Bottoms Up!

John of Arderne and the Interest in Surgical Manuscripts in Late Medieval England

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Abstract

Going back as early as the Middle Ages, people and institutions have coveted and cherished books which were simultaneously a practical means of storing and preservation knowledge and an accessory decorating the people, institutions, and societies that kept them. However, there is still so much we do not know about this early book-form, including their relationship to the people who owned them and their larger place in society. The study of many of the more lavish genres, such as Books of Hours and the Histories produced in the Middle Ages, have gone to great lengths towards revealing the individuals who owned these precious commodities and have uncovered details about these communities of readers. And yet, despite this known approach, the study of the more practical genres, particularly surgical manuscripts, have not been treated in the same manor. With little known about the various ways in which these texts may have been used and the different people in society who would have used them, it is high time to see what some of these surgical texts may reveal about their use and ownership. Looking specifically at a corpus of manuscripts on medieval anal fistulas, the following thesis seeks to fill this gap in our knowledge of medieval manuscripts to uncover the various people who made up surgical readership in later medieval England. In doing this, I hope to demonstrate the importance of this approach to the study of medieval medical manuscripts by demonstrating the various ways it enhances our understanding not only of medieval medical manuscripts, but of the interest in medieval literature in general.

INTRODUCTION

From knights and courtly romances to war and the harsh realities of feudal life, the Middle Ages has long inspired and captured the imagination of people across society. Yet despite the long list of topics and aspects of medieval society that have fueled this rather historical fascination, it is abundantly clear that the uncomfortable reality of anal fistulas has generated very little intrigue in the last few centuries. However, with forty known manuscript copies of *Fistula in Ano*, a revolutionary text in the treatment of these fistulas dated to fourteenth- and fifteenth-century England – it was clearly an interesting and relevant topic to many living at that time and place. Anal fistulas, along with other digestive disorders, were quite a common affliction to people across society in the later Middle Ages.[1] Though cures and recipes for clysters, enemas, and other bowel issues were popular among medical and surgical texts from this period, anal fistulas stood out not only in terms of severity but also because they were regarded as virtually incurable by most in the surgical community.[2] Up until the late fourteenth-century, the surgery was so dangerous and had such a low rate of recovery that most surgeons dared not risk either their reputation or patient by attempting the procedure.[3] It was John of Arderne, a fourteenth-century English surgeon, who was the first to really innovate in the sphere of anal fistular surgery and change the medical community's approach to its treatment. In 1376, he published *Fistula in Ano*, a treatise describing his treatment method, as well as the specialized instruments needed to perform it, and boasting that the technique had a fifty percent success

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[1] Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Ashgate Publishing Ltd, 2004), p. 228-229; Nancy G. Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice* (University of Chicago Press, 1990), p.183.

[2] Peter M. Jones, *Medieval Medicine in Illuminated Manuscripts* (The British Library, 1998), p. 89; see Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, p. 185 for details on the standard surgical treatment prior to and including Arderne's method.

[3] Peter M. Jones, *Medieval Medicine in Illuminated Manuscripts* (The British Library, 1998), p. 89.

rate.[4] Though there must have been many ways for these fistulas to develop, their prevalence is mostly attributed to people spending long periods of time on horseback, laden down with heavy clothing and armour, in moist and damp conditions.[5] The prevalence of these conditions in England suggests that more so than anywhere else, there was clearly a social demand for a solution to a problem. With such a sizeable corpus then for a niche topic in an already specific field, it was clearly a text that generated volumes of interest in later medieval English society. The following thesis seeks to reveal the various individuals who made up this textual community through an in-depth analysis of the various manuscripts that make up this corpus. It is a study on what a specialized corpus reveals about the relationship between people and manuscripts in later medieval society – on what the manuscripts surrounding anal fistular surgery in later medieval England can say about its community of readers and what this says about the larger book culture of later medieval England.

Though the topic of medieval medicine and ideas of medieval health has been of increasing interest in the last half century, the research to date falls largely into three distinct perspectives or approaches: (1) the study of the field of medieval medicine itself, from the different practices to the underlying thoughts and philosophies;[6] (2) the social and cultural side of medieval medicine, covering such topics as the accessibility of medicine, the institutionalization of health, medical practice, the social status of doctors, and the

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[4] Jack Hartnell, *Medieval Bodies: Life, Death and Art in the Middle Ages* (Profile Books LTD (in association with the Welcome Collection), 2019).

[5] Peter M. Jones, *Medieval Medicine in Illuminated Manuscripts* (The British Library, 1998), p. 89; Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, p. 183; here, Siraisi suggests that this reason is likely only secondary to many other more likely causes for the fistulas were related to other abscesses in the rectal region which could arise from colon cancer, tuberculosis, hemorrhoids and complications arising from hemorrhoid surgery, bowel diseases, diverticulitis, gonorrhea, and even possibly a piece of hard feces being lodged in the rectum.

[6] For more on these approaches see Nancy Siraisi's *An Introduction to Early Medieval and Renaissance Medical Thought and Practice*, Harold Ellis's *The Cambridge Illustrated History of Surgery*, or Knut Haeger's *The Illustrated History of Surgery*.

hierarchization of medical practitioners in society;[7] (3) the study of medieval medical manuscripts, from transcriptions, translations, and the relationship between words and images in these texts.[8] While all of this research has provided invaluable insight into the world of medieval health and medicine, there has been little to no research delving into the readership of medieval medical manuscripts in later medieval society. The reason for this is likely because the study of medieval medical manuscripts has by and large been examined solely within the context of the medical knowledge they contain and community they are assumed to have circulated within. The undoubtably practical nature of the texts in these manuscripts has by extension led many to suppose a practical relationship between medieval doctors, surgeons, and their books, seeing it as just another tool, albeit an expensive one, at their disposal that aided them in their job – but I believe there is more to their story than that.

Today there is no question that books, magazines, and articles discussing health are perhaps as, if not more, popular among general people than doctors – it is not only a topic that relates to everyone but one in which we all have a vested interest. The Middle Ages were no different in this respect and had medical texts to suit everyone's needs and interests. From herbals describing the various uses of medicinal herbs, to large encyclopedic tomes of cures and ailments, to specific surgical texts, the use of medical manuscripts ranged from illuminated gifts among the nobility to an essential reference text for a surgeon elbow deep in a procedure.[9]

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[7] For those interested in this topic, see Carole Rawcliffe who has written extensively on most of these issues,

[8] While numerous authors have written on and about medieval medical manuscripts, none have written perhaps so prolifically on the topic as Peter Murray Jones, particularly when it comes to our understanding of medieval medical manuscript illustrations.

[9] Jean A. Givens, 'Reading and Writing the Illustrated Tractatus de Herbis, 1280-1526', in *Visualizing Medieval Medicine and Natural History, 1200-1550*, AVISTA Studies in the History of Medieval Technology, Science and Art (Ashgate Publishing Ltd, 2006), pp. 132-133; Frank Anderson, *An Illustrated History of Herbals* (Columbia University Press, 1997), p. 4.

Furthermore, as well as being a topic of interest to more than medical professionals, both the production of medical manuscripts and the perception of these texts by medical practitioners were shaped and influenced by the larger manuscript culture of later medieval society. Despite the content suggesting a niche, professional audience, it was nonetheless an audience influenced by the same social understanding of status symbols and ideas of luxury and wealth as those buying the Histories and Romances. They were firmly entrenched in the more general manuscript production history and processes and the distinctly non-medical influence of the various craftsmen involved in this process. Both the knowledge and physical casing for this knowledge then was thoroughly enmeshed in the larger society medical professionals operated within.

The purpose of this dissertation is then to open a conversation on who exactly made up the rather large audience for surgical texts in medieval English society and I will be opening the discussion with Arderne's corpus of surgical manuscripts. It is a corpus such as Arderne's, with such a niche topic and a focused temporal and geographical area of interest that makes it an ideal case for a study into the audience for surgical texts in later medieval England. It allows us to see the variations in how a singular text could be produced and how its differing appearances reveal telling information about the various intended purposes and actual use of the text, both of which are key details to better understanding who exactly was commissioning these texts. With so many copies of the same text produced contemporaneously, the Arderne corpus gives us a place and time in which we can confidently dissect a community of readers joined by their interest in anal fistular surgery.

But who was it exactly that would have found this text interesting enough to have their own copy and why was this particular topic one that held such an interest to them? Were there

really so many surgeons circulating in late medieval England performing anal fistular surgeries to warrant this many copies or were there other people involved as well? While purely practical motives were most definitely the case for some, the range in visual appearance and evident wealth in some surgical manuscripts points to a much more complex relationship between surgical books, owners and society, and one where it is valued not only for the information it contains, but as an object in itself which carried meaning to the individual(s) who owned it and the societies in which these books circulated. By studying the individual manuscripts within the corpus alongside what we know of medieval medicine and society, the following thesis will attempt to piece together certain features and characteristics of this book community. Starting with some background information on our author and text, the thesis will move on to first dissect various manuscripts within the corpus before seeing what each of these manuscripts reveals about their owners and, ultimately, what this community of readers reveals about the book culture of later medieval England.

SECTION 1.1: JOHN OF ARDERNE AND *FISTULA IN ANO*

John of Arderne was born in 1307 in a village near Newark-on-Trent, England and though little is known about his personal life, his career is rather well documented.[10] From his apprenticeship under the mysterious Master W. de Hawkesworth to setting up his own independent practice, his career path followed the standard trajectory for aspiring surgeons in later medieval England.[11] Like many of his peers, after completing his apprenticeship, he spent

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[10] John Pearn, 'Master John of Arderne (1307–1380): A Founder of Modern Surgery', *ANZ Journal of Surgery*, 82.1–2 (2012), pp. 46–51, doi:10.1111/j.1445-2197.2011.05670.x., p. 47.

[11] Pearn, 'Master John of Arderne (1307–1380)', p. 48; Rawcliffe, *Medicine and Society in Later Medieval England*, pp. 126-127. This differs quite dramatically from the continental surgical education system - for parallel research on the continental surgical educational system and surgery in the university see William York, *Health and Wellness in Antiquity Through the Middle Ages*, Health and Wellness in Daily Life (Greenwood, An Imprint of ABC-CLIO, LLC, 2012), pp. 37-40.

much of his early career gaining experience working as a field surgeon in a number of campaigns during the Hundred Years' War.[12] Between the mid-1330s and mid-1340s, and again briefly in the 1350s, Arderne served under King Henry IV, Edward the Black Prince, and perhaps even Edward III and it was not until 1348 that he returned to England where he settled down in Newark to establish his own practice.[13] It is around this time that he is believed to have married before moving to London in 1370.[14] He lived there until his death in 1380, reducing his practice to write his various treatises, including his treatise on rectal surgery in 1376.[15]

The historical information on Arderne paints a broad overview of the various stages of his life and it is only really through his writings that we get a coloured picture of his life after the war, giving us invaluable insight into not only his personality and character, but the various social circles he circulated within. For starters, there is a lot that can and has been said about his patients and the communities of people they circulated in, both before and after his move to the City. Though it is unclear exactly how long he had been performing his Fistular surgery and when he perfected his technique, he was clearly performing it successfully long before he arrived in London. For example, at the beginning of his surgery, Arderne lists several people on whom he has successfully performed the procedure:

> "Of which the first was Sire Adam Eueryngham of Laxton-in-the-clay byside Tukkesford (…) named Erle of derby and aftir was made duke of Lancaster, a noble and wothi lord. (…) Aftirward I cured hugon derlyng of ffowick of Balne by Snayþe. Afterwird I cured Ioħn Schefeld of Briȝtwell a-side Tekyll. Aftirward I cured sir Reynals Grey, lord of

[12] Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, p. 183.
[13] Pearn, 'Master John of Arderne (1307–1380)', p. 48; Gottfried, *Doctors and Medicine in Medieval England, 1340-1530.*
[14] Pearn, 'Master John of Arderne (1307–1380)', p. 48.
[15] Pearn, 'Master John of Arderne (1307–1380)', p. 47.

Wilton in Waleȝ and lord of Schirlond biside Chesterfielde, whiche asked counsel at the most famous leches of yngland and none availed hym. Aftirward I cured sir Henry Blackborne, clerk, Tresorer of the lord Prince of Waleȝ. Aftirward I cured Adam Oumfray of Shelforde byside Notyngham, and sir Ioħn, preste of the same toune; and Ioħn of holle of Shirlande; and Sir Thomas hamelden, parsone of langare in the Vale of Beuare. Aftirward I cured frere Thomas Gunny, custode of the frere Mynours of Ȝorke. Aftirward, in the ȝere of our lord 1370, I come to London, and ther I cured Ioħn Colyn, Mair of Northampton, that asked counsel at many leche ȝ. Aftirward I helid or cured hew Denny, ffisshanger of London (…) and William Polle, and Raufe Double; and oon that was called Thomas Broune, that had 15 holes (…) Afterward I cured 4 frereȝ prechours, that is to sey ffrere Ioħn Writell, ffrere Ioħn haket, ffrere Petre Browne, ffrere Thomas Apperley, and a ȝong man called Thomas Voke" [16]

Bragging about his surgical successes, we know that Arderne served not only some notable figures in the countryside, but also some rather prominent city folk: among these he mentions the mayor of Northampton, John Colyn; Thomas Voke, or Thomas Usk, an author and employee of the Goldsmiths Company, the mayors of London, and the crown; and William Polle, Ralph Double, and Thomas Broune who were all members of influential and powerful guilds, circulating in the same commercial and social network as some of the most crucial figures in the fourteenth-century London political scene. [17] Through this passage, we not only get a glimpse into "the small world of wealthy fourteenth century Londoners,"[18] but also into the

[16] John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters*, ed. D'Arcy Power (Published for the Early English Text Society by Kegan Paul, Trench, Trübner, 1910) <https://archive.org/details/treatisesoffistu00ardeuoft/mode/2up> [accessed 20 February 2025], pp. 1-2.

[17] Turner, 'Thomas Usk and John Arderne', pp.98-99.

[18] Marion Turner, 'Thomas Usk and John Arderne', *The Chaucer Review*, 47.1 (2012), pp. 99, doi:10.5325/chaucerrev.47.1.0095.

various people Arderne's career connected him with throughout his life. Most interestingly, rather than revealing a life sequestered to and in the medical community, we have an example of a surgeon whose practice connected him to and with numerous socially significant classes of people in all areas of society. It paints the picture of a rather social person who was an active member of society, though not particularly in the medical community.

In addition to his social life, the passage also paints Arderne as a charismatic and confidant individual. Before immediately dismissing this as authorial bias and medico-literary trends, there are a few reasons I believe this may be a glimpse into who and how Arderne acted in society. As previously mentioned, anal fistulas were viewed as incurable by the medical community, including such influential surgeons of his time as William of Saliceto (thirteenth-century) and John Mirthfield (d. 1407), because the procedure was impossible to perform successfully.[19] This means that at some point in his career, Arderne not only had the innovative mindset to challenge the status-quo, not to mention the wherewithal and professional skill to back this spirit, but also had to be entrepreneurial enough to advertise his new found skill. The fact that he can list so many high-profile individuals is not only a testament to his skill as a surgeon and his mastery of a technique he himself invented, but also the confidence he had to market his ability and advertised his practice to such an extent that he was able to attract such standing members of society.

