

God, mammon and the physician: medicine in England before the College

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ABSTRACT – Medieval medical practice has all too often been depicted by historians as ineffective, overpriced and riddled with superstition. Yet the physician, who boasted an impressive range of academic accomplishments, exercised considerable influence in political, religious and cultural affairs. How was this achieved? The overwhelming authority of the Church, in an age of high mortality, when life was generally painful as well as short, helps to explain an apparent paradox. For the practitioner, who was often also a priest, dealt with spiritual as well as earthly diseases, plumbing the recesses of men's souls while he examined their bodies. He was a confidant and mentor, offering advice on all aspects of the human condition. Since physical suffering was often regarded as a consequence of sin, confession loomed large in treatment. Indeed, the practice of both medicine and surgery was regulated by canon law, which looked beyond mere physical fitness to the quest for eternal salvation.

In a society preoccupied with the external trappings of wealth and status, the late medieval English physician cut an imposing figure. A long tradition of advice literature, stretching back to Hippocratic times, which urged him to adopt a sober style of dress in keeping with his professional gravitas and discretion, sat uneasily alongside a justifiable desire to advertise hard-won achievements. Heavy gold chains, fur-trimmed robes lined with silk and the glitter of costly gems marked him out as a person of consequence, who mixed easily with the greatest in the land. Paid at a level commensurate with that of a junior minister of state, the king's own medical advisers exercised considerable authority in the public sphere (especially if the monarch was old or sick), sometimes even taking an active lead in the formulation of government policy. It seems paradoxical that, in an age of high mortality, centuries before the scientific advances upon which the modern medical profession now depends, affluence and influence on this scale lay within the grasp of the successful practitioner. How did he achieve so much?

The symbiotic nature of the physician-patient relationship, which remains a significant, if diminishing, feature of medicine in the 21st century, assumes particular

importance as we move back to a time when viable alternatives to preventative medicine were virtually non-existent. More striking still is the overwhelming authority of the Church, which impinged upon almost every aspect of human life, and is fundamental to an appreciation of the differences between medieval and modern medical practice¹ (Fig 1). These go far beyond the obvious disparities in technology and scientific knowledge which separate the 15th century from the 21st. As we shall see, the medieval physician plumbed the recesses of the soul as well as the body, often being more familiar with his patients' spiritual health and psychological anxieties than he was with their physiological infirmities.

A learned and devout profession

The physician's standing was bolstered by his membership of a narrow academic and social elite, whose ubiquity seems entirely disproportionate to its size. For a variety of reasons, neither Oxford nor Cambridge produced more than a handful of fully qualified physicians at any one time before the 16th century. In all, only 94 individuals are known to have graduated in medicine from Oxford University between 1300 and 1500, and a mere 59 from Cambridge, although many students succumbed to the lure of mammon and left to practise before taking their degrees. Attempts in the 1420s to establish a professional collegiate structure, of the kind to be found in other parts of Europe, were doomed to failure because the two English Faculties of Medicine were so weak, conservative and geographically remote from the main centres of power².

Predictably under the circumstances, the bulk of talented graduates opted for lucrative employment at court or in the retinues of lords and prelates rather than an academic career. Since the great majority had also taken holy orders they could be rewarded with profitable livings – usually held *in absentia* – and rose quickly up the ecclesiastical ladder. On the rungs of preferment we find Nicholas Colnet, physician to Henry V and one of the most successful pluralists in Lancastrian England; Gilbert Kymer, who treated Henry's brother and became Chancellor of Oxford University; and John Arundel, whose promotion to the bishopric of Chichester in 1458 followed years of loyal service to the ailing Henry VI³. In noble households, too, physicians occupied a prominent position. Thomas Moscroff, for example, was retained by Edward, Duke of Buckingham, the richest peer in early 16th century England,

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while he was still studying medicine at Oxford. Besides acting as Buckingham's 'counsellour in fysyke', he supervised the health of his finances, worked as a legal adviser and secretary and also officiated in the ducal chapel⁴.

