



Adult Learning Within Reach

Member Lecture – 11 February 2021

Introduction to medieval medicine
Jo Bath

Questions not taken during lecture and answered post-lecture.

Q1 Was the travelling doctor what later became a quack doctor?

There's definitely a through-line from some of the medieval travelling doctors to later quack doctors, yes, with the standing-on-a-box and advertising their particular remedies. Other travelling doctors were more just fulfilling a need in the communities they visited and would become part of the formal system as it developed.

Q2 Why were the Eysencks interested? Did they give some credibility to these medieval view? Much of what is said still makes some sense today.

No idea, I'm afraid – if you mean the psychologist Eysenck I don't know much about him at all.

Q3 How was medical advice made available to rural communities?

There would be some spread of knowledge from travellers stopping at markets; you might be lucky enough to have a priest who was interested, or a monastic foundation with a medical interest. Towards the end of the period you get gentry ladies writing down recipes they've heard are good, or even keeping a small herbal guide. But its fair to say that in plenty of areas all you had was word of mouth, generations of accumulated oral case studies. The trouble is this sort of thing by definition doesn't leave much by way of evidence!

Q4 If you were a woman doing this (administering remedies), were you likely to be accused of being a witch?

The short answer is no. The long answer is, witchcraft wasn't really a medieval thing – the witch craze is in the early modern period. In medieval times unless you were a noble accused of trying to kill another noble by witchcraft, generally the worst that would happen is a church court accusation. Very, very rarely you might get in trouble for particular charms, but the punishment was slight and not akin to thinking of you as a 'witch'.

Even in early modern times, the woman you call on if in labour, or if your child is ill etc, is not the same as the cunning woman. You go to the first as a standard part of communal life, and she's

very well respected and respectable; you go to the second if you are desperate and don't understand what is happening.

Q5 Are there non-bloodletting leeches?

That's a question for a biologist, but I don't think so. Around the world there are several species used as medicinal. In Europe, it is always the *Hirudo medicinalis*. I don't know why those are particularly chosen as suitable for the purpose.

Q6 How big do leeches grow, if they have a constant food source, and can they transmit bacteria / diseases from one patient to another?

Your European medicinal leech can get up to about 20cm, growing a bit each time they feed, but they only need to feed every six months or even once a year, so they don't get that big for years.

And yes, it's not likely but it's a genuine risk. The NHS uses them once then kills them. If transported back in time, demand a fresh leech.

Q7 You showed us a lancet for drawing blood, is that why the medical journal is called The Lancet?

Basically yes, though by the time Thomas Wakeley in 1832 named his medical journal the Lancet the word was used for any small sharp double-edged scalpel. Look up Thomas Wakeley and the early history of the Lancet, it is very colourful.

Q8 Did they not realise that losing too much blood would lead to anaemia and would cause more harm?

They did know it could be harmful, though not of course why (except in the sense of 'not enough blood' in the humoural balance), which is why it was not recommended for children, the elderly, the pregnant, the very weak. The amount drawn in most circumstances was equivalent to going to give blood for the NHS. Of course, if too much is taken on average you will start to become pale and weak in ways which they would identify as not enough blood in the balance.

The times we hear of much more being taken, generally involve either several doctors all trying to do their own thing at once (it was common to see several practitioners and sometimes it looks like they didn't think of the effect cumulatively), or more commonly because it was a 'kill or cure' desperate measure for someone thought to have so much extra blood in their humoural balance it would be lethal.

Q9 How many ‘doctors’ were there per head of population? Where did they get their training and from what age did it start?

There’s a whole essay there. First bit... very, very hard to say. How do you define doctor? How did they? (they didn’t even use the word ‘doctor’, meant someone with a PhD to them). Anyone could call themselves a physician or medicus without qualifications, they just couldn’t necessarily get a licence to practice in a particular area.

What we can say is that even by 1600, in England there were fewer than 100 university qualified physicians. A true physician had a long university training. The first place to do this was Salerno, from the 