

## Medicine in the English Middle Ages

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Much of the very best synoptic writing on the medieval medicine of any country has, in recent decades, been elicited by the English evidence. The tradition goes back to C. H. Talbot's *Medicine in Medieval England* of 1967. Its brevity and absence of footnotes masked long familiarity with manuscripts and considerable originality of thought, about continental European as well as English material. That same tradition is again exemplified in Carole Rawcliffe's much longer *Medicine and Society in Later Medieval England*, 1995. The notes there, by contrast, attest the bulk and variety of evidence on which the sociological approach to the subject had by then come to rest. If medical historiography has come of age - as is now often, quite reasonably, claimed - then medieval England has been one of its forcing-houses.

Faye Getz's *Medicine in the English Middle Ages* does not therefore lack distinguished - perhaps daunting - ancestry. What does she bring to the task of surveying her subject in a mere 92 pages of text? First, at the most basic level, she has found a publisher willing to allow such a brief exposition to be supported by over 40 pages of endnotes. A book as short as Talbot's can enjoy a scholarly buttressing comparable in density to Rawcliffe's. Second, Getz's work has revealed a rare combination of strengths. She is a master of English medical prosopography. In the journal *Social History of Medicine* (1990, 3: 245-83) she emended and amplified the 1965 biographical dictionary of Talbot and Hammond, *The Medical Practitioners in Medieval England*. But then Getz is also an authority on Middle English medical texts, notably a translation of Gilbertus Anglicus's pharmaceutical writing (*Healing and Society in Medieval England*, 1991). Finally, as her contribution to volume 2 (1992) of the *History of the University of Oxford* among other papers shows, she has the measure of medieval English medicine's institutional profile.

In this book she plays vigorously to these triple strengths. There are two essentially prosopographical chapters on doctors, followed by one on texts, and then one on law and institutions - with a coda on the obverse of all this, well-being without doctors. Such apparently straightforward thematic organization is in fact unusual. The table of contents displays no chapters on, for instance, surgery, women, infirmaries, or medical education. Nor are any distinct periods within the Middle Ages initially marked out. Each chapter treats the Middle Ages, from Anglo-Saxon times to the Renaissance (from 750 to 1450: p. xi), more or less as a whole. This is far from being the mere textbook that its title, compass and length might suggest. Instead

of the usual arrangement of material, we are treated, rather, to a provocative essay in interpretation. It is an interpretation that depends, at several stages, on binary divisions of its subject matter. As I shall show, I do not always find these divisions entirely apt; but in every case they compel further thought about how best to conceptualize what remains a poorly understood terrain.

At the end of this review I shall briefly raise some general questions to which I particularly invite the author's response. But the bulk of what follows will be devoted to assessing each chapter individually. It takes fewer words to praise than to bury: general enthusiasm can be signalled more rapidly than minor criticism of detail. So I should preface this exercise with an assurance of the meticulous scholarship of the whole, and of the deftness and clarity with which precise examples from right across the Middle Ages are deployed to build up the most comprehensive short account we have of practitioners and the texts which some of them used. This is a feat possible only for one who holds the revised Talbot and Hammond more or less in her head as well as a large corpus of medical writings.

Chapter I is crucial to the whole exposition so I shall devote more space to it than to the others. It slowly unveils an enthralling group portrait - of doctors, apothecaries, phlebotomists and so on - stressing the sheer variety of healers evident in 'the English Middle Ages'. At one extreme of that variety Getz draws our attention to the medicus William, a Lincolnshire tenant in the mid twelfth century who seems to have been a serf (pp. 7-8). Some way up the social spectrum stands Richard Knyght, a fifteenth-century Londoner 'known variously as ffecissian (physician), ironmonger, surgeon, and dogleche (dog doctor)'. He represents what was presumably a large population of practitioners active under a variety of labels, often non-medical, and whose healing skills were picked up from relatives and in the course of practice (p. 7). At the higher extreme of the variety, we find Gilbertus del Egle (Gilbertus Anglicus), physician to kings and archbishops and author of the *Compendium Medicine*, one of the first works written in England to take advantage of the new Arabic-derived learning. These and numerous other comparable examples crowd a wonderfully vivid canvas, worthy of Frans Hals.