Lay physicians were no less interested in religion, matching, if not sometimes outdoing, their clerical colleagues in personal piety. The name of Sir William Buttes appears frequently in studies of humanism at the Tudor court, where he established himself as Henry VIII's favourite medical adviser. The first of such men to receive a knighthood, he enjoyed a formidable reputation for learning, as indeed did all the other practitioners to be mentioned in the course of this essay. A shrewd psychologist, constantly armed 'with some pleasant conceits to refresh and solace the king's mind', he showed consummate skill in dealing with an intransigent patient, and successfully exploited Henry's dependence upon him to further the English Reformation. Although deployed in the Protestant rather than the Catholic cause, his strategy differed little from that of earlier generations of royal physicians, who appealed to the consciences as well as the more material instincts of their patients⁵. Foxe's *Book of Martyrs* provides a memorable vignette of Buttes at work, in 1543, using his influence 'pleasantly and merrily' with the king on behalf of an evangelical preacher who then risked the stake for making outspoken attacks on traditional religion⁶. It is a testimony to the strength of their relationship that Henry's persecution of Protestants did not begin in earnest until Buttes's death two years later, when a rival faction regained the political initiative.

Evidence of this kind poses some interesting questions about the role of the physician in pre-modern English society. The medicine of this period has often been described as ineffectual and overpriced, its practitioners powerless in the face of disability and disease. Previous generations of medical historians, wedded to the idea of 'scientific progress', have certainly painted a depressing picture of the Middle Ages. Nor was there any shortage of criticism at the time. Patients could be abusive and litigious, while satirists ridiculed the profession's fatal combination of ignorance, rapacity and hubris with a venom rarely encountered in today's media⁷. But theirs was only one of many contemporary responses to the physician's exercise of his art, which looks very different when

set in its proper social and cultural context. To most observers he was neither a cynical opportunist nor a charlatan, but a mediator between life and death, whose advice brought spiritual health and hope of redemption.

The power of the confessional

To understand the genesis of these ideas, we must go back to one of the most significant events in the history of medieval medicine. The Fourth Lateran Council of 1215 passed two rulings with a radical impact on future developments, not least because they were strictly observed throughout the whole of western Christendom. The first concerned confession, and underlines the intimate connec-

Fig 1. The Divine Physician dominates earthly treatment in a 14th-century manuscript of the *Chirurgia* of Roger of Salerno (British Library, Sloane Ms 1977, fo. 7r, reproduced by kind permission of the British Library).



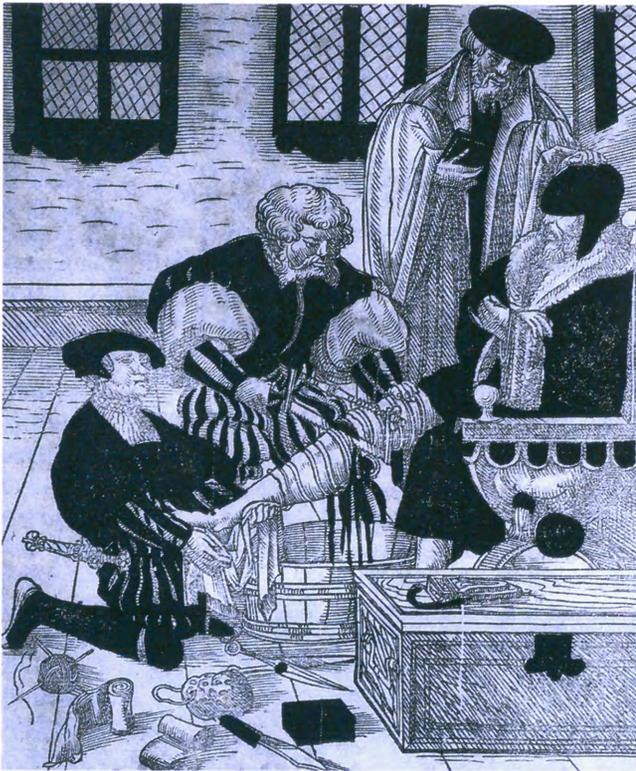


Fig 2. The surgeon wields his saw, while the priest offers spiritual solace to the patient in the *Gross Chirurgien* of Walter Ryff. (reproduced by kind permission of the Wellcome Institute Library, London).

tion which, in a pre-Cartesian world, was perceived to exist between the body and the soul. This ruling was actually headed 'that the sick should provide for the soul before the body' and stipulated that the priest, or *physician of the soul*, should confess and absolve the patient before treatment began⁸. Since bodily disease so often sprang from sin, how else could one hope for a cure?