Now, it is important to point out that it was a staple feature of many of the surgical texts of the day to promote their works and prove their credibility by not only providing case studies

[19] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530*, pp. 214, 221, 226; though Saliceto allowed that the surgery could be performed only as a last resort.

of their success but pointing out the shortcomings of other fellow surgeons.[20] For many, including Arderne, this was an opportunity to indicate the number and distinction of the patients needing a certain surgery and procedure. However, in Arderne's passage the usual self-praising takes on a different tone – rather than working to put down the competition, it demonstrates Arderne's ability to operate in a sphere *without* competition. This glimpse into the social significance of Arderne's patients and the people he met over the course of his career is advertising in and of itself to future readers of Arderne's text and acts as an example to readers of what they too can accomplish by following in his footsteps.

This passage encompasses the knowledge he had of the significance and novelty his text presented to people living in the fourteenth- and fifteenth-centuries. His book offers readers a unique opportunity to tap into a niche, but previously untouched market for surgeons operating in later medieval England – and clearly from the description of his clients it held the potential to be a rather wealthy one at that. This is seen in how given the instruction it provides others starts well before the patient is strapped to the operating table. He begins by establishing the persona of a good surgeon, stressing, among other things, the importance of reading, cleanliness, good client-patient relations, and how to dress and behave in public.[21] Of particular importance to Arderne was the adoption of good bed-side manners and staying current with popular culture so as to better entertain patients while tending to them for the duration of their healing.[22]

This is then followed by instructions on how to establish a successful business practice around this surgery, including what cases to take on, what to advise clients prior to the surgery,

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[20] Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, pp. 172-174.

[21] John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters,* pp. 5-8.

[22] John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters,* p. 6.

overestimating recovery times, and how to deal with anxious family members.[23] He establishes a scaled pricing system for the procedure which he himself used throughout his lifetime and recommends readers to use as a model for their own practice. [24] The cost Arderne charged for his surgery varied based on whether the patient was wealthy or poor: "Therefore for the cure of *Fistula in Ano*, when it is curable ask he competently of a worthy man and a great a hundred marks or forty pounds with robes and fees of a hundred shillings term of life by year. Of lesser men of forty mark or forty pound as he without fees and take he naught less than a hundred shillings. For never in my life took I less than a hundred shilling for cure of that sickness."[25] Linking medical knowledge to the society it is practiced in, the text is then significant because it not only lays out how to successfully operate on anal fistulas but also provides a template for others to successfully establish and run a business around it. There is no doubt in my mind that part of this must be due to the program of illustrations that accompany so many of these texts and which must have caught the eyes of many for so many of them to have been preserved over the course of the centuries.

However, an interest in the finer details of surgical practice was not the only reason that Arderne's surgery was likely to have caught the eyes of so many readers in later medieval England. Perhaps just as important as the text, the range of images found throughout his text, and indeed, throughout the corpus, were another form of Arderne's advertisement for his text. When dealing with the relationship between medical manuscripts and medieval medical images, there is a general problem with attributing words and images in a particular text as these images were

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[23] John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters*, pp. 5-6.

[24] Carole Rawcliffe, 'The Profits of Practice: The Wealth and Status of Medical Men in Later Medieval England', *Social History of Medicine*, 1.1 (1988), pp. 61-62, doi:10.1093/shm/1.1.61, pp. 61-62; John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters,* pp. 5-6.

[25] Harold Ellis, *The Cambridge Illustrated History of Surgery*, Second Edition (Cambridge University Press, 2009), p. 31.

often copied along with the accompanying texts. Over time, and as each copy diverged more and more from the original, not only did these images come to lose their meaning, but they also often lost the text they originally belonged to.[26] It is general practice then not to assume that the images we see in medieval medical texts were purposefully intended to accompany the texts they illustrate.[27]

This is not the case, however, with the Arderne corpus: though the quantity, wealth, and quality of illustrations vary from one manuscript to another, the images found among the manuscripts across the corpus all stem from the same program of illustration. The same marginal images which range from wounds, surgical instruments, figures or places that feature in the text, and moments of the fistular surgery are to be found across the texts. The same miniatures, should they be included, and the same diagrams, calendar, medicine man are found throughout the corpus, almost without fail, in the same section of the text, despite the changes brought by time, translation and budget constraints. Peter Murray Jones suggests that the reason the link between text and image has been preserved in this corpus above others is because the programme of illustration was designed by Arderne to accompany his text: because of this, the link between text and image was so fundamental that the differences are qualified in terms of their completeness of the full programme rather than their adherence to the original images. [28]

While these images served a variety of practical functions in the text, there is also something inherently captivating and emotional about these images which I believe would have

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[26] Peter Murray Jones, 'Image, Word, and Medicine in the Middle Ages', in *Visualizing Medieval Medicine and Natural History, 1200-1550*, AVISTA Studies in the History of Medieval Technology, Science and Art, vol. 5 (Ashgate Publishing Ltd, 2006), pp. 2-4.

[27] Jones, 'Image, Word, and Medicine in the Middle Ages', p. 3.

[28] Peter Murray Jones, 'Staying with the Programme: Illustrated Manuscripts of John of Arderne c. 1380-1550', in *Decoration and Illustration in Medieval English Manuscripts* (The British Library Board, 2002), X, pp. 204-206.

caught the interest and eye of a completely different category of reader. For those seeking to learn the surgery or set up their own practice, these images served an array of practical functions, ranging from explanatory, demonstrating techniques, plants, people, and illnesses in a way that words would not be as effective, to indexical and mnemonic, helping readers to locate themselves in the text and remember the information.[29] But even for those with drastically different intentions, these images add levity to the rather sobering and serious subject matter. Interspersed between his medical knowledge and expertise which he imparts to his readers are tales of the various people and places that formed this experience. Mixed among marginal drawings of surgical instruments and diseases and wounds are images of coats of arms, cities, dogs, boars, and significant people who feature in his medical case studies. It is here then that fiction mixes with non-fiction and readers are provided glimpses into the life of the man who revolutionized the cure for anal fistulas, and it is exactly this human, fictional aspect of his text that many of the images pick up on. Utility and practicality aside, Arderne's programme of illustrations encapsulate and reflect his charismatic spirit which ran throughout his text. They add an element of fiction to a distinctly non-fictional text which has a big implication on the readership of his text in later medieval England.

THE CORPUS – A TEXT WITH MANY FORMS

There is very little known about the people who originally owned the forty manuscripts making up the Arderne corpus dating to a century after its original publication .[30] With little to no secondary research being done on the subject, we turn now to the principle evidence that this

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[29] Jones, 'Staying with the Programme: Illustrated Manuscripts of John of Arderne c. 1380-1550', pp. 208-215.

[30] Turner, 'Thomas Usk and John Arderne', p. 95; the majority of these are written in Latin though there are eight Middle English copies which represents four separate translations from the original Latin.

community of readers existed – the Arderne manuscripts themselves – to see what they may reveal about the individuals who requested their production, why they had them, and the purpose the manuscript served them. Perhaps unsurprising given its size, there is a broad range of materials, appearances, and presentations among the manuscripts making up the Arderne corpus. For instance, a manuscript in the corpus could be written on paper, parchment, or a mix of both. Further variations are seen in the quality of these materials, ranging from consistent, thin, supple, evenly cut, high-quality vellum to texts made up of miscellaneous leftover leaves with varying sizes, textures, thickness, and full of holes. The text varies from neat, clearly legible rubricated columns with headings and capitals in alternating blue and red ink to scratchy and scribbled blocks of text leaving almost no room for margins.

All these qualities come together to give each manuscript within the corpus its own persona, a visual impression that can range from low-budget, scribbly, practical, and used all the way to a professionally made, pristine, high-quality library text. Though there is no denying the individual features which make each text unique, it is also clear after having examined a number of these manuscripts that they fall into one of three stylistic categories (see Appendix 2): there are the 'used books' with their utilitarian appearance, low quality materials, and significant signs of use; the 'functional beauties' with the informative texts presented in a much more aesthetically appealing, intentional, and decorative style, combining visual stimulating with instructional needs; and the 'professional surgeries' with the numerous library-quality copies of Arderne's *Fistula in Ano.*

While each manuscript within this corpus is deserving of individual attention, the scope of such a project is, unfortunately, beyond the means of this paper (see Appendix 1 for a detailed breakdown and list of details on the other manuscripts I have encountered during my research).

Sir D'Arcy Power published a critical edition of Arderne's Fistula in Ano in 1910 which has not only been digitized but and available online for anyone interested in reading the text itself also contains the most comprehensive list to date of all the Arderne manuscripts.[31] Among the many manuscripts in the corpus, it is evident that some have been subject to more attention and research than others. Despite there being a good selection of these texts and manuscripts which have at some point been digitized, the vast majority are only available for in person viewing at their respective libraries. I have then instead chosen to focus on seven manuscripts which have been neglected by modern research:

1. Oxford, Barlow ms. 34
2. Oxford, St. Johns ms. 112
3. Cambridge, Gonville & Caius ms. 190/223
4. British Library, Sloane ms. 56
5. British Library, Sloane ms. 277
6. British Library, Sloane ms. 563
7. Glasgow, Hunter ms. 112

These represent, as much as possible, the diversity within the corpus while also demonstrating the general stylistic groupings that most of the manuscripts fall into.[32] Each of

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[31] John of Arderne, *Treatises of Fistula in Ano, Haemorrhoids and Clysters*, ed. D'Arcy Power (Published for the Early English Text Society by Kegan Paul, Trench, Trübner, 1910) <https://archive.org/details/treatisesoffistu00ardeuoft/mode/2up> [accessed online 20 February 2025].

[32] It is important to note that though I have selected a few to showcase the variety that exists in the corpus, these are not always exemplative of all the manuscripts, as there are some that are quite different from the ones I have mentioned. The opposite is also true and there are also several other manuscripts that bear the same features as the ones I have chosen to analyze. In instances where there were two manuscripts that were equally capable of exemplifying a particular style of manuscript, I opted for the one that has either been overlooked by modern research. The latter decision, though definitely led to more headaches, was primarily made to demonstrate the utility of my approach – how looking at the manuscript as a whole may fill in some of our gaps of knowledge of texts for which little attention and funding have been allocated.

these three styles of manuscript speaks to a need not just of an individual, but to a group of people who shared that need and use when it came to their copies of *Fistula in Ano*. These categories are integral to furthering our understanding of both the groups of people across society who read similar types of medical manuscripts and the differences that still existed within this group of individuals.

SECTION 2.1: THE USED BOOKS (CAMBRIDGE, GONVILLE AND CAIUS MS. 190/223 & OXFORD, BARLOW 34 & ST. JOHN MS.132)

The manuscripts in this category demonstrate the most used and practically focused versions of Arderne's surgery. Though there is a slight differentiation between Gonville & Caius 190/223 and Barlow 34, they are differentiated ever so slightly from St. John MS. 132 in terms of the overall level of use and decoration.

G&C is a fifteenth-century composite manuscript made using a mix of parchment and paper. It begins with a twelfth century *libellus* (ff.1r-6v) containing various medicine men and diagrams of human anatomy and of the different systems within the body. The *libellus* predates the rest of the text by a few centuries and the details surrounding its existence prior to being bound with the rest of the G&C manuscript in the fifteenth century remain unclear.[33] Following this is *Fistula in Ano* and *Liber Receptorum Medicinalium* which a note tells us was completed in 1440 by a John Welles at the Premonstratensian abbey of Hagnaby in Lincolnshire.[34] It also includes a text called *Pilosella Mouse-Eare*, located in the middle of Arderne's text and which contrasts quite sharply in paper, hand, and style, an incomplete gloss of Constantinus Africanus's

[33] Dr. Taylor McCall, 'Medical Texts (Cambridge, Gonville and Caius College, MS 190/223)', Online Catalogue, University of Cambridge Digital Library, n.d. <https://cudl.lib.cam.ac.uk/view/MS-GONVILLE-AND-CAIUS-00190-00223/6> [accessed 15 October 2024].

[34] McCall, 'Medical Texts (Cambridge, Gonville and Caius College, MS 190/223)'.

Viaticium, as well as miscellaneous recipes.[35] The texts and marginal notes are mostly written in Latin, with the only exceptions being *Pilosella* and certain recipes being written in Middle English.

When it comes to Barlow 34 and St. John 132, not many details are known about their production. They were both made in England, the former dated from the late fourteenth-century and the latter to the second half of the fifteenth-century.[36] They are both much simpler manuscripts in that they only contain various texts by John of Arderne, including *Fistula in Ano* and, unlike the mixed media of G&C, both are made using one material - Barlow 34 using paper and St. John vellum.[37] They were both donated in the seventeenth century to their respective Oxford university libraries: Barlow 34 was bequeathed to the Bodleian by Thomas Barlow in 1691 and St. John 132 by William Paddy in 1634 to the St. John's library.[38]

All three manuscripts not only appear very used but also seem to have been made with a very low budget. This is seen in the low-quality leaves that were stiff and uneven. Differing

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[35] McCall, 'Medical Texts (Cambridge, Gonville and Caius College, MS 190/223)'.

[36] 'Bodleian Library MS. Barlow 34', Online Catalogue, Digital Bodleian, University of Oxford, 1 August 2018 <https://digital.bodleian.ox.ac.uk/objects/724e2d5b-ade6-470b-a9e6-9b267bb3d908/> [accessed 20 October 2024].

[37] 'Bodleian Library MS. Barlow 34'.

[38] 'Bodleian Library MS. Barlow 34'; 'St John's College MS 132 John Arderne, Practica', Online Catalogue, Medieval Manuscripts in Oxford Libraries, 22 April 2025 <https://medieval.bodleian.ox.ac.uk/catalog/manuscript_12132> [accessed 10 January 2025].

