

What can medieval medical practice teach us about care today?
Caring for impaired and suffering bodies in Early Medieval England (6th-11th centuries)

Early medieval knowledge (before 1100), especially practical know-how, circulates first orally and only then in manuscripts when select material is written down, essentially in a religious context: most scribes were attached to monasteries, cathedral schools, and more rarely royal courts. Medicine is no exception and our approach to medieval medicine is mediated by this religious outlook. Archaeology attests to surgical practice, whose techniques were transmitted mainly by word of mouth in the Early Middle Ages. For everyday care of all other ailments, extant manuscripts are our only source of information. In these texts, the figure of the physician is impossible to ascertain, but it is a male figure in most cases. Female healers are briefly alluded to, and some gynaecological conditions are dealt with. We have access to limited evidence, with a focus on elite medical practice and mostly non-gendered conditions.

Despite these limitations, the vitality of medical treatises in Early Medieval England, in Latin or English, is well established. This vernacular (non-Latin) corpus is perhaps the most extensive in Europe and includes several herbals, which suggests a dissemination and practice outside the confines of the monastery. To this reservoir of pharmaceutical texts, lives of saints or bishops, chronicles, and literary texts add a huge body of literature in which personal experiences of illnesses, suffering, cures, and healing miracles are described in varying detail. The PhD must also explore these non-medical texts.

The PhD material will not be mined for contagious illnesses or epidemics. The textual and archaeological evidence for plague and leprosy, including their idiosyncratic symbolisms, have already been widely studied. Everyday ailments, chronic pains, and impairing conditions are the focus of this PhD research.

Early medieval medicine in England was an intimate business, with an emphasis on the personal interaction between the healer and their patient. Medieval handbooks have been studied thoroughly for their pharmaceutical contents. The PhD will approach this material in a new way, in order to help shed light on bedside manners and ways in which patient and healer communicate about pain and suffering, and more generally how chronic pain is acknowledged, described, and accommodated. Diagnosis technique is mostly absent from the period's material, and conditions are named very broadly, actual cause of afflictions are not explored. The primary concern is the alleviation of suffering. The PhD will aim at analysing this trope and its modalities. It will focus on possible applications in contemporary medicine, with an impact on medical training, especially regarding reactions towards patients' expressions of pain and suffering. The idea is to go beyond systematic empty exhortations to empathy, but instead evidence pragmatic details about environment, posture, language, which can promote efficient humane care in such situations.

A major difference with medicine today is that cures were explicitly effected by summoning beliefs, both Christian and pagan, alongside herbal remedies, thus making the patient the agent of his sometimes long-term treatment, and in some cases recovery. In this spiritual context, illnesses or ailments were often thought to have a supernatural origin. Unlike today, these beliefs were not discarded as superstition, instead they provided causal explanations and legitimated prayers and rituals as integral parts of medical practice. This focus on the patient's

psyche might offer some explanation for the efficiency of the placebo effect, particularly in miraculous cures. One outcome of the PhD may be to suggest how present-day care can replicate this accommodation of belief systems, and further foster patient confidence and trust.

The corpus will include written (sometimes illustrated) material from the whole Pre-Conquest period and the 11th century. Latin sources will span from Bede (8th century) to Latin lives of saints as late as 1100 (Ælfric) and include medical treatises which are known to have circulated in Early Britain. Classical medicine as such will not be addressed. Old English medical treatises are a priority, other texts in Old English must be selected by the candidate for inclusion. The corpus should be extensive enough to characterize social and cultural aspects of body-health issues in Early Medieval England.

The PhD student will be an active member of CÉMA (Centre d'Études Médiévales Anglaises) at Sorbonne Université, participating in its manuscript workshops, research seminars, and annual conference, and they will benefit from the environment of the MeCir ASU network (2025-2029) on Medieval Circulations. Their research will align with two of the Institut Santé Globale's areas of investigation, Autonomie-Vieillessement-Vulnérabilités and Humanités Bio-Médicales et Éthique, and they will share their findings to help inform medical training both at Sorbonne Université and Oxford University.

The candidate must have a solid background in English medieval studies, possibly including training at master's level in that area, and working knowledge of Old English. They will be aware of recent work in the fields of health humanities and/or disability studies, particularly on the medieval period. The candidate must display particular interest in issues pertaining to empathy, patient-doctor relationship, access to healthcare, and care more generally. The PhD will ideally be written in English.

The PhD will be co-supervised by Florence Bourgne (CÉMA, Sorbonne Université) and Robert Wilkins (Department of Physiology, Anatomy and Genetics, Oxford University). Fl. Bourgne is a specialist of Old and Middle English whose research focuses on the material circulation of medieval texts in English and Latin. R. Wilkins is co-editor of the *Oxford Handbook of Medical Sciences* (OUP), he has widely published on the role of membrane transport proteins in cartilage degeneration, and his research has been funded by Arthritis Research UK.