious Case of Willem Bilderdijk: A Retrospective Approach', Rick Honings and Steven Honings analyse how Bilderdijk the patient can be diagnosed with the use of modern-day psychiatric insights. Time and again he complained about all kinds of physical and mental ailments, expressing a wish to die soon. Just like authors from the early-modern period, he adduced religious reasons to account for illnesses; in his view, they could be traced to the Fall of Man. Exercising all due methodological caution (it is dangerous to diagnose someone from the nineteenth century) Rick and Steven Honings lay Bilderdijk on the exam table. They sketch a picture of a patient who as early as childhood developed a personality disorder (*pervasive developmental disorder*) because of his limited social contacts, and ever since suffered from persistent depression and a longing for death. Later in life Bilderdijk may have suffered from bipolar disorder, with manic and productive periods alternating with periods of depression.

3.

Historical exempla and medical case histories constitute important genres in which literary techniques and medical knowledge are bound up. A different type of text is the *confession*, which goes back to Saint Augustine. In her contribution "'Am I Not Punished Enough?' Confessions of Homosexuals in Medical Studies Around 1900" Mary Kemperink discusses the genre of the *confession* in medical studies on homosexuality. She is critical of Foucault's opinion that the evolution of the concept of 'homosexuality' was a mere tale of power and suppression. In contrast, Kemperink argues that the evolution of a clearer image of homosexuality was brought about by cooperation between patients and physicians, with literary techniques being of overriding importance. She examines this discourse by means of confessions in three influential publications: Richard von Krafft-Ebing's *Psychopathia sexualis* (1903), Dr. Laup's *Tares et poisons* (1896) and Magnus Hirschfeld's *Ursachen und Wesen des Uranismus* (1903). The confessions are to illustrate the worked-out concepts of homosexuality but in the

texts, they assume a literary life of their own. They are rendered by first-person narrators through interior monologue, rhetorical questions, metaphors, symbols and rhetorical topoi. These narratives are further connected with then prevailing genres, such as the adventure story, the love story, the naturalistic or the decadent novel. Patient narratives are thus literalized besides being infused with medical knowledge, which makes the question whether we are dealing here with medical case histories or, rather, literary stories with a medical purport almost unanswerable.

The development of a new concept of disease is also the subject of the article by Joost Haan and Liesbeth Minnaard: 'The Shaking Palsy in the Low Countries: Representations of Parkinson's Disease in Dutch and Flemish Prose'. They demonstrate that the representation of the 'shaking palsy' stands in a long tradition that goes back to Shakespeare. In their contribution, they analyse six Dutch texts. Parkinson's disease proves to be an interesting subject since a complex of physical and mental problems are observed in the clinical picture. The novel *Duivelskermis* (*Devil's Carnival*) by Gerrit Krol imparts a meaning all its own to the subject of *demonic possession*: the hallucinations that go with the syndrome bring about changes in the characters. Their perception of reality, of time and space, is no longer reliable and they are haunted by visions and distortions. Their 'healthy' environment is consequently suspicious of the patients. The enlightening work that the medical sciences ought to carry out to promote the rights of these sick people does not achieve the desired effect so that the patients are completely at the mercy of the physicians. Their distress sometimes stems from inner and physical injuries sustained in the past and may be transmitted to the next generation, as the unprocessed traumatic experiences in Jeroen Brouwers' *Bezonken Rood* (*Sunken Red*) show.

The last three articles in this collection focus attention on trauma and how to combat trauma. In his article 'Poet-Judge-Physician. Literature as Cicatrix: The Case of Maria Dermoût', Frans-Willem Korsten examines the role of the author against the background of the concept of the 'cultural physician', as developed by Nietzsche and Deleuze. According to Korsten, Dermoût not only writes *case histories* but these have a simultaneous healing effect as well: as they are being narrated, they can heal wounds. The decisive figure of thought in the article is the *cicatrix*, which not only denotes a scar marking an injury that will disappear over time but 'material in its own right': newly grown tissue to cover an old wound. Literature becomes a tool for justice: normally silent distress is finally given a voice.