This injunction was taken very seriously, although in practice it proved hard to enforce and was deemed by some practitioners to have harmful psychological effects. The 14th century French surgeon Henri de Mondeville, who rose to prominence in the service of Philip the Fair, deplored the prospect of unedifying squabbles between surgeons and priests while patients in urgent need of medical attention expired for want of care. Mondeville, whose command of anecdotal material must have greatly enlivened his own bedside manner, recognised a conflict of professional interest, although many of his colleagues actually joined with their patients in seeking confession and absolution before wielding the knife⁹.

By this date surgeons were invariably laymen or clergy in lower orders, whereas the overwhelming majority of physicians trained in English universities had been ordained as priests, and were thus able to administer the sacraments as well. In other words, the confessor and the

physician were often one and the same person. Diagnosis and treatment of the diseases of the soul consequently proceeded hand in hand with the care of the body. Deploying his prognosticatory skills through the examination of urine and scrutiny of the heavens to determine how long the patient might survive, the qualified *medicus* was able to safeguard against the terrors of *mors improvisa* (sudden death) by offering all the solace of organised religion. Since it was believed that to die unconfessed without the rituals of the Church might entail a lengthy sojourn in purgatory, or even eternal damnation in hell, ghostly health became an urgent priority.

Recognising with grim inevitability that 'there is no medicine for death', medieval men and women had very different expectations of their medical practitioners, who routinely managed the transition from one world to the next. The deathbed of Bishop Robert Grosseteste (d.1253) provides a classic example of the assiduous physician, in this case the Dominican theologian John de St Giles, setting aside his medical *persona* to serve his patient's spiritual needs. He attended the dying bishop 'as a constant companion... offering consolation of both body and soul' and thus enabled him to achieve the 'good end' so earnestly sought by the medieval Christian¹⁰.

But the physician had first to heal himself. On entering the confessional, he faced a battery of questions about his own conduct. Had he always ensured that his patients' spiritual and temporal affairs were set in order? Had he risked human life in the interests of crude material gain? Had he shown compassion to the needy? Christ may have been a physician, yet apostolic poverty was rarely encountered in a profession which set such store on outward appearances¹¹.

Medicine for the soul

It is instructive to examine the vocabulary used to describe the process of confession. As in so many other areas of medieval religious activity, the terminology is often medical. Henry, Duke of Lancaster's *Livre de Seyntz Medicines* (*Book of Sacred Medicines*), a title which speaks for itself, is a long, sustained meditation composed in 1354, during the aftermath of the first outbreak of plague in England. It compares the slow process of spiritual healing and the conquest of sin with a physician's struggle against disease. We should remember that many English noblemen were, like the duke, highly sophisticated, well educated men who clearly relished the society of a learned and eloquent physician. The remedies suggested by Lancaster offer direct analogies: the theriac of a good sermon, the ointment of Christ's blood, the salve of the Virgin's kiss, the amputation of penance, and the *gratia Dei* (grace of God) applied to a festering mouth after cleansing by confession¹². This metaphor is itself revealing, since the name *gratia Dei* was given to one of the most common ointments for wounds and sores to be produced in the later Middle Ages¹³.

The pollution of blood

The second important ruling of the 1215 Lateran Council concerned the prohibition henceforth placed on the shedding of blood or deployment of cauteries by clergy of the order of sub-deacon or above¹⁴. Hitherto, medicine and surgery had often been practised together by distinguished ecclesiastics, such as Baldwin (d.1097), Abbot of Bury St Edmunds, who attended both Edward the Confessor and William the Conqueror, itself a remarkable tribute to his skill. A number of reasons lay behind this injunction. Blood was held to be polluting: men of God, especially in the newly reformed Church of Innocent III, should not have hands stained with the bodily fluids of their patients while celebrating the Eucharist. As early as 1109, Abbot Faritus of Abingdon's hopes of becoming Archbishop of Canterbury had been dashed by claims that 'a man who spent his time examining the urine of women' was unworthy of such an office, although his affability and personal charm, deployed to such telling effect upon his aristocratic female patients, may also have counted against him¹⁵.

