THE SUMMONER'S OCCUPATIONAL DISEASE

by

THOMAS J. GARBÁTY

THE pilgrims which Geoffrey Chaucer described in his Prologue to the *Canterbury Tales* (*c.* 1387) included all social ranks and vocations. Many of the tightly drawn portraits of these travellers were treated satirically, pointing up the evils of the time. The religious figures especially, the Prioress, Monk, Friar and Pardoner, all of whom were guilty of some kind of clerical abuse, came in for severe comment. But, undoubtedly, the most vicious sketch of all is that of the Summoner, an officer of the Church whose duty it was to ferret out delinquents in morals, especially in matters of fornication and adultery, and to bring them before the ecclesiastical courts.

This figure was the most hated and feared church official in the Middle Ages, and Chaucer's picture is unusually caustic. The Summoner had, from old acquaintance, whores and bawds as his agents, who informed him of all their clients, whether it was 'Sir Robert or Sir Huwe, or Jakke, or Rauf'. But for a quart of wine or a purse he might allow a fellow to have his concubine a while. And yet, Chaucer says that this man himself was as hot and lecherous as a sparrow, a man who 'ful prively a fynch eek koude he pulle'.[1]

To round out the picture, the Summoner suffered from an unusually virulent disease:

> A Somonour was ther with us in that place,
> That hadde a fyr-reed cherubynnes face,
> For saucefleem he was, with eyen narwe.
> As hoot he was and lecherous as a sparwe,
> With scalled browes blake and piled berd.
> Of his visage children were aferd.
> Ther nas quyk-silver, lytarge, ne brymstoon,
> Boras, ceruce, ne oille of tartre noon;
> Ne oynement that wolde clense and byte,
> That hym myghte helpen of his whelkes white,
> Nor of the knobbes sittynge on his chekes.
> Wel loved he garleek, oynons, and eek lekes,
> And for to drynken strong wyn, reed as blood;
> Thanne wolde he speke and crie as he were wood. . . .
> A gerland hadde he set upon his heed
> As greet as it were for an ale-stake.
> A bokeleer hadde he maad hym of a cake.[2]

Again, we hear that 'this Somonour wood were as an hare', and his voice bore 'a stif burdoun'.[3]

[1] Robinson, F. N., ed., The Canterbury Tales, in *The Works of Geoffrey Chaucer*, Boston, 1957, (A)652.
[2] *Ibid.* (A)623–36, 666–8.
[3] *Ibid.* (D)1327, (A)673.

In brief, the Summoner had a very red (cherubim) face, with pimples or eruptions (saucefleem) and slit eyes. His eyebrows were hairless and scabby (scalled) and his beard depilated (piled). He had nodes sitting on his cheek and white pimples (whelkes)[4] all of which he tried to cure with mercury inunction, protoxide of lead (lytarge), brimestone, borax, white lead (ceruce), cream of tartar, and arsenic (oynement that wolde byte). The man is a lecher and an alcoholic, shows signs of mania (wood, i.e. mad, as an hare), and a hoarse, raucous quality in his voice (stif burdoun). The diagnosis of this disease is important both for the history of medicine and for a more complete interpretation of Chaucer's purpose.

There are at least two theories as to what contemporary physicians might have called the disease. The most important of these is that of Walter Clyde Curry who felt that the Summoner 'was afflicted with a species of morphea known as *gutta rosacea*, which has already been allowed to develop into that kind of leprosy called alopicia [sic]'.[5] According to Andrew Boorde's *Dietary*, *gutta rosacea* in English was called a 'sauce fleume face', of which the signs are a redness about the nose and cheeks together with small pimples—a privy sign of 'leprosy'.[6] Arnoldus de Villa Nova mentions that the alopecia of 'leprosy' is produced by a complete depilation of the eyebrows and beard.[7] John of Gaddesden also adds the laboured breathing and husky voice, the thinness and falling of the hair.[8]

