

Introduction: Everyday Mouths

Nothing seems more ineffable, more incommunicable, more inimitable, and, therefore, more precious, than the values given body, *made* body by the transubstantiation achieved by the hidden persuasion of an implicit pedagogy, capable of instilling a whole cosmology, an ethic, a metaphysic, a political philosophy, through injunctions as insignificant as ‘stand up straight’ or ‘don’t hold your knife in your left hand’.¹

— Pierre Bourdieu

The human mouth is, for the most part, strikingly absent from the indices of scholarly works on the medieval period. Where it does appear it is usually in its capacity as the organ of speech, where it tends to be dissolved into language or relegated to the realm of metaphor; or when it is caught *in extremis* – that is, when it is grotesque or monstrous, when its borders are transgressed, or when it opens or eats to excess.² Mundane, literal references to the material mouth, however, are commonplace enough in medieval texts themselves; perhaps it is their commonplaceness, the very mundanity of mouths, that makes them seem so unremarkable. The premise of this book is, therefore, somewhat counterintuitive: it proposes that the human mouth – and especially its everyday, physical aspect – is centrally implicated in discourses of physical, ethical and spiritual good. Responsible for both physical and spiritual functions, such as eating and breathing, but also prayer and confession, the mouth is deeply enmeshed in medieval thinking about what it means to be human, and about sin and salvation. It is, in fact, as this book contends, the principal point where human and Christian identity is bestowed, maintained and ultimately dismantled. In this regard, a study of medieval mouths contributes towards a history both of the human body and of medieval Christianity.

This claim is grounded in readings of the mouth in two Middle English literary traditions: religious and (in very broad terms) medical or

biological – what might be referred to as vernacular theology and vernacular medicine respectively. It is in the later medieval period (in particular from the mid fourteenth century on) that theology and science undergo a process of vernacularisation from Latin into Anglo-Norman and into Middle English, both in the form of translations and original productions.³ The understanding of the mouth that emerges in the intersections of these two traditions discloses a discourse of the care of the self that has powerful reverberations for our reading of medieval texts and our understanding of late medieval devotional practices. Latin traditions, particularly those stemming from the twelfth century, from which vernacular discourses of the care of the self in part derive, similarly disclose a close relationship between medicine and religion; vernacularisation, however, marks a widening access to these learned traditions and facilitates reading between medical and religious ideas. This book traces the discourses (representations, beliefs, practices) of the human mouth that emerge in the intersections of learned, Latinate culture and popular, Middle English learning. These discourses are part of the spectrum of ‘kynde’ – or ‘the natural’ – explored by many late medieval, and specifically Middle English, writers;⁴ by extension, so too are they part of late medieval debates about epistemology which question the relationship of knowledge to the subject of ethics, to ‘doing well’ and to getting saved.

‘Kynde’ has rich connotations in the fourteenth century, often positioned in some ways against what is often referred to in Middle English as ‘clergie’ (or ‘learning’). However, ‘kynde’ designates, variously, knowledge which inheres naturally in the human (that is, to take William Langland’s phrase in *Piers Plowman*, ‘kynde knowyng’), as well as knowledge which is about nature (observed as well as taught).⁵ ‘Kynde’ is therefore situated in the Pauline–Augustinian tradition of *via positiva*, profoundly influenced in the later medieval period by the rise of Aristotelianism, where the visible natural world and the human body provide a commentary on the invisible and divine.⁶ Descriptions of the physiology, anatomy and pathology of the mouth accordingly provide a gloss for spiritual processes, such as confession and self-knowledge, and disclose themselves to be not only figures of spiritual processes but the literal bases of them. ‘Kynde’ is also situated in the tradition of *experientia*, which might be understood as learning through living in the world. Importantly, *experientia* values being-in-the-world and sensate experiences, including those of sin and suffering; it therefore creates the possibility that even fallen human experience can bring spiritual benefit.⁷ This book contends that the mouth – and especially the senses of taste and touch, which are defined in Middle English natural philosophy