And what if surgery, at best a brutal and terrifying experience, resulted in accusations of manslaughter? The risk of accidental homicide was especially great without antisepsis, reliable anaesthesia or blood transfusion. Questions of snobbery also obtained. Senior clergy understandably wished to distance themselves from the practice of what was essentially a craft rather than an art, and to emphasise their higher, more cerebral calling. Since most of the health care available in medieval England was to be had at the hands of apothecaries, empirics, unlettered women and other assorted 'irregulars', the erection of clear-cut boundaries seemed all the more important. The rise of the universities, with their burgeoning faculties of medicine, proved another powerful incentive towards the specialist and essentially theoretical study of medicine by senior clergy. In England, unlike France and Italy, no significant attempt was made during the Middle Ages to integrate the surgeon into an academic programme of training by offering anatomy classes or even occasional dissections.

For all these reasons the ruling of Lateran IV had profound ramifications for English medical and surgical

practice. Surgery passed exclusively into the hands of laymen trained in artisan guilds or members of the lower clergy; it was an *ars mechanica*, a practical, hands-on activity, like stone masonry or carpentry, to which it was often compared. To the surgeon fell the unsavoury, bloody or dangerous tasks which not only involved what we today understand as surgery (Fig 2) but also the intimate aspects of prophylactic humoral therapy, such as the administration



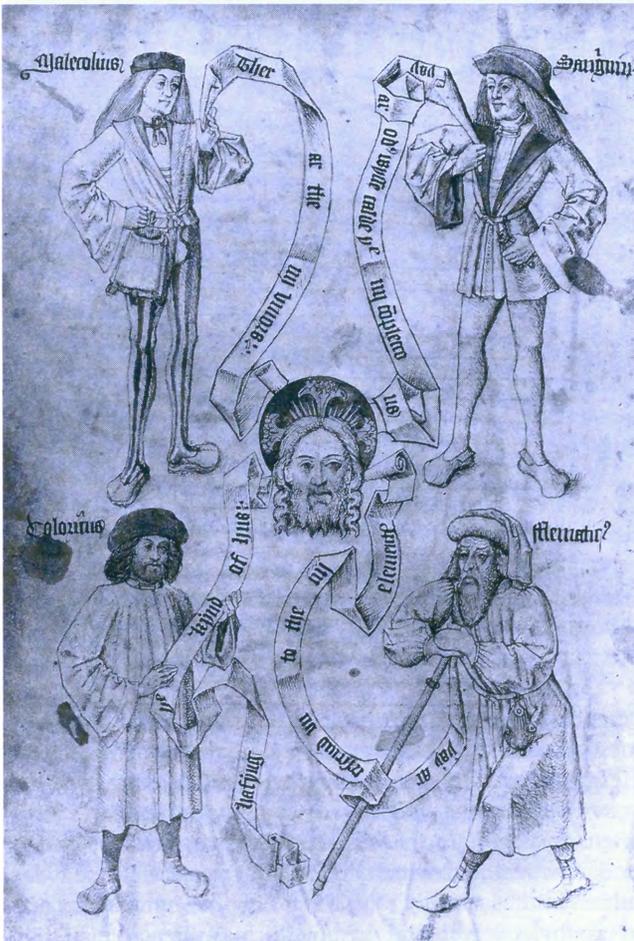
Fig 3. Aristotle tells Alexander the Great how to lead a healthy life in a presentation copy of the *Secreta Secretorum* made for Edward III in the 1320s (British Library, Add. Ms 47680, fo. 12r, reproduced by kind permission of the British Library).

of laxatives, clysters, suppositories, baths, phlebotomy and cupping¹⁶. The surgeon was also responsible for embalming the royal dead, which may have given him a better grasp of human anatomy but set him even further apart from his more academic colleagues¹⁷. As might be expected, this dichotomy is reflected in the respective garb, rank and remuneration of the two types of practitioner. Royal surgeons were often erudite men, well versed in medical theory, yet they rarely enjoyed the social or intellectual prestige of their senior associates.

The benefits of virtue and learning

Physic had, indeed, become an increasingly esoteric subject, studied in England from a syllabus which – from the European humanist perspective – appeared outdated and obfuscated by scholastic accretions. Yet, to the advocates of this system, Hippocrates' first aphorism, '*ars longa, vita brevis* (art is long, life is short)' unquestionably justified a

Fig 4. The head of Christ the Physician surrounded by depictions of the four humours in a late 15th-century medical text book, which belonged to the Barber Surgeons of York (British Library, Egerton Ms 2572, fo. 51v, reproduced by kind permission of the British Library).



training which built on the foundations of the liberal arts. For them the *trivium* (grammar, rhetoric and logic) and *quadrivium* (mathematics, music, geometry and astronomy) constituted useful preparation for a medical career, especially one to be pursued in high places, where learning, wit and an easy social manner carried a high premium. The eminent English physician John of Gaddesden began his *Rosa Medicine* of c.1230 by advising his readers that 'one ought not to enter into the halls of princes without a knowledge of books': a recommendation which fell on fertile ground¹⁸.