Another theory, based mainly upon the medications which Chaucer's Summoner used, was proposed by Pauline Aiken, who made a strong plea for scabies. According to Vincent of Beauvais, scabies, which developed from an excess of salt phlegm (sawcefleem) in the system, and from garlic, onions and strong wine, was very much like 'leprosy'. The small pustules of scabies first caused redness of the skin, and then suppurated, turning into white scales.[9] In addition, all the remedies that Chaucer uses are mentioned by Vincent as cures for scabies. I have also found that John of Arderne noted that 'Scabies, the itch is treated with litharge and quicksilver. . . .'[10]

We know that Chaucer was well read in the medical treatises of the time, knew of the ancient and contemporary physicians and their works. Of the Doctour of Phisik in the *Canterbury Tales*, the author wrote:

> He knew the cause of everich maladye,..
> Were it of hoot, or coold, or moyste, or drye,
> And where they engendred, and of what humour.
> He was a verray, parfit praktisour.

[4] The word 'whelk' in the sixteenth century seems to have been universally applied to Lues and equated with 'papule' i.e. Stanbridge, *Vocabula*, 1510 Wynkyn de Worde, 'papula, a whelke'; Withals *Dictionary*, 1562, 77, 'a whelke, papula, papilla'.

Also in *The Treasure of Euonymus*, trans. P. Morwyng, 1559, p. 325. 'Divers waters, wonderfully drying, scharpe, fretting, for healing of the whelkes of the frenche pockes. . . .' And Euonymus, p. 196, mentions, 'Some [men who are turned from love of wife to harlots] also bring vexation, or griefe, or itch as certain whelkes in the face'.

[5] Curry, Walter Clyde, *Chaucer and the Mediaeval Sciences*, New York, 1960, p. 38.

[6] *Ibid.*, p. 40.

[7] *Ibid.*, p. 43.

[8] *Ibid.*, p. 42.

[9] Aiken, Pauline, The Summoner's Malady, *Studies in Philology*, 1936, **33**, 40–4.

[10] Power, D'Arcy, ed., John Arderne, Lesser Writings, in *17th Int. Congr. Med. Lond. Sect. History of Medicine*, 1913, pp. 107–33.

The list of physicians is a long one:

> Well knew he the olde Esculapius,
> And Deyscorides, and eek Rufus,
> Olde Ypocras, Haly, and Galyen,
> Serapion, Razis, and Avycen,
> Averrois, Damascien, and Constantyn,
> Bernard, and Gatesden, and Gilbertyn.[11]

These names include all the eminent authorities of medicine. The works of Aesculapius, the father of medicine, were current in the Middle Ages. Dioscorides, who wrote on the materia medica, flourished *c.* A.D. 50. Rufus of Ephesus lived in the second century; Hippocrates is well known. Haly, probably the Persian Hali ibn el Abbas (d. 994), was a physician of the Eastern Caliphate; Galen, of course, the famous authority of the second century. Serapion was probably an Arab of the eleventh or twelfth century, author of the *Liber de Medicamentis Simplicibus*; Rhazes of Baghdad lived in the ninth or tenth centuries. Both Avicenna and Averroes were well known philosophers as well as physicians of the eleventh and twelfth century respectively. The name of Johannes Damascenus was attached to the writings of two ninth century medical authorities, Yuhanna ibn Masawaih and the elder Serapion. Constantinus Afer, a monk from Carthage, who is mentioned elsewhere in the *Canterbury Tales*, came to Salerno in the eleventh century, bringing Arabian learning with him, whereas the last three are all British practitioners who wrote medical compendiums of great influence. The Scot, Bernard Gordon, was professor of medicine at Montpellier *c.* 1300. Gilbertus Anglicus lived in the latter part of the thirteenth century, and John of Gaddesden, whom Chaucer undoubtedly knew personally, taught at Merton College, Oxford, and died 1361.[12] It is an impressive list, and one that leaves no doubt of Chaucer's familiarity with the medical literature of the time.