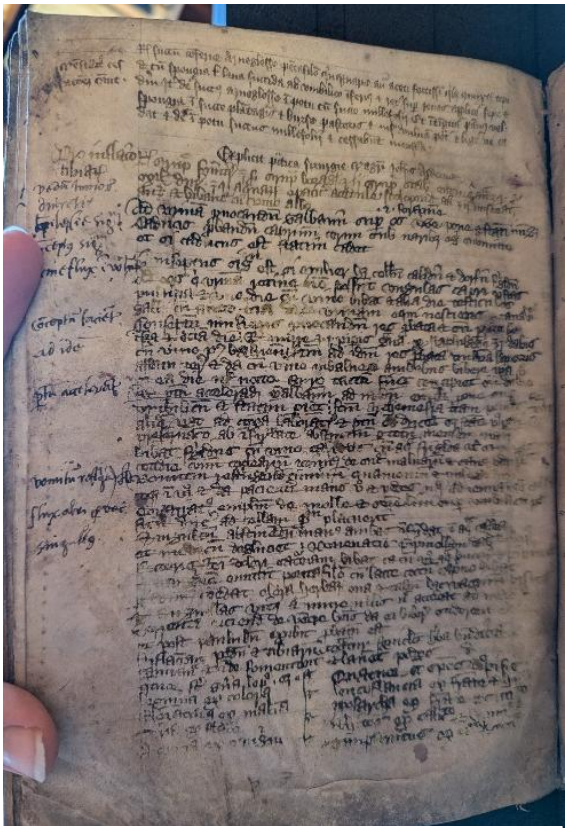

***Fig.1**, Oxford University, Barlow ms. 34, f.28v.*

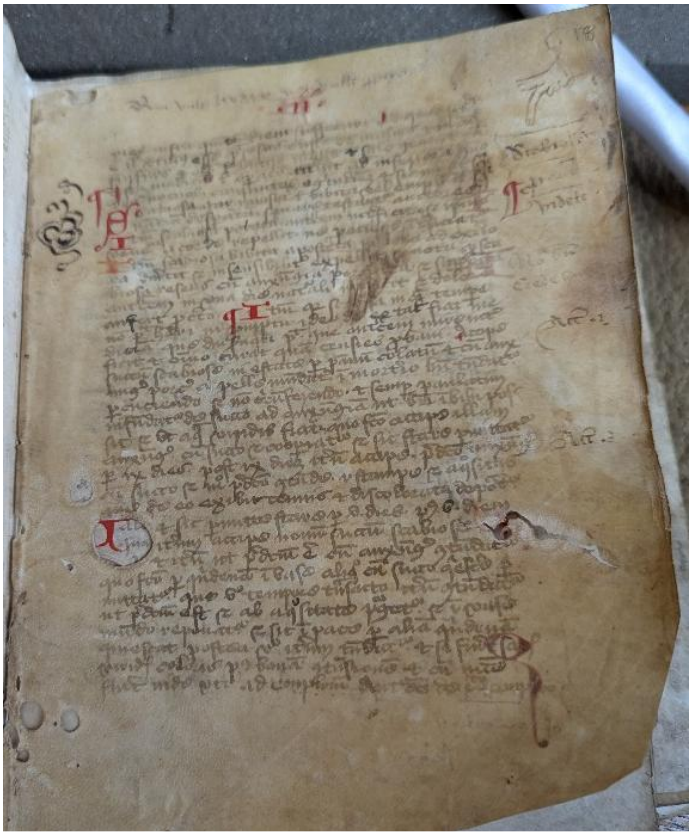

***Fig.2**, Cambridge University, G&C ms. 190/223 f.18r.*

largely in thickness and size from one page to another, overall, they tend to be thick, discoloured, porous, and with varying amounts of holes. G&C is the worst in all these respects, followed by Barlow and then St. John's (see fig.1-3).[39] Combined with the mixed medium of parchment and paper used for the leaves, G&C gives the impression not only that Hagnaby Abbey used whatever materials they had leftover to make the text, but that it was bound using the remaining leaves that were overlooked due to quality issues and damages.

The practicality continues in the text itself which is highly abbreviated in each and is written in a rather small and compact script. Echoing the few images found in these texts, the

[39] Cambridge, Gonville & Caius College. Ms. 190/223 (*Medical Texts*), holes can be found littered throughout the manuscript on ff.18r-19v, 28r-28v, 30r-30v, 44r-44v,47r-47v, 110r and examples of pages with visible follicles on ff.18r, 18v, 37r, 39r, 83r, 90v, 91r, 98v; Oxford, The Bodleian Library, Barlow ms. 34 (*Practica Chirurgiae*), there are far fewer examples to be found in Barlow, though some can still be seen on ff. 41r and 38r, with a tear-drop shaped hole on, and others to be found on ff. 21r, 33r, and 32r.

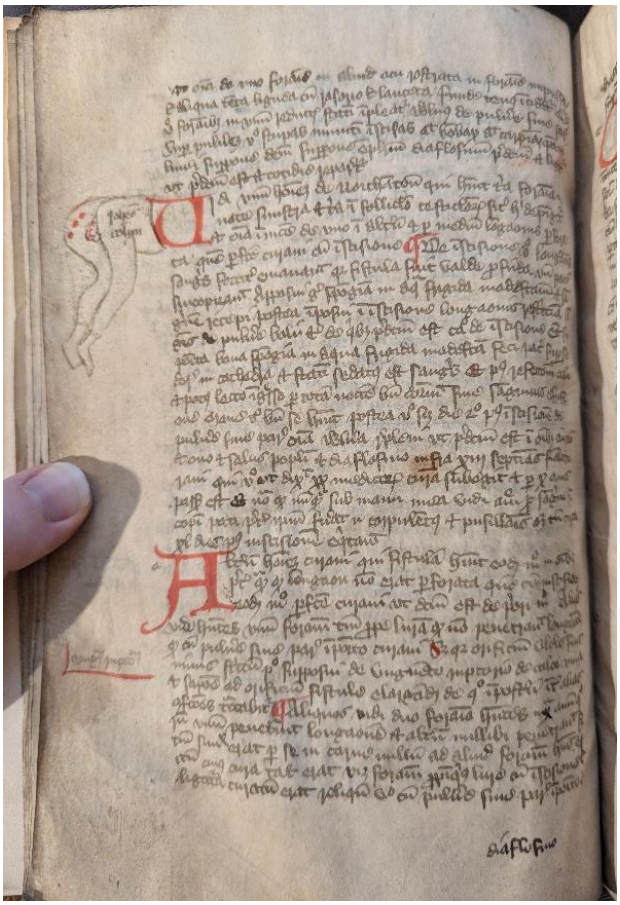

Fig.3 *Oxford University, St. John's MS. 132, f. 12v.*

script seems quite scribbled and unpolished compared to the professionally done texts. In G&C, the low cost of the materials is echoed in the inconsistency of the ink which varies in colour from a light brown to a crisper black from one leaf to the next and large sections of writing on various pages throughout the text seem to have faded entirely, making it quite hard to read now. The latter is also found throughout Barlow 34 and is likely a result of use, of the passage of fingers overtime over the same pages (see fig.2).[40] However, here St. John begins to part a bit from the other two: though the text is still highly abbreviated and written in a similarly scratchy hand, the text is neither as compacted as the other two, with more space allocated between lines, nor faded, whether as a result of ink quality or use (see fig.3 as comparison). The text in all three is organized in block paragraphs, with small, rubricated majuscules at the start of each paragraph. These capitals in St. John stand out as they have an extra flourish and decorative style to them that the other two manuscripts lack. This organization was likely meant to optimize the amount of writing space on each page, though again, given the more spacious lining of St. John this was perhaps less of a concern than it clearly was for the other two.

[40] Oxford, The Bodleian Library, Barlow ms. 34 (*Practica Chirurgiae*), ff. 45r and 46r.

Though the textual organization has not left these manuscripts with the largest of margins, particularly compared to others within the corpus, this has by no means impeded their use to its readers. The manuscripts in this group have the most annotated margins of any seen here. Marginal notes of various sizes, from singular words to line after line of text whereby readers commented and remarked on various passages, can be found on almost every folio across both G&C and Barlow, spanning different periods and owners. Different styles of manicules also decorate the margins, pointing towards sections that readers would have found relevant. In G&C, these are sometimes accompanied by notes of "*videte*" and "*nota*", though these can also be found on their own, drawing the owners' attention to sections they found particularly relevant.[41] Here, there are even entire sections of the original text that have been crossed out, such as on f.10v and 13v. Also, other than rubricated capitals, there is no other form of textual separation or appearance of colour in either text. While St. John also has these signs of interaction between the text and its readers, these are far fewer than the other two. Even the manicules appear smaller and more unobtrusive than those found in the previous manuscripts.

These signs of use are indications that this manuscript was made for a practical purpose, with a low budget, for a person who was not only able to read and engage with Latin, but with surgical learning as well. These are all examples of interactions readers have had not only with the pages, but the text itself. It tells us that the manuscript has not only been read, and re-read by people over many centuries, but that these readers were actively engaging with Arderne's material. While this interaction and familiarity with the medical knowledge is something that is echoed in other categories that will be seen here, it is the combination of this with the distinct

[41] Cambridge, Gonville & Caius College. Ms. 190/223 (*Medical Texts*), for examples of "nota" see ff. 9v, 10r, 15v, 16v, and for examples of "videte" see ff. 13v and 15r.

lack of the finesse and finished quality that comes from a professionally made manuscript that defines this category of Arderne's surgery.

Where we perhaps see the largest difference between all three is in their quantity and quality of the illustrations. The illustrations in G&C are not only very limited, but the few that are drawn are done in the same brown/black ink as the text. In fact, the only images that are included are either illustrating instruments or injuries on various body parts. For instance, we can see on ff.53v, 54r., and 63v. a very minimalist version of the different surgical instruments for the fistular surgery in the side and bottom margins. There are illustrations of a single leg on ff.68r., 77r, and 77v, the last of which appears to be in a basin with a sharp tool beside it. Though the illustrative programme is filled with other types of images, including plants used in the various recipes, here we find none of that – the only exception is a single plant on f.70r. It is most notably lacking the step-by-step diagram of the surgery along with instruments used in the surgery which is among the most iconic of the Arderne images. There is only one figure drawn in the margins of the text on f.50r, though this is usually seen as an additional demonstration to the main diagram.

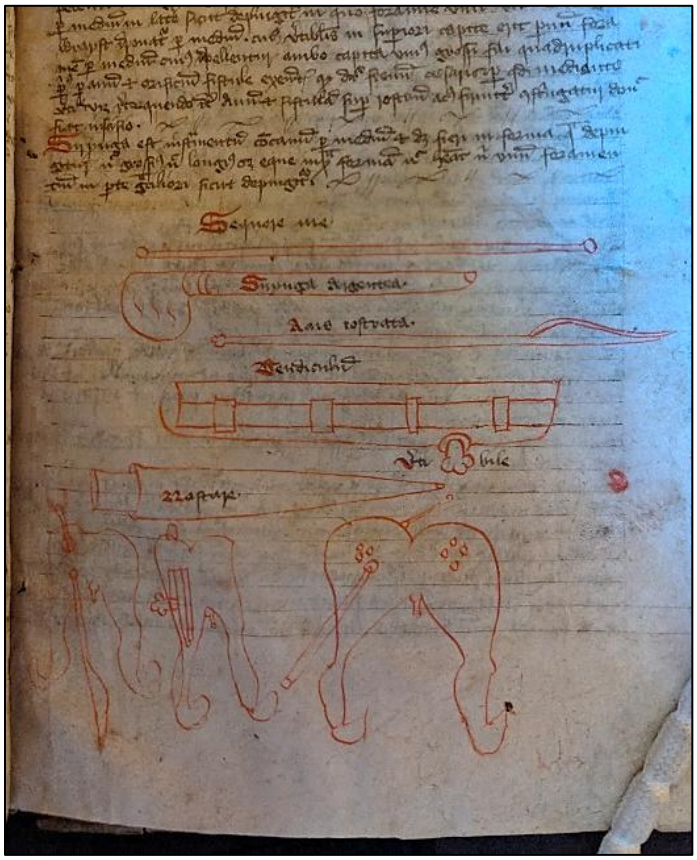

Fig.4 *Barlow ms. 34, fol.49r*

Barlow 34 contains a much fuller version of the typical illustrative program than G&C, containing more of the in-text and marginal illustrations in addition to the main surgical diagram. The latter, found on f.49r, only takes up half the page with three of the complete four bottoms illustrating crucial points in the procedure (fig.4). Following with the home-made and practical focus of the rest of the text, these illustrations lack the finesse of other versions – here, the bottoms are all different sizes and lack the anatomical precision and general attention to detail found in others that are equally lacking in detail (such as Sloane ms. 277). All the illustrations here are done in red ink, with some of the marginal ones in black, and, apart from lacking in illustrative detail, are also highly demonstrative and serve to locate readers in the text.

St. John 132 is once again a step above in terms of the quality and quantity of these images. The only one to have the illustration of the castle or town, it clearly includes some of the more superfluous and fun images found throughout the corpus.[42] Even the more practically inclined images of instruments, body parts, and injuries that can be found in the other two

[42] Oxford, St. Johns College. Ms. 132 (John Arderne, Practica), f. 28r has a dog and either a frog or an insect, two more of which are found at the bottom of f. 28v; f. 29r a fancy helmet as part of a suit of armour; f. 56v has a small crown.

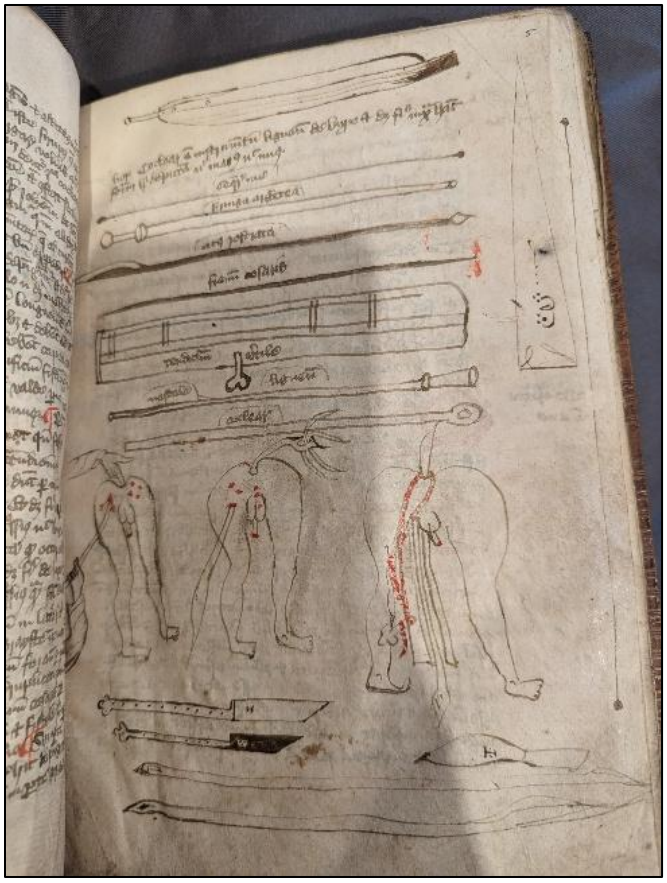

Fig.5 *Oxford, St. John's MS 132, f.5r.*

manuscripts are given more room in the margins and are a higher quality of illustration.[43] There are even small medical diagrams drawn in the margins that I believe is a smaller version of the cardinal wind diagram seen in the manuscripts in the following section.[44] All of the illustrations in this one are in the black ink of the text, though there are some red highlights on the seven in-text/marginal bottoms which span ff.12r-16r.[45] The main surgical diagram takes up the whole page on f.5r, with the instruments taking up the top half and bottom quarter of the page with three bottoms splitting them (fig.5). Though perhaps the only ones that are not as well drawn as Barlow, they nonetheless not only take up a lot more room but are also a lot more eye catching. The bottoms have hands and instruments protruding from different areas visually demonstrating what Arderne instructs to do. There are also red highlights throughout these as well.