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as the ‘boistous’, that is, ‘earthy’ senses – peculiarly directs us to a medieval discourse of lived experience. This discourse derives its value not from the transcendence of the body but from being-in-the-body – for example, from the sometimes sinful, sometimes painful experiences not only of eating and speaking, but also defecating and vomiting. On the surface at least, ‘kynde’ knowledge about the mouth is, however, particularly mundane, and is conveyed in injunctions as seemingly insignificant as ‘chew your food properly’ and ‘scrape clean your teeth’, and in instructions for, and the practice of, caring for children and the self (the appropriate age to wean a child, how to teach a child to speak, when and how to eat, how to cure toothache or bad breath). This everyday kind of knowledge is deceptively ordinary; it forms, in fact, what we might understand to be a kind of body *hexis* that, in Pierre Bourdieu’s words, is capable of ‘instilling a whole cosmology, an ethic, a metaphysic’. It is thus the values ‘given body, *made* body’ that this book explores; the ways in which the experience and pedagogy of the mouth develops ‘a “moral organism” akin to and embodied in the physical organism’.⁸

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Middle English Mouths takes its point of departure from several influential approaches to the body with a long history in medieval scholarship. Mikhail Bakhtin’s theory of grotesque realism, formulated by 1940 but first translated into English in 1968, makes the mouth the leading feature of the grotesque body: ‘The distinctive character of this body’, he writes, ‘is its open unfinished nature, its interaction with the world. These traits are most fully and concretely revealed in the act of eating; the body transgresses here its own limits: it swallows, devours, rends the world apart, is enriched and grows at the world’s expense.’⁹ Suggestively characterising the movement and oppositions between carnival and lent, official and non-official culture, seriousness and communal laughter, Bakhtin’s formulations have been very influential on interpretations of medieval bodies.¹⁰ His description of the openness of the grotesque body’s ‘open unfinished nature’, and its capacity to traverse and travesty hierarchies and spheres, remains a powerfully generative idea for thinking about the relationship of the body to the world, and to political and cultural structures. But its broader theoretical framework has limitations: its concentration on the body in excess (‘all that is bodily becomes grandiose, exaggerated, immeasurable’); its antagonism to religious seriousness; and its strict boundaries between official (‘classical’ body) and non-official (‘grotesque’ body) cultures.¹¹ David Williams pinpoints the problem inherent in the

term grotesque, since ‘the terms “monster,” “grotesque,” and “fantastic” are generally used more or less interchangeably’.¹² If eating and drinking, for Bakhtin, are manifestations of the grotesque, they are also, as medieval commentaries on the body and the quotidian disclose, manifestations of the body at its most human. It is therefore necessary to articulate and appropriate more carefully the concept of the grotesque in thinking about the mouth; in turn, it also seems necessary to recuperate some of the operations of the mouth that are otherwise (and sometimes uncritically) associated with the grotesque. In his critique of the use of Bakhtinian theory in early modern scholarship, Michael C. Schoenfeldt has usefully suggested that we should see carnival in the context of the ‘calendrical process of self and communal regulation’.¹³ In this way, the grotesque, excessive aspects of human experience are not fixed or totalising but part of a spectrum: understanding bodily experiences to be temporal allows us to view traditionally ‘grotesque’ aspects of human behaviour (eating, chewing, spitting, vomiting, defecating) without *necessarily* invoking laughter, subversion and monstrosity (although, importantly, it does not preclude any of these aspects emerging). Schoenfeldt suggests that mundane bodily functions such as eating and defecating might better be understood in terms of the ‘care of the self’, a notion he borrows from Michel Foucault, who identifies discourses of the care of the self in the medical regimen of the Classical period: ‘medicine’, Foucault asserts, ‘was not conceived simply as a technique of intervention . . . It was also supposed to define, in the form of a corpus of knowledge and rules, a way of living, a reflective mode of relation to oneself.’¹⁴ Here Foucault articulates an understanding of medicine that is bound up with the concerns of both everyday care and individual identity, concerns which are similarly intertwined in the late medieval writings discussed in this book.

A second influential approach to the medieval body takes its lead from the turn to embodiment and the ‘new materialism’. In this vein, Caroline Walker Bynum’s early work was seminal in raising the profile of the body as a site of religious experience.¹⁵ Here, the mouth appears often obliquely – in relation to the Eucharist, or the ascetic eating practices at the centre of the lifestyles of those who achieve the status of saints or mystics. In many ways, Bynum’s approach and the studies which it inspired value flesh and fleshliness, exploring the manipulation and modification of the body and considering in particular how this might be used to subvert hegemony and patriarchy in medieval society or for postmodern readers. At the same time, it tends to stress the *corps morcelé*, dismemberment, torture, bodies in pain, the violent, the bizarre, the wondrous and the supernatural.¹⁶ These

tropes of the body abound in medieval texts and have particular resonance with religious discourses that emerge within them (Franciscanism, affective piety, *imitatio Christi*, hagiography and martyrdom, fast and feast, the Eucharist and the suffering humanity of Christ).¹⁷ But this focus tends to elide the discourses of those who, in pursuit of the mixed life, go about eating, drinking, having toothache, experiencing the feel of words in the mouth, defecating, falling unwell, feeling healthy, learning about the world, about the self and about God, forgetting again and dying.