Once we have enjoyed its vividness, we should try to understand the arrangement of its figures, the relationship between foreground and background. How is that to be done? Just as importantly, how should we imagine the arrangement as having to differ according to when the picture was painted? Getz is initially forthright, about both arrangement and change over time. No single group of practitioners [she writes] distinguished itself by force of numbers, by healing skill, or by civic sanction as a dominant medical profession. Although the structure of trade guilds and university education helped set a certain standard of conduct in a commercial and legal sphere for a few practicers [sic], the vast majority of medics operated independently, and, from the educated elite to the tradesperson, often part-time. This allowed for diversity of every sort, which changed little throughout the medieval period and beyond, (p. 5, italics added). Getz thus offers an overall conception of a static and open body of healers (surely a less anachronistically loaded term than 'medics'). She arrives at this in part by comparison with other, more obviously stratified, medieval 'professions' (the law, the priesthood); and in part from comparison with the early modern period, in which she both draws on and, with admirable impartiality, criticizes the work of her husband, Harold Cook. I wonder, however, if those are the most useful approaches - whether the picture, in consequence, lacks perspective.

First, Getz's presentation as summarized in the above extract is very familiar to students of the medical world of classical antiquity, from which systems of control and licensing were almost wholly absent. Set beside that world, however, medieval medicine in England does appear somewhat more hierarchical, to an extent that Getz perhaps underestimates. Second, some more sustained comparison with contemporary Europe might be more helpful than adverting to later centuries in England. There are several new and excellent synopses to which non-specialist readers can be directed.<sup>(1)</sup> By comparison with what we now know of medieval France, Spain and Italy, the lack of change in England (asserted by Getz) is striking and seems to require further comment. I wish that Getz had made the contrast she discerns between England and 'the continent' more explicit and detailed (important European historiography is indeed discussed, but only briefly, and in footnotes). Was university (or at least university-type) medical learning so much less of an ideal among English patients and healers than among those brought to light from the Aragonese archives by

Michael McVaugh?<sup>(2)</sup> Only later in the book do we learn about the institutions and systems of attempted control which, in other countries, tended to stratify healers, and which thus have some bearing on the answer. At this stage of the exposition the effects of the two Oxbridge medical faculties, from the later thirteenth century onwards, are simply taken to embrace a few top-notch practitioners (pp. 5, 17). Is the *histoire immobile* of the rest here urged a little over-strenuously?

Having asserted such homogeneity, Getz nevertheless divides her canvas into two: the clerical elite, and the ordinary healer who was usually part time. These divisions should be thought of not as rigid categories but rather as polarities: clerical practitioners often had the characteristics of tradespeople, and tradespeople at times adopted some trappings of clerical practitioners, especially with regard to the ownership or production of surgical texts. (p. 6). At first blush, such a pragmatic, rough-and-ready, separation seems entirely reasonable. Yet who exactly - among the literate - is to count as a cleric?<sup>(3)</sup> The term will not stretch to cover the married, university-educated, royal physicians of the fifteenth century such as John Faceby (p. 19). And surely surgery is rather too special a case to count as an exemplary exception on the other side of the dichotomy. It seems to me that the distinction collapses at a more fundamental level than that of the occasional owning of surgical treatises. Many of the bishop-doctors from Faritius, abbot of Abingdon, onwards were far from being the full-time quasi-professionals that Getz now seems to be conjuring up for us. Authors such as Bartholomaeus Anglicus wrote of medicine more as a branch of natural philosophy than as an aid to practice. Finally, as hinted in the previous paragraph, the distinction between the clerical-medical and the artisan practitioner may do insufficient justice to the aspirations towards some degree of learning that many quite ordinary people displayed, in England perhaps as much as in Aragon.

For illustration of that possibility, we can look to some evidence that might valuably have found its way into the text but is missing. Medieval 'empirics', ordinary practitioners, are by their very nature scarcely documented.<sup>(4)</sup> Getz mentions one of them, John Crophill (p. 8). She omits, however, a much better evidenced case. The medical commonplace book of Thomas Fayreford is available both in its original in British Library MS. Harley 2558 and through a preliminary report by Peter Murray Jones.<sup>(5)</sup> Fayreford's tenuous Oxford connections, the range of texts he seems to have read in Latin as well as Anglo-Norman and Middle English, the way he portrays himself in his autograph manuscript, and the range of his West-Country clientele all suggest a full-time and educated practitioner. On the other hand, the types of remedy he offered, together with the number of experimenta he mentions (recipes not derived from learned medicine), also suggest that there was a great deal of the empiric about him. An educated artisan, he subverts whatever categories we try to impose. But that is no reason for omitting him from Chapter I's picture. He would have brought it yet more vividly to life.