However, the universal greatness of Chaucer, and the quality for which he is so justly honoured in literature, is not his humanistic and scientific knowledge, albeit this is typical of the Renaissance in its scope, as seen in such a work as the *House of Fame* which includes astronomy, physics and acoustics. It is Chaucer's highly detailed realism which makes him so outstanding at a time when realism was imprisoned in legend, apocrypha, folklore and romance. In this sense Chaucer was not a medievalist but a Renaissance man. The portraits in the *Canterbury Tales* are drawn so accurately that several of the figures, the Host, the Sergeant at Law, the Prioress and the Guildsmen[13] have been identified with their historical counterparts. Not only does the author describe the personality of the pilgrim involved most accurately, he is just as meticulous with the physical appearance, from the width of the Prioress' brow, the pressed curls of the Squire, the nut head of the Yeoman, the deep eyes and greasy cheeks of the

[11] Robinson, F. N., *op. cit.*, (A)429–34.
[12] *Ibid.*, explanatory notes, p. 662.
[13] See Manly, J. M., *Some New Light on Chaucer*, New York, 1926, on the first three, and for the Guildsmen, Garbáty, Chaucer's guildsmen and their fraternity, *J. Engl. Germ. Philology*, 1960, **59**, 691–709; and McCutcheon, J. W., A solempne and a greet fraternitee, *Publ. mod. Lang. Ass.*, 1959, **74**, 313–17.

monk, the lisping of the Friar, the gap teeth of the Wife of Bath, to the tuft on the Miller's nose, not to speak of the Summoner's disease. It is, therefore, of interest, both for medical as well as literary historians, to find out, with a modern diagnosis, what this disease might have been.[14]

Since this may well be the first interdisciplinary literary-medical diagnosis attempted, it may be of help for similar researchers in the future to print the few rules of thumb which Dr. Anderson and I decided upon in this case.

1. *A literary-medical diagnosis can be achieved only by scholars representing both disciplines.*
2. *There must be a diversification of diagnoses.*
3. *The work must be in line with the author's purpose.*

In addition, the following subjects must be included:

Basic materials
1. A fairly detailed description of the signs of the disease in a reliable and complete edition.
2. Knowledge of what the authors or contemporary physicians called the disease.
3. The complete work in which the disease appears.

Literary Additions:
1. Is the author capable of accurate reporting?
2. What sort of description is typical of this author?
3. What medical books and medical advisors were consulted by the author?
4. What was the author's intention in introducing this disease into the story?

Medical Additons:
1. Modern differential diagnosis on signs described.
2. How complete a description is available? Is it sufficient?
3. Meaning of descriptive and diagnostic terms in author's time.
4. Intellectual/social nature of medicine and medical care in author's time.
5. Probable incidence of the diseases in the differential at the time.
6. Nature of the disease, incidence now and possible changes since the author's time.

These should be the ground rules for works similar to this, and I have tried to follow them here, albeit in a slightly different order.

Admittedly, Chaucer's description is not sufficient for us to be able to diagnose the Summoner's disease with absolute certainty. However, there are clues enough for a dermatologist to reach a conclusion which, in the light of literary purpose, will not be too far off the mark.

[14] I am greatly indebted to Dr. Philip Anderson, Assistant Professor of Dermatology at the Medical Center of the University of Missouri, Columbia, Missouri, for help with the medical section of this paper, and to Dr. Hans v. Brauchitsch for valuable source suggestions in medical history.

