

False Care and the Canterbury Cure: Chaucer Treats the New Galen

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I

Of the stories told on the road to Canterbury, the “Physician’s Tale” has not fared well either with critics or the reading public. The death of Virginia, sacrificed to preempt rape by an unjust judge, is deprecated as a kind of “odd tale out,” exhibiting neither the “complexity and geniality” of the “Franklin’s Tale” which precedes it, nor the “arresting narrative power” of the “Pardoner’s Tale,” its companion piece in Fragment C.¹ One well-known medievalist protests that the narrative shows “Chaucer working rather routinely, without his characteristic originality,”² while anthologies of the poet’s work regularly exclude this oft-disparaged tale. Specific objections include the unharmonious intrusion of material suited to *fabulae* into a tale advertised by its narrator to be historically true,³ the infelicity of a plot that hinges on the premeditated killing of a blameless daughter by her dotting father,⁴ and the Physician’s involvement in a tale apparently devoid of medical content.⁵ In this paper, I will not attempt to reverse the tale’s discredit, but rather moderate its often poor reception by suggesting a dimension to the narrative whose thematic appeal redeems artistic failings.⁶ To do so, I will concentrate on the last of the objections raised above, i.e., the question why Chaucer chose a physician to tell a story of judicial misconduct which, at first blush, appears extraneous to medical purview. The answer, I will suggest, lies in a better understanding of medicine at the time of Chaucer’s writing and the disciplinary challenges facing physicians like the eponymous narrator.

The particular challenge I have in mind has less to do with the technical demands of cure than the pressures imposed by medicine's improved social standing. The learning accrued in the high achievement of the medieval university had, by the late thirteenth and early fourteenth centuries, given the profession unprecedented esteem which, in turn, demanded formalization of a moral code commensurate with prestige.⁷ In this respect, the "Physician's Tale" is significant of an evolving ethic. The way the narrator tells it, Virginia's doom proceeds from a betrayal of fiduciary responsibility: the duty professionals (traditionally, physicians, lawyers, and the clergy) bear to protect those committed to their care. Although the tale explores that relationship through the iniquity of a Man of Law, its placement in the mouth of a physician says something about the evolution of the medical profession toward the close of the medieval period—or so I will argue. First, however, it is necessary to consider the tale's place in the Chaucer canon.

Certainly there is grist for complaint, not least the discomfort one feels when confronted with the spectacle of a maiden slain at her father's hands, compounded by the enormity of interpreting the murder as an expression of paternal devotion (Virginius kills to preserve the purity he loves). Still, the rawness of the matter need not prevent enjoyment of the telling. Other tales feature acts equally odious without forfeiting sympathy, and it is reasonable to expect that a poet of Chaucer's genius could overcome our reflexive antipathy were he exercising his usual gifts. The problem, then, is not that he has chosen a disquieting topic, but that the performance appears lackluster, the product of an artist "working his way dutifully through a tale without much inspiration or interest."⁸ Also disturbing is the fact that the failure appears as much thematic as stylistic. On the face of it, the "Physician's Tale" is a straightforward homiletic contrasting *exempla* of vice and virtue: a corrupt judge ("that highte Apius / So was his name"⁹) abuses his office to get control of an innocent maiden; his crime is thwarted when death puts her beyond villainy's reach.

But if viciousness is the moralist's target, why does he not draw a more consistent bead? The narrator does not simply condemn the judge's wickedness; he rehearses other contributors to the crime as well, among them the maiden's beauty (of which Nature gave her tempting over-abundance), the negligence of guardians (who fail in their surveillance of the young), and ultimately the Evil One who first inspired the plot. Such digression may be true to life, where fault is seldom precise, but it obscures the didactic point, leaving the reader unclear as to the focus of censure. After all, can Apius be wholly to blame

if Nature conspired to make his victim irresistible or if, as suggested, the Devil made him do it?

Finally, there is the apparent inconsistency of the story-telling assignment. An acknowledged proof of Chaucer's solicitousness is the care he takes in producing tales appropriate to his narrators' *personae*, e.g., the Wife of Bath celebrates domestic bliss, the Pardoner counts the wages of sin, the Knight is chivalrous, and so on. But in providing for his Physician, it seems the poet nodded. For other than the title, there is nothing in the "Physician's Tale" to indicate any clear connection between the narrator and the healing art: no pathophysiological asides, no talk of cure or disease, and nothing immediately relevant in Virginia's case to commend her to a doctor's particular care. On the contrary, the issue seems better fit for a lawyer or magistrate, one whose profession is clearly linked to the matter at hand. Why set a 'Man of Phisik' the task of indicting false justice?

To explain the incongruity, some have suggested that the tale was not originally intended for the *Canterbury Tales*, but is an earlier work retread for the cycle.¹⁰ The connection of teller to tale on this view is one of convenience. Physicians were stock figures in the literature of Chaucer's day; his audience would have expected a medical man among the company of pilgrim travelers. Once enrolled, Chaucer was then of course bound to equip him for the story-telling game and, for this purpose, made use of a tale, as it were, off the shelf. That theory, at least, has the merit of explaining incongruity, but does so at a price. To suppose that Chaucer chose expediency, resurrecting a story originally composed with no thought of its eventual narrator, argues caprice in an artist normally keen to exploit the collaboration of teller and tale. And to think him satisfied to use a ready-made and defective tale argues worse: failure of imagination.