The question whether it is possible to put into words the unutterable and unrepresentable of war experiences is the main subject of the article by Sander Bax: 'The Legacy of Incomprehensibility: Trauma, Experience and Historiography in Harry Mulisch's Historical Novel *The Stone Bridal Bed*'. Taking the

concept of *traumatic memory* for his starting point, he shows how Mulisch uses the modern myth in order to still express the unutterable in his novel *Het Stenen Bruidsbed* (*The Stone Bridal Bed*). In autobiographical texts Mulisch himself underlines literature's ability to 'keep open' events from the past, to make them present for readers, while the literary work as such proves to be a complete whole. Against the background of *memory studies* and *trauma theory* Bax demonstrates the ability of the medical but also, in particular, narrative trauma concepts to offer a framework for the expression of traumatic experiences. In recounting the traumata from the past, myth plays a crucial role. It may represent a 'liminal experience' and be the narrative of an extreme crossing of borders that can only be clad in the a-historical form of the myth. In *The Stone Bridal Bed* Mulisch deploys Homer's *Iliad* and *Odyssey* in order to still give expression to the unutterable war experiences of main character Norman Corinth.

A new form of *memory culture* is what Stephan Besser proposes in his article 'Mixing Repertoires: Cerebral Subjects in Contemporary Dutch Neurological Fiction', which ends this collection. The fascination with the workings of the human brain also comes to the fore in contemporary novels. Besser studies three: Robbert Welagen's *Porta Romana*, Jeroen van Rooij's *De eerste hond in de ruimte* (*The First Dog in Space*) and Yves Petry's *De maagd Marino* (*The Virgin Marino*) – including their use of the concept of *brainhood* against the background of some influential theoretical concepts from the *neurocultures*.

Thus, this collection offers fourteen articles that showcase a multitude of subjects and approaches yet have in common that they all highlight the relation between disease and literature. This entails a first-ever overview of Dutch-language research in this field, whereby in some cases actual cooperation was entered into with experts from the medical sciences. Of course, we do not pretend to sketch an exhaustive picture of this research area. We merely wish to demonstrate that this is a fascinating subject that merits more attention – and we sincerely hope that this collection will boost further research into the subject.

Medical Actors and Actions in Non-Medical Middle Dutch Literature^{*}

People have certain opinions about their doctors. Watching popular television series such as ER, Grey's Anatomy, House or the Dutch classic Medisch Centrum West, one is tempted to perceive medical practitioners as mostly young, handsome, smart, emphatic, well educated. Moreover, they have high moral and ethical standards. And are we not lucky? These people will take care of us when we are ill or injured!

In an era in which the advancements in public health are huge (e.g. the discovery of antibiotics, the evolution of surgical techniques and powerful diagnostics), doctors are heroes. At the same time, opening a newspaper or digging into any internet forum regarding health care professionals, the chances are significant that a whole different picture will arise. Recent examples of malpractice, scientific fraud and financial scandals committed by medical personae gain increasingly broad media attention and have taken as much away from the doctors' good reputation as centuries of science and ER's George Clooney have added to it. The criticism did not go by unnoticed by the medical world, resulting in a multitude of measures to avoid and prevent future incidents, such as the design, development and implementation of new, stricter guidelines, safety measures and moral codes.¹

We are fascinated by these ambiguities: firstly, the extremely positive image of often fictional doctors *versus* the hypercritical social attitude, and secondly, that critical, sometimes even negative popular attitude towards doctors *versus* the (by now: long-term) medical-professional reflex to improve and be transparent. Starting from that fascination, we have set out to investigate public opinion on medical acting and actors in literature from the medieval Low

^{*} We would like to thank the editors of this volume, and especially Dr. Bettina Noak, for their comments on an earlier draft of this contribution. Likewise, the colleagues at the University of Utrecht and the Erasmus MC in Rotterdam for sharing their thoughts.

¹ Literature on medical reputation and medical reputation management is vast. An interesting (recent) historical perspective is given by DANA PLOEGER, 'Van het voetstuk gevallen', in: *Medisch contact* 64 (2009)-15, pp. 660-663.