Though clearly not wealthy by any means, the owners of these manuscripts must have been medical practitioners whose intended and actual purpose of the manuscript revolved around

[43] Oxford, St. Johns College. Ms. 132 (John Arderne, Practica), f. 25v has an arm with an instrument about to cut into it; f. 45v has three surgical instruments that are larger and more intricate than those in G&C or Barlow; f. 51v has the leg in the basin and an instrument

[44] Oxford, St. Johns College. Ms. 132 (John Arderne, Practica), see f. 51v.

[45] Oxford, St. Johns College. Ms. 132 (John Arderne, Practica).

their practice. The many features seen above point towards a manuscript of rather humble origins, a manuscript made for someone with little means to afford the finest quality paper and, perhaps, even unable to afford a proper scribe to write out the book. It's intended purpose was always practical, and it served this purpose over successive generations. In almost every respect, St. John visually appears as a cross between the manuscripts in this category and the ones in the following one. Though by no means giving off the clean and polished feel of the following category of manuscripts, nor containing their quantity and quality of illustrations, it does visually bridge the two categories.

Though we do not know the original owners, there are some names inscribed in both manuscripts which can help to better understand them. There are quite a few connections in Barlow 34 where we have the names of Richard Duck, who could be the Vice-Chancellor of Oxford between 1517-1518, Thomas Nemell or Newell, and Thomas Prys, though I could not find anything on the latter two individuals.[46] G&C is associated with a whole other category of people and origins. Other than the Premonstratensian Hagnaby Abbey, we know that it was at some point owned by a William Fawne of Skendleby in the mid to late fifteenth century – so rather contemporaneously to its production – and then Robarte Skate in the sixteenth century.[47] In the case of St. John, there is the crossed-out name of a John Lane or Bane who identifies himself as a surgeon of Blandford.[48] The following page, however, has the name Francys Bridges, and the one after William Paddy who was its final owner before entering the St. John's

[46] 'Previous Vice Chancellors', University of Oxford, n.d. <https://www.ox.ac.uk/about/organisation/university-officers/vice-chancellor/previous-Vice-Chancellors> [accessed 28 January 2025].

[47] McCall, 'Medical Texts (Cambridge, Gonville and Caius College, MS 190/223)'.

[48] Oxford, St. Johns College. Ms. 132 (John Arderne, Practica); though I was unable to uncover anything about this John from Blandford, it would certainly be interesting for anyone pursuing further research to perhaps delve a little deeper and uncover who this person may have been and what relationship they may have had to this manuscript.

library. The connection between these people and their books will be discussed in the following section but regardless of who they were, they all shared a very similar text. With very few decorative details then, the purpose of the text seems to lean heavily towards the practical transmission of knowledge and text with little room, either in budget, means, or desire, for anything else.

SECTION 2.2: THE FUNCTIONAL BEAUTY (GLASGOW, HUNTER MS. 112 & SLOANE MS. 56)

Though no less practical, Arderne's corpus also has a good many manuscripts that show a more refined, elegant, and higher quality presentation of these used manuscripts. Among these, we find Glasgow, Hunter ms. 112 and Sloane ms. 56. There is a much stronger resemblance in the appearance, presentation, and style of the manuscripts in this category which are united in their full representation of the illustrative programme and cleaner presentation.

Both Latin manuscripts dating to later fourteenth-century England, Hunter 112 and Sloane 56 are vellum manuscripts measuring 23cm by 14.5cm, written in a singular column and contain a mixture of other texts by Arderne and other authors.[49] The pages are of a higher quality, not only in terms of the finish, being evenly cut with smooth edges throughout the manuscripts, but also in terms of the leaves themselves which are supple and evenly thin with no holes and very little discolouration. Overall, they have been remarkably well preserved for six- to seven-hundred-year-old texts.

[49] 'GB 247 MS Hunter 112 (T.5.14)', Online Catalogue, University of Glasgow Collections, n.d. <https://www.gla.ac.uk/collections/#/details?irn=296482&catType=C> [accessed 4 November 2024]; *Catalogus Librorum Manuscriptorum Bibliothecae Sloanianae* (Manuscripts 1-1091), ([London: British Museum], no date), no.56.

The writing, though abbreviated throughout, is clean, neat, and easily legible. The spacing both between words and between the lines is refreshing after pouring through G&C and Barlow. While they do contain marginal notes of different sizes and hands, these are nowhere near the quantity seen in the previous category and are rather sparse and tidily scrawled in the margins. They have rubricated line fillers and capitals, though the capitals in Hunter 112 are blue, occasionally further decorated with rubricated filigree.[50] There are also red markings at the start of various sentences which makes it easier for readers to orient themselves in the text while also adding a new element of visual appeal. It is this mix of practicality with an eye towards visual appeal and quality materials that is the hallmark of the manuscripts in this category.

All the manuscripts in this category have a complete version of the illustrative program, including the diagram of the Cardinal Winds at the beginning of the text, a medicine man, and a calendar.[51] All the images are of a much higher caliber, being not only larger and more detailed than the ones in the 'used book' category but also more varied. They include everything from images depicting the illnesses described in their corresponding text, plants and herbs, people, places, coats of arms, and surgical procedures and equipment. Though drawn in the black ink, many of the images are coloured in with an array of colours, the use and variety of which varies slightly from one manuscript to another. For example, there is liberal use of red, green and blue paint in Sloane 56, using colour and varying shades of each colour to add layers of detail and

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[50] Glasgow, University of Glasgow Library, GB 247 Ms. Hunter 112 (T.5.14) (Accessed online 09/12/2024); for an example see p. 95.

[51] Glasgow, University of Glasgow Library, GB 247 Ms. Hunter 112 (T.5.14); London, The British Library, Sloane ms. 56; The wind diagram is on p. 11 on Hunter 112 and f. 2r in Sloane 56; and the calendar on p. 101 and f. 47r in Sloane 56; the medicine man is found on p. 102 for Hunter 112 and, while there is not one to be found in Sloane 56, there is a large empty space that was left unfilled (likely for an illustration) on f. 47v where I believe the medicine man was meant to be drawn. The reason for this is that it is usually put with the calendar and the space is on the verso of the leaf with Sloane's calendar.

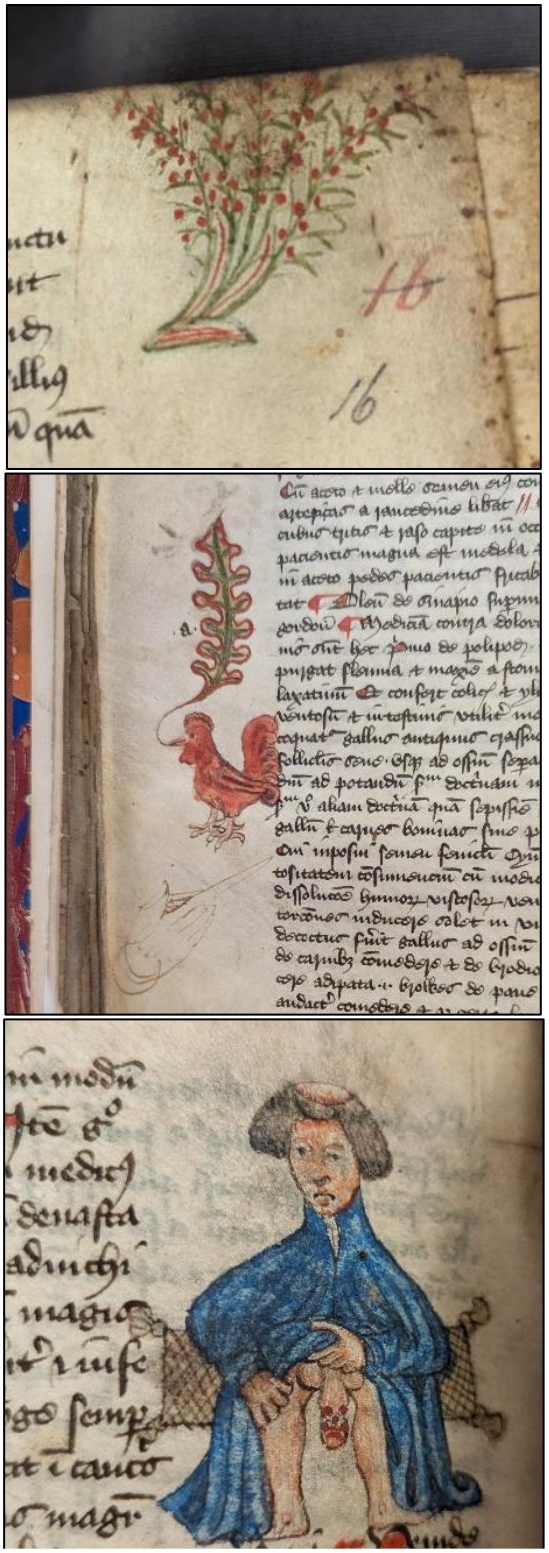

Fig. 6 *(from top to bottom) British Library, Sloane ms. 56, f. 16r, 20v, 74r.*

depth to the various images (fig.6). In Hunter, however, the colours are much tamer, with it mostly sticking to red and faded grey/purple colour, though this is made up for in my opinion by the much more skilled illustrations.[52]

Both manuscripts contain the full four bottomed version of the surgical diagram. In Hunter, the instruments and bottoms are on two separate pages, with the former on p.94 and the later p.95 and separated by two lines of text at the bottom of p.94. There is ample room between the instruments and bottoms and some indications that there was effort put into the illustrations. Though by no means a renaissance portrayal of the human body, the illustrator did put effort into drawing the bottom half of a person. The bottoms here have calves and torsos with a line to mark their spine along with genitals and ankles that curve into clearly defined feet. This last is particularly rare as very few manuscripts in this corpus have gone to the effort of drawing out the feet as one would see on a person, complete with five toes on each, rather than drawing

[52] Glasgow, University of Glasgow Library, GB 247 Ms. Hunter 112 (T.5.14); For the gray/purple hue see p. 28 for an instrument and bird.

Fig.7 *Glasgow, Hunter ms. 112, p. 94-95*

them in a general shoe shape (fig.7&8). Though the bottoms are not coloured, there are red dots on the different bottoms which presumably have some meaning when reading the text.

In Sloane, the diagram is set up the exact same, with the instruments taking up about the same amount of space on f.43v, followed by two lines of text and the bottoms on f.44r. Though similar in style, Sloane is once again by far more colourful – the instruments are filled in with black, beiges, and red, the skin of the bottoms is a blush skin tone, and the clothes and tools are equally a mix of beige and black (fig.8). The legs are arranged in the wilder pattern, pointing in all directions rather than sedately arranged with the legs straight and down and the anus pointing directly to the viewer. Though this one does not show the actual toes, the artist does give a good representation of a person's bottom half with calves and even goes so far as to show the top of

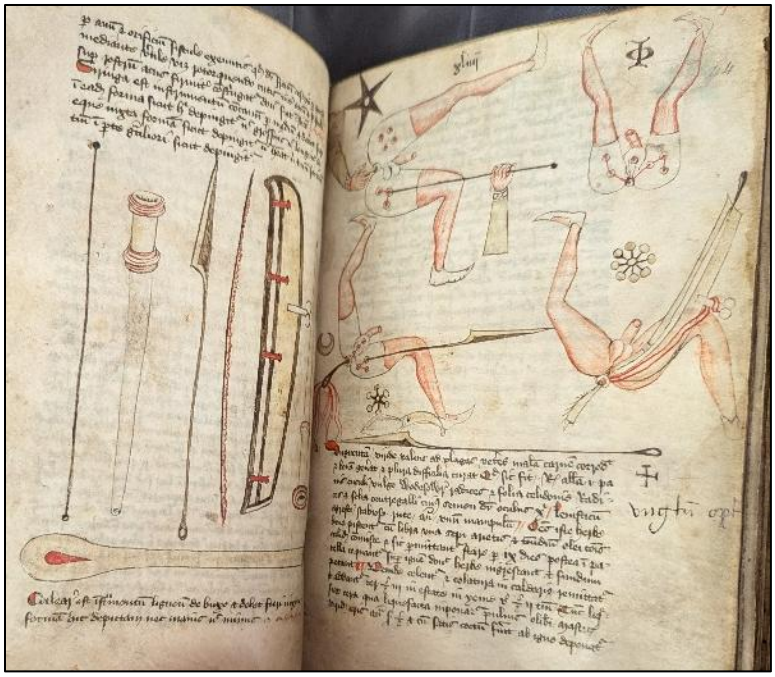

Fig. 8 *British Library, Sloane ms. 56, ff. 43v-44r*

the foot revealed by a cut-out in the shoe. The artist has also drawn two arms holding the instruments instead of just the hand as is seen in Hunter.

Not much is known about the provenance of either manuscript. There are two names listed in Hunter's catalogue, though both far post-date the manuscript: Charles Bernard (1650-1711), a London surgeon, and Richard Mead (1673-1754), whereafter it was bought by Hunter after Mead's death in 1754 for £1.11.6.[53] There are unfortunately no names or mentions of previous ownership for Sloane 56 in the Sloane catalogue so its history before this is a mystery.

The manuscripts in this category are by far more visually appealing than the first category and yet, there is a case to be made for the practicality of this visual organization. With few signs of use but a presentation style geared towards learning, there is a lot to unpack about who and how this manuscript was used. Whoever this was needed the practicalities of a surgical manuscript but also had a desire and budget to spend the money needed to include some of the more superfluous elements, both of Arderne's illustrative program and of generally nicer manuscripts.

[53] 'GB 247 MS Hunter 112 (T.5.14)'.

SECTION 2.3: THE PROFESSIONAL SURGERY (SLOANE MS. 277 & SLOANE MS. 563)

This final category of manuscripts in the Arderne corpus will be analyzed through Sloane ms. 277 and Sloane ms. 563. They are categorized by their neat, professional quality – they are almost so generically, professionally done that it is visually not distinguishable as a surgical text. Though by no means anywhere near the extravagance seen in some of the Books of Hours and histories of this period, there are many different aspects to these manuscripts that lend them the impression that there was at least some degree of wealth and an eye towards aesthetics that went into the making of this manuscript and a distinct lack of practical details. They all have a clean, sophisticated, planned, and intentional quality to them, but lack any visual cues that would immediately identify them as surgical manuscripts, much less a manuscript in the Arderne corpus.

Both Middle English manuscripts dated to the fifteenth-century, Sloane 277 and 563 are made entirely of vellum and contain more than Arderne's surgery. Sloane 277 is made up of the Surgery of William of Parma (ff.1r-59r) and the other is Fistula in Ano (ff.60v-75v), both incomplete versions of the texts and separated by a few leaves of medical miscellany.[54] Though it only has seventy-five folios, it is quite an imposing manuscript for the Arderne corpus. With leaves measuring 30.7cm by 19.5cm and large margins on all four sides, whoever made this was not worried about space or stressed about the number of pages required for the project.[55] Though no less beautiful, Sloane ms. 567 is much smaller, with leaves measuring 16.2cm by 13.1cm. Across its 129 folios are a few main surgical tracts – ff.1-59r is a five book surgical treatise

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[54] *Catalogus Librorum Manuscriptorum Bibliothecae Sloanianae* (Manuscripts 1-1091), ([London: British Museum], no date), no. 277; Arderne's text ends at the end of chapter 7 even though the table of contents at the beginning lists all 44 – and it is very likely related to Sloane ms. 6 which also has incomplete versions of both tracts.