In the Summoner

Chaucer saw:
- eye effects
- depilation
- mental disturbance
- hoarseness
- facial eruption

resulting from:
- lechery
- venery
- gluttony
- enstrangement

resulting in:
- Chronic alcoholism as an Olympian piece of irony
- Syphilis

We must diagnose the Summoner's disease, therefore, as Secondary Syphilis (Lues II), specifically as a *Rosacea-like Secondary Syphiloderm* with *meningeal neurosyphilis*. This diagnosis can be explained in the following way:

1. Rosacea-like syphiloderm:	1. the 'fyr-reed cherubynnes' face. 2. the papules of the 'saucefleem'. 3. nodes 'knobbes'.
2. Secondary Syphilis:	1. 'Saucefleem' papules. 2. White pustules 'whelkes'. 3. Alopecia specifica areolaris, the 'scalled browes and piled berd'. (The Summoner's garland covers any signs of alopecia on the capillitium.) 4. Diplopia or Ptsosis, the 'eyen narwe'. 5. Laryngitis, 'stif burdoun'.
3. Meningeal neurosyphilis:	The personality change, 'Wood as an hare'.

The Summoner may also have been suffering from chronic alcoholism, which might produce the 'fyr-reed' and 'saucefleem' face, in addition to the 'stif burdoun' and the fact that he 'wood were as an hare'.[15] However, this would not explain the alopecia and the eye signs.

For a wider differential diagnosis we must include Acne Rosacea, Acne Necrotica, Acne Conglobata, Lupus Vulgaris, Psoriasis and drug allergy, though here again we would not find cranial nerve lesions causing eye defects, alopecia, or manic qualities. A modern physician would have to rely on histology for an accurate diagnosis.

It would seem that a diagnosis of a rosacea-like secondary syphiloderm would give us the one disease which includes all the signs which the Summoner shows, especially in the light of our rule three, the author's purpose. In Chaucer's description, the fact that the Summoner was 'hot' and lecherous as a sparrow is given us as an integral part of the signs and history of the disease. The author obviously wanted the reader to recognize that venery and alcohol were inseparable from the whole picture.

It was Chaucer's whole purpose in the portrait of the Summoner to draw a

[15] Cf. *The Book of the Knight of La Tour-Landry*, edited by Thos. Wright, Early Engl. Texts Soc., London, 1906, p. 116: 'Furst that wyne troubelith, makethe rede eyen, and feble to the sight . . . and it makethe the visage falce [salce] fleumed rede, and full of white whelkes.' Skeat feels that Chaucer may have been the source; however, since the *Book* was composed *c.* 1371–2 and was immensely popular, could the reverse have been true?

tight, sharply satiric picture of a corrupt, tyrannical, lecherous man, who represented a highly moral, puritannical office. What a hugely ironic joke it is, that this same man is suffering from a venereal disease! Chaucer's sketches are sparse; his words are always to the purpose. He does not waste twelve lines describing in detail a disease which is only a digression.

On the other hand, the very fact that Chaucer could see the relationship between alcoholism, lechery and general debilitation, and a virulent skin disease which he described in such detail in all its ramifications, speaks much for the perceptive eye and logical mind of a literary man who saw a biologic cause and effect relationship which most medical practitioners had missed.

It must be admitted that not all the statements concerning the Summoner can be taken as fact. The phrase 'Wel loved he garleek, oynons, and eek lekes' seems to have been a cliché of the trade such as are found today when we say of a child with acne 'too much chocolate and candy', or a man with a red nose, 'he likes to tipple'. Aside from the reference in Chaucer, Robert Kaske in his *MLN* note 'The Summoner's Garleek, Oynons, and eek Lekes', LXXIV, 481–4, has found one other reference from Numbers XI, 5 (I quote from the Wyclif Bible, ante 1382)[16] 'We recorden of the fisshes that we eten in Egipte gladly; into mynde come to vs the goordis and the peponys, and the leeke, and the vniowns, and the garlekes.' The reference here is to the flesh pots of Egypt and has no medical significance; however, I found mention of two similar phrases which might be more to the point. One is from John of Burgundy's *De Pestilentia* and prescribes: 'Therefore whenn the pestilence regneth in countre, the man that wol be kept fro that evel hym nedeth hym to kepe fro outrage and excesse in mete and eke drynke', and he continues, 'also vse litel or noughte of these, garlik, vuyons, lakes en other suche metes that bringeth a man into on vnkyndely hete.'[17] John of Arderne shifts from the Plague to haemorrhoids with the same warning: 'And it is to wytte þat in pacientz of þe emoroidez be þe neuer giffen medicynez apertyuez of veynez nouþer . . . lekez, onyans, garleke and sich oþer scharp þingz.'[18] Undoubtedly, this therapy was a good one, and Chaucer may have been quite justified in believing that the Summoner was guilty of eating strong food as well as drinking strong wine.