From the very fact of his autograph's survival, Fayreford's case is of course an unusual one. Any conspectus of medieval healers must find a way of leaving conceptual room for the mass of healers who, by contrast, are not individually documented, but whom we know to have been there, leaving only very indistinct traces. One way to open up that conceptual space is to go beyond prosopography, or rather beyond its standard technique of searching records for terms such as *medicus* or 'leech' or for immediate contexts from which such precise occupational labels can be inferred. The way forward has been shown us by Monica Green. Some of her work is mentioned by Getz, including her up-dating of the meagre dossier of identifiable female doctors from the Middle Ages.<sup>(6)</sup> Her more recent (1994) contribution, *Documenting Medieval Women's Medical Practice*, does not appear in the bibliography, however.<sup>(7)</sup> It contends that the possible extent of women's practice has been seriously underestimated because women do not appear in the evidence in ways that enable us readily to identify them as healers. They emerge suddenly as widows having in all likelihood practised (invisibly to us) beside their spouses. As part-timers, they do not earn occupational labels. Their activities are ill-represented by stigmatizing labels such as *vetula* (old woman). To get at them, we have to learn to read the evidence against its grain, always recalling how much - or how many - that evidence is bound to suppress.

That is an argument of major significance for our whole understanding of medical practice in the Middle Ages - practice by both sexes. The argument is not reflected here. Getz does comment that women, excluded from clergy, university and guild, were confined to the realm of the ordinary practitioner; yet that is a little

superficial, and implies that nothing much changed across the later Middle Ages, an assumption which Green shows to be rash. Getz also includes in her discussion several examples of the phenomena considered by Green. She refers generically to the tradeswoman-practitioner able to pursue her craft in the countryside; also to an interesting case of two sisters (one of them married) and a brother who practised medicine in early thirteenth-century Hertfordshire (pp. 9, 11). She then adds: 'much less commonly recorded than brother-sister medical teams were husband-wife associations' (p. 11). Adducing Green's paper and giving some indication of its argument would explain why that was so: why husband-wife associations tend to escape notice in our evidence until the death of the husband. On the boarder front, the paragraphs devoted to women in this chapter would be greatly enriched by Green's presence, 'problematizing' female healers in a manner that, even in a short survey, seems entirely salutary. Still more, Green would lend depth to the whole group portrait that the chapter essays, because her arguments can also be applied to the hidden ranks of non-specialist, weakly-labelled, male practitioners. The named examples would become merely the front row of a crowd whose size and variety we are now, thanks to the oblique approach urged by Green, beginning to make out.

Chapter II is entitled *Medical Travelers to England and the English Medical Practitioner Abroad*. Here, as in Chapter I, a convenient way is found of sorting practitioners into groups, this time by country of origin. Inevitably, some anomalies are generated. The Tuscan Faritius, physician to Henry I, appears in the first chapter, by implication as a native, while Gilbert Maminot, physician to William I, counts as foreign and gains a 'walk-on' part only in Chapter II. Yet the latter is, overall, a striking and originally conceived chapter. It furnishes a powerful reminder of the (on modern criteria of nationality) sheer foreignness of those who made what we take to be English medical history - a tactic reminiscent of the salutary 'alienation' performed by Michael Clanchy's textbook of political history, *England and its Rulers, 1066-1272*.<sup>(8)</sup> There are brief but detailed presentations of the surprising range of ethnic groups represented among practitioners in England - Italians, Dutch, French, Spanish, even Greek.<sup>(9)</sup> And a selection of their converse is also included: Englishmen abroad, for the most part studying in Paris, <sup>(10)</sup> but also accompanying royal masters on bloody military campaigns.