Since some royal physicians, such as John Somerset (d. by 1454), were masters of grammar as well as medicine, it followed logically that they would teach as well as heal their patients¹⁹. The two activities were deemed synonymous, and Somerset first found employment at the court of the infant Henry VI in the dual capacity of pedagogue and physician. Not surprisingly, given his impressive background as a graduate of both Oxford and Cambridge, he was later to play a major role in implementing, and perhaps even formulating, Henry's two most cherished educational projects: the foundation of Eton College and King's, Cambridge, both of which were undertaken for the *health* of his immortal soul²⁰. Wider issues, of statecraft as much as medicine, were at stake here, for the wellbeing of princes, and thus of the people they governed, depended upon this very combination of learning, virtue and physical fitness which men such as Somerset were trained to promote²¹.

The regimen of health

By this point the reader may feel that medieval physicians were equipped for everything but the hands-on treatment of living, suffering patients. Yet the English *medicus* did not lack practical expertise. His role was simply different from that of a modern practitioner and might, in today's parlance, be more appropriately described as that of a dietician, confidant and mentor. It is easy to see why medicine developed along these lines. Given the enormous risks of surgery, and the likelihood of death or debilitating illness as a result of even quite minor complaints, preventative medicine assumed overwhelming importance. This was in keeping with the all-pervasive classical Greek tradition as disseminated by Christian translators and teachers, which in the later Middle Ages found popular expression in the widespread circulation of *regimina sanitatis* or manuals about healthy living.

Many derived from the medical parts of the *Secreta Secretorum* (*Secret of Secrets*), a text of Arab origin, comprising exhortatory, albeit entirely fictitious, letters supposedly sent by Aristotle to his pupil, Alexander the Great, on the conduct and lifestyle befitting a successful – and therefore healthy – prince²² (Fig 3). The philosopher's rather tendentious advice about sexual abstinence and the virtues of moderation would hardly have appealed to the historical Alexander, but they won the warm approval of the medieval

Church. The visceral shock of plague, which many saw as God's judgement upon sinners, created an insatiable market for spiritual and medical advice literature. Mass-produced *regimina* circulated widely in the vernacular, while the wealthy had their own custom-made after protracted consultations with a resident physician²³. A Latin *regimen* of 1424 drawn up by Gilbert Kymer for his patron, Humphrey, Duke of Gloucester, offered a salutary caution against the physical and moral dangers of excessive sexual activity²⁴. Its frank tone reflects the intimacy of his relations with Duke Humphrey, whose unrestrained hedonism clearly concerned him as both physician and priest.

The essence of medieval therapeutics was to keep one's four bodily humours in a state of balance, treading the tightrope between deficiency and excess through the regulation of six external factors known as non-naturals. The physician was an advocate of that 'mesure and attemperance' so beloved by writers of political and moral advice literature for princes, while the good ruler presented himself as a Christ-like model of perfect equilibrium²⁵ (Fig 4). (One of the many terrible consequences of Original Sin was the loss of humoral equipoise and thus of eternal life, which had been forfeited on Adam's expulsion from Paradise after the Fall.) Since it was believed that the humours were generated from food and drink through a cooking process in the stomach, diet remained the most important and most easily managed of the non-naturals, being universally recognised as 'the first instrument of medicine'. But it was not enough to avoid gluttony or practise sexual restraint. The whole of life, including exercise, sleep, evacuation and levels of anxiety, had to be carefully ordered, and this in theory was also the physician's task, achieved through protracted consultations with the patient. The factors of continuous presence and proximity are crucial, in a political as well as a medical and spiritual context. The historian can only speculate as to the degree of personal influence such a relationship bestowed.