That Chaucer himself called the disease 'alopecia' or 'leprosy' must also be supposed, since the medical books of the Middle Ages are all consistent in saying that the origin of that particular kind of 'leprosy' with which the Summoner is infected was in coitus.

Trevisa's translation of the Bartholomaeus, *De proprietatibus rerum*,* mentions that 'leprosy commeth of fleshlye lyking by a woman soone after that a leprous man hath laye by her'. (This section is quoted in Curry.) Also Trevisa says that 'leprosy' is congenital: 'It commeth of father and mother: and so this contagion passeth into the childe as it were by the law of heritage.'

[16] The *Vulgate* reads as follows: 'Recordamur piscium quos comedebamus in Ægypto gratis: in mentem nobis veniunt cucumeres, et pepores, porrique et cepe et allia.' Liber Numeri, XI, 5.

[17] John of Burgundy, De Pestilentia, *Arch. Gesch. Med.*, 1912, **5**, p. 73.

[18] John Arderne, *op. cit.*, p. 63.

* Photostats of the MSS and incunabula may be found in the library of the *Middle English Dictionary*, at the University of Michigan, Ann Arbor, Michigan.

In the section on the Cook's mormal in Curry's book, reference is made to John of Gaddesden's *Rosa anglica practica medicinae.** During the work on the medical treatise Gaddesden had been a professor of medicine at Lüttich, *c.* 1330. In the chapter 'De Lepra' of the *Rosa anglica* he wrote:

Ille qui concubuit cum muliere cum qua coiuit leprosus puncturus intra carnem 7 coriu sentit: 7 aliquanda calefactiones in toto corpore 7 postea frigus 7 insomnietatum: 7 circa faciez quasi formiacs currētes si sit de causa calida. 7 color variatur de rubedine in album 7 econuerso. 7 frequēter habent calorem lentum interius 7 prūpit aliquādo exterius quādo est post coitū colerici. Si sit post coituz flegmatici vel melancolici tardius percipit 7 facies statim discoloratur 7 subtumescit 7 est aggrauatio omniuz membro 7 vix se mouere pot. 7 habet frigis subcutaneuz cum formicatiōe faciei post: deinde totius corporis.[19]

Lanfrank, in his *Science of Cirurgie*, states of leprous men that 'þei wilneþ mycle to comne (comune) wiþ wommen', and that afterwards 'þer wolen wexe pustulis in his tunge',[20] a rather suspicious sign of the primary lesion, and Guy de Chauliac, undoubtedly the foremost medical authority of the time, writes (MS from New York Academy of Medicine, *c.* 1400)* that 'leprosy' is got from 'filth of gendring' and that after some time the men 'ar wily bigylyng and wode',[21] which certainly shows character traits similar to those of the Summoner. The Paris MS (?*c.* 1425)* of the Chauliac cites 'the causes of lepre ben . . . a spotte or filynge (OED, a stain in moral character, fouling) of þe generacion and of þe gendrynge or getynge', and that the later symptoms are 'þai ben rowghe & full wood and þay wil preyse hem self ouer mykel among þe peple'.[22]