Countries. We have chosen the (late) Middle Ages for two reasons: it is a period in which the medical profession underwent major changes (think of the foundation of medical schools and/at universities, translation of innovative Arabic medical treatises into Latin, but also the Black Death) and secondly, Middle Dutch medical texts recently received much scholarly attention, especially by Erwin Huizenga.²

This attention creates an interesting parallel to our contribution, as we have chosen to study the opinion on medical acting and actors through non-medical texts. We will write about the late medieval image of doctors not by sketching how doctors wrote about themselves (a matter already addressed in the recent *hausse*), but by analysing how they (and their actions) were represented in texts that did not strive for medical instruction or audience. We will hypothesize that this approach will offer a whole new vision on the public opinion on the medical profession in the late Middle Ages.

Methodology

The method applied in this contribution contains three steps. First, a ‘medical word field’ was made: a list of Middle Dutch words associated to medical acts and actors.³ This list was inspired by the terminology encountered in Erwin Huizenga’s recent ground breaking work on surgery texts in the late medieval Low Countries.⁴ The words chosen to employ for further study were: aersater, visiker, surgien, medicyn, fisisciene, meester – (including variant spellings and forms, like aersatrie). Secondly, the transcendent *Geïntegreerde Taalbank* (GTB) was used.⁵ The GTB is an online collection of historical Dutch dictionaries, such as the *Oud-Nederlands Woordenboek*, *Vroegmiddelnederlands Woordenboek* and the *Middelnederlands Woordenboek*.⁶ The GTB makes it possible not only to

2 Most notably ERWIN HUIZENGA, *Tussen autoriteit en empirie. De Middelnederlandse chirurgiën in de veertiende en vijftiende eeuw en hun maatschappelijke context*, Hilversum 2003, but also, earlier: ERWIN HUIZENGA, *Een nuttelike practijke van chirurgien. Geneeskunde en astrologie in het Middelnederlandse handschrift Wenen*, Österreichische Nationalbibliothek, 2818, Hilversum 1997. Also internationally, there are plenty of recent studies of historical medical acting, for example by NANCY STRAISI and MICHAEL McVAUGH.

3 The idea of composing and using a word field was inspired by LAURA VAN DER WIJDEN, *Scheve ogen in de Lage Landen. De functie en betekenis van afgunst en jaloezie in Middelnederlandse teksten*, Santpoort Zuid, 2011. Discussion on methodology on pp. 15–20.

4 See note above. A. DEWITTE, *De geneeskunde te Brugge in de Middeleeuwen*, Brugge 1973 was also conducted; the glossary (pp. 65–69) is extremely extensive, but because it is not very specific (it lists words, but does not cite them) it turned out to be not very useful for a contribution like this.

5 <http://gtb.inl.nl> [last retrieved on March 12, 2015].

6 The pros and cons of using the GTB for philological research (and beyond just looking for the

look up the meaning of the words, but also cites them in an enormous corpus of (among others) Middle Dutch texts. This feature helped to create a list of Middle Dutch texts in which one of the words from the word field is presented. The last step – in order to let the corpus match the research interest explained above – was to exclude all the medical texts.

Results

The list of Middle Dutch texts containing one or more items from the medical word field was significantly more extensive than expected; the assumption, based on (the lack of) earlier literature on the topic, that the results would be scarce, soon proved to be incorrect. As it is impossible to discuss all the material in a limited contribution like this, focus has been given to several texts (table 1).⁷ Together, these texts cover the broadness of the material found; dating from the early to the late Middle Dutch period, a remarkable geographic dispersion, and different genres. In the next section, the results will be discussed into more detail. This will be done along the lines of explicitness: the first text has the most explicit opinion on medical act(or)s, the last text the least explicit one. This is a rather pragmatic order; other options (like genre) would be just as justifiable. The advantage of this choice is that it allows the presentation of a gradual description, starting with texts that have very explicit opinions on medicine towards texts that contain more concealed opinions.⁸

Text	Date	Genre
<i>Moriaen</i>	1200 (c.)	Chivalric romance
<i>Ferguut</i>	1250 (c.)	Chivalric romance
<i>Leven van Lutgart</i>	Shortly after 1264	Saint's life
<i>Boec van Catoene</i>	1290 (c.)	School text
<i>Natuurkunde van het Geheelal</i>	Late 13th century	Artes ('scientific') literature

meaning of a word) are shown and (critically) discussed in JACK HOEKSEMA, 'Het WNT: een Waarlijk Nuttige Tool?', in: *Nederlandse Taalkunde* 16 (2011)-2, pp. 152–159, and MARIJKE MOOIJAART, 'Discussie: de historische woordenboeken online. Van 'acht' (507) tot 'zwangerschap' (1851): historische lexicografie van boek tot internet', in: *Nederlandse Taalkunde* 16 (2011)-2, pp. 141–151.