[55] There is cumulatively 9. 7cm margins among the upper- and lower-page margins and, with the text only taking up 6.5cm and 6.4cm per column, there is 5.4cms of margins across both sides.

"after [th]e doctrine of seynt William of Touke", ff.59v-61r is another small medical treatise, ff.61v-121v is an incomplete version of John of Arderne's *Fistula in Ano* – dated to the late fifteenth-century and a later addition dated to the seventeenth-century on ff.122r-129v containing Latin excerpts of *Fistula in Ano*.[56] There are likely two previous owners for Sloane 563 whose names are inscribed at the start of the manuscript: Edward Smallbone 1687 and Gilbert Notts, who the Sloane catalogue believes owned it prior to Smallbone. Regardless of the order, however, both names, far post-date the production of the manuscript and nothing is known about its life before them.[57]

The vellum used for both manuscripts feels remarkably well-made and of a beautiful quality and work. The leaves for both texts were thin and supple with no evidence of holes or hair follicles. They are evenly cut and thick throughout, with few signs of damage, discoloration, or wear along the edges.[58] The only real sign of use and minor wear is some slight fading of the script on certain pages, but this really is minimal and mostly in 277. The text in both is very neat, evenly spaced, and clearly legible, though in Sloane 277 this is laid out in two neat columns whereas 563 is written in one column. Other than this, the appearance and organization of the text is remarkably similar in both manuscripts. Each tract in the manuscripts begins with a rubricated introduction and table of contents outlining the following sections and chapters with alternating blue and red ink. Correspondingly, these chapter titles and smaller introductions and conclusions for each section within the text are also rubricated, with larger capitals decorated

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[56] *Catalogus Librorum Manuscriptorum Bibliothecae Sloanianae* (Manuscripts 1-1091), ([London: British Museum], no date), no. 567.

[57] *Catalogus Librorum Manuscriptorum Bibliothecae Sloanianae* (Manuscripts 1-1091), ([London: British Museum], no date), no. 567.

[58] London, The British Library, Sloane ms. 563; There was a small hole on folio 39r and the bottoms of ff. 97r-99v have been stitched. As well a big stain is found on ff. 113v-114r. Despite this, it is a remarkably well-maintained manuscript.

with filigree in blue and red ink trailing up and down the margins. The size and extent of decoration in the capitals corresponds to the importance of the heading.

There are elements that mark these two manuscripts apart from other medical manuscripts. For one, they are largely written out – while there are some abbreviations throughout the text, they are remarkably few compared to other medical manuscripts and even compared to most of the other Arderne manuscripts studied here. In line with this, the texts are largely untouched by its readers, even more so than the previous section. Sloane 563 has fewer than five manicules and other than an underlined section on f. 93r in black ink, it only has a few small, rather unobtrusive marginal notes for each treatise.[59] Similarly, Sloane 277 has only two faint manicules, one on f.26v and another on f.61v, a few unlined passages in the text, and the occasional marginal note scattered throughout. In both manuscripts, however, they remain neatly written and evenly spaced. Though there are no notes on the ownership or history of either manuscript before it came into the Sloane collection, it seems as though the various people who graced this manuscript's life left very few impressions on it – a quality not oft associated with a practical, work-a-day tool.

[59] London, The British Library, Sloane ms. 563. There is an interesting annotation on ff. 96v-97r, where there is a small manicule pointing at the start of a sentence the person underlined, and a note written in the upper margin of 97r in a thin purple ink which I have not seen anywhere else and does not appear anywhere else in the manuscript.

Furthermore, outside of the decorated textual organization, there are few other illustrations in these manuscripts. Sloane 277 only has two pages with any illustrations throughout the whole of the manuscript, and only one of these belongs to Arderne's text. There are lovely in-text illustrations of six surgical instruments on f.49v in black ink with red painted tips, each one separated by four to five lines of text listing and describing each one. Though simple in their design, they mark a stark contrast in quality and professionalism to any other manuscript seen in this corpus so far. They fit perfectly within the text and are perfectly even and the lines in the illustrations are straight and highly pigmented. The second is the surgical diagram with the instruments and bottoms from Arderne's surgery on f.64r and the only illustration from his programme to be included (fig.9). Spanning three-quarters of the page, with the instruments lined up on the second half of the left-hand column and the demonstrative bums using up the right-hand column, there only two of the full four bottoms. Despite the exclusive use of black ink for these, the sketch is of a higher caliber and shows a degree of skill that only comes with a familiarity with illustrative techniques. For example, we once again see an instance of realistic feet, but here with the toes and feet depicted as one would see them standing behind a person bent over as such. There are lines that

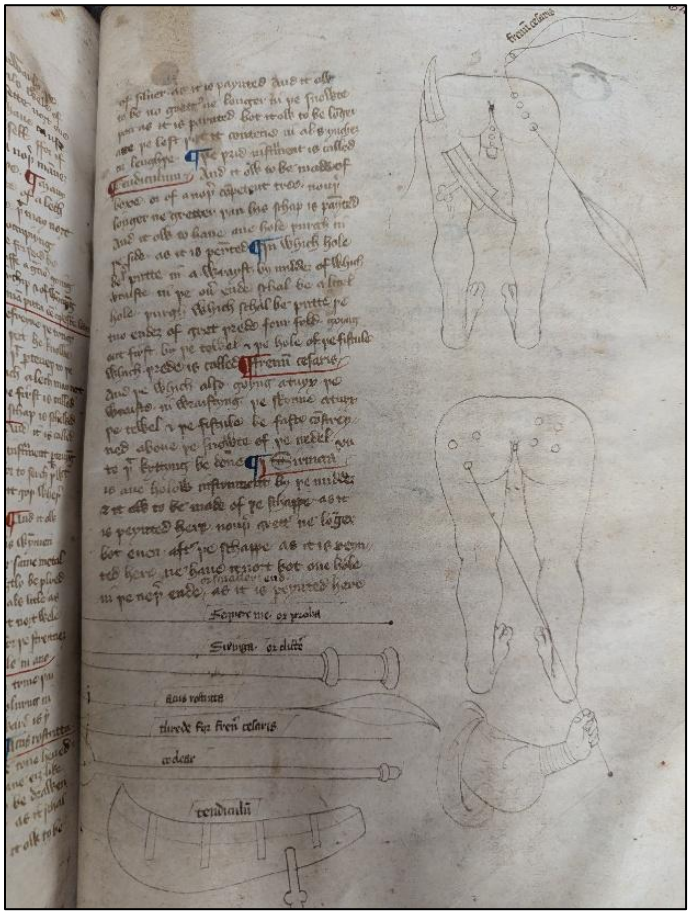

Fig. 9 *British Library, Sloane ms. 277 f. 64r*

define the buttocks, inward sloping of thighs towards the knee and the slight ballooning of calf muscles before the tapering and slight bulge of the ankle. The artist even drew the individual fingers of the hand holding the rod and managed to demonstrate the various draping and layers of clothing on the voluminous robes likely worn by the surgeon holding it.

Sloane 563 is similarly bereft of images and those that it does contain are only in the Arderne text. It has the medicine man preceding the introduction of *Fistula in Ano* on f.62v (see fig.10) and the same diagram as 277 on f.72v. Taking up the entire page, with the surgical instruments over the four bottoms which are lined up horizontally beneath, this rendition is lacking in detail compared to other versions. This version of the diagram has the outlines of the typical figures and four bottoms but lacks the internal details which added spirit, anatomical accuracy, and facilitated the reader's understanding of the materials and process. There are none of the details mentioned above and, while it does depict one hand above the last bottom, there is no arm attached or details on clothing. Even the instruments are poorly rendered, with less definition and colouring to properly demonstrate what they should look like.

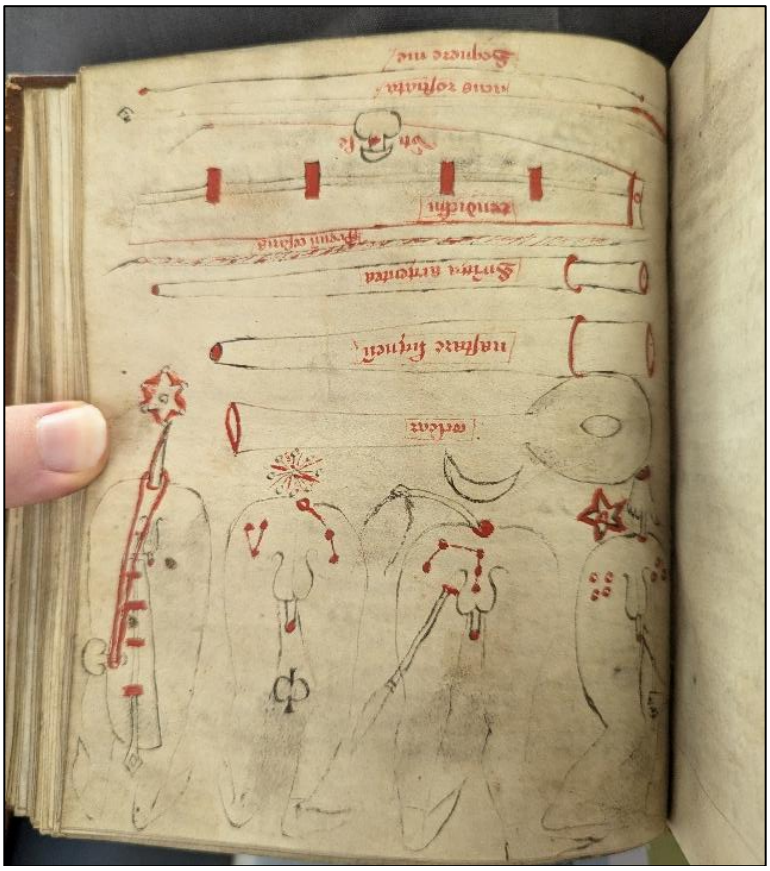

Fig.10 *British Library, Sloane ms. 563, f. 62v*

The page appears to have crammed too much on one page, with everything so close together that it impedes on their likely

purpose of demonstrating the technique explained throughout the text – which is rather ironic given the page before is blank other than three lines of writing and the following page, f.73r, is completely blank.[60] All the images are sketched in black ink with red highlights, though the black ink in the page diagram is rather faded. The final product is remarkably mundane and lacking in the finesse present in almost all other aspects of the manuscripts in this corpus. Even compared to manuscripts in the other categories, but particularly in contrast to Sloane 277, this is a rather poor rendition of the instructive illustration. Other than these, there are marginal drawings on f.81v of an instrument and the demonstrative bum as well as a scalpel on f.82r.

By and large, the manuscripts are missing a lot of the more practical, surgical, and even generically medical illustrations found throughout *Fistula in Ano.* which would have been useful to anyone intending to learn how to perform the procedure. Most of the decoration revolves around the fancy lettering, decoration which is not only more generically in the wheelhouse of a manuscript workshop rather than specifically to medical manuscripts, but whose purpose is purely aesthetic. Though it is unclear whether an illustrator is behind the medical drawings or if it was the work of the scribe, it is clear that at least for Sloane 277, the person was very skilled in illustrations and the mouvement of the human body. But even here, the attention to detail adds nothing of practical value to the text. In fact, both manuscripts may even be less instructional since Sloane 277 only depicts two rather than the four moments of the surgery and Sloane 563, despite showing all four, is no more useful to that end due to its lack of detail and highlights.

Despite their short length, and incomplete texts, these manuscripts give us a lot to think about in terms of how they were used and the desires of the people who commissioned them.

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[60] Perhaps it was originally meant to span both pages, and the scribe left enough room in case they were unable to fit both on one page? Or perhaps they were going to include a different image on the other page that never made it in?

Overall, they appear to be elegant and thoughtfully made, suggesting to me that it was produced at a workshop and commissioned by a person who had the resources to pay for quality materials and a large amount of rubrication. However, they were either not wealthy enough or simply did not want, the illumination and level of decoration found in the more lavish manuscripts. Also, despite its purely technical content, it is missing a lot of the more demonstrative and explanatory illustrations found in other copies of Arderne's text. Even those that it does have are less detailed and more faded that other versions. This, in combination with the lack of abbreviations and signs of use, makes one wonder if it was originally made for someone with a medical background and even if it was, if it was made for them to use or to have on their personal shelf.

THE PEOPLE BEHIND THE CORPUS

There is then quite the variety in appearance among the English-made John of Arderne surgical manuscripts. From rough around the edges to luxuriously finished, there was a copy that would appeal and suit the needs of just about anyone. But who were these people and what were these needs? I believe the variety in the appearance of these manuscripts reflects the wide audience and range of appeal *Fistula in Ano* had in society and, with this, a variety of needs and purposes. Following this connection from book to owner, there is then a lot to unpack about the types of people stimulating the demand for Arderne's *Fistula in Ano* and how they thought to use it once completed. Using these manuscripts as windows, albeit foggy ones, to get a glimpse of the people behind them, the following section will be discussing the possibilities of ownership for the above manuscripts based on what we know of medieval society, surgical practice, and the appearance of these manuscripts.

Though the first two categories of manuscripts demonstrate what I believe to be a medical practitioner's text, the range of people this could refer to in society as well as the use of

this tool to the practitioner can vary quite dramatically. The varying levels of use, quality, craftsmanship, wealth, and attention to finer, non-practical details between these two categories suggests that we are dealing with practitioners of different economic backgrounds who had two very different uses and desires for these tools. The first two sections of analysis will then focus on the variety of people who worked and circulated within the medical community in later medieval England as well as the place these people occupied within the larger society. However, I also do not think we can eliminate the possibility that people outside the medical community could have participated in the widespread transmission and interest in Arderne's surgery. In looking at the third category of manuscripts, with their lack of use and generic style, I will expand this search to wider society and consider what other people or organizations would have had an interest in specialized surgical texts such as Arderne's *Fistula in Ano*.

SECTION 3.1: THE USED BOOKS, A DOCTOR'S TOOL

Starting with the most visibly used and practically inclined manuscripts, I believe we can safely suggest that a very likely owner of these manuscripts were medical practitioners – people who would not only have a need for this text, but who would also be using this text frequently enough to account for the condition of the first three manuscripts. Whether a result of means or personal preference, every element included in Barlow 34, G&C 190/223, and St. John 132 enhances the reader's understanding of the text: there was clearly no room in the budget or desire to allocate any expense towards the more superfluous decorations or quality materials seen with the Functional Beauties. All three are also composed in Latin, literacy in which was not only an indication of a person's intellectual status, but also social status.[61] If this was not enough, the

[61] Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*., p. 20; Siraisi here comments that, "Latin literacy was invariably possessed by university graduates and was also commanded by a good many other skilled medical and surgical practitioners."

high level of engagement the readers had with their texts through comments, manicules, and recipes suggests that they were not only very familiar with medical knowledge, but that they also frequently referenced and used the text. In sum, what we see here is a low budget, working manuscript made for people working in the surgical industry. While this sounds quite simple, the term medical practitioner encompassed a plethora of different people working in different sectors of society. So, what people in society are we referring to here as medical practitioners?