Given the unlikelihood of that solution (the *Canterbury* achievement is anything but unimaginative), it is not surprising that critics have come forward to defend the narrative match. Beryl Rowland has shown how the Physician's attack on the judge suits the traditional rivalry of doctors and lawyers. She notes that Chaucer, during a mission to Lombardy in 1378, would have been in contact with Coluccio Salutati, lawyer to the ruling Visconti family and a polemicist whose *De Fata, Fortuna et Casu* vehemently maintained the law's supremacy over medicine—a position physicians would have been eager to rebut, hence the narrator's choice of a tale showing a lawyer to ill effect.¹¹ Thomas B. Hanson takes the ingenious view that the flaws are deliberate: the Physician is a sententious fraud, and his moralizing is

a device contrived to show up his shortcomings.¹² Emerson Brown, Jr., likewise links the tale's narrative failures to the teller's character, but thinks they indicate professional rather than personal deficiencies: the waffling over blame—the varied and inconsistent charges leveled against guardians, Nature, the judge, and the Devil himself—reveals the Physician's diagnostic ineptitude; he cannot locate the source of Virginia's woe and the failure betrays his incompetence.¹³ The gist of such arguments is that the Physician's words are played for irony, and elsewhere the text supports ironic effect. In the "General Prologue" the reader is introduced to a "Doctour of Phisik" whose study is "litel on the bible,"¹⁴ but much concentrated on gold, who doses his patients by the dictum of the Zodiac, dresses in high style, and splits fees with apothecary cronies (P 411–4). As Brown notes, this is a characterization consistent with the conventions of estates satire, a genre rife with complaint against "the inefficiency, and indeed dangerousness of medical practice."¹⁵ Given such testimony, one must at least confront the possibility that the poet created a tale aligned with expectation, re-presenting a stock figure whose narrative misdemeanors are conventionally satiric. But having faced the possibility, I find I cannot accept it. For, while Chaucer clearly had reason for causing the Physician to tell the story as he does, it is not so obvious (at least to me) that his purpose is subtle contempt. Rather, I think it possible to detect in his characterization of the narrator an intention more exalted than the repetition of hackneyed formulae and a topicality more significant of medical interests than has typically been granted. In raising this claim I will not attempt to elevate the tale beyond what its defects will bear. Whatever else, the "Physician's Tale" remains a lesser effort, but one whose complexity and penetration repay attention. First, however, it will help to have the narrative facts at hand, if only in brief.

The story opens in ancient Rome with a knight named Virginius whose daughter is both beautiful and good. She loves her parents, honors the gods, keeps modest ways, but has the misfortune to catch the eye of Apius, a venal magistrate who resolves to "make hire with hir body synne" (C 138). Enlisting the aid of one of his dependents, a wretch named Claudius, the judge instructs him to bear false witness against the knight: Claudius will press a claim in court, testifying that the maiden is not Virginius' child but his own abducted slave. As presiding magistrate, Apius will grant him the girl; in secret, Claudius will deliver her to the judge.

Initially, the plot succeeds. Virginius appears submissive to Apius' decree. But afterwards, all miscarries. Hastening home, the knight

summons his daughter and delivers his own sentence: Death before dishonor. The girl begs reprieve. The knight is resolute. She requests “he wolde smyte softe” (C 252) and the sword descends. Bearing his daughter’s severed head, Virginius returns to court.

Appalled, Apius orders him executed, at which point the action swells. The Roman mob intervenes. Virginius is saved. The judge and Claudius are thrown into jail where Apius kills himself, anticipating the mob’s vengeance. Claudius, on the other hand, is spared. In a remarkable display of mercy, Virginius begs clemency for the henchman. Thus, the tale ends with a redemptive gesture and the narrator’s admonitory conclusion: “Forsaketh synne er synne yow forsake” (C 286).

No doubt that is lucid advice. The question is: Why should a physician take it to heart? Which is to say, why did Chaucer, given the alternatives before him, choose to make a physician virtue’s champion and, thus, the expositor of Virginia’s case? The adumbration above offers no immediate clue, nor does it relieve the narrative’s disrepute. If anything, the deficiencies appear more glaring. The melodrama is overwrought, Apius’ behavior stereotypically vile. Virginia’s sudden doom, the mob’s delayed reaction, and, of course, the afore-noted lack of medical allusion suggest poetic misconduct, a disregard for dramatic measure and coherence of theme. And yet, despite such evidence, I want to argue that Chaucer knew very well what he was doing in thus rehearsing Virginia’s fate and that, far from inciting distraction, the narrative *persona* is instrumental to the poet’s purpose. For this, however, it is not enough to consult the text. One must consider the circumstances of the medical man in the age of Chaucer.

II

At the time the tales were composed, the middle decades of what historian Barbara Tuchman dubbed the “tumultuous” 14th century, medieval society was, in certain respects, growing modern.¹⁶ Feudal and ecclesiastical authorities were less profound; relations between individuals less static. Established hierarchies yielded to new, more fluid social groupings, and in an atmosphere of enterprise, the professions assumed something like their present form.¹⁷ The change was most advanced in university precincts where medicine, along with law and theology, had achieved definitive eminence. As early as the 9th century, a medical school existed at Salerno, in southern Italy, where proximity to Muslim territories secured its position as a cultural *entrepot*, transmitting the

legacy of ancient Greece from sanctuaries in the east, e.g., Arab versions of Aristotle, Galen, and the Hippocratics, augmented by works of Islamic origin.¹⁸ Translated into the Latin syllabus and disseminated throughout the university system, these recovered classics supplied ground rules—so-called “principles of medicine”—to aid comprehension of disease: Aristotelian theory by establishing a basis in biology; the Hippocratics by suggesting means for applying theory.