⁷ One willing to test and/or extend our corpus could start by searching through GTB on our world field. The hypothesis, based on the broadness of the corpus, is that the findings will be representative of what could be found elsewhere, but obviously this view is open to change upon further research.

⁸ It should be stressed that this 'development' is the result of the ordering principle of this contribution; the reader should not be tempted to interpret it as if such a change was a contemporary, thus: medieval, chronological process.

(Continued)

Text	Date	Genre
<i>Die Rose</i>	1300 (c.)	Allegory
<i>Der Leken Spiegel</i>	1325–1328	Moral instructions
<i>Melibeus</i>	1342	Dialogue cf. <i>Liber de consolatione</i>
<i>Reinaerts Historie</i>	1373/1417–1470	Animal epic

Table 1: Texts used in this contribution in chronological order⁹

Discussion

1 Medicine and astrology

The first passage discussed comes from a text called the *Natuurkunde van het geheelal* ('Physics of the Universe').¹⁰ It is a short (just under 1800 lines), rhymed treatise that claims to discuss 'astronomy, nature and the seven planets.'¹¹ The text is divided into chapters, and the first relevant passage is found in the closing part of the chapter on the zodiac and the influence of celestial bodies on people and human behavior. There, the text stresses the importance of (what can be called) astrology for those engaged in medicine, headed: 'Waer bi dat een recht fisiker emmer astronomie connen moet'.¹² The text reads: 'Wilde hi wesen goet phisicijn, hi en soude van astronomien leren. So mocht hi vrouwen ende heren seker cureren, ende ghenesen.'¹³ A little further, a more general paragraph title is used ('Welc dat een goed fisiker es').¹⁴ The desired astrological knowledge allows medical practitioners to know 'als hem ziecheyt comet an, wat planete regneert

⁹ Refrain was taken from discussing the complete contents of these texts as this would be beyond the scope of this contribution; all of the cited editions of these texts, however, have extensive introductions. In addition, the most recent literary histories could be consulted, resp.: FRITS VAN OOSTROM, *Stemmen op schrift. Geschiedenis van de Nederlandse literatuur vanaf het begin tot 1300*, Amsterdam 2006, pp. 274–281, p. 269 et sqq., pp. 395–397, p. 345, and FRITS VAN OOSTROM, *Wereld in woorden. Geschiedenis van de Nederlandse literatuur 1300–1400*, Amsterdam 2013, pp. 79–85–89, pp. 347–358, pp. 151–158, pp. 142/143–164–174–477, pp. 322–331.

¹⁰ The text has been edited in [anonymous], *De natuurkunde van het geheelal. Een 13de-eeuws Middelnederlands leerdicht*, edited by RIA JANSEN-SIEBEN, Brussel 1968 (2 volumes). The introduction discusses the combination of medicine and astrology/astronomy: vol. I, pp. 36–37.

¹¹ *Natuurkunde* (see n. 10), vol. 1, p. 275.

¹² *Natuurkunde* (see n. 10), vol. 1, p. 361. Why a proper physician should always know astrology.

¹³ *Natuurkunde* (see n. 10), vol. 1, p. 362, ll. 1248–1251. If he wants to be a good physician, he should learn about astronomy. Then he may certainly cure and heal people.

¹⁴ *Natuurkunde* (see n. 10), vol. 1, p. 363. What a good physician is.

dan, daer bi so mach hi weten al of hi ghenesen of steruen sal.¹⁵ Too often, so the text says, a doctor prescribes the wrong potion, with sometimes disastrous consequences: ‘Nochtan en batet niet een caf. Maer den zieken hi verseeerde ende zijn ziecheyt hi oec meerde.’¹⁶ The *Natuurkunde* contains what could be called very normative remarks on physicians. Although not primarily concerned with medical education (and most would agree nowadays that the stars have little to do with good medical practice), it is explicit in its opinion that knowledge of celestial bodies should be a part of the curriculum; good doctors know of planets and stars. Even less explicit, it could be concluded that the author regards knowledge as an essential condition for good medical practice. At the very least this suggests that doctors were regarded as good scholars and wise man, capable of reading, studying and interpreting scientific works.