While I believe Barlow 34 and St. John 132 may have originated in secular ownership, G&C 190/339 could be an example of the monastic ownership of surgical manuscripts and perhaps even practice of surgery. By this period, monastic scriptoria were mostly producing texts for their own use and collections, and chief among their interests were medical texts.[62] Being important centers for healing and medicine, especially in rural communities, medical texts remained relevant to monastic libraries not only for their own wellbeing, but also that of their communities.[63] However, despite their prevalence in various medical fields, monks had all but left the field of surgery to the laity after the Fourth Lateran Council was passed in 1215, a papal edict which prohibited members of the clergy from making surgical incisions and performing cautery.[64] Despite this prohibition, we know G&C was made and copied at Hagnaby Abbey in the 1440s and owned by a William Fawne of Skendleby in the second half od the fifteenth-century.[65] Though I was unable to find any information on Fawne through my research, during

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[62] Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, pp. 9-11.

[63] Charles Burnett & P.M. Jones, 'Scientific and Medical Writings: The Introduction of Scientific Texts into Britain, c. 1100-1250', in *The Cambridge History of the Book in Britain* (Cambridge University Press, 2008), vol. II, p. 446-448; Christopher de Hamel, *Making Medieval Manuscripts* (Bodleian Library Publishing, 2018), p. 12.

[64] Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, p. 26.

[65] McCall, 'Medical Texts (Cambridge, Gonville and Caius College, MS 190/223)'; for further reading on Hagnaby Abbey, see 'Houses of Premonstratensian canons: The abbey of Hagnaby', in *A History of the County of Lincoln: Volume 2*, ed. William Page (London, 1906), *British History Online* https://www.british-history.ac.uk/vch/lincs/vol2/pp205-206 [accessed 11th February 2025].

this period Skendleby was home to a priory, a cell of Bardney Abbey in Lincolnshire, and very little known about its inhabitants.[66] With less than 10 miles separating Hagnaby from Skendleby, it is entirely possible that this niche surgical text was either commissioned by the Skendleby priory or gifted to them by Hagnaby, where William Fawne could have lived as a member. Given monks were equally susceptible to anal fistulas as those living in their surrounding communities, a case could be made here for the use, interest, and need for this small priory to own Arderne's text on anal fistulas and digestive cures. It would not account for the manuscript's wear, high degree of use, and the author's ability to interact with the material but also make an interesting case for the continued practice of surgery in and by monks despite the Lateran Council edict.

It is entirely possible, however, that Fawne was in no way connected to the priory and was simply a lay doctor or surgeon operating from the village of Skendleby. This raises the question as to why the owner of G&C went to Hagnaby rather than a workshop to commission the text? I do wonder whether this was largely influenced by a mix of economic and geographic factors. While we know that monasteries continued to produce manuscripts well into this period, we do not know much about whether it was more economical to purchase one from a monastery as opposed to a workshop or vice-versa. Especially today, with the global cost of living rising, it cannot be totally unthinkable to assume that where one went to commission their books would have been impacted by where they could get the best deal. It also raises questions about the availability of manuscript workshops in rural England – was the location of the monastery more convenient to Fawne? Was it more common for people, in this case particularly doctors or surgeons, operating in rural areas to use monastic scriptoria to commission texts they may need

[66] 'Houses of Benedictine monks: The abbey of Bardney', in *A History of the County of Lincoln: Volume 2*, ed. William Page (London, 1906), *British History Online* https://www.british-history.ac.uk/vch/lincs/vol2/, pp. 97-104 [accessed 11th February 2025].

for their practice and for these monastic communities to cater to the needs of these rural readers? If there was not enough demand in these more rural areas to warrant a manuscript workshop nearby, perhaps monasteries remained an important center of manuscript production for those who could not afford to move great lengths to purchase their texts.

If it was a lay practitioner who owned G&C, the low-quality materials and lack-luster appearance are an indication of the manuscripts' use as a tool and/or of the financial background of this group of practitioners. The potential avenues of income and way that a surgeon may practice varied quite a bit in later medieval England.[67] A travelling surgeon whose belongings may be exposed to the temperamental British weather and who may need to pull it out and refer to it in a variety of different circumstances, would have entirely different needs from their text than a surgeon operating from a fixed location. Though the issue of affordability will be considered shortly, it is entirely possible that what we see here is a purposeful decision to forgo with fine quality materials or colourful imagery because of the intended use of the text.

When it comes to the latter, it needs go without saying that owning a manuscript in the Middle Ages, regardless of their appearance, was a financial achievement and surgeons were increasingly part of a burgeoning wealthier middle-class who could afford these luxuries.[68] Despite this generalization, there was a range in the potential incomes of these practitioners across society: a surgeon was only as good as their skill and repertoire of procedures, and their economic stability fully dependant on their financial responsibility and ability to procure wealthy patrons.[69] The low production quality of the texts in this category may be evidence that they were owned by a surgical apprentice or a surgeon early in their career. Surgeons and surgical

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[67] For more details see Rawcliffe, 'The Profits of Practice'.
[68] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530*, pp. 3-4.
[69] Rawcliffe, 'The Profits of Practice', pp. 61-65.

students alike were encouraged to expand their knowledge and personal growth through personal reading, but would likely not yet have an established income to afford the nicer copies seen in the second category.[70] In order to help them, members of the clergy oftentimes donated their time and skill in transcribing and/or translating medical texts for students or young professionals who could not afford to pay for these works.[71] This scenario would explain the low-quality monastic production – as a work of charity, it would make sense to stitch together whatever extra leaves they had lying around even if it was a mix of parchment and vellum and regardless of the holes throughout – and the various medical notes and annotations that are found throughout the margins – though made early in their career, this medical professional frequently consulted this text throughout their career, adding their own recipes and remedies and highlighting areas they found relevant.

While there is no reason to believe any of these scenarios could not also be the case for Barlow 34, I believe it important to consider the possibility that it was owned and used by a physician, perhaps even a university educated one. A lot of the writing on medical culture in medieval England has stressed the importance of the professional division and hierarchy of the various medical professionals, of the need for each sector to have their place and purpose in society and for each to defend this place against others.[72] By this period in England, surgery did not exist as a university discipline much like it did for the rest of the continent – surgeons instead had their own identity, status, educational system, professional sphere, and place in society that

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[70] Rawcliffe, *Medicine and Society in Later Medieval England*, p. 130.

[71] York, *Health and Wellness in Antiquity Through the Middle Ages*, p. 132.

[72] For parallel research on the guild rivalries between the various medical practitioners in medieval England see Don K. Nakayama, 'Guild Rivalries Between Barbers and Surgeons in Medieval London and England', *The American Surgeon™*, 89.12 (2023), pp. 5391–96, doi:10.1177/00031348231151706; Gottfried, *Doctors and Medicine in Medieval England, 1340-1530*, pp. 9-51; Rawcliffe, *Medicine and Society in Later Medieval England*, pp. 133-141; Siraisi, *Medieval and Early Renaissance Medicine, An Introduction to Knowledge and Practice*, pp. 17-36, 178-186.

was completely separate from that of a regular physician.[73] However, there is a case to be made here that the barrier we have come to understand existed between the various medical professionals at this stage may have been more exaggerated in theory than was practiced in society. While there appear to have been some rather strong boundaries and limitations among the different medical professionals, I do not see why, if monks were performing and interesting in learning how to perform surgical procedures such as that for curing anal fistulas, that it cannot have also been the case for a physician. Not least because the area Barlow 34 circulated within shortly after its supposed time of production was closely linked to Oxford university.

There is more evidence coming out that the connection between surgeons in society extended beyond their work: in addition to collaborating on various medical cases, they were part of large textual communities and there were often discourses between surgeons in the larger urban centers, such as London.[74] Manuscripts circulated society because surgeons, whether authors of their own texts or simply owned them, shared these texts with colleagues and friends, not people who they would be competing with for customers and income.[75] It was common place for many "late medieval medical practitioners also ensured that after their deaths their books would continue to be of practical use: books were left to fellow practitioners, to university colleagues, and by masters to their apprentices."[76] This was the case for both Richard Etsy (d. 1475/1476) and his colleague Thomas Collard (d. 1481), medical professionals who donated their books to their Barber-Surgeon guild upon their death.[77] That this was the case in at least one

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[73] Rawcliffe, *Medicine and Society in Later Medieval England*, pp. 126-133.

[74] S. J. Lang, 'Sources and Resources John Bradmore and the Case of the Bitten Man: A Tantalising Link Between Three Medieval Surgical Manuscripts', *Social History of Medicine*, 34.3 (2021), pp.733-737, doi:10.1093/shm/hkaa014.

[75] Lang, 'Sources and Resources John Bradmore and the Case of the Bitten Man', pp. 737-739.

[76] S. J. Lang, 'Sources and Resources John Bradmore and the Case of the Bitten Man', p.737,

[77] Rawcliffe, *Medicine and Society in Later Medieval England,* p. 130-131.

instance for Barlow 34, where I believe someone has written on one of the last folios (amidst quite a few other names) a message it being given to the owner's friend, Thomas Prys (see fig. 11).[78] Regardless of their degree of wealth, books often stayed within a close circle, being passed among colleagues and students at their time of death and it is this exact scenario which I believe we are seeing with Barlow 34 at Oxford university.

Among the many names listed among its pages, the only one I could find any information on was Richard Duck, who does not seem to have had any practical connection to the medical field. Richard Duck was chancellor of Oxford in 1517 and, while he held a few other positions within the university prior to that, he himself was a Doctor of Divinity, and much of his life

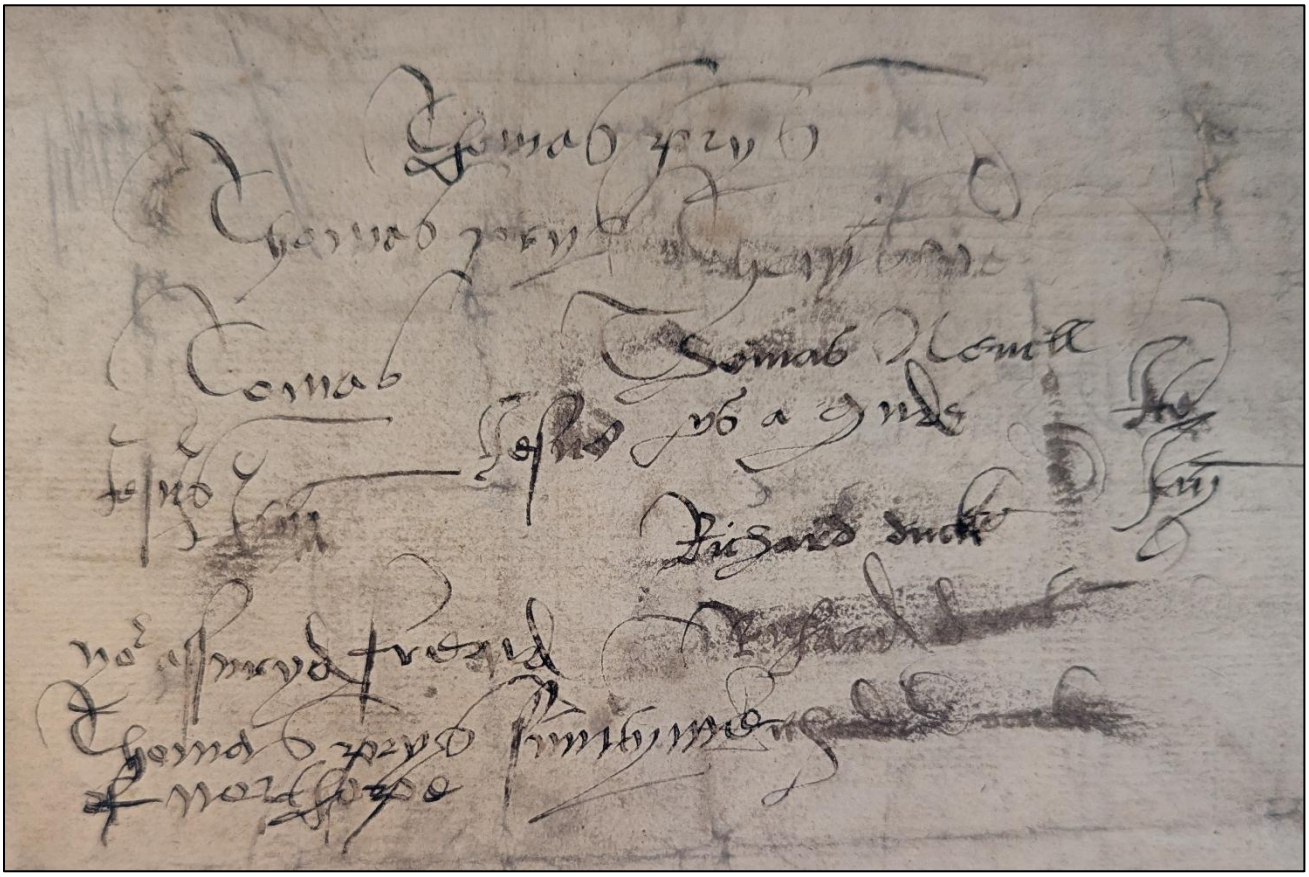

Fig. 11 *Oxford University, Barlow ms. 34 (leaf attached to the* back cover)

[78] 'Bodleian Library MS. Barlow 34'.

outside of the university followed from that education.[79] Despite not being a doctor or connected to medicine himself, his time at the university, which was not very big by this time, would have provided him with ample opportunities to form connections with people who were studying and practicing medicine at some point during his life – whether at the university or in the town surrounding it. However he came to own the manuscript and whether he was the one to give it to Prys, the surgical text clearly never strayed too far university given it was donated to the Bodleian library a little over a century and a half later.

Moving on, St. John 132 has its own unique context surrounding its medical practitioner. In appearance and style very similar to Barlow 34, this manuscript is likely to have been owned by an aristocratic household. This manuscript is unique in that it has a wealth of names and later owners that give an idea as to where it was in the 1600s. The first of the names that appear in the manuscript at the top of one of the leaves before the start of the text is Francys Bridges. Though the catalogue description refers to this person as a male, I believe this may have been the Lady of Chandos (1552-1623).[80] The reason for this is that one of her daughters, Elizabeth Bridges (1575-1617) was connected with William Paddy who is not only one of the other names inscribed in the manuscript, but was the person who donated it upon his death to the St. John's college library in 1634.[81] William Paddy was an Oxford graduate, a royal physician to many monarchs, including King James I, and was very active both in politics and the medical community.[82] There were rumours about him having an illicit affair with Elizabeth Bridges,

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[79] 'Disbrowe-Dyve', in *Alumni Oxonienses* 1500-1714, ed. Joseph Foster (Oxford, 1891), British History Online, n.d. <https://www.british-history.ac.uk/alumni-oxon/1500-1714/pp406-439> [accessed 28 September 2025].