I have also found more evidence of what may perhaps be the primary lesion of Lues, although soft chancre cannot be ruled out. John of Arderne, in his *Treatise of Fistula in Ano* mentions a remedy: 'And wytte þou þat I haue oft tyme sene puluis grecus for to availe in þe cancre of a mannez ȝerde.'[23] A sensation suspiciously like that felt in gonorrhea is mentioned in another prescription: 'Watre of almandez . . . þis availeþ . . . also agaynz brynnyng in a mannez ȝerd.'[24] Arderne was born 1307 and wrote his book in 1376. He was evidently in close connexion with John of Gaunt, Chaucer's patron, friend and brother-in-law, during his whole life, was mentioned in Gaunt's register 7 October 1374, served in Spain, and wrote that he tried his remedies 'in foreign parts upon one King and two Bishops'. It has been conjectured that the king was also John of Gaunt in Castile. One might suppose, then, that Chaucer had knowledge of Arderne, if not of his book.

[19] He who has lain with a woman with whom a leprous man has had intercourse feels pricks between flesh and skin; and sometimes heats in his whole body & afterwards cold and lack of sleep: and around the face, if it is from a hot cause, as it were ants running and his color changes from red to white and the opposite and often they have a slow heat within, and sometimes it bursts out externally when it is after coition of a choleric person. If it is after coition of a phlegmatic or melancholic, it is observed later, and the face at once is discoloured, & swells up (within) and there is a heaviness of all the members & he can scarcely move. And afterwards he has cold beneath the skin with pustulation of the face, then of the body. [I am indebted for verification of the translation to Professor John Reidy, assistant editor of the *Middle English Dictionary*.]

[20] Lanfrank, *Science of Cirurgie*, Early Engl. Texts Soc., 1894, OS. **102**, p. 197.

[21] Folio 111b.

[22] Folios 113 b/b, 114 a/b.

[23] John Arderne, *Treatises of Fistula in Ano*, edited by D'Arcy Power, Early Engl. Texts Soc., 1910, p. 92.

[24] *Ibid.*, p. 96

It is evident, from the above facts, that in the Middle Ages at least one kind of 'leprosy' was considered to be a venereal disease. However, that this was not Hansen's disease is obvious. Although mercury (quyk-silver) and arsenic (de Chauliac mentions 'le medicament corrosif' and 'le medicament caustique') are definitely spirillicidal, they have no effect on Hansen's disease, yet they are mentioned as specifics for medieval 'leprosy'. Compared with other contagious diseases true leprosy is of a very low order of infectiousness, and contact must be intimate and prolonged. But such contact has only infrequently resulted in infection from the conjugal relationship.[25]

The reason why there was such a dermatological confusion in the Middle Ages must be attributed to the lack of specific histories, weakness of differentiation and perception, the absence of histology, and a general willingness to simplify the diagnosis. A crowd of skin diseases, including Hansen's disease, were massed under the general name 'leprosy'. It is humorous to see how far this mass diagnosis went and for how long. By chance, I was able to see the medical treatise of Oswald Croll, the *Basilica Chymica* (Geneva, 1658). Croll presents the following most enlightening classification:[26]

LEPRA, cui affines sunt cutanei morbi
- Ulcera omnia, pruritus, *scabies*, *alopecia*, furfures, squamae, fissurae, cutis faeditates, pustulae, anthraces, malum mortuum, *cancer*, carbunculus, furunculus, phlegmone, clavus, absessus, vitiligo morphea, psora, achores, *gutta rosacea*, lichen, impetigo, etc.
- Mixti & transplanti unde
  - Catarrhi podagrici
  - Paralyses, *Leprosae*
  - Febres arthriticae
  - Novi morbi
    - *morbus gallicus*, vel *Lues venerea*, Anglici sudores, petechiae prunellae, dysenteriae, pleuritis,