2 Find yourself a proper doctor

The second passage presented is very short: ‘Bestu siec, kies enen man, die wel van ersatrien can.’¹⁷ This rhyme couple is one of the lessons from the *Boec van Catone*, a Middle Dutch translation of the medieval *Disticha Catonis*, a medieval Latin school book.¹⁸ This passage is interesting, because it contrasts with many other findings in two ways. Firstly, it is directed not at medical practitioners, but at patients; the text does not prescribe anything to doctors, but teaches the reader to find a good doctor when she or he is ill. That leads to the second point: by stressing the importance of finding the best doctor, the text implies the existence of bad doctors. Obvious as it may seem, a message such as this is rarely encountered.

15 *Natuurkunde* (see n. 10), vol. 1, p. 363, ll. 1261–1264. When illness overtakes him, what planet reigns? – thus he will know whether he will be cured or die.

16 *Natuurkunde* (see n. 10), vol. 1, p. 365, ll. 1278–1280. Yet, it [the medical interference] doesn’t help anything. Instead, the patient and his illness deteriorate.

17 Quoted from the so-called Oudenaarde Book of Rhymed Texts, Oudenaarde, Stadsarchief, hs. 5576, through [anonymous], *Den duytschen Cathoen. Naar de Antwerpse druk van Henrick Eckert van Homberch, met als bijlage de andere redacties van de vroegst bekende Middelnederlandse vertaling der Dicta Catonis*, A. M. J. VAN BUUREN, O. S. H. LIE and A. P. ORBÁN (eds.), Hilversum 1998, p. 128, ll. 19–20. When you are ill, pick a man who knows his medicine.

18 *Den duytschen Cathoen* discusses the tradition, before editing a Middle Dutch translation.

3 Medicine as labour

Not prescribing anything to doctors, nor patients, is Jan van Boendale's *Der Leken Spieghel* ('The Lay Mirror'). Nevertheless it is included in this contribution, because it gives an insight in the position of medicine in medieval society.¹⁹ Nowadays, medicine is everything a field or profession needs to be regarded a science: it is – for example – taught and studied at universities, it has scholarly journals and conferences, and much of its research is funded by institutions with names like Nederlandse Organisatie voor Wetenschappelijk Onderzoek (Netherlands Organisation for Scientific Research). According to Van Boendale's Mirror, the medieval situation was different. In chapter 14 of the third part of this text, the author writes about the origins and nature of poetry and science.²⁰ After listing and explaining the seven 'aerten liberale' of the clergy (grammar, logic, geometry, arithmetic, rhetoric, astronomy, theology), the text turns to the seven arts 'inder leekere hant'.²¹ These 'lay arts' are what perhaps are called 'crafts':

Nu hoort, ic salse u wisen: smeden ende lantwininghe, wolle werc ende scepinghe, nayan ende arsatrie dan, conste van ghietene volghet hier an, gout, metael, zilver ofte loot, ofte ander mine, clein of groot.²²

These are the 'bastard' or 'hybrid' arts ('bastaerde', l. 121), because they are applied by hand ('mitter hant', l. 122). Without necessarily suggesting a normative hierarchy (the text positions rather than judges), Van Boendale's text shows us a perception in which medicine is a craft rather than a science; it is placed among loot casting and spinning instead of geometry and astronomy. Therewith, this passage can easily be contrasted with the one from the *Natuurkunde*, where medicine is associated with knowledge of the cosmos.

19 The simplification of such a statement is self-evident; there is no such thing as 'medieval society'.

20 The most recent (!) edition of *Leken spiegel* is Jan van Boendale, *Der leken spiegel. Leerdicht van den jare 1350 door Jan Boendale, gezegd Jan de Clerc*, Matthias de Vries (ed.), Leiden 1844–1848 (3 volumes). There is a more recent, strongly abbreviated translation: Jan van Boendale, *Lekenspiegel. Een leerdicht uit Antwerpen, samengesteld en vertaald door Ludo Jongen en Miriam Pijters*, Amsterdam 2003.