The largest group of 'foreigners' (on this chapter's definition) is that of Jewish healers. They are the most difficult to represent satisfactorily. Getz offers faithful likenesses of some exemplary doctors, such as the thirteenth-century Londoner Elijah Menahem ben Rabbi Moses (pp. 22-3), or Sansone, who in 1409 was granted a special license to practise his faith in England so that he could attend Mrs Dick Whittington (p. 23). The sheer longevity of the Jewish medical presence in England - despite the expulsion of 1290 - is thus tellingly brought out. The picture is, however, still slightly lacking in depth, because some fundamental questions about Jewish practitioners are not fully addressed.<sup>(11)</sup> Prior to their expulsion, were they as disproportionately numerous in England (in relation to estimates of the total Jewish population) as they apparently were in continental Europe? Was there, in England as abroad, a demand for medical learning that Christian physicians alone could not satisfy and which thus created an opportunity for Jewish ones, with their exceptional literacy and their access to Graeco-Arabic medicine in Hebrew? Why were so few Jewish surgeons apparently active in England? Could the reason have been anti-Semitic fear, of the kind that seems, in continental Europe, to have prevented Jews from acting as apothecaries?

Chapter III turns to texts. These are numerous, and range in size and character from Gilbertus Anglicus's *Compendium* to free-floating vernacular recipes. Getz is best qualified among those currently working on the medicine of this period in England to give full weight to the vernacular. She makes an essential point about it at the outset. Medieval medical texts, she warns, do not lend themselves to classification by language: Latin is not the only medium of a theoretically grounded medicine; all written medicine belongs to the learned tradition in some way or another. Vernacular is not therefore the preservative of untutored folk practice. 'Although learned, university-style medicine was always written in Latin, medical texts in the vernacular were almost always translations of Latin originals. So called folk practice - the use of remedies derived from experience alone - can be found in both Latin and vernacular, as can charms and prayers' (p. 35).

Having thus admirably undermined any attempt to categorize texts by language, Getz has of course to find



another way of organizing the material. As in earlier chapters, a pragmatic dichotomy suggests itself:

One distinction, albeit sometimes a fuzzy one, does emerge from a survey of the written records of medieval English medicine. In general, texts can be divided into those that derive ultimately from ancient Greek sources, translated and adopted by Islamic scholars into Arabic and then into scholastic Latin for use in universities; and Roman or humanistic, those derived from the writings of educated patriarchs like Pliny or the elder Cato, which relied on simple remedies, charms, and traditional wisdom. (p. 36)

The latter type (aristocratic, familial, empirical), Getz continues, is often found in encyclopaedias mixed in with other types of useful knowledge. This is medicine as a way of understanding the world, not just a practical skill. The type 'enjoyed an unbroken tradition' in England from Anglo-Saxon times to the early modern period. So, alongside the learned tradition derived from Graeco-Arabic writings and translated into Latin from the late eleventh century onwards, we have another, parallel, 'style of medical writing' (Getz's phrase). In her view, the two styles were never entirely separate. But they form 'distinctive trends' in medical writing, 'useful classifications for the understanding of elite medical discourse' (p. 36).

One might query minor aspects of that: the odd, though not inaccurate, transfer of 'the elder' from Pliny to Cato Maior; the odder application of the epithet 'humanistic' to ancient Roman medicine when it seems more appropriate to reserve it (as most medical historians do) for Renaissance scholarship. (On p. 64 'humanistic' seems to imply 'medicine without doctors'; on p. 86 it becomes openness, or simplicity - as represented by writing in the vernacular and by reverence for the writings of the ancient Romans.) But the overall point is well made. The question is whether the division reveals genuine literary currents or simply ideal types.

Was there a distinctive medieval genre (or trend) of empirical-encyclopaedic writing which did 'ultimately derive' from Roman sources? As others have shown in discussing medieval receptaries, and as we have seen Getz conceding, the impact on such material of Graeco-Arabic theory was far from negligible.<sup>(12)</sup> It has also been suggested by Faith Wallis (in another important article engagement with which would have enhanced the discussion) that the absence of theory in earlier medieval (primarily monastic) medical texts does not merely represent the simple continuation of Roman paterfamilial medicine: it was also a rejection of a body of ideas that, for Christian taste, had too many associations with pagan intellectual culture.<sup>(13)</sup>