More recently, however, the interest in embodiment and materiality has developed in ways that make these everyday experiences an increasingly important focus, including the turns to ‘affect’, to material culture and (everyday) objects.¹⁸ Bynum’s 2015 work, *Christian Materiality: An Essay in Religion in Late Medieval Europe*, is a case in point. Going beyond the category of the body to ‘the study of matter itself’, it highlights the tangibility of late medieval devotional objects, and situates questions about the human body and corporeality in broader medieval theories of matter and its changeability.¹⁹ As Bynum’s stress on the tangible suggests, so too has medieval scholarship seen a related emphasis on the senses. Recent cultural and anthropological histories, attune to the category of ‘experience’, thus rethink the senses in terms of ‘multisensoriality’ – their interrelation and collaboration – rather than treating them as isolated or fixed.²⁰ It is in the context of the shift to multisensoriality that this book intervenes by making a case for the centrality of taste and touch in discourses of worldly and spiritual experience, in which their value is predicated in not only their collaboration with, but their very difference from, the other senses.

The attention to affect, objects and the senses has done much to broaden the horizons of scholarship on the human body. At the same time, however, animal studies and disability studies have both offered important critiques of the kinds of narratives and histories that have emerged in the past several decades. Medieval natural philosophical descriptions of the human body tend to have in mind a male, idealised form, and often derive value from man’s comparison with, as well as his difference from, animals. As Karl Steel summarises, ‘critical animal theory stresses that the categories “human” and “animal”, as well as the assumption of any absolute limit between human and animals, must be radically rethought’.²¹ Disability studies has similarly problematised accounts of the body that either overlook or are (implicitly) forged against impaired or disabled experiences of the body.²² Medical discourse, in delineating sickness and impairment, can provide an important counterpart to the ‘ideal’ bodies of natural philosophy. But so too can attentiveness to natural philosophical descriptions of lifecycle

stages and bodily functions, as well as to medical regimen for the daily care of the self, go some way to countering static understandings of 'the body', pointing to inherent flux and change (in aptitude, health and so on), as well as exposing what the human has in common with animals, plants and material objects. This also affords some recognition of human vulnerability, and of the ways in which impairment, sickness and suffering change and recalibrate the experience of the body.

Sharing a commitment to embodiment and materiality, scholarly thinking on the everyday derives energy from an anthropological emphasis on 'the domain of the lived experience and the effect of the social realm on the human body'.²³ The notion of the everyday body is kindred with that of the care of the self, taking in, in Schoenfeldt's terms, the body's calendrical flux and change, as well as sensate experience lived in the world. The work of Felicity Riddy does much to articulate further the perspective afforded by the category of the everyday, which, as she describes it, makes possible compassionate, matter of fact and valorising responses to bodily experiences and behaviours.²⁴ Writing on a fourteenth-century Middle English romance, *Le Bone Florence of Rome*, Riddy identifies a spectrum of bodies in the poem:

Sick, deformed and wounded; needing to be fed, clothed, kept warm and given rest; eroticised, tormented and vulnerable; the corpse – all these varieties of the body in time are accommodated by the poem, and not as animal but as human ... In all this there is, it seems, no abjection: the body is not shrunk from and does not defile. It is multivalent: sometimes funny; at others appalling; at others no more than matter-of-factly there to be contended with: fed, rested, clothed. It is what the poem understands humans to be: what I call the everyday body.²⁵

For Riddy, the everyday perspective does not find the conditions of the body (sickness, deformity, woundedness, sex, hunger, the onset of death) at odds with morality or with living well: 'the everyday body is vulnerable and needy, but it is not despised as worthless flesh; its processes may be dirty and smelly but they are not morally filthy'.²⁶ This begins to raise the possibility that the everyday body may provide (religious) opportunity to those for whom living in the world (rather than withdrawing from it) is very much a necessity. In taking up the everyday body and its care, this book is limited in its capacity to speak to the particularised experiences – especially of disability, but also of gender – of those who are differently embodied from the male, and often normative, bodies of philosophy and medicine.²⁷ Approaching the body through the category of the everyday

cannot, for example, fully account for the experience of disability, where neither sickness nor impairment might be temporal, but rather lived with permanently, and where the experience of vulnerability too is differently inflected.²⁸ It does, however, offer a corrective to fixed and static accounts of the body, and works with a sense of the importance of finding more fluid understandings of what it means to be human.