21 VAN BOENDALE, *Der leken spiegel* (see n. 20), vol. III, p. 151, l. 101, l. 111. Liberal Arts; in the hands of the laity. (Note that the list of liberal arts in *Der leken spiegel* is different than the 'normal' seven arts: grammar, rhetoric, logic (=dialectics), arithmetic, geometry, music, astronomy. Why theology replaces music is not clear.)

22 VAN BOENDALE, *Der leken spiegel* (see n. 20), p. 152, ll. 114–120. Listen, I will enumerate them: forgery, farming, spinning and weaving, shipping, sewing, healing and the casting of various metals, like gold, silver or lead.

4 Doctors as moneygrubbers

What *Die Rose* has in common with Van Boendale's text, is that it also puts a medical aspect in context. Whereas *Der Leken Spiegel* positions medicine among the crafts, a passage in Hein van Aken's translation of the Old French classic *Roman de la Rose* contains a different, more opinionated attitude towards medical practitioners: 'Avocate ende fisiciene, dese gaen alle die straten gemene, ende sijn blide ende sere in hogen als den penninc winnen moegen ende hare const vercopen wale: Hoe sere die sieke si gepijnt, si wouden datter sestich ware.'²³ This passage is part of a lengthy speech by Redene ('Reason'). In this monologue, this allegorical character states that 'Goet en maect den man niet rike, no scat, no have des gelike, mare wient genoget dat hi hevet, hi es rike vor al dat levet.'²⁴ The merchant, for example (l. 4907), and likewise lawyers and doctors, are people attaching too much importance to (earthly) possession. This shows two things. Firstly, it suggests that doctors ought to not attach too much to earthly possessions but should aim at something higher (although not specified, this might be god, or the task of healing, or high ethical standards) according to the author. Secondly, the opinion on doctors is not very explicit, but as Van Aken uses them as an example of people with a wrong attitude towards 'earthly possessions', it is clear that he does not hold them in very high esteem. Whatever the reason might be, it suggests that either the author or his environment has been a victim of high medical costs.

5 The doctor and non-medical ethics

This contribution makes use of a word field in which various words for 'doctors' are sought in Middle Dutch texts. Often, these words seem to be applied randomly, as it does not seem to have interpretational consequences what words is used exactly. One case, however, shows that there is at least some awareness of the differences between the various words for 'doctor'. That case is the *Melibeus*, a Middle Dutch translation of Albertanus of Brescia's *Liber de consolatione*. In this corpus (and thereby in Middle Dutch literature), the *Melibeus* is the only

23 HEIN VAN AKEN, *Die Rose* [van Heinric van Aken], EELCO VERWIJS (ed.), Utrecht 1976, p. 81, ll. 4925–4929; 4932–4933. Lawyers and physicians, they go through the streets together and are happy and proud when they gain the money and sell their art. [...] It doesn't matter how much the ill are in pain; they wanted there to be sixty of them.

24 VAN AKEN, *Die Rose* (see n. 23), p. 79, ll. 4823–4826. Goods do not make a man rich, and neither do treasure or property, but he who settles for what he has, has a rich life.

text that distinguishes different kinds of doctors: both ‘medicinen’, ‘surginen’ and ‘visikers’ are used.²⁵

The first ‘medical encounter’ is in the introductory part of the text. Melibeus’ daughter is abused and he and his wife Prudentia discuss whether (and if, how) he should take revenge. He seeks council and among many, there is ‘een meester, een surgien’ present.²⁶ The surgeon speaks:

Dambacht van Surgyen heeft inne sulke goedertierenheit van binnen, dat het niemen wille deren, maar hulpen hen allen dies begheren. Het valt dicke dat liede die striden ghequetst werden in beyde siden en een meester te hen beyden en helpt hen met sire wijsheyden even ghelijc spade ende vroe. Daer om en hoert ons niet toe dat wi raden in eneghe sake ten orloghe of ter wrake. Al es u dochter ghequetst swaer wi willen daer toe nemen waer en ghenesense na onse macht metter hulpen vanden Gods cracht. Anders en raden wi niet daer toe.²⁷

After the words of the surgeon, another man stands up:

Een medicyn stont op doe en sprac met rade twaren der visikers die daer waren ghelijc dat dandere hadden ghesproken; maer hine woude raden no stoken ten orloghe wien lief of leet: maer sine consten waren ghereet sijnre dochter te staen bi. Een woert sprac hi: in onsen boeken men leest dat contrarie contrarie gheneest. Also machmen orloghe en wrake ghenesen met sulker sake.²⁸

The surgeon stresses the goodness of his profession: surgeons help everyone in need, on both rival sides, including Melibeus’ daughter. The ‘medicus’ does not claim similar goodness; instead, the basis of his knowledge is foregrounded, namely what he read in books. Therewith, both medical professions are present at Melibeus’ council, but the text presents them quite differently: the practical and the intrinsically good surgeon *versus* the bookish and not necessarily good ‘medicus’.