The recovery of Galenic texts was especially significant. Author of a vast compendium of medical and philosophical works, Galen was the chief exponent of humoral theory, whose permutations formed the basis of contemporary medical science. A syncretistic doctrine, incorporating aspects of Aristotle’s causal scheme and the allopathic methods of the Hippocratics, humoralism reduced disease to perturbations of four constituent humors whose remedy relied on a well-defined armamentarium of equilibrating cures, e.g., alterations of hygiene, the prescription of roborative drugs, and, most characteristically, the judicious letting of blood. The theory enthralled academic medicine, not least because the conceptual novelties involved in its formulation lent an impressive gloss to diagnostic and prescriptive maneuvers. Galen himself gained esteem as the doctrine’s foremost theoretician—so much so that students came to look on him as a reliable arbiter of all things medical, from the applications of phlebotomy to calibration of the pulse. Writing at the end of the 13th century, Jean de Armand observes, “Scholars do not sleep so feverishly are they searching Galen’s works . . . they are tired and thirsty because of the effort that unraveling these writings involves.”¹⁹ From this fervid concentration, the “Prince of physicians” emerged supreme as medical schools throughout Europe embarked their students on a course of systematic emulation, aiming to produce a “new Galen.”²⁰

Chaucer’s Physician is a specimen of the type. The pilgrim described in the “General Prologue” knows well his “Galyn” and his “Ypocras,” is a follower of Constantine (“the African,” Salerno’s best scholar), and reads the Arab greats (P 431). That he is university schooled is clear. He possesses the academic’s devotion to principle, remedying disease according to its cause and looking for cause only where theory dictated: in distempers of the Hot, the Cold, the Wet, and the Dry, the humoral *dyscrasias* that Galen taught were the root of ill. Encomium is mitigated, however, by lines that linger on their subject’s apparent greed.

For gold in phisik is a cordial
Therefore he lovede gold in special. (P 443–4)

The couplet is not quite condemnation, but comes close. Surely, the Physician's estimate would go higher were the portrait improved with some strokes of charity, i.e., were he focused more on the welfare, and less the coin, of his fellow travelers. If past criticism is correct, this juxtaposition of expertise and opportunism explains the narrator's subsequent coupling to a bungled tale. The self-assured "praktisour" is a fraud courting prestige to dissemble venality (P 422). The Prologue exposes him, employing ironic flattery to ridicule his imposture.²¹ That is an ingenious thesis. Still, I am unconvinced. For while the Prologue no doubt traduces the Physician, it is unclear that the tale itself ensues to secure his guilt. Rather, I think the lines more diagnostic than forensic; they constitute a probing of the profession's wounded state, but with the goal of health not hurt—assuming, of course, that medicine was suffering.

Above, mention was made of a shift in sensibility occasioned by medieval anticipations of modernity. One measure of change was the growth of commercial ambition. Not that money-making was universal (far from it), but increasing trade, and the subsequent accumulation of wealth, encouraged an economic individualism at odds with received notions of charity. This was especially vexing for doctors who found themselves in a theologically questionable position: profiting from services that in Christian conscience ought be free. The controversy was nothing new. Plato canvassed something similar in the first book of *The Republic* when he had Socrates ask whether doctors are essentially healers or makers of money (341c).²² But the question gained salience with the super-addition of religious scruple, and in the sanctified milieu of the Middle Ages, the questions grew acute. Would medicine conform to a market regime, becoming, in the words of Thomas Aquinas, an *ars ad pecuniam*?²³ If so, where would the physician's duty lie, divided between the care of others and service to oneself?

For a profession that esteemed precedent, resolution was complicated by the relative neglect of ethics in the received tradition. For antiquity, what may be termed the affective, or interpersonal, dimension of care lay outside the disciplinary horizon defined by diagnosis, prognosis, and therapy. Securing compliance, dealing with family, and settling fees were concerns best handled *en passant*, without reference to settled principle. The Hippocratics were thus content to address the doctor-patient relationship as a side note and even the magisterial Galen

contains no systematic discussion of ethics *per se*. When formulating its own commitments, medieval practice followed antiquity's lead, investing reform in technical attributes, typified by knowledge of Aristotle's science and the skills bequeathed by Galen. These achievements were impressive, but left the physician's evaluation incomplete. In the first place, knowledge and skill are relative distinctions. A miller or carpenter also knew his business, was proficient in technique, and cognizant of his specialization. However, these crafts exercised their prerogatives without exaltation. If proficiency were the standard of achievement, the doctor's eminence was one of degree: more erudite than the artisan, craft was still his kind.²⁴ Second, erudition did not of itself engender the moral seriousness that medical progress seemed to demand. With reform, the doctor's role had grown more intrusive, the therapeutic moment more prolonged, the patient more vulnerable to exploitive practice. Against exploitation, mere expertise was no protection; the peccant expert was, if anything, simply more competent to offend. It was necessary, then, to elucidate a further merit, complementary to knowledge and skill, but categorically distinct, whose possession would elevate medicine above craft.