Getz herself acknowledges that the distinction between the learned and the encyclopaedic is a fuzzy one. Yet, as this chapter proceeds, the exceptions seem to outnumber the rule. The contrast between the two trends becomes virtually erased and fuzziness is all. Getz starts with the learned, philosophical type of writing, and so can provide the sort of background of Hippocratic-Galenic medicine that most textbooks would have disposed of thirty pages earlier. She next introduces Arabic learning and Aristotelian philosophy and their translation via Italy and Spain to Latin Europe. This is all very deftly done.<sup>(14)</sup> Once the discussion of English texts gets under way, however, the polarization of medical writings into two traditions induces both awkwardness and ambiguity - suggesting that a simple chronological approach might have been more effective. First, after brief reference to the earliest English Aristotelians, we return to Gilbertus Anglicus, now as an author more than as a practitioner, and as emblematic of the learned tradition. The analysis of his *Compendium* is itself compendious and valuable. Yet the emphasis given to the breadth of Gilbert's interests (including for example ways of making beards grow thick), and the reference made to the charms that he included - and not only as last resort - bring out characteristics in his work that, we have been told, belong more to the encyclopaedists than to the learned (pp. 40-1).

A similarly valuable, but less ambiguous, discussion of the more thoroughly Galenic John of Gaddesden follows. John of Arderne then represents late medieval surgery. Lastly, Simon Bredon's *Trifolium*, which Talbot too hastily dismissed as 'ambitious and futile',<sup>(15)</sup> is invoked to demonstrate the connections between

medicine and other disciplines, above all mathematics.

The change in mid chapter back to the encyclopaedic tradition then falls rather abruptly. Having reached the late fourteenth century with Bredon we are now returned to Cato and Pliny. The English origins of this encyclopaedic 'trend' are traced to Bald's Leechbook and related Old English material. Yet, 'a full-blown encyclopedic tradition. was not transplanted to England until after the Norman Conquest' (p. 48); and to introduce that we have to back-track once again to Isidore of Seville. Then come the major English encyclopaedists of the Middle Ages: Alexander Neckham and Bartholomaeus Anglicus. And with the discussion of Bartholomaeus's Salernitan characteristics - and his debt to the translations from the Arabic of Constantine the African - the concept of a discrete encyclopaedic tradition again becomes suspect. Much the same applies to the subsequent (and, in itself, excellent) three-page account of the writings of John Mirfield. For, although one of Mirfield's purposes was to facilitate his readers' self-medication, his similarity to Gilbertus Anglicus suggests that, in other respects, he may sit as happily among the learned Greeks as among the blunt Romans.

No account of pre-modern medicine would be complete without some discussion of preventive regimen - although one could be forgiven for supposing the contrary from the tables of contents of many recent conspectuses. (16) Getz does not underestimate its importance. Thus, after the consideration of encyclopaedias, we are taken back to the learned tradition, to the regimen set forth in the medical sections of the pseudo-Aristotelian *Secreta secretorum*, and to its most celebrated exponent, Roger Bacon. This opens up into a more general consideration of Bacon's medical opinions and their influence. His criticisms of university medical learning, and his medical gloss on original sin, along with his alchemical interests make him a fascinating figure. Accordingly, he becomes the subject of one of the most novel and arresting sections in the book, unparalleled in earlier synopses. Does he not, however, finally demonstrate that the 'dualist' layout of Chapter III is as inadequate, in practice, as that of Chapter I? The texts prove as recalcitrant as the practitioners. As Getz herself puts it:

what is remarkable about Bacon's work is the synthetic meaning he drew as much from Scripture as from encyclopedias and scholastic medical texts. His weaving together of the fruit of the Tree of Life from the Old Testament, simple regimen from Pliny, the Philosopher's Stone from pseudo-Aristotle, and precious drugs from Islamic philosophers into a reasonably coherent set of medical theories is an achievement of almost poetic ingenuity, filled with intriguing paradoxes. Indeed; but paradoxes of whose making? Of the Middle Ages - or ours?

In Chapter IV, *The Institutional and Legal Faces of English Medicine*, idiosyncrasies of organization create more frustration than challenge. As if mopping up unfinished business after the deliberately tight focus of the first two-thirds of the book on the variety of practitioners and texts, Chapter IV touches lightly on a number of topics that all involve institutional or legal evidence but have little else in common. Getz's defence of this procedure - that the legal evidence is peculiarly vivid, if fragmentary and hard to interpret (p. 71) - does not quite carry conviction as a rationale for the whole chapter. We are given a brief description of activities in Salerno, Bologna and other centres of medical education, a paragraph on astrology, and an outline of the university syllabus. Some topics are considered at greater length. Licensing (pp. 69-70) and guilds (pp. 83-4) are here given three pages to themselves, although they have been glimpsed several times in the background to earlier discussions. Yet the major point, with all its implication for what was said in Chapters I and II about the absence of a medical profession in medieval England, is now made with too little emphasis:

Perhaps more than any other social factor, the development of university education led to standardization of medical skills. This sort of exclusivity certainly gave the learned physician more power in elite society. (pp. 70-71).