When Melibeus has received all the advice, Prudentia suggests: ‘Nu laet ons

25 See for example F. A. SNELLAERT, *Nederlandsche gedichten uit de veertiende eeuw van Jan van Boendale, Hein van Aken e.a.*, Brussel 1869, pp. 11–12, ll. 247, 248, 284.

26 SNELLAERT, *Nederlandsche gedichten* (see n. 25), p. 11, l. 262; ‘a master, a surgeon’.

27 SNELLAERT, *Nederlandsche gedichten* (see n. 25), pp. 11–12, ll. 265–281. The craft of surgery has such internal goodness, that is does not strive to hurt anyone, but helps everyone desiring help. It often happens that in battle, people at both sides are wounded and that a master [surgeon] assists them equally with his wisdom, just as late and early [anytime]. That is why it does not fit us to advise in matter of war and revenge. If your daughter is badly wounded, we will notice that and cure her as best as we can, with God’s help. We do not advise anything else.

28 SNELLAERT, *Nederlandsche gedichten* (see n. 25), p. 12, ll. 282–294. Then, a *medicus* stood up and he took council with the physicians who were there, just like the other did that. He did not want to advise or spur anyone to war, but his arts were ready to support his daughter. He spoke a word: ‘In our books we read that contraries cure contraries. Thus, war and revenge are cured with similar matter.’

dan examineren te wat orbore dat mach keren den raet die ghi hebt ghenomen.²⁹
She starts:

Der meester raet van surgyen selen wi der waerheyt lyen; dien was gherecht ende goet,
want te haren ambacht, des sijt vroet, behoert wel dat si nieman en haten, maer dat si
allen lieden baten.³⁰

But she goes even further: ‘Leent hen oec mildelijc van uwen goede, ghi sijt rijc, so dat si met willen claer tuwer dochter nemen waer, so dat si mach in corter stont mids Gods hulpe werden gesont.’³¹ The surgeon’s words have the desired impact: the audience accepts his claims. The ‘*medicus*’ however gets less understanding: ‘Hets dicke geseyt en noch doet dat medicine in haren sin vore vrientscap setten hare ghewin.’³² When Prudentia asks Melibeus how he interpreted the *medicus*’ words, her word choice is very far from neutral: ‘Nu willic van u weten saen, hoe ghi dat woert hebt verstaen dat u die dwase spraken toe.’³³ It should be noted that Prudentia has an agenda: throughout the whole story, she does not want Melibeus to take revenge. Therefore, the statement ‘*contrarie gheneest contrarie*’ is to her detriment, because it stresses that war can only be met with war.³⁴ Prudentia ‘neutralizes’ this statement by mocking the *medicus* even before Melibeus gets to give his opinion. Due to this agenda, we would not go as far as to conclude that the *Melibeus* considers surgeons as ‘good’ doctors and the *medicus* as a bad one. However, even when one does not want to draw such conclusions, it is interesting to see that the two groups are opposed: none of them speaks on behalf of all (what we would call) medical practitioners, their words are weighed differently and whereas the surgeon’s profession is called a craft (l. 2165), the *medicus* is presented as quoting from his books (l. 291). The *Melibeus* is the only text discussed in this contribution that distinguishes the medical professions in this degree of explicitness.

29 SNELLAERT, *Nederlandsche gedichten* (see n. 25), p. 78, ll. 2156–2158. Now let us examine to what profit the council you took can be brought.

30 SNELLAERT, *Nederlandsche gedichten* (see n. 25), p. 79, ll. 2162–2167. We will esteem the master surgeon’s advice correct; it was just and right, because that craft, as you know, has the quality that it hates no one, but helps everyone.