Contemporary physicians were alert to the issue. In a textbook of medicine published a half century before *The Canterbury Tales*, the physician and surgeon Henri de Mondeville (fl. ca. 1290–1320) expressed the caution that, in the absence of trust, medical treatments are “like insincere prayers” performed “only for the sake of appearances.”²⁵ Mondeville, who graduated from Montpellier (the foremost medical school of the day) and later taught at Paris (home to the most eminent teachers), operated at a time when, as the historian Luis Garcia-Ballester notes, “the true foundations of the faculties of medicine were being established.”²⁶ Speaking to that establishment, Mondeville's caution has the air of special pleading. He wished his colleagues to know, as he knew, that without a characteristic ethic binding doctor to patient nothing essential separated medicine from the practice of craft. To defend that ethic, he employed a compelling simile: false care is like false prayer. Mercenary doctors risked damnation, which ought to give pause to those contemplating dereliction.

However, Mondeville did not restrict his injunction to a theological premise. Rather, he “divides and subdivides making dichotomous explanations as was common for the Scholastics of the Middle Ages,”²⁷ ultimately locating his thesis within a familiar scheme, i.e., the three-fold distribution of medical phenomena known to students of the *Articella* as the *res naturales*, *non naturales*, and *contra naturam*.²⁸ To these, he

added a fourth category, the *res extraneae et diversae*, relegating there matters contingent on the diverse condition of persons, e.g., lifestyles, temperament, occupational hazards, the efficacy of placebos, factors that modulate the physician's particular relationship to the patient, and the patient's particular response to treatment. Mondeville then discriminated within this scheme the elements of trust: the mutual confidence that must obtain between physician and patient belonged to the fifth of the *res non naturales* (the *accidentia anime* or movements of the soul), whereas the patient's inclination to reside confidence in the physician became the fourth contingency under the *res extraneae et diversae*.²⁹

These classifications, odd to the non-Scholastic, signify less to present discussion than the disciplinary concerns that were their motivation. Medical authority, attenuated by the long hiatus between the dissolution of the western empire and the recovery of ancient texts, was re-constituted on a newly scientific basis in the course of an intellectual movement that reached its peak in the early fourteenth century. The success of that recovery was all-encompassing, prompting the profession to submit every aspect of care—the relationship to the patient as well as prognosis, diagnosis, and therapy—to an orthodox scheme, mastery of which would distinguish the “rational” practitioner. The elements of that relationship, particularly those contingent on personality and diverse circumstance, might not lend themselves to reduction with the same ease as physiology and etiology, but this did not mean they were incapable of dogmatic solution and the subsequent laying down of rules to guide the dynamic of care. *En passant* attitudes, therefore, would not do. Management of the patient *qua* person, like the treatment of the disease, required studied attention and submission to disciplinary norms. Arnau de Vilanova, a near contemporary of Mondeville, said as much in a commentary delivered before his students. Like Mondeville, Vilanova augmented the three-fold scheme of the *Articella*, but called the fourth category the *externa accidentia*. Of them, he observed:

[E]verything that is connected with the external circumstances that bear upon the physician and the patient . . . are not self-evident, and neither do they become apparent to us without any effort on our part; again, they are the result of intellectual effort and reflection.³⁰

What Vilanova wished to emphasize was the recondite nature of the doctor-patient relationship. Construed through the professional role, the physician's obligation to the patient assumed a formal character; thought

was needed to determine its attributes and uses, all the while attending to useful suggestions such as Mondeville's advice to be sincere.

But how exactly was this sincerity to be practiced and attention paid? Physicians at the time were sensitive to ambient pieties. Many understood their duty to be a species of the faithfulness expected of any observant Christian of the day. But if the doctor's duty were only such as was the universal expectation of Christendom, then claims to distinction were moot. The physician's specific morality had somehow to be linked to his specific function and to those occasions when the patient was formally subject to medical knowledge and skill. Eventually, this would lead to the profession's submission to the fiduciary standard, i.e., the bond of implicit trust established between the caregiver and the recipient of care. Trust reconciles the asymmetry of the doctor-patient encounter. Patients cede doctors authority over their bodies; within the technical limits of that accession, doctors pledge to employ their authority in patients' interest, indeed, to put that interest above their own. The exchange depends, then, on an ethic supererogatory to the standards of craft or trade. The tradesmen may exact what the market will bear, and woe to the buyer who bargains badly. But the physician must think first of the patient: the calling is philanthropic, despite the presence of a fee.

But this gets ahead of our story. At the time of the *Tales'* conception, a distinctive ethic—fiduciary or otherwise—was not yet secure in the art. The necessity of trust was recognized, but whether it functioned primarily to facilitate care or ease the collection of fees was still unclear.³¹ In the social world recalled by the pilgrimage, prestige depended still on doctrinal finesse and ostentation, hence the Physician with his fine clothes and prepossessing manner.³² The Prologue portrait probes the defects of that manner, and, if the case rested there, the tale that follows would be little more than Exhibit A, produced to confirm initial suspicion. I, of course, take a different view, interpreting the tale as a response to, rather than confirmation of, the maligned state of the Physician and of the profession he represents. Beset by practitioners whose profit-motivated practice reflected ill on the discipline, it behoved doctors in the late thirteenth and early fourteenth centuries to improve their reputation. And, I submit, this is precisely what the narrator proceeds to do, offering a tale whose moral anticipates the fiduciary solution.