Getz turns next from the universities to law. A useful page follows on what have elsewhere - anachronistically - been referred to as malpractice suits, but which (Getz shows) were understood at the time in the context of negligence in the handling of commercial goods. Disconcertingly, however, this section leads into an account of what coroners' rolls can tell us about anything vaguely pathological or medical. From there we move (pp. 75-6) to the question of how far doctors were used as expert witnesses in the determination of such matters as the nature of a wound. After that comes a catalogue of references to specific diseases in the legal evidence. Then there are paragraphs on suicide, mental illness, magic, plague, doctors' house calls, public health, and rape. It is a pointillist tour de force, and succeeds admirably as an introduction for the non-specialist to a large number of topics in a very short space. Inevitably, though, the impression left on the reader is that of a dazzling miscellany in which no one topic is treated at all fully, and in which the reliance almost exclusively on legal evidence has become something of a handicap.

Take the example of causes of death as recorded in legal documents. If the discussion of these is to produce a 'pathocoenosis', (17) a tableau of the diseases likely to have been most prevalent in medieval English populations, then other kinds of pertinent evidence - medical, hagiographical, narrative, archaeological and so on - will also need to be adduced. Legal records by themselves offer no more than a set of curiosities. In this chapter, some selection from the miscellany of possible topics was surely in order so that at least a few of them could have been examined in a more rounded fashion.(18)

The final chapter, 'Well-being without Doctors: Medicine, Faith, and Economy among the Rich and Poor', is equally miscellaneous, but has a far stronger thread to its diversity. It returns to the expanded conception of medicine implicit in much of what has gone before: first, medicine as prognosis, rather than invasive treatment. The tone was set on the very first pages of Chapter I. These offered an account taken from the chronicler Ralph of Coggeshall of the final illness (in 1205) of Hubert Walter, archbishop of Canterbury.(19) The primate's physician was none other than Gilbertus Anglicus, who was accompanying him when the illness struck. Gilbert clearly saw it as his main task to prognosticate, not to treat. He advised the archbishop of the imminence of his demise, led him to the relief offered by the *medicina sacramentalis* of confession, (20) and thus prepared him for the ultimate healing of a good death. The doctor was present but there was no doctoring; the advice tendered was ethical, not medical.

The related theme of managing without doctors altogether - of medicine as self-medication and as regimen - was first taken up in Getz's discussion of what she has identified as the Roman 'humanist' tradition. It is resumed in Chapter V largely through the surprising and interesting medium of a consideration of Chaucer. In the 'humanist' tradition the doctor, if present at all, becomes more a teacher than a physician (a personal trainer, to use a modern analogy). This is a conception of medicine tied to the rise of the written vernacular in the Middle Ages, a topic to which also Getz returns briefly in this last chapter (p. 86). Self-help brings together (conceptually speaking) the elite patron, who commanded the service of a physician to tell him how to regulate his own life, and the pauper who could not afford treatment. It thus allows Getz also to include the public hospital (as distinct from the monastic infirmary) in this chapter. For in England, unlike parts of Italy, the hospital remained a doctor-less institution until the very end of the Middle Ages. Nurses were the figures who counted: to them fell the important work of overseeing patients' regimen and meeting their basic medical needs. Nurses receive brief mention in Getz's page on hospitals. But that is understandable: most medical historians of the Middle Ages neglected them until Carole Rawcliffe showed us, in a paper published in the same year as Getz's book, quite how much could be said.(21)

No such neglect has hampered study of the apparently free medicine of the saints, another resort of the poor as well as of those whose expenditure on physicians proved fruitless. So it is surprising to find that, when

Getz turns it in the final paragraphs of the chapter (and the book), she does so by quoting an assertion by Ronald C. Finucane that historians have shied away from the subject. That was accurate perhaps in the 1970s, when Finucane was writing, but is now refuted by numerous studies that draw on healing miracles. (22)

Having examined more or less each section of each chapter of the book, praising the mastery of illuminating detail but registering specific queries about the conceptualization and distribution of the material, I would like to add a final section inviting the author's response to four general questions.