Reading Habits

In the medieval period, everyday care of the self does not just extend to the body but, as Foucault suggests, to the body and soul as a related whole, and so encompasses medical, ethical and religious concerns. The influx of Classical and Arabic learning into the West around the twelfth century quite fundamentally provides a new corpus of natural philosophical, medical and surgical works to be taken up by and integrated with existing *theological* as well as medical traditions; the body and its passions are increasingly the subject of books, both Latinate and Middle English. Indeed, the second half of the fourteenth century sees the beginning of an explosion in the vernacular translation and production of medical, surgical and scientific treatises.²⁹ In the same period, too, the production and vernacularisation of pastoral and devotional works proliferates significantly. Scholarship on vernacular theology, seen to stem from the 'educational drive' of the Fourth Lateran Council in 1215, is considerable but perhaps has not given due consideration to its relationship with the parallel developments in vernacular science. The increased concern with the health of the body, however, might represent the other side of the coin to the concern with providing 'guides to spiritual health'.³⁰

The notion that natural philosophy, medical and pastoral works are counterparts in the care of selves requires that we understand the readership of scientific and medical texts to be wider than an exclusively academic or professional one, but also that we conceive of a late medieval practice of reading between medical and religious traditions. The different genres of medical texts have been seen to correlate directly with a hierarchy of users – for example, the guild-trained surgeons and barbers would be the target audience for surgical books.³¹ However, the medium of Middle English opens up medical knowledge to the perusal not just of university and professional readers, but arguably 'anyone literate'.³² The boundaries of readership of vernacular science are, therefore, necessarily fluid. Laymen and women, as well as clerical writers, might read and appropriate such 'natural' or medical material for themselves and for their own ends. It is

also clear that some translators of medical treatises ‘imagined an audience beyond that of scholars and medical practitioners. They seem to have seen the vernacular medical translation as a kind of medical sermon, with a pastoral, indeed charitable, function in mind.’³³ This places some medical translating activity in the same vein as vernacular theology, where works such as John Mirk’s sermon cycle, the *Festial*, and a whole host of other vernacular penitential and confessional manuals are written in order to instruct lewed parish priests and their unlearned parishioners. We should, of course, be careful about what we understand the ‘good’ of this material to have been. As Julie Orlemanski reminds us, in the form of vernacular medicine ‘medieval men and women confronted a set of therapeutic models and explanatory terms that often failed – failed, that is, to be understandable to readers and to provide the physical relief sought’.³⁴

While questions thus might be raised both about the comprehensibility of vernacular biology and medicine, and about the efficacy of such knowledge for either physical or spiritual healing, the medieval habit of reading across genres nonetheless posits the complementarity of natural knowledge and medicine, on the one hand, and devotional poetry and prose, on the other.³⁵ Indeed, as Judson Boyce Allen in *The Ethical Poetic* observes, textual and generic distinctions of this kind are largely modern rather than medieval ones.³⁶ The vernacular habit of reading in the cross-flow of genre is exemplified in the character of manuscript miscellany: Lincoln Cathedral, Dean and Chapter Library MS 91, a fifteenth-century miscellany copied by Robert Thornton, for example, further to its romances and devotional texts, includes three charms for toothache, a prescription for ‘scyatica’ and a prose medical text, *Liber de diversis medicinis*.³⁷ But it is also central to the reading practice of Chaucer’s *Canterbury Tales*, where, as R. A. Shoaf has suggested, the boundaries between the medical and the penitential are blurred. Foregrounding the Nun’s Priest’s tale’s debt to medical regimen, Shoaf argues that it ‘has an idea of the body humanely dieted’; the collection’s final tale, that of the Parson, in turn, is a ‘tale on the care of the self’. In other words, the one tale about the effects of food on the body complements another tale about the process of penance and receiving forgiveness.³⁸ Such reading and compositional practices are calibrated by the conviction that ethics and spiritual processes are founded in the body and its physiology; that knowledge *about* the body is therefore valuable, even necessary, for salvation.³⁹