[80] 'St John's College MS 132 John Arderne, Practica'; Elizabeth Zeman Kolkovich, *The Elizabethan Country House Entertainement* (Cambridge University Press, 2016), pp. 72-75.

[81] 'Sir William Paddy', Royal College of Physicians, n.d. <https://history.rcp.ac.uk/inspiring-physicians/sir-william-paddy> [accessed 3 September 2025]; 'St John's College MS 132 John Arderne, Practica'.

[82] 'Sir William Paddy'.

though they claimed that the reason she was found sleeping at his house was because he was treating her for illness.[83] Regardless of the nature of their connection, it would not be unheard of if Francys would have passed this manuscript which could have been in her family for a while to her daughter who then gave it to Paddy. This is not only an interesting case for noble interest in surgical texts, but of women interested in the topic of surgery – and a rather scandalous one at that.

Prior to this, one of the more lucrative job opportunities for surgeons in medieval England was to work full time for a particular noble household or family.[84] Surgeons employed to do this were not only paid an annual wage for the family's continued care, but their employer would also either provide an additional stipend for or simply purchase all the equipment they would need for the job, including robes, tools, ingredients for medicines.[85] Though there is no mention of this that I have been able to find, I do not see why this would not have also included copies of manuscript, not only given the personal importance put on reading and a surgeon's job in continuing their education, but also given this would have greatly benefitted the nobles employing these surgeons. We also know that anal fistulas were rather prevalent among the nobility and would have been an important skill for a surgeon to know how to heal to keep their noble clients happy. After the surgeon's death, it would have stayed in the library of the noble household rather than being passed along to other surgeons after his death which is how it came into the possession of Francys Bridges and her daughter and eventually, William Paddy.

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[83] Chris Kyle, 'PADDY, Sir William (1554-1634), of St. John's College, Oxford and Wood Street, London', History of Parliament, British Political, Social, and Local History, n.d. <https://www.historyofparliamentonline.org/volume/1604-1629/member/paddy-sir-william-1554-1634> [accessed 23 February 2025].

[84] Rawcliffe, 'The Profits of Practice', pp. 64, 67-71.

[85] Rawcliffe, 'The Profits of Practice', pp. 62-63.

Though we may associate a noble's manuscript, even a practical surgical one, to be of a much more elevated style than is seen in St. John 132, I believe this explanation justifies the need for something slightly more practical. This would explain the appearance of the text – though by no means as rough or used as either Barlow or G&C, nor as aesthetic as either of the other two categories, it was nonetheless a working manuscript with all the qualities that come with that use. Though purchased by a noble or using their stipend for other materials, the manuscript was always meant to serve a practical purpose and to be read and used by someone of perhaps more meager means who would have needed it to serve that instructional purpose. While there are plenty other possible backgrounds to this text, and no way of knowing for sure who and how it came to be, it presents an interesting case for noble ownership of manuscripts in late medieval England and brings into question traditional assumptions of what a noble manuscript would look like.

There is also the crossed-out name of John Bane/Lane, surgeon of Blandford, that I believe likely owned the book prior to Francys Bridges given her name is still there. There is a possibility that this person was a surgeon in the employ of one of the Bridges' ancestors, created either before or after being hired for that position. It is equally possible however that the text had a similar origin as was suggested by either Barlow or G&C and then purchased later by a noble family – whether for their own interest or for their house's surgeon.

This first category of manuscripts shows that for many surgical manuscripts were a practical tool in a doctor's arsenal – though the shape and style of this tool could vary depending on the tastes and, likely, the finances of the doctors in question. It was just as important as his scalpel and saws, being used and marked by the practitioners' needs and interests. For some practitioners, this was all they either were able to afford or wanted from their text, there is

nothing more to these than pure working information. The notes in the margins show their own internalization of the information, their thoughts about it, extra tidbits they thought may have been applicable to an instance of the text. They also show which sections were most relevant to their own work. There are many classes of people that may have had such a practical manuscript – other than surgeons and doctors, this could have also been students who could not have afforded anything decorative, or monks who liked used this manuscript as a frequent reference to a practical procedure. They would be flipping through it to double check something, read and annotate their own copies, and underline or put a manicule next to sections to bring their attention to it for later readings.

SECTION 3.2: MOVING TOWARDS LUXURY, AN AESTHETIC TOOL

However, it is also clear from the above corpus that not all tools have to be purely utilitarian: even if it was made to be used, and was used, does not mean it could not also be visually appealing and decorative. Hunter ms. 112 and Sloane ms. 56 are no less practical and informative to any of those who read it than St. Johns 132, Barlow 34 and Gonville & Caius 190/223, but they are more appealing to look at and appear a step above in the finishing quality. They contain a plethora of marginal images that reflect passages of text drawn in a myriad of colours, medical diagrams such as the cardinal wind diagram, calendars, and a medicine man. There was a lot of effort put into the organization of the text, using colour and space to divide the text and facilitate the reader's experience. What I believe we are seeing with both Hunter 112 and Sloane 56 is the wealth that can come from working in the medical profession and, with that wealth, a desire to not only own finer things, but a capacity to afford and store these items.

There is increasing evidence suggesting that doctors and surgeons in fourteenth- and fifteenth-century England made up part of a burgeoning wealthier middle class. Though they

may not start off as being wealthy or always come from wealthy households, the opportunities for economic growth were present. It was a profession with many different avenues for revenue and ways to practice in society.[86] Most importantly perhaps for surgeons in particular was the recurrence of war in this period: a common activity for many a medieval English king, the Hundred Years' War which spanned Edward III to Henry VIII took this pastime to a whole new level of intensity.[87] Kings brought with them on their campaigns teams of doctors and surgeons to accompany them and their armies and treat the wounded.[88] For many surgeons then, this presented a unique opportunity to gain invaluable field experience and knowledge they could never hope to get in a civilian practice, the opportunity to experiment newer techniques and perform dissections without any authorities interfering, and led to great economic success and an opportunity to form connections to high ranking people in society.[89]

Many have observed that even though only a select few surgical practitioners would have risen to the top end of the successes available to the profession, "even the moderately successful [surgeons] were able to accumulate enough material trappings to guarantee comfort if not wealth."[90] Many of these medical professionals, whether surgeons, apothecaries, or barbers, would have likely formed part of a "bourgeois, middle-class".[91] Perhaps not as wealthy as the upper classes, this would definitely make them capable of purchasing and commissioning books. While by no means everyone would be able to afford to throw their hard-earned money at aesthetics, there must have been a growing number of people surgeons and medics in society

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[86] Rawcliffe, 'The Profits of Practice', p. 62-66.
[87] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530,* pp.3-4.
[88] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530,* pp.3-4.
[89] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530,* p. 4.
[90] Rawcliffe, 'The Profits of Practice', p. 62.
[91] Gottfried, *Doctors and Medicine in Medieval England, 1340-1530*, p. 6.

who would fit this new financial category and own manuscripts such as Hunter 112 and Sloane 56.

This new-found wealth would account for the higher quality paper and parchment, the cleaner organization of the text, and the higher number of illustrations and decorations found throughout the manuscripts. Though still used and still referenced, these manuscripts must have been owned by surgeons or medical practitioners who were likely further on in their career and able to not only afford but also be able to keep this text. The latter is important because it would not have made sense to commission such a beautiful text to then carry with them while they galivanted around the countryside to heal clients all over the country. It does not look like a manuscript one would have brought to war where it would be subject to the elements and wear of travel. Nor does it look like it was ever pulled out where dirt and blood may have marred the pages, where it could be exposed to either body fluids or other substances that may damage or smear the text. Whoever it was who owned these manuscripts must have had a safe place to store them and walked the line between wanting to use and appreciate the text. And it is this that perhaps marks the essence of this category: rather than discussing its relationship to its owner in terms of utility, here we see a relationship between book and owner built on appreciation. Appreciation of the work and knowledge it contained, of the illustrative program, and taking pleasure in the act of reading the text itself.

Though by no means quite as luxurious as a library or display text, this demonstrates a middle ground of manuscript quality, where it still needs to convey the information needed in the text, but in a nice, aesthetically pleasing way. Evidently, given this situation, we are dealing with a different category of medical professionals from the purely used manuscripts, but to this point it demonstrates the range of uses and types of relationships medical professionals may have had

with their manuscripts. While some perhaps wanted a lower budget text that they could carry around with them and reference no matter where they or what they were doing, they were also a wealthy enough profession to afford a nicer, professional copy of the same text and, perhaps just as importantly, that they wanted to own these nicer tools.

SECTION 3.3: THE PROFESSIONAL GRADE SURGICAL REFERENCE

Looking now at Sloane 277 and Sloane 563, I believe we need to consider these manuscripts as something other than tools and perhaps even other types of people who could have owned and read surgical manuscripts in later medieval England. We cannot rule out the possibility that, as mentioned above, this is yet another level of luxurious manuscript that could have been owned and perused by a wealthier surgeon, one that was kept and stored in their libraries for the occasional lecture. However, there are a lot of other types of people and organizations across society who may have owned this text for a variety of different reasons than already discussed. For while the topic of anal issues was of concern to those within the medical community, it is an interest that has long extended far beyond this niche social circle.

Medieval society was enamoured with the anus and its many quirks, and farting, in particular, united people across society in equal parts disgust and amusement. It appeared as both an act and a theme in a lot of the entertainment that circulated around the upper classes of later medieval society. Farting was part of an elaborate performance in the court of King Henry II who "boasted one Roland the Farter, paid handsomely for amusing royals with a dance that included a simultaneous jump, whistle and fart."[92] One needs look no further than Chaucer to see the prevalence of the fart as an important theme in medieval English Literature. From the fart

[92] Jack Hartnell, *Medieval Bodies: Life, Death and Art in the Middle Ages* (Profile Books LTD, in association with the Welcome Collection, 2019), p. 223.

unleashed by Thomas which launched the plot of the Summoner's tale to The Miller's Tale which ends with Nicholas farting into Absolom's face as a final act of revenge – the act of farting was a multi-faceted motif with a wide range of uses in medieval English literature.[93] Though there is no end to the discussions and extrapolations that could be made from the appearances of farts in the upper classes of medieval England, the important thing to note here is its prevalence in the entertainment sector of later medieval English culture, a sector largely sponsored by wealthy patrons in the upper echelons of society. Far from a solely medical topic, bottoms were a key source of entertainment which united people across society and inspired a large part of medieval humour and, ultimately, its larger culture.

On the other hand, we know that digestive issues ran rampant throughout medieval society: far from humorous, the reality of these issues were no doubt moments of heightened negative emotions influenced by both internal and external factors.[94] As anyone can attest today, there is a whole host of emotions that accompany being sick, particularly when it comes to the many symptoms that fit under the broad heading of digestive disorders. The physical discomfort of vomiting, diarrhea, constipation, bloating, gas, as well as the physical pain suffered by those with anal abscesses or fistulas are enough to severely impact one's ability to function and perform their daily duties. Other than physical discomfort, these also reflect moments of vulnerability, embarrassment, and helplessness due to the lack of control we ultimately have over our body's various functions. In addition to these struggles, people also had to act and behave in accordance with the rules and expectations of conduct in society. Outside of entertainment, trying to get about society when struggling with any of the issues listed above would not only

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[93] Geoffrey Chaucer, *The Canterbury Tales*, Ed. & trans. by Nevill Coghill (Penguin Classics, 2003), p. 88-105, 303-319.

[94] Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries,* p. 183; Hartnell, *Medieval Bodies: Life, Death and Art in the Middle Ages,* pp. 224-226.

add extra strain to any task, but also no doubt led to moments of embarrassment when not able to fully control their bodies in public. Add to that the social taboos revolving around speaking and displaying any of these issues in public and we find ourselves with two very different outlooks on farting within the same society. There is then a precedent in society for this fascination with these basic, frowned upon functions of the human body, a precedent for finding humour in the socially repressed, and a general interest in the anus.

It is this exact dichotomy that we see in the illustrations that accompany certain manuscript versions of Arderne's *Fistula in Ano*. For example, in Sloane ms. 56, Glasgow, Hunter ms. 339 (not discussed here) the main illustrations which outline four key parts of the surgery are arranged in a rather strikingly comical fashion: though no less instructive and functional, the bottoms appear to almost cartwheel across the page with the legs splayed in a rather non-anatomically accurate fashion. The naked bottom, which depicts a person with a painful condition in an intimate area in a rather humiliating and debasing position undergoing a rather feared risky procedure, are arranged in such a way to make its readers giggle in much the same way and for the same exact reason that Chaucer and Roland would have elicited a laugh from their respective audiences.[95] The various other images scattered throughout the many versions of Arderne's texts are evidence of this as well. The various ailments portrayed by figures such as that seen in figure 6 above with a man squatting with his robe parted, legs spread, and pointing towards his penis. Despite it being a serious medical text, there is no end to the disfigured and incised penises, anuses, and boobs drawn in the margins of these manuscripts and the smile and chuckle these elicit in the readers gazing at them.

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[95] For more on this topic see Hartnell, *Medieval Bodies: Life, Death and Art in the Middle Ages,* pp. 222-227.

The technical, medical content of the manuscript copies of Arderne's *Fistula in Ano* were nonetheless influenced by the distinctly non-medical milieu in which they were created: the various illustrators brought their cultural understandings of all things anal to the pages this medical manuscript. So, if we can bring our farting culture into the world of these later medieval medical manuscripts, I do not see why we would exclude those outside the medical community from finding this same interest and humour in Arderne's surgical text and therefore have a reason and motive for obtaining a copy for themselves.

The first of those I will be considering here is the nobility. The nobility were big patrons of the manuscript workshops and, though they were not known to have been especially interested in surgical texts, there were other medical genres that were known to be popular among the gentry.[96] Highly decorated and extravagant herbals, medical texts describing the various medicinal uses of herbs, were a rather popular genre among the nobility who would often gift this sort of text to each other.[97] Though neither of these Sloane manuscripts are nearly as extravagant or luxurious as these often were, they demonstrate a general interest among the nobility in the care and management of their health. Health is a topic that applies to everyone across society, it is one we all have a vested interest in learning so as to manage and maintain some control over our own bodies. Especially in the later Middle Ages, where illness ran rampant and the Black Death fresh on everyone's minds, it must have given the upper crust a sense of being able to do something in the face of all these health problems, a feeling of power amidst all the insecurities that come from a lack of understanding of things out of our control.

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[96] Jean A. Givens, 'Reading and Writing the Illustrated Tractatus de Herbis, 1280-1526', pp. 132-133; de Hamel, *Making Medieval Manuscripts*, p. 12.

[97] Jean A. Givens, 'Reading and Writing the Illustrated Tractatus de Herbis, 1280-1526', pp. 132-133.

Given all of this, I do not see why we should rule out the possibility that the nobility, who had both time and money on their hands, could not have also owned surgical manuscripts.