The essence of the tale is this: Motivated by a sense of outrage, the Physician responds with a narrative condemning self-interest. Apius has a duty to protect Virginia (after all, innocence is the law's

client, and Virginia is innocence incarnate). Yet, Apius abandons duty to serve his lust.³³ Condemning him, the Physician gains by contrast. His resentment of the magistrate marks him as a man of principle, redeeming the Prologue portrait with a tale that shows him intent on moral purpose. But more than registering his own position, the Physician opens the reader to the forces that impel him to repudiate Apius' behavior. I believe these originate most plausibly in the then evolving conception of the medical profession and a recognition that technical merits alone would not secure the high regard that doctors craved and felt their ministrations deserved. For that condition, the tale offers this moral cure: abjuring the exploitation in which self-absorbed Apius indulges, the worthy practitioner would earn the public's esteem by pledging disinterested service. It is just this principle of service that the Physician defends against his fellow professional's bad example.³⁴ The exposition is elliptical, even back-handed—defining duty by reference to its breach; still, the story is effective in evoking the ethical domain wherein professional distinction lay.

That elliptical approach is itself evocative of medicine's provisional identity. Leaders of the *ars medica* knew a code was needed to complement technique; however, adducing moral content was more problematic than assembling "scientific" material presumably accrued on an objective basis. Burdened by inflexible intellectual categories, scholastic medicine was ill-equipped to articulate the positive exercise of virtue. The conservative course would then be to concentrate on behaviors the profession could be safely against. The tale is significant in moving beyond such a reactionary formula, employing the suggestive methods of poetic expression. Apius' crime was that he put his interest above Virginia's, exploiting the relationship in which he stands her putative protector. Contemplating his bad example, the reader is not directly apprised of the fiduciary import, but rather infers the duty incumbent on those involved in such relationships, i.e., responsible professionals abjure exploitation. The narrator's wrath thus assumes a progressive aspect in respect of Virginia's claim on Apius. This is not the desire he feels for her body, but rather the obligation he has to protect her. Betrayal makes that duty conspicuous, if only in the breach.

The novelty of Chaucer's treatment (originality may help explain its escape from critical notice) is this infusion of moral substance into the new Galen, that hypothetical figure outlined by theory and technique. A striking feature of the Prologue portrait is the puerile arrogance of the Physician. He takes a schoolboy's pride in showing off his learning and the emblems of medical fraternity. Absent are mature appreciation

of the responsibility attendant on learning and an understanding of its proper exercise. The tale makes clear that this is a portrait amenable to improvement. By the time the Physician comes to tell his story, he has grown into something better: a professional aware of his duty, his moral bolstered by fiduciary purpose.

But can this interpretation be sustained? Clearly, my reading is at variance with the usual understanding of the tale. Is there evidence, internal to the text, to indicate that my reading conforms to the author's intent? Only the text can answer.

III

One criticism of the "Physician's Tale" concerns the distortion of its source. The tragedy first appears in Livy's *History of Rome* where it illustrates the theme of political repression. The historical Apius led a league of aristocrats who conspired to subvert the republic. When the magistrate's attempt on the maiden overreached, the plebs put Virginius at the head of a revolt and overthrew their oppressors. Chaucer's version is different. In his account, politics is minimized, the tyrannous league disappears, revolt is reduced to a courtroom brawl, and the "historial thyng notable" (C 156) abandons history. Public acts are replaced by the private moments preceding Virginia's doom: the "feend[']s" assault on Apius' heart (C 130); Virginius' isolation in the magistrate's court; the final encounter between father and daughter. In these moments, conscience is tried and the consequences play out, person-to-person, in the obligations owed one to another. As the plot hinges on Apius' relationship to the maiden, it is his obligation that matters most. This is because Chaucer has reconstructed Livy to emphasize what, from the fiduciary perspective, is critical: the transgression of custodial responsibility, Apius sacrificing Virginia's interests to his own selfish desire.

In fact, Chaucer exerts himself to expel elements that might otherwise obscure Apius' irresponsibility. According to the history preserved in Jean de Meun's *Roman de la Rose* (which is how Chaucer knew the story, second-hand, through the Frenchman's free translation of Livy's *History*, 5589–658), Apius employed armed retainers to seize the maiden. In the Canterbury re-telling, the judge has no gang. Claudius alone does his bidding, and the plan's success depends on guile, not muscle. Rather, it is Virginia who enjoys powerful friends and the shield of wealth, causing Apius to reflect that neither violence nor bribery will

get him the girl. Thus, he turns to the sole effective means available to him: corruption of his office. As guardian of the people, Apius possesses authority in matters affecting the public good and misuses that authority to advance his desire. History's violent gangster is reimagined as the miscreant Man of Law betraying the public trust to gain advantage.

This refiguring of Apius' power explains the puzzle introduced by Apius' initial admission that "by no force" (C 133) can his lust succeed, which contrasts with Virginius' subsequent conclusion that "by force" (C 205) he must surrender his daughter. The repetition marks a deliberate distinction between two exercises of force: brute coercion, on the one hand; moral authority, on the other. The magistrate cannot strong-arm the knight. But he can command compliance with a verdict presumed to proceed from justice.³⁵ The reader knows of course that Apius is unjust and does not countenance his authority. Still, it is the coin he trades on to get his way, and its substitution for the thugs employed in Livy is critical to the tale's meaning. This is apparent in the speech Chaucer gives Apius just prior to Virginius' trial when the judge declares to those assembled in his court, "Thou shalt have al right and no wrong heere" (C 174). From the judicial seat, Apius acknowledges the impartial principle underlying his authority, while simultaneously perverting its use. And lest the reader think that this is of consequence to the judge only, that conclusion is countered by the fact that the narrator who condemns him does so *qua* physician, telling his tale precisely in order to denounce Apius' conduct. By his act, the Man of Law has undermined the code binding lawyers, physicians, and the clergy, by tradition, the vocations supposed to take the side of others, preserving them from sickness, sin, and incivility as the case may be. The Physician's opprobrium is thus apposite.