Ever since the sickness of Lues was first recognized for what it was in late 1494 and early 1495 when it supposedly became epidemic among the French army of Charles VIII at Naples, there have been many arguments as to the nature and time of its origin. The classic example of these is the work by Iwan Bloch, *Der Ursprung der Syphilis* (2 vols. Jena, 1901, 1911). Bloch has an *idée fixe*, the Haitian origin and Columbian transmittal of Syphilis, which he attempts to support with painstaking thoroughness, amassing voluminous contemporary evidence and using three fourths of his material to refute his opponents. In the process he becomes quite discursive and digressive, examining intensely the homosexual practices of the Greeks, prostitution and brothel administration of the Romans, the disease of Gilgamish, to modern heterosexual deviationism. In this kaleidoscope of sexual pathology his point is often lost. On the other

[25] Hopkins, Ralph, Heredity in leprosy, in *Tuberculosis and Leprosy, The Mycobacterial Diseases*, edited by F. R. Moulton, 1938, p. 109.
[26] Oswald Croll, *Basilica Chymica*, Geneva, 1658, p. 8.

hand, some of his information is outdated, as for instance his idea that leprosy can be transmitted by the 'simple contact', especially through intercourse (I, 109–10), which we know today to be false. The fact that mercury is of no help in Hansen's disease and that leprosy has proved not to be hereditary was also not known to him (see above, p. 355). It must be admitted, however, that Bloch submits a powerful compilation of facts and an omniscient range of knowledge, typical of the great German scholars of his day. Taken at its face value, his evidence might seem conclusive.

Many historians were ranged counter to Bloch: Buret, Proksch, Peypers. But the most important of them was undoubtedly Karl Sudhoff. Compared to Bloch's two volumes, Sudhoff's thin *Aus der Frühgeschichte der Syphilis* (Leipzig, 1912), could be called diffident. There is no thesis here, no preconceived idea; Sudhoff works inductively. Whereas Bloch cites and quotes sources without testing them and ends up begging the question throughout most of his work, Sudhoff examines minutely different items: numerous prescriptions for Leprosy, Job's disease, and Syphilis; French chronicles for ten years after the supposed outbreak at Naples; exact reports from eye witnesses at Naples and elsewhere; astrological prognostications of a venereal-genital disease before the outbreak at Naples; and health measures of many German cities against syphilitics. As a result of these many short but highly detailed studies, much of Bloch's fortress seems to crumble. The whole theory of a 'Syphilis epidemic' in Naples and the rest of Europe around 1495 seems to rest on clay feet. According to the extensive report of the Venetian ambassador Sanuto during the time of the siege of Naples, Sudhoff remarked, 'Es dürfte sich um einen mittelschweren Typhusfall gehandelt haben wie in der ganzen langen Reihe der oben angeführten Einzelerkrankungsfälle der Grossen beider Heere, bestimmt nicht um Syphilis' (p. 152). There is evidence also that Europe was prepared for a Syphilis-type disease much earlier through astronomers and various edicts. There is much evidence of contagion in Europe, but none of epidemic. 'Ein katastrophaler Einbruch in Europa 1493, 1494, 1495 hat bestimmt nicht stattgefunden, nur ein höchst auffallendes plötzliches Bekanntwerden unter ganz bestimmten Umständen ...' (p. 135). Though neither side fully disproves the other, it seems that Sudhoff's approach is much more scholarly than that of Bloch, who too often is guilty of special pleading.

With the finding of more and more evidence of pre-Columbian Syphilis, the Columbian-Haitian theory of Bloch and others has been falling into disrepute. Note has been taken of Nicolo Leoniceno, the most prominent physician of his day, who very early (1428–1524) discussed Lues in his book *Libellus de Epidemia quam vulgo morbum Gallicum vocant* (1497), stating his belief that the disease was of great antiquity and known under another name to Hippocrates and the ancients.[27] That this other name was probably Mentagra, discussed by Pliny in his *History of the World* and by Martial is likely.[28] Valescus of Tarentum (1400) commented that ulcers and pustules could appear on the penis of young men

[27] Major, Ralph, *Classic Descriptions of Disease*, Springfield, Ill., 1948, p. 13.