And if none of these were reason enough, it may very well be that these nobles who were already familiar with the notion of farting as entertainment were drawn to these manuscripts for the very same reason that I was initially drawn to them: the humorous images which elicit a mix of humour, sympathy, and disgust that keeps you looking at yet another page. Having the means and connections to get their hands on an exemplum to copy, the lack of any practical use the nobles would have had in the text is reflected in the lack of diagrams and images throughout the text and any signs of interaction. There are no crossed out sections, notes reminding them to refer to a particular passage, no comments adding their thoughts and suggestions to Arderne's procedure and no inclusion of their own recipes. It would also explain the language as both texts are written in Middle English, rather than more common Latin of the working manuscripts. What it does have is a very beautiful and elegant style and look that is very generically the work of a workshop.

Outside the nobility, there were also medical institutions and higher-ups in the medical communities who would have had a vested interest in owning a luxurious copy of Arderne's surgery in their libraries. Stepping outside of the realm of medicine and surgery, the ownership of manuscripts was a status symbol for the few wealthy people in society who could afford it. Gracing the shelves of a master surgeons' personal library or the guildhalls of surgeons or barber-surgeons, Sloane 277 and 563 held a symbolic importance to their owners rather than a practical one. It acted as a demonstration to whoever walked by of a person or organization's power and status. These medieval medical books must have been an important part of the libraries of medical institutions across England, likely both as a tool as well as a sign of prestige

and authority. However, if we add to this general symbol of wealth a background of professional rivalry between the company of Barbers and Surgeons and the need to preserve industry secrets stored in texts, and we find ourselves with a large group of manuscripts on anal fistulas that has a complex social symbolism.

The medical community of fourteenth century London was rife with professional rivalries between the various medical practitioners. Surgeons in particular placed a big importance on safeguarding their craft's techniques and secrets from the Barber-Surgeons they saw as beneath them, not only a matter of professional rivalry, but also as a matter of public safety: it was imperative for them to prevent their surgical texts and knowledge from getting into the hands of the Barber-surgeons, whom they deemed unqualified to perform the procedures.[98] John of Arderne himself stated: "The doctor should be careful in case any of the bystanders see how it is done as the excrescences are opened up. Since once the barbers grasped the method they would usurp this cure for themselves to the considerable shame and harm of the master surgeons."[99] By owning one of the surgeon's texts in their libraries, the barber-surgeons gain access to the knowledge, techniques, and skills, that elevated the surgeons' status above that of the barber-surgeons. It was a sign that they were just as capable and had the same access to surgical knowledge and skills as any surgeon. Though I have not found much to suggest what the scope of these libraries may be, the few we can trace to an individual collection demonstrate how material wealth was as important a factor to these institutions as their wealth of knowledge.

At the same time, surgeons also worked to elevate their status by associating their craft as much as possible with the practice of the physicians. Though we do not seem to know the extent

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[98] York, *Health and Wellness in Antiquity Through the Middle Ages*, p. 155.
[99] York, *Health and Wellness in Antiquity Through the Middle Ages*, p. 155.

to which books and book-learning played would have played a part in their apprenticeship, once they were out in society books and the texts they contained were important to surgeons who used them "to improve their knowledge and no doubt their professional status by reading."[100] John of Arderne himself was one of many surgeons who encouraged just this in their own texts, advising "the excercyse of bokes worshippeth a leche."[101] Though there was no amount of reading that could elevate a surgeon to the level of their physician counterparts, it is clear that their surgical texts were nonetheless the key to maintaining their place and status in the hierarchy of medical practitioners. In this context then, owning either of the luxurious Sloane manuscripts containing Arderne's *Fistula in Ano* is a key symbol of the of the Surgeon guild's status in society. There would then have been a motive for an organization such as the Fellowship of Surgeons, established in 1368-1369, an organization who had authority over surgeons and surgery in the bustling city of London, to cherish a manuscript copy of *Fistula in Ano* in their library.[102] Owning such a lavish copy in their guild library was a symbol of the achievements and status of their guild, an example of a new technique and skill with a high social demand that one of their own solved and which they could have a monopoly on.

While it is impossible to say for certain whether any of these possibilities is in fact the case, they are nonetheless interesting possibilities to consider for who could have owned these surgical manuscripts without any of the hallmarks that identify these texts as surgical. What is clear from this, however, is that the corpus of John of Arderne manuscripts piqued the interest of many people in later medieval England. Despite all containing the same text, the variations in the text's appearance show it attracted a large and varied group of readers whose intended and actual

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[100] Rawcliffe, *Medicine and Society in Later Medieval England,* p. 130.
[101] Rawcliffe, *Medicine and Society in Later Medieval England,* p. 130.
[102] Robert S. Gottfried, *Doctors and Medicine in Medieval England, 1340-1530* (Princeton University Press, 1986), pp. 18-19.

use of the manuscript varied from one owner to the next. We may still not know the names or identities of the people who owned these manuscripts, but in turning to and analysing the manuscripts, we are able to piece together an image of who these individuals were that owned, used, and perhaps even cherished these manuscripts, as well as their relationship to their texts.

CONCLUSION - FROM BOOKS TO SOCIETY

Despite being a rather niche, not often spoken about surgery, it is truly amazing to see just how many people and lives this text has touched. While on the one hand the field of surgery itself marks a step towards the exclusivity of knowledge with the separation, division and specialization of the medical field, on the other it was also a topic whose reach and impact extended beyond the scope of its specialized craftsmen. The John of Arderne corpus is a good example of how little we know about the reach and interest in surgical manuscripts in society and the impact society had on its production and spread, but also what we could know by studying them in the same way as many of the less practical genres. Behind the corpus, we find a group of people with varying financial situations, social standings, professions, and stages of their career, all united by their ownership of *Fistula in Ano*. This community of readers had a wide variety of uses for their specimen and reasons to be reading in the first place.

At the heart of this thesis then has been the understanding that, ultimately, books are like onions – they have layers. Though unlike a real onion, these textual onions have been carefully and intentionally crafted, layer by layer, by those who sought to use them. And having now presented my corpus of onions and peeled back their layers to gain a better understanding of the people and motivations that made them, we now turn our attention to what this basket of onions and onion-lovers mean not only for our understanding of surgical manuscripts, but of our understanding of the relationship people had with their manuscripts in society.

For just as Arderne's text was influential to and influenced by the study of medicine and surgery, so too is it impossible to separate either book or owner from the societies in which they lived and circulated. Though these book owners lived and operated within many different spheres of society, they were all nonetheless operating within the same society. What I hope this corpus has shown is that you cannot separate medieval surgical manuscript and how we approach them from other genres. They were influenced by the same ideals of beauty, guild systems, social conflict, and political turmoil as those commissioning a manuscript in any other genre. The ideals of a luxury manuscript would have been instilled in people across society. Symbols of social status were universal across society; they did not vary from one career to another. Even the issue of health itself, as has been repeatedly stated, was an issue and topic that is universally applicable to people across society. But while many of the more lavish genres, from Books of Hours to Romances, have been analyzed as I have throughout this thesis, broken down to pick apart the hints of ownership hidden throughout their pages, the approach has not been done for the more practical genres.

And yet, despite their fewer images, used pages, and practical knowledge, there is a lot that this approach can help us to uncover about the people the range of people who read them and our understanding of these later medieval book communities. There is a lot this approach can help us to understand about the exchange of knowledge and interest in furthering knowledge in late medieval England. It can help us to better understand the different uses people had for their books and perhaps, even how they felt towards their manuscripts. For just as there must have been a range of motives behind an interest in surgery, there must have also been varying relationships that may have existed between these texts and the people who owned them. While books on health were owned by those with a preexisting background and understanding of the

material, they were likely also read by those who wanted to better understand their bodies and how to heal it. They could have been commissioned to be used as an active guide for a surgeon's day-to-day work, a reference to text to be occasionally pulled off a library shelf, or for no practical use at all. For books, regardless of their genre, have long exist as an item of appreciation independently of their text. A love of books and a love of reading are two distinct joys, and one can want a book of surgery with no intention of ever reading through text simply because they enjoy the ownership and acquisition of it.

So, whether it was the humorous images and appearance of bottoms and penises scattered throughout the margins of the text or an interest in learning a new surgical technique, Arderne's *Fistula in Ano* caught the interest and imagination of many an individual in later medieval England. While this thesis has attempted to scratch the surface of the later medieval community who brought this corpus to life, further research is needed if we are to truly uncover and understand more about who exactly made up this book community. Given the history between people and books, it is unsurprising that the relationship between the two is as complex as the objects themselves, however, underlying all this is a love of books and the opportunities they present. And, if you have gotten this far into a thesis on medieval anal fistular surgery, this is clearly a sentiment you must equally feel and understand.

APPENDICES

APPENDIX 1: TABLE OF JOHN OF ARDERNE *FISTULA IN ANO* MANUSCRIPTS DATING TO THE FOURTEENTH AND FIFTEENTH CENTURY ENGLAND, WITH DETAILED COMPARISON OF THE VARIOUS DETAILS KNOWN OF EACH AND COMMENTS ON THEIR APPEARANCE

	Date of creation	Size (LxW in cm)	Language & material	Arderne Texts	Quantity of Marginal Notes	Marginal decor	Comments
Oxford, St. John ms. 86	1350-1450s	29x18.5	Latin (unknown)	*Liber Receptorum, Fistula in Ano,* Extract *Emoroydarium* ,case studies, maybe some recipies	Lightly annotated (brief in size)	A complete, coloured version of the POI	The ms. was mis-bound, so the text does not appear in the correct order
Cambridge, Emmanuel College ms. 69	1400-1450s	22x14.5	Middle English (paper)	*Liber Receptorum, Fistula in Ano*	Lightly annotated (brief in size)	POI mostly drawn in black ink	Though the text is in Middle English, and among the earlier of the ME copies, for reasons unknown, f.76r-79r have been written in Latin with no break in the text
Cambridge, G&C ms190/223	Mid-1440s	----------	Latin (parchment)	*Liber Receptorum, Fistula in Ano*	Highly annotated (ranging in size of notes & the hand)	Very few images, generally in black ink	Shockingly little decoration for an Arderne manuscript
Oxford, Barlow ms. 34	1350-1400	23.5x17	Latin (paper)	*Liber Receptorum, Fistula in Ano*	Highly annotated throughout (ranging in size, hand & script)	An incomplete version of the POI (very sketchily drawn in black ink)	Among the most used in its current state & overall appearance
Oxford, St. John's ms. 132	1450-1500	23x16	Latin (vellum)	*Liber Receptorum, Fistula in Ano*	Highly annotated	Some images from the POI & bottoms highlighting instances of the surgery drawn in black ink	Contains the most names & marks of ownership; some signs that there intended to be illus. initials,

						with some red ink	but this wasn't completed
Oxford, Ashmole ms. 1434	1400-1499	21.5x14.5	Latin (parchement/paper)	*Fistula in Ano*	Moderately annotated	Few, if any marginal images	Composite manuscript
Glasgow, Hunter ms, 112	1376-1400	23x14.5	Latin (vellum)	*Fistula in Ano & Speculum Phlebotomiae*	Very lightly annotated (only a few, faint words)	A complete version of the POI (this one is more faded and not usually coloured)	Is one of only two ms. with the same full-page image of Arderne performing the surgery prefacing the text
Glasgow, Hunter ms. 251	1400-1499	26.5x17.5	Latin (vellum)	*Fistula in Ano & Speculum Phlebotomiae*	Lightly annotated	A complete coloured version of the POI	Perhaps an incomplete manuscript – small gaps at the start of various sections were left with smaller letters indicating what needed to be drawn in later
Glasgow, Hunter ms. 339	1376-1400	14.8x10.7	Latin (vellum)	*Fistula in Ano & Liber Receptorum*	Highly annotated (from a few words to a paragraph)	A complete coloured version of the POI	Not only among the most used in appearance, but also the smallest copy in the corpus
British Library, Sloane ms. 6	1400-1450	----------	Middle English (paper)	*Fistula in Ano*	Lightly annotated	No marginal decorations	Composite manuscript
British Library, Sloane ms. 56	1376-1400	23x14.5	Latin (parchment or vellum)	*Liber Receptorum, Fistula in Ano*	Very lightly annotated (includes an English note f.79v & recipes on f.4r & 22r)	A complete, coloured version of the POI	Though the text is in Latin, there is an English note in the margin of f. 79v
British Library, Sloane ms. 277	1400-1450	30.7x19.5	Middle English (vellum)	*Fistula in Ano* (Incomplete version: though rubric lists all the chapters, the	Very lightly annotated (fewer than 5 through whole text)	Blue/red decorated initials, no medical marginalia	Other than being the largest ms. in the corpus, there is a discrepancy

				text itself ends in chapter 7)			between the text and the rubricated headings which seem to be added after the text
British Library, Sloane ms. 563	1400-1499 (text added 16thc.)	16.2x13.1	Middle English (vellum)	*Fistula in Ano* (full text in Middle English but followed by a much later addition at the end with Latin extracts of the text)	Very lightly annotated (only a few, faint words)	No marginalia	Noticeably unabbreviated,
British Library, Sloane ms. 2002	1376-1400	19x13.3	Latin (parchment or vellum)	*Fistula in Ano*	Highly annotated (though in a uniquely neat & flourishing script)	A mix of decorated initials & an incomplete version of the POI in black ink (only a handful of images from it are included)	Is one of only two ms. with the same full-page image of Arderne performing the surgery prefacing the text
British Library, Sloane ms. 8093	Un-known	25.4x16.6	Middle English (unknown)	*Fistula in Ano* (Incomplete version)	Very lightly annotated (one or two notes, and a few instances of underlined text)	One sketch of a person, though not part of Arderne's POI – otherwise, just decorated initial (rubricated and blue filigree)	There is perhaps a merchant mark at the bottom of f.24r

APPENDIX 2: TABLE ORGANIZING SIXTEEN JOHN OF ARDERNE MANUSCRIPTS ACCORDING TO THEIR APPEARANCE AND THE STYLISTIC CATEGORY THEY FALL INTO

Category 1: The Used Books	**Category 2: The Functional Beauties**	**Category 3: The Professional Surgery**
Oxford, Ashmole ms. 1434	British Library, Sloane ms. 56	British Library, Sloane ms. 8093
Oxford, St. John ms. 132	Glasgow, Hunter ms. 251	British Library, Sloane ms. 563
Oxford, Barlow ms. 34	Glasgow, Hunter ms. 339	British Library, Sloane ms. 277
Cambridge, G&C ms. 190/223	Glasgow, Hunter ms. 112	British Library Sloane ms. 6*
	Cambridge, Emmanuel College ms. 69	British Library, Sloane ms. 2002
	Oxford, St. John ms. 86	

- Sloane ms. 6 is interesting in that it is a bit of an anomaly. In terms of its textual organization and lack of medical images other than the main surgical diagram, it appears most like the other manuscripts in the third category. However, it lacks the finished quality that is seen across the other manuscripts in that category. The composite nature, the appearance of the other texts, lack of textual annotations, and mix of an abundance of empty spaces between texts and tight, compact script shows characteristics of each of the categories.

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London. The British Library. *Sloane ms. 277*.

London. The British Library. *Sloane ms. 563.*

Oxford. The Bodleian Library. *Barlow ms. 34 (Practica Chirurgiae)*.

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