First, the title, *Medicine in the English Middle Ages*. What are 'the English Middle Ages'? To draw a contrast: the 'French Middle Ages' would suggest both a period and a geographical area in which French courtly culture predominated. What is denoted by the English ones? Author and publisher presumably faced a problem: all the obvious titles, *Medicine in Medieval England*, *Medicine and Society* etc., have been used up. By having taken *Healing and Society in Medieval England* as the title of her edition of the pharmaceutical writings of Gilbertus Anglicus, Getz herself has already ruled out the one that might best have embraced her theme of medicine without doctors. The title actually used for this new monograph conceivably suggests its author's emphasis on the vernacular, and perhaps (at a stretch) her inclusion of Anglo-Saxon England. But it also seems to downplay the 'foreigners' whom Chapter II memorably portrays; and it hides the welcome fact that, on the whole, the book says less about medicine than about healers.

Second, the audience. Who are the book's expected readers? And how much background knowledge is to be expected of them? They seem to need reminding that Crusades 'are best understood as campaigns of warfare' (p. 39), but they can define 'phthisis' and 'propaedeutic' and know what a university regent master is. This is, I have suggested, no mere textbook. With whom is it intended primarily to engage?

Third, the argument. In the preface it was announced that 'a central argument concerns how this [medical] learning, understood as the medicine that was written down in texts, gained an audience among English people' (p. xii). Leaving aside the ambiguity about who is to count as English people (not the Normans?), my question is simply: what has happened to this argument in the chapters' unfolding? The demand for learned medicine is of course discussed at several points, and at the end of Chapter III its success is ascribed to learned patrons such as Duke Humphrey. Will such backing account for its wider popularity? If not, then how and why exactly did it gain an audience? Michael McVaugh raised a similar question in his study of the Crown of Aragon and reached no substantial answer. After reading Getz's book, which lacks any overall conclusion or summary, I remain uncertain of her own answer, and also of how it would relate to the tradition of self-medication that she set out to delineate.

Fourth and last, the vernaculars. Anglo-Saxon medicine appears chiefly in two pages on the origins of the encyclopaedic tradition in England and in the shape of Bald's Leechbook (pp. 46-8). From the scope of Getz's undertaking as it was announced in the preface (the period 750-1450), the Anglo-Saxons might have expected a fuller showing. The book would have been still more useful had it integrated the work of A. L. Meaney, M. L. Cameron, K. L. Jolly et al. more fully into other chapters on practitioners and institutions. That is easy to propose, of course; hard to bring off. May I, however, invite the author's retrospective view of how it might have been achieved?

Related to that task: could I also elicit her thoughts on the Anglo-Norman material, mentioned on p. 35 but not discussed. Thanks to the Stakhanovite editorial labours of Tony Hunt we now have a growing corpus of Anglo-Norman texts presented with wonderful annotations and copious historical introductions. (23) But we are not sure how that corpus fits into the overall picture. Getz is uniquely qualified to help us.

In 1986 Princeton University Press ruled out another good title by publishing Robert S. Gottfried's *Doctors and Medicine in Medieval England, 1340-1530*. This was a book which might have been intended to enhance the great tradition to which I adverted at the outset, but which actually did small credit to either its author or its publisher. Getz was one of those reviewers who exposed its pretensions to new and accurate scholarship. (24) It is fitting that Princeton should now have atoned for that lapse by publishing her wholly



worthwhile monograph. My criticisms (to repeat) have been more to do with its arrangement than with its unrivalled command of textual, legal, and prosopographical detail. They have been intended to generate discussion: to assure the book the continued life it deserves - not just as a survey, but as a feat of interpretation which no student of the subject can creditably ignore.