[28] Pliny, cf. Richmond C. Holcomb, *Who Gave the World Syphilis?* New York, 1937, pp. 39–44; Martial, cf. Ellis Herndon Hudson, Historical approach to the terminology of syphilis, *Arch. Dermatol.*, 1961, **84**, 70.

who had relations with women having ulcers of the womb. These ulcers fed the penis with their contagion and produced an ulcer on it.[29]

Sudhoff was probably correct when he held that the outbreak at Naples was one of typhoid or paratyphoid fever, and that the epidemic 'plague' (Lues) stage of a disease whose symptoms had certainly been mentioned in the medical books under other names, was caused by the increased travel, trade, artistic and scholarly intercourse along international lines of the Renaissance.[30] That it was recognized as a disease different from leprosy, elephantiasis, gutta rosacea, etc., can certainly be attributed to an advancement in learning.

This would agree with Hudson, who believes that endemic and venereal syphilis were present in the Near and Middle East for thousands of years and in Europe at least since Roman times, probably already since the paleolithic era. The highly contagious syphilis was endemic in the early Middle Ages, being acquired by children from other children and sometimes transmitted from children to parents. The connexion between the early eruption and chronic late lesions was not made, so that the ulcers of the bones and the pharyngeal and facial erosions of Lues III that appeared much later were classified as leprosy. With the increase of luxuries, sophistication and travel, the contagion of child to child, and family to family was broken, and cases of 'leprosy' that were acquired venereally appeared more and more often. As a result, the concept of 'venereal leprosy' arose in the medical treatises of the thirteenth and fourteenth centuries.[31] 'Syphilitic skulls and other bones have been found in "leper cemeteries', and doubtless many a European "leper" lost his nose and his voice, or was covered with purulent crusts as a result of treponemal infection.'[32]

We have knowledge that mercury had already been developed by the Arabs for use against the 'large pox' as early as the tenth century. Mercury ointments were applied immediately after Lues was recognized in Europe with a success that was classic. As late as 1905 Iwan Bloch described the great spirillicidal and therapeutic value of a mixture of mercury and arsenic, 'Enesol'.[33]

All the above points lead to a conclusion that Chaucer's Summoner was not suffering from Hansen's disease, but from a rosacea-like secondary syphiloderm with meningeal neurosyphilitic involvement, with chronic alcoholism playing an important part. 'Leprosy' in the Middle Ages was considered a venereal illness and included a mass of widely differentiated dermatologic diseases, among which, as is strongly probable, can be found syphilis.

It seems to me a great pity that not one student anthology or edition of Chaucer mentions the venereal origin of the Summoner's disease, a quality which the author so obviously intended the reader to recognize. Moreover, every footnote to the sickness cites leprosy, or alopecia, without differentiating between Hansen's disease and the 'leprosy' of the medieval practitioners. This error has obscured the essence of the whole satire, whereas a venereal disease,

[29] *Ibid.*, p. 64.
[30] Major, *op. cit.*, p. 12.
[31] Hudson, *op. cit.*, p. 63.
[32] *Ibid.*, p. 64.
[33] Bloch, Iwan, Ueber eine Verbindung von Quecksilber und Arsenik, das Enesol, als Heilmittel bei Syphilis, *Dtsch. Aerzte-Z.*, 1905, Heft. 21.

whatever its name, points up, to its most consummate form, the bitter humour which Chaucer employs in this section. The face of the corrupt Summoner, watch-dog of morality, marks his own lechery.

It should ever be the task of historians in all disciplines to bring light to the obscurity of the past. The enduring quality of Geoffrey Chaucer rests in the fact that he can be enjoyed easily and thoroughly by modern readers. Scholars must always be on guard lest his works lapse into philological exercise and archaism, else his truth will be veiled and we shall be looking at humanity through a glass darkly.