This medieval habit of reading between medicine and theology, or between the body and soul, fosters in turn the incorporation of medical knowledge into Middle English *pastoralia* and devotional works. The extent

to which vernacular theology draws upon medicalised knowledge suggests that in teaching priests how to care for the souls of their parishioners, or in teaching the laity to care for their own, these texts also necessarily teach how to care for the body.⁴⁰ William Langland's concern in *Piers Plowman* with the psychosomatic whole, epitomised by Holy Church's caution that 'it is nought al good to the goost [soul] that the gut asketh, / Ne liflode [necessary] to the likame [body] that leef [pleasing] is to the soule', is telling of a more general medieval belief in the interdependency of body and soul and of the importance of being able to treat and indeed to read about both.⁴¹ Thus, for writers and readers of vernacular theology, an understanding of the causes of sin, for example, might encompass more technical medicalised knowledge of the science of conception and the regimen for pregnant women, as it does in the early fifteenth-century *Dives and Pauper*:

Also meen [men] been enclynynd to synne, oon more þan anothir be excees, of mete and drynk, be myskepyngge of his fyue wy3ttys [senses]. And for þese same causys oon is enclynynd to bodyly sekenesse more þan anothir. For synne oftyntyme is cause of bodyly sekenesse. Also þe mysdyetyngge of þe moder qhyl [while] she is wyt childe or be mysdysposicioun of þe fader / or of þe modyr or of bothyn qhanne [when] þe chyld is begetyn.⁴²

The *Dives* author makes clear that, for some, eating and drinking too much, and for others, unregulated sensory perception (the 'fyue wy3ttys'), inclines them to sinful behaviour; inextricably, this failure in the care of the self leads both to sin and to bodily sickness. The 'mysdyetyngge of þe moder qhyl she is wyt childe' has consequences, not only for the health of mother and child, but also for the child's own future inclination to sin. At the heart of Middle English *pastoralia* and devotional poetry, then, is a fundamental concern with the care of the self (the proper control of diet, the regulation of the sense perceptions and of sexual intercourse) that either moderates or fires man's predisposition both to sin and sickness – that is, his habits.

As *Dives and Pauper's* anxiety over the consequences of the bad habits arising from the 'mysdeyetyngge of þe moder' or the 'mysdysposicioun of þe fader' discloses, Middle English pastoral instructions also make clear that virtue acquisition is necessarily founded in everyday practices such as those prescribed in regimen and diets.⁴³ *Habitus*, as Aristotle conceives it in the *Nichomachean Ethics* and the medieval period likewise understands it, is not inherent but acquired through repeated acts.⁴⁴ These repeated acts become, in turn, a permanent disposition (i.e. for moral or immoral

actions).⁴⁵ *Habitus* differs from but is founded upon *natura*, being learned from experience, but also through education.⁴⁶ The taught aspect of *habitus* is derived not exclusively from formal educational institutions (monastery, school, church) but also from the domestic sphere. In other words, the learning that forms *habitus* is practised, lived in and lived out, and – as this book shows – partly accrued through the mouth (in the sensory experiences involving taste and touch) and derived from mundane knowledge about its care, such as that about how food is to be chewed and teeth to be cleaned.

The questions which haunt the production and readership of both medical and religious texts in the vernacular consequently concern the relationship of knowledge to salvation: if questions of how much food is consumed, the fitting time for sexual intercourse and the proper regimen of pregnant women are so closely bound up with sin and with human ability to live ethically, what knowledge, scientific and medical as well as catechetical, is necessary? What knowledge is natural, inhering in the self, and what knowledge needs to be taught? What are the value and limits of the various kinds of knowledge? What are the consequences of the lack or abuse of learning by the clergy for lay salvation? What are the implications of lay interpretation and appropriation of that knowledge? As the following chapters explore, this book contends that, despite the complexity of the late medieval epistemological debate with which vernacular theology is implicated, the pastoral tradition makes clear that knowledge about the body, and specifically about the mouth – encompassing physiology, psychology, anatomy, pathology, medicinal remedy, surgery and regimen – is written into the knowledge necessary for salvation.

Everyday Sense

The bodily basis of epistemology in the medieval period is widely acknowledged; the specific role of the mouth in acquiring (both ‘kynde’ and ‘clergial’) knowledge and in performing the repeated acts which form dispositions, however, needs to be given greater consideration. Following Aristotle, not only sensate existence but also cognition and the operation of reason is widely, if sometimes controversially, understood to be dependent upon sense perception; thus Thomas Aquinas in the thirteenth century asserts, ‘all our knowledge takes its rise from sensation’.⁴⁷ While recent scholarship on the senses has begun to reappraise the ‘lower’ senses, it is still the case that sight has commanded the most scholarly attention in medieval contexts and is accordingly privileged in discussions of the acquisition of knowledge in general and spiritual knowledge in particular.⁴⁸ The scholarly