Other alleged gaffes also improve with this reading, for example, the list of Virginia's virtues that dominates the first part of the tale. Of the narrative's 286 lines, a tenth credit her immaculate merit. She is chaste, humble, temperate, and noble. She is also busy, bountiful, and staid. The panegyric grows tedious, but accumulates to a purpose. A sensibility so guileless could hardly defend itself, rendering Apius' culpability more acute. However, it is the succeeding passage that excites most derision as praise of Virginia is followed by an extended exhortation reminding guardians of their duty to the young, including the admonition

Looke wel that ye unto no vice assente
 Lest ye be dampned for youre wikke entente (C 87–8)

The passage is criticized as a “long and inappropriate digression.”³⁶ Whom, one asks, is the “wikke” guardian thus taken to task? The passage mentions governesses and parents, but this seems erroneous. Virginia is a maiden so circumspect that she needs no “maistresse” (C 106). And Virginius is hardly neglectful; on the contrary, Virginia dies a martyr to parental zeal. If these are the intended targets, then the reprimand seems impertinent.

Defending the passage, Brian S. Lee suggests that the reference to governesses is designed to establish “the atmosphere of disciplined guidance that constitutes Virginia’s upbringing.”³⁷ He compares that condition to the indiscipline exhibited in the “Pardoner’s Tale” where the revelers’ riotous behavior invites destruction. Together, he suggests, the narratives establish extremes of governance: in the Physician’s tale, over-zealous surveillance; in the Pardoner’s, reckless license. Between them lies the golden mean of responsible supervision. While agreeing that the mention of governesses excites a comparison, I see no reason to look beyond the tale at hand for the reference in mind. Because that tale examines custodial duty, it is sensible of the narrator to begin by reviewing forms of custodianship familiar to his audience. What could be more familiar than the governess or parent, the customary guardians of youth? However, he then makes clear that these examples will not do. Virginia is no Juliet, conspiring with an indulgent nurse, nor is Virginius indifferent to his duty. Clearly, it is Apius who harbors “wikke entente” and therefore is subject to reprimand.

But note how neat a trick the poet has played in thus indicting the magistrate. Medieval readers would not ordinarily have considered Apius in a fiduciary light, that is, as duty-bound to unselfish service. A feudal lord was required to respect the privileges possessed by others, but to actually prefer their interests to his own was not part of the pact.³⁸ Chaucer’s treatment of the judge changes that: the peroration on domestic supervisors reassigns his status; Apius enters the tale already assimilated to the guardian role. Casting about for a model of moral seriousness, Chaucer has struck on the attitude appropriate to the professional: he should hold his client’s interests dear, not as a father defending his child, but something plausibly akin.³⁹

The originality of this approach prepares the way for other wonders as, for example, the “pitee” shown Claudius at the tale’s conclusion when Virginius saves him from hanging (C 272). Recall that

the henchman's false testimony was the key to Apius' plot. Why then does the knight spare the accuser? No explanation is given except to observe that the wretch was "bigyled" (C 273); ill-advised, he pimped for Apius' interest. However, that is explanation enough. Claudius' position is like that of Virginia, though a degraded parallel. He, too, is the magistrate's dependent and a victim of fiduciary malfeasance. Recognizing that he followed the judge's mislead, Virginius is astute enough to spare him, and his clemency seals Apius' blame.

IV

The "Physician's Tale" is no dumb show; the narrator no puppet mouthing borrowed or ironic lines. He is an authentic "doctour of phisik" whose preoccupations extend the story-teller's role. He knows the damage corrupt and mercenary doctors were doing his profession, knows that circumspection must set things right, and, knowing this, tells a tale to discomfit those who fall short of the fiduciary mark, bidding them to recall that

Of alle treasons soveryn pestilence
Is whan a wight betrayseth innocence (C 91-2)

However, in making this argument, I should be clear as to its limits. I do not propose that Chaucer consciously collaborated with university doctors to promote a fiduciary ethic; the evidence does not support collusion. However, I am suggesting that a topic that today is part of medical ethics (considered under the rubric of professionalism) was already prominent in Chaucer's day and that the poet employed his art to sharpen its salience. Other tales hold a mirror to life, e.g., the "Summoner's Tale," in which the narrator's account of Church abuses previews Luther's complaint. Why would Chaucer avoid making grist of a medical subject as topical, if less controversial? The remarkable element is not the theme, but the poet's ability to direct appropriate opprobrium to the villain who "flagrantly perverts his custodial trust."⁴⁰