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## Notes

1. E.g. D. Jacquart, *Le milieu medical en France du XIIe au XVe siecle* (Geneva, 1981); K. Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, 1985); M. McVaugh, *Medicine before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285-1345* (Cambridge, 1993). [Back to \(1\)](#)
2. McVaugh, *Medicine before the Plague*. 2 vols. (Cambridge, 1994, 1997), not in Getz's bibliography. [Back to \(2\)](#)
3. See also Getz, p. 34. [Back to \(3\)](#)
4. Though see now K. Park, *Stones, Bones and Hernias: Surgical Specialists in Fourteenth- and Fifteenth-Century Italy*, in R. French et al. (eds.), *Medicine from the Black Death to the French Disease* (Aldershot, 1998), pp. 110-30. [Back to \(4\)](#)
5. P. M. Jones, Harley MS 2558: A Fifteenth-Century Medical Commonplace Book, in M. R. Schleissner (ed.), *Manuscript Sources of Medieval Medicine* (New York, 1995), pp. 35-54. Another contribution to this volume is, however, cited by Getz at p. 109 n. 1. See now also Jones, *Thomas Fayreford: An English Fifteenth-Century Medical Practitioner*, in French, *Medicine from the Black Death*, pp. 156-83. [Back to \(5\)](#)
6. M. Green, *Women's Medical Practice and Health Care in Medieval Europe*, *Signs*, 14 (1989), pp. 434-73. [Back to \(6\)](#)
7. M. Green, *Documenting Medieval Women's Medical Practice*, in L. Garcia-Ballester et al. (eds.), *Practical Medicine from Salerno to the Black Death* (Cambridge, 1994), pp. 322-52. [Back to \(7\)](#)
8. Second edn, Oxford, 1998. [Back to \(8\)](#)
9. For context see Jonathan Harris, *Greek Emigres in the West, 1400-1520* (Camberley, 1995), pp. 164-5. [Back to \(9\)](#)
10. Compare now C. O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250-1400* (Leiden, 1998), ch. 2. [Back to \(10\)](#)
11. For what follows see J. Shatzmiller, *Jews, Medicine and Medieval Society* (Berkeley, 1994), cited by Getz at p. 102 n. 22, but perhaps not thoroughly utilized. [Back to \(11\)](#)
12. T. Hunt, *Popular Medicine in Thirteenth-Century England* (Cambridge, 1990), pp. 12-16. [Back to \(12\)](#)
13. F. Wallis, *The Experience of the Book: Manuscripts, Texts, and the Role of Epistemology in Early Medieval Medicine*, in D. Bates (ed.), *Knowledge and the Scholarly Medical Traditions* (Cambridge, 1995), pp. 101-26. Compare Getz, p. 46 and nn. 78-9. [Back to \(13\)](#)
14. Had it been available in time, use of Patricia Skinner's monograph, *Health and Medicine in Early Medieval Southern Italy* (Leiden, 1997), might have sophisticated several brief references to the schools of Salerno and their relations with the abbey of Monte Cassino. [Back to \(14\)](#)
15. Talbot, *Medicine in Medieval England*, p. 199. [Back to \(15\)](#)
16. M. D. Grmek (ed.), *Western Medical Thought from Antiquity to the Middle Ages* (Cambridge, MA, 1998), is unusual among recent synopses in devoting a whole chapter to regimen. [Back to \(16\)](#)
17. J.N. Biraben, *Diseases in Europe: Equilibrium and Breakdown of the Pathocenosis*, in Grmek, *Western Medical Thought*, pp. 319-53. See also Grmek, *Preliminaires d'une etude historique des maladies*, *Annales*, 24 (1969), pp. 1473-83, at p. 1476; R. Sallares, *The Ecology of the Ancient Greek World* (London, 1991), p. 225. [Back to \(17\)](#)
18. As an example of what hagiography can add to the study of just one of the topics Getz touches on, see R. C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (New York,

- 1997).[Back to \(18\)](#)
19. Ralph of Coggeshall, *Radulphi de Coggeshall Chronicon Anglicanum*, ed. J. Stevenson, Rolls Series 66 (London, 1875), pp. 156-9.[Back to \(19\)](#)
  20. See now C. Rawcliffe, 'Medicine for the Soul: The Medieval English Hospital and the Quest for Spiritual Health', in J. R. Hinnells and R. Porter (eds.), *Religion, Health and Suffering* (London and New York, 1999), pp. 316-38.[Back to \(20\)](#)
  21. On them see again C. Rawcliffe, *Hospital Nurses and their Work*, in R. Britnell (ed.), *Daily Life in the Middle Ages* (Stroud, 1998), pp. 43-64.[Back to \(21\)](#)
  22. E.g. P.A. Sigal, *L'homme et le miracle dans la France medievale* (Paris, 1985).[Back to \(22\)](#)
  23. Anglo-Norman Medicine.[Back to \(23\)](#)
  24. Bulletin of the History of Medicine, 61 (1987), pp. 455-61.[Back to \(24\)](#)
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