

Medieval Medicine and the Church

Throughout the Middle Ages and beyond we can observe a hierarchy of two medicines, with the care of the immortal soul taking precedence over that of the body: a direct inversion of priorities evident in the West today. One obvious reason for the Church's power in a field now dominated by 'big science' lay in the fragility of human life. Because the body seemed no more than a temporary shell, while the soul endured forever, spiritual health assumed overwhelming importance. Without the advances in medical science that we now take for granted, medieval men and women lived permanently under the shadow of pain and bereavement. The omnipresence of death was regarded as an unavoidable legacy from their first parents, Adam and Eve, whose disobedience in the garden of Eden had been punished by the loss of eternal life. Added to this unwelcome inheritance was the burden of personal sin, carried by every individual, which might also incur the wrath of God, most dramatically through outbreaks of plague (regarded by many as a *bellum Dei contra homines* – or a war of God against men).

What modern day historians call 'the hierarchy of medical resort' was dominated by the Church, which exercised enormous influence over healing practices in the medieval West. In 1215, for example, Pope Innocent III insisted that patients should confess their sins *before* receiving medical treatment, 'for when the cause ceases so does the effect'. Fear of the Last Judgment, when their souls would be weighed in St Michael's scales, meant that people were anxious to give money to hospitals and other charitable works for the sick poor. At the same time, the Church made a great deal of money out of pilgrimage and the cult of healing saints and therefore had a vested interest in promoting them, to the extent that certain saints became specialists in the cure of specific diseases. We should bear in mind that recourse to spiritual therapeutics was generally much cheaper and often less painful or risky than medical intervention, while the belief that suffering was good for the soul may have helped men and women to come to terms with the experience of unrelieved pain. A 'Good Death', accepted gratefully without struggle or resentment, was the goal of devout Christians, who hoped thus to gain a celestial reward; and it was the task of medical practitioners to prepare their patients accordingly. On the other hand, the idea of *Christus medicus*, Christ as a physician, did much to reconcile the Church to earthly medicine. St Augustine (d. 430) had compared Christ to a 'good doctor' who reassures his patient by tasting unpleasant medicine himself (in this case the pains of death) before administering it. These ideas, along with the accounts of healing miracles recorded in the New Testament, worked to the advantage of ordinary practitioners because they could claim divine sanction for their work.

Recommended Reading

Darrel W. Amundsen, 'Medieval Canon Law on Medical and Surgical Practice by the Clergy', *Bulletin of the History of Medicine*, 52 (1978), pp. 22-45

Peter Biller and Joseph Ziegler, eds, *Religion and Medicine in the Middle Ages* (Woodbridge, 2001)

Faye Getz, *Medicine in the English Middle Ages* (Princeton, 1998)

Katherine Park, 'Medicine and Society in Medieval Europe, 500-1500', in Andrew Wear, ed, *Medicine in Society* (Cambridge, 1992), pp. 59-90

Carole Rawcliffe, 'Christ the Physician Walks the Wards: Celestial Therapeutics in the Medieval Hospital', in M.P. Davies and Andrew Prescott, eds, *London and the Kingdom* (Donington, 2008), pp. 78-97

At the Cutting Edge? Becoming a Late Medieval Surgeon

Following another ruling by Innocent III, which forbade priests from shedding blood (to preserve the sanctity of the Mass and the status of the clergy), surgery became the preserve of the laity and developed as a craft. In England the status of the surgeon was generally lower than that of the physician, since he was an artisan whose remit extended to the practical business of embalming bodies and making instruments. Physic, on the other hand, became a more academic, theoretical discipline, taught in universities. It was concerned with the inner workings of the body and with classical texts (by authors such as Galen and Hippocrates) on this topic. The physician's first task was to devise and implement a regimen of health for his patients, assisting them to achieve the optimum humoral balance through the management of diet, 'the first instrument of medicine', and other external factors. Should this fail, the patient could turn to a growing pharmacopoeia of drugs and herbal remedies, 'the second instrument of medicine', and then, in the last resort, to surgery, the most painful and uncertain option. In an age without reliable analgesics, blood transfusion or antisepsis, the possibility of accidental homicide was never far away, with the result that surgeons were generally reluctant to take risks. On the other hand, a successful military surgeon, such as John Bradmore, who saved the life of King Henry V, had greater opportunities for experimentation and, indeed, of personal advancement.

Although very few English surgeons went to university, and most took great pride in their status as master craftsmen, it would be a mistake to regard them as ignorant butchers (as medical historians often used to do). Some wrote textbooks in Latin, while most were trained through a rigorous system of apprenticeship and licensing that was overseen by the civil authorities. The craft guilds that implemented this system sought to retain public confidence by imposing strict rules regarding the type of procedures that might be attempted and the machinery to be employed in cases of alleged malpractice. Training was largely empirical, through observation, but we know that many master surgeons owned books and that literacy, at least in English, was assumed. Since surgeons were required to assist in the implementation of a range of prophylactic measures, as well as treating wounds, sprains, breakages and external medical conditions, they had to understand the basics of humoral medicine. A working knowledge of astrology was also essential, not least when it came to phlebotomy, a common procedure that was employed for therapeutic as well as curative purposes. Notwithstanding their insistence upon the centrality of 'manual operation', these men and (a few) women were well educated in the underlying principles of Galenic medicine.

Recommended Reading

Michael McVaugh, 'Therapeutic Strategies: Surgery', in Mirko D. Grmek and others, eds, *Western Medical Thought from Antiquity to the Middle Ages* (Cambridge MA, 1998), pp. 273-90

Peter Murray Jones, 'John Arderne and Surgery', in Luis Garcia-Ballester and others, eds, *Practical Medicine from Salerno to the Black Death* (Cambridge, 1994), pp. 289-321

Marie-Christine Pouchelle, *The Body and Surgery in the Middle Ages* (Cambridge, 1990)

Carole Rawcliffe, 'Master Surgeons at the Lancastrian Court', in Jenny Straford, ed., *The Lancastrian Court* (Donington, 2003), pp. 192-210