Nonetheless, collusion aside, is it fair to imagine the poet thus cognizant of medical affairs? Certainly, there is no doubting his grasp of affairs in general. By turns soldier, diplomat, and high state official, Geoffrey Chaucer kept brilliant company. At court and in noble households, he was intimate with the leading figures of the day, in-

cluding eminent physicians capable of keeping him *au courant* with the state of the art. Currency is indicated in the name-dropping Prologue wherein Chaucer lists medical authorities relevant to his Physician, not just the greats (e.g., Aesclepius, Hippocrates and Galen), but also the less-remembered “Bernard” (Bernard de Gordon), “Gatesden” (John of Gaddesden), and “Gilbertyn” (Gilbertus Anglicus), (P 429–34). Two of these (Bernard and Gaddesden) were of a generation just prior to the poet’s, and both belonged to the Montpellier tradition: Gaddesden is reported to have studied there,⁴¹ and Bernard was a colleague of Mondeville’s who advised him on his *Chirurgie*;⁴² Gaddesden deserves further mention, as it is sometimes claimed that he was the model for the narrator.⁴³ This is unlikely (both attended the household of John of Gaunt, but Gaddesden died when Chaucer was a boy); still, his eligibility is pertinent insofar as Gaddesden is representative of a profession whose cosmopolitan character made it relatively easy for observers of Chaucer’s perspicacity to become familiar with medicine’s inner councils. Huling Ussery estimates that there were a mere two dozen Doctours of Phisik (that is, university graduates with the requisite Master’s degree) practicing in England at the time of Chaucer’s *flourens*,⁴⁴ a small and coherent elite who traveled widely, had a common indoctrination, shared the Latin of the universities, and were accustomed to dialectical methods of settling controversy—a milieu in which ideas achieved broad dissemination. It is no great stretch to imagine Chaucer in conversation, if not with Gaddesden, then with one or more other physicians acquainted with Mondeville and Vilanova’s writings, whose opinions he could have recorded for later imprint in the narrator’s voice. If the result is a Physician who declines to “speke of phisik and of surgerye” (P 413), this should not be taken as evidence of hypocrisy: it is simply that his prosecution of the judge calls for a different set of skills. He passes judgment not as an expert on technique, but as a responsible professional lamenting a threat to the standard that sets his vocation apart.

V

To reach the journey’s end, the Physician need only keep pace with his fellow travelers. Should he achieve a higher goal and prove himself worthy of grace—the pilgrim’s true end—only his performance as a narrator will tell. Ultimately, that is the story-telling game, with salvation the prize. Little wonder then that the Physician exerts himself

to reassure the company of his good intentions, and, by extension, those of his profession. Among that company, pilgrim Chaucer himself is listening too, simultaneously participant in, and recorder of, the show. As the cavalcade proceeds, propelled by his meticulous observation, he discharges related duties as artist and social critic, refreshing the reader's sense of human foible and redemption. The doctor's story follows that rehabilitative arc, traced not through Apius' crime and subsequent destruction, but rather more hopefully in the traduced physician's meliorative appeal to a higher standard. By the time the tragedy reaches its conclusion, readers sensitized to his aspiration will rightly deduce the moral.

NOTES

1. Lee, "The Position and Purpose of the Physician's Tale," 141.
2. Donaldson, *Chaucer's Poetry: An Anthology for the Modern Reader*, 927.
3. See Fletcher, "The Sentencing of Virginia in the 'Physician's Tale.'"
4. See Farber, "The Creation of Consent in the 'Physician's Tale,'" 151.
5. For example, Lee, 144: "Apart from its title, there is only the Host's desperate banter in the endlink to show that the tale is the Physician's."
6. The "Physician's Tale" has not always had so poor a reception. See for example the Riverside Chaucer, 902, especially the item by Jerome Mandel and Mandel's *Geoffrey Chaucer: Building the Fragments of the Canterbury Tales*.
7. See Garcia-Ballester, "Medical Ethics in Transition in the Latin Medicine of the Thirteenth and Fourteenth Centuries."
8. Brown, "What is Chaucer Doing with the Physician and His Tale?," 143.
9. Chaucer, "Physician's Tale," *The Complete Poetry and Prose of Geoffrey Chaucer*, ed. John H. Fisher (New York: Holt, Rinehart and Winston, 1977), 154-5 (hereafter cited parenthetically in text as C).
10. See Root, *The Poetry of Chaucer*, 219.
11. See Rowland, "The Physician's 'Historial Thyng Notable' and the Man of Law."
12. See Hanson, "Chaucer's Physician as Storyteller and Moralizer."
13. See Brown, Jr., "What is Chaucer Doing with the Physician and His Tale?," 137.
14. Chaucer, "General Prologue," *The Complete Poetry and Prose of Geoffrey Chaucer*, ed. John H. Fisher (New York: Holt, Rinehart and Winston, 1977), line 438 (hereafter cited parenthetically in text as P).
15. In support of his argument, Brown quotes Mann, *Chaucer and Medieval Estates Satire*, 91-2.
16. See Tuchman, *A Distant Mirror*. Also, Calinescu, *Five Faces of Modernity*; Dupre, *Passage to Modernity*; Heng, *Empire of Magic*; and Levine, *At the Dawn of Modernity*. These works address the origins of modernity from a variety of disciplinary perspectives and to different effect. *Empire of Magic* is of particular interest to literary studies: among Heng's theses is her argument that medieval romance developed in response to modernity, as a coping mechanism for managing economic, social, and technological changes. Whatever their provenance, common to these works is recognition that dividing the past into successive, self-contained epochs is an intel-

lectual convenience whose distinctions should not be over stated. The renaissance did not neatly replace medieval conventions and the attributes of modernity did not all await the invention of modern times. Tuchman's popular classic provides a particularly vivid account of fourteenth Century Europe moving from medieval stasis to modern institutions of political economy, the state, secularism, social organization, and class competition.

