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Medieval Medicus: The Social History of Anglo-Norman Medicine

Edward J. Kealey

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The Middle Ages were ages of remarkable ambiguity and contradiction. A tyrannous aristocracy, a depressed peasantry, and militant religiosity existed side-by-side with the foundation of universities, hospitals, leprosaria and hospices, and the beginnings of common law and parliamentary government. Philosophy, art and cathedrals flourished along with persecutions, plagues, wars and famine.

These same contradictions characterize medieval medicine. Its rational foundations were slim, consisting mostly of the slowly rediscovered remnants of ancient medicine. Its treatments were often brutal, or lethal or worthless. But, as this fascinating book shows, physicians and health services could be surprisingly enlightened, and remarkably responsive to social needs.

Kealey's book concentrates on the period 1100-1154 in Anglo-Norman England, encompassing the reigns of Kings Henry I and Stephen. From such sources as charters, chronicles and manuscript material and hospital regulations, the author draws a composite picture of medical institutions, physicians in practice and at the royal court that balances some of the generally pejorative connotations of medieval medicine. Indeed, the availability and accessibility of medical services in this period match that of many other eras, including our own.

Kealey attributes this surprising expansion of health services to the confluence of people and events in the years following the Norman conquest. The strongest force was the faith shared by Saxons and Normans — a Christian faith that preached the corporal works of mercy. This impetus was strengthened and actualized by the personal interest of Henry I and his wife, Matilda, and to a lesser extent his successor, King Stephen. They built on the earlier monastic tradition of care for the sick, the poor, and the aged, which was further strengthened by monastic, episcopal and parish reforms. In addition, there must have been considerable support of the populace, and especially the aristocracy which contributed to and built health and medical care institutions as acts of charity.

The expansion in the availability and accessibility of medical services occurred at a time when medieval medicine itself was a mixture of folk practices, empiricism, superstition and such remnants of Galenic and Hippocratic medicine as were still retained in the monasteries. There was no documented medical school in England. English physicians learned by apprenticeship or studies abroad. As a result, Anglo-Norman medicine was infused with a knowledge of ancient and Salernitan medicine, and the medical practices of other countries.

Although scientific and rational medicine were still in a primitive state, the distribution of health services was not. Expanding on Talbot and Hammond's earlier biographical register, Kealey can identify by name some 90 physicians practicing during this period. He cites biographical details and sources in the appendix for each of these physicians. This list is undoubtedly incomplete. It is impossible to know precisely how many physicians were in practice to serve the 2.0 million people estimated to be living in England at that time.

Reasoning from the ratio of physicians to population in Durham (1:200), Winchester (1:250) and Exeter (1:1000), Kealey comes up with a conservative estimate of perhaps 1 physician per 1000 in Anglo-Norman England as a whole. This number was supplemented by an unknown number of midwives, bleeders,

administrators, and others. These estimates compare favorably with many countries and locales today.

The physicians themselves varied markedly in their education. Some went to the foreign medical schools then extant; others were self-taught or learned by apprenticeship and still others were self-styled. About one-third were laymen. There seems not to have been any record of women in Anglo-Norman medicine.

Some idea of the spectrum of physicians' education, origins, interests and style of practice is evident from the detailed accounts the author gives of the eight physicians who served at the court of Henry I. Here we meet secular clergymen, a monk, and two foreigners. Each has his own style of practice — no-nonsense empiricism, general practice, research or administration. Some built up lucrative practices; others were less interested in financial rewards.

These physicians enjoyed great favor with Henry and his wife. They were his intimates and influenced his decisions. No doubt they encouraged his interest in establishing medical institutions. One of them, Pedro Alfonso, was a humanist who brought the elements of Arabic and Jewish medicine and culture to Henry's kingdom. All the court physicians enjoyed independence in the conduct of their own affairs — some becoming financially very successful.

Just as impressive as the number of physicians is the number of medical institutions in this period. They were of all sizes and served a variety of purposes — hospitals, hospices, dispensaries, homes for the blind, elderly, aged and lepers.

Kealey produces evidence for the existence of 113 hospitals in 1154, 93 of them founded in the years 1100-1154. As with the ratio of physicians to population, it is difficult to derive reliable data on the distribution of hospital beds. In Winchester there was one bed per 90 people. Kealey's overall estimate is that there was probably one bed for 600-1000 people, a ratio many countries could envy even today.

There is much still to be learned about how patients were actually cared for in medieval institutions. Some insight is gained from Kealey's analysis of the regulations of one leper hospital — St. Mary Magdalene at Dudston. Some 23 rules have come down to us. They reflect their monastic origins, providing for a regulated life of regular common prayer, fasting, and mealtime silence, for example. Special injunctions are aimed against dissension at meals and illicit sexual relations, since both sexes were accommodated in the same institutions. On the other hand, the lepers were permitted to visit town and townspeople could visit the hospital. Patients could choose their clothing and be excused from the more rigorous regulations when their illnesses required it. They seem to have been remarkably free of the stigmatization and isolation widely practiced in the care of lepers.

On the whole, these rules seem realistic given the times and place in which they were promulgated. Their strictness seems to have been moderated by sensible exceptions and adaptations to the needs of the sick. How widespread such practices were is still to be learned. Nonetheless, the leper in Anglo-Norman England at least seems to have been treated as humanely as anywhere, and probably better than was generally the case elsewhere.

Kealey's book is a valuable contribution to our knowledge of medieval medicine, physicians and patients. It is well documented, clearly and concisely written, and without pretension. The excellent bibliography and the appendix of biographical details of individual physicians are especially interesting and useful.

This book gives a sound appraisal of an important facet of the social history of the Middle Ages. It is a valuable antidote both to injudicious depreciation and unrealistic adulation of these fascinating and paradoxical centuries.

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