31 SNELLAERT, *Nederlandsche gedichten* (see n. 25), ll. 2168–2173. Also, generously share your property with them, as you are rich, so that they observe your daughter with a clear mind, in order that she will be healthy as soon as possible, with God’s help.

32 SNELLAERT, *Nederlandsche gedichten* (see n. 25), ll. 2178–2182. It is often said that *medici* put their profit before friendship.

33 SNELLAERT, *Nederlandsche gedichten* (see n. 25), ll. 2186–2188. Now I quickly want to know how you have understood the words these fools said to you.

34 Another interpretation of this passage was also considered: ‘contraries cure contraries’ can also be interpreted as if war should be ‘cured’ by its opposite, peace. This interpretation however does not seem to make sense in the context of this *Melibeus* passage: if indeed the *medicus* suggests a peaceful attitude, why would the peace-seeking Prudentia mock him?

6 Playing doctor

Manuscript The Hague, Royal Library, 129 A 10 contains a compilation of ten Middle Dutch chivalric, more precisely Arthurian, romances: the *Lancelot Compilation*.³⁵ One of those romances is the *Moriaen*. In the *Moriaen*, Walewein is one of the main characters. Being one of Arthur's most important knights, this information is not very significant, but what is fascinating is that in the *Moriaen*, Walewein has a talent unknown in other stories: a doctor.³⁶ This talent already pops up in the opening phase of the text. A wounded knight appears at Arthur's court and immediately, Walewein performs first aid; not surprisingly, the narrator adds, because 'men hadde niet te dien stonden arsateren vonden also goed also verre als god de sonne scinen doet. Van dat hi hem wilde onderwinden ende daer hi dlijf an conste vinden dat en mochte niet bederuen noch van genen wonde steruen'.³⁷ Walewein confidently addresses the wounded: 'Her riddere, nv sijt al sonder hoede vander doet op desen tijt [...] want ic sal v hulpen scieren'.³⁸ He treats him with a herb 'behandelt dat was also goet dattet stelpde mans bloet ende verlichte al ongesonde';³⁹ 'doe verlichte therte sijn'.⁴⁰ When set out on a quest, Walewein gets into trouble in a distant castle. He is so badly beaten that 'en leefde ertsce man ne geen die also ware nv beraden dat hem man mochte staen in staden noch artsateren oec genesen. Nv wouts god, hi sal gewesen van sire smerte van sire scande'.⁴¹ And so it happened: God intervenes and Walewein is liberated by Moriaen. The latter also expresses his fear that Walewein is too injured to be treated (ll. 2600–2603), but it is Walewein himself who convinces his colleague

35 An extensive study of this compilation is available in English: A. A.M. BESAMUSCA, *The book of Lancelot. The Middle Dutch Lancelot compilation and the medieval tradition of narrative cycles*, Cambridge 2003.

36 Even in the *Roman van Walewein*, a romance completely devoted to this knight, this competence is not mentioned once. The only medical acting is done by other, unnamed doctors ('arsaters'); PENNING and PIETER VOSTAERT, *De jeeste van Walewein en het schaakbord*, G.A. VAN ES (ed.), Zwolle 1952, p. 215, ll. 7502. In the *Roman van Walewein* are, however, magical elements, including for example the healing bed. See for a discussion of magic in this book JOHN VERBEEK, "Hare herte stont te storme van groten wonderen! Wonderen in pluskwadraat in de "Roman van Walewein", in: *Queeste. Tijdschrift over middeleeuwse letterkunde in de Nederlanden* 14 (2007), pp. 33–44.

37 [anonymous], *Moriaen*, HANNEKE VAN BUUREN and MAURITS GYSSELING (eds.), Zutphen 1971, p. 55, ll. 84–89. In those days, there was no better doctor in the World than Walewein.

The knights he cured, never died of their wounds, if they were alive when brought to him.

38 Moriaen (see n. 37), p. 56, ll. 108–111. Sir knight, refrain now from being afraid of death, because I will help you quickly.

39 Moriaen (see n. 37), p. 56, ll. 113–115. [...] which was so good that it stopped the bleeding and eased all insalubrities.

40 Moriaen (see n. 37), p. 56, l. 118. Then his heart eased.

41 Moriaen (see n. 37), p. 132, ll. 2278–2283. In the whole world, there was no doctor who could heal his wounds; only God could save him from this misery.