17. In particular, the period witnessed medicine's conversion into a *scientia* and its dissemination in a form recognizable today. For example, Frederick II's law circa 1240 regulating medical practice required that physicians possess a university diploma and be licensed by the state, that five years of medical training be preceded by three years of undergraduate study, and that graduates serve with an experienced physician for a year prior to taking up private practice. The finished physician was required to pass an examination in jurisprudence, bind himself by an oath, give *pro bono* service to the poor, and avoid partnerships with apothecaries. See Frederick II, "Medieval Law for the Regulation of the Practice of Medicine," 11-2.

18. See Siraisi, *Medieval and Early Renaissance Medicine*.

19. Quoted in Garcia-Ballester, "Medical Ethics in Transition," 42.

20. I am indebted to Garcia-Ballester for coining the phrase, and indeed for inspiring consideration of the academic milieu in which I believe the "Physician's Tale" finds its proper home.

21. See Hanson, "Chaucer's Physician as Storyteller and Moralizer," and Brown, "What is Chaucer Doing with the Physician and His Tale?"

22. See Plato, *The Republic*, 303.

23. For the text in English, see Aquinas, *Commentary on Aristotle's Politics*, 56.

24. For a cogent account of the difficulties encumbering professional aspiration even at the start, see Edelstein, "The Professional Ethics of the Greek Physician."

25. Mondeville, *The Surgery of Master Henry de Mondeville*, 256. NB: English-speaking scholars are indebted to Dr. Leonard D. Rosenman for providing this welcome translation.

26. Garcia-Ballester, "Medical Ethics in Transition," 38.

27. Nicaise, Introduction to *The Surgery of Master Henry de Mondeville*, 70.

28. See O'Boyle, "The Ars Medicine."

29. See Mondeville, *The Surgery of Master Henry de Mondeville*, 231-3 for a table listing the categories and contingencies thereof.

30. Quoted in Garcia-Ballester, "Medical Ethics in Transition," 47.

31. For example, Mondeville tempers his own defense of trust with the observation that doctors should extract payment from wealthy patients prior to treatment as they cannot be trusted to pay what is due; see Mondeville, *The Surgery of Master Henry de Mondeville*, 310-7.

32. For elaboration on, and a defense of, the Physician's ostentation, see Renn, "Chaucer's Doctour of Phisik."

33. See Uebel, "Public Fantasy and the Logic of Sacrifice in the 'Physician's Tale,'" 32 for a psycho-social analysis of Virginia's sacrifice as expiation for Apius' "violation of public trust."

34. Fellowship has been noted before. See, for example, Robertson, "The Physician's Comic Tale." Robertson calls the Physician a "kind of Apius" (137), but what he has in mind is a common avariciousness. Taking his cue from the "General Prologue," he observes that money-minded doctors were undermining confidence in their profession, just as corrupt judges undermine faith in justice. My reading is different in that it affiliates the lawyer and the doctor in respect of their common ethic and sees the Physician consciously contrasting his own integrity with the lawyer's failure, and also against his own poor showing in the Prologue.

35. "By arriving in court . . . Virginius admits both Apius' governance over his daughter and the court's right to govern him." Fletcher, "The Sentencing of Virginia in the 'Physician's Tale,'" 305.

36. Baugh, *Chaucer's Major Poetry*, 485.

37. Lee, "The Position and Purpose of the Physician's Tale," 148.

38. In fixing Apius' attributes, allowance must be made for the projection of a fourteenth century role onto a fifth century BCE model. A Roman magistrate of the Republic was a far more potent figure than that posed by a judge in Chaucer's England; the poet preserves the tyrannical original in imputing to his Apius, lordly aspirations. At the same time, he mitigates their range and force by making him a Man of Law and subject to judicial forms and restraint. The result is a mixed bag. The Canterbury Apius' magistracy is neither that of a Roman consul or a high medieval judge, nor that of a feudal lord, but is an amalgam composed to meet the poet's need to provide a suitable specimen of custodial authority and a proper foil for the Physician's resentment of professional irresponsibility.

39. In one sense, it may be said that Apius displaces the parent. In Livy's history, Virginius acted under duress: ambushed in the forum, he struck Virginia down as the magistrate's minions were closing in. Chaucer's knight is not so hurried. Leaving Apius' court, he had time to reflect. Why, then, did he not summon the powerful friends earlier mentioned and defend his daughter or spirit her out of town? Absent compelling justification, the maiden's martyrdom appears gratuitous and Virginius an unnatural father. As this is clearly not the poet's intent, why then does Chaucer not make a stronger effort to explain the knight's behavior and defend his role as a proper guardian? My answer does the tale's literary merit no good (I said before I will not plump its artistry) but does support my argument as to the tale's purpose. Chaucer does not labor to justify the knight's behavior because the knight's response to the threatened rape is not the poet's primary concern. Rather, it is the judge's inner thought and motivation—his status as guardian—that intrigues Chaucer. He contracts Virginius' role to dilate on that of Apius. This diminishes the knight but frees the reader's imagination to contemplate the judge's duty.

40. Kempton, "The Physician's Tale: The Doctor of Physic's Diplomatic 'Cure,'" 31.

41. See Capener, "Chaucer and Doctor John of Gaddesden," 288.

42. See Nicaise, Introduction to *The Surgery of Master Henry de Mondeville*,

65.

43. See Capener, "Chaucer and Doctor John of Gaddesden."

44. See Ussery, *Chaucer's Physician*, 69–70.

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