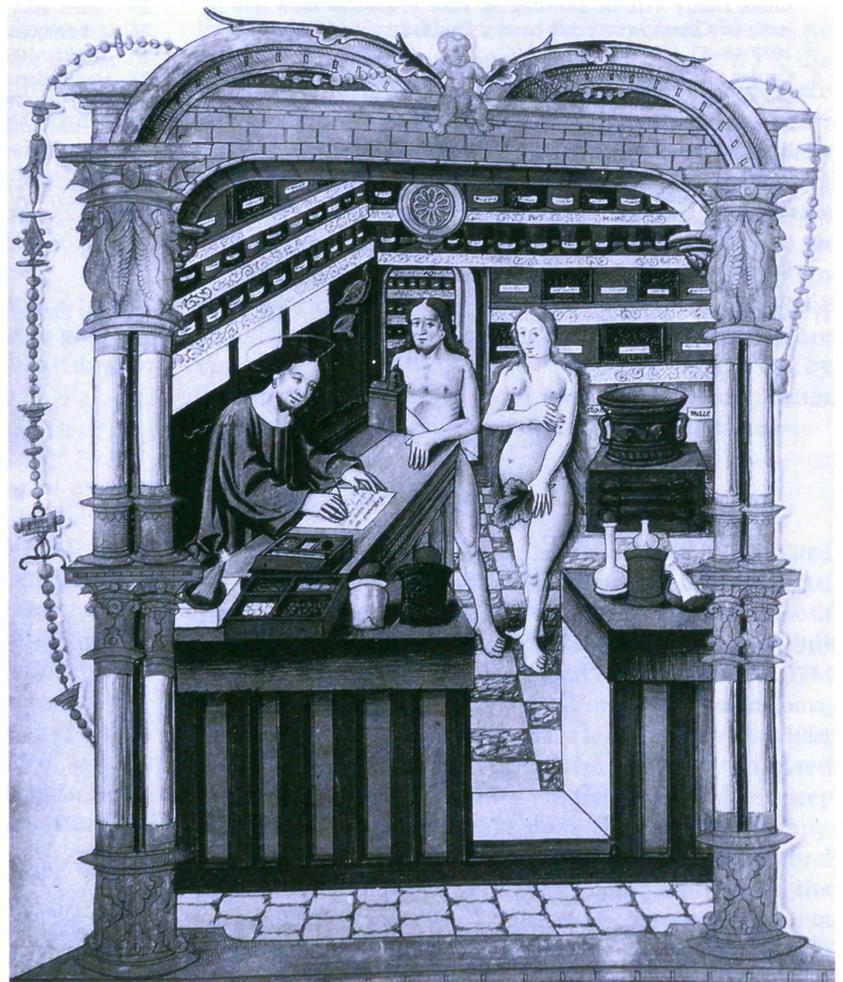
Heavenly physicians

The extent to which concepts and practices derived from the *regimen sanitatis* were utilised by late medieval preachers is highly significant. Far from denigrating the skill of earthly practitioners, which to modern eyes seems all too fragile and limited, their sermons reinforced the image of the 'good physician', following in the steps of *Christus Medicus*. First formulated

by St Augustine of Hippo (d.430), the idea of Christ as a physician, drinking the bitter medicine of the Passion to reassure his frightened patients, gave rise to a host of medical metaphors²⁶. From time to time preachers attacked the greed and lack of compassion shown by successful *medici*, but this did not prevent them from harnessing the specialist terminology of the university-trained physician when they wished to exhort their flocks to moral improvement. Christ, 'the most sovereign leech', had, after all, devised a *regimen* for each of his patients, who by following it might purge his diseased soul of the corruption of sin²⁷.

Not surprisingly, the above-mentioned Gilbert Kymer, who had directed many patients towards their celestial reward, made much of this *topos*. He was buried next to the relics' altar at Salisbury cathedral (where he was dean), itself an appropriate reflection of his position as earthly and spiritual physician to two kings and a royal duke²⁸. The profits of practice paid for the glazing of a nearby window, which bore his image and an invocation begging the

Fig 5. Christ as an apothecary dispenses the cure for Original Sin to a penitent Adam and Eve (Bibliothèque Nationale, Paris, Ms Fr. 1537, fo. 82v, reproduced by kind permission of the Bibliothèque Nationale).



Summus Medicus, through the healing saints, to administer medicine to his soul so that he might enjoy the everlasting health of heaven²⁹ (Fig 5). The association in the public mind between medicine and Christ was everywhere: in sermons, statues, iconography and funerary monuments. It saturated the discourse of the social and intellectual elite and enhanced the status of those whose vocation had about it something of the regal and much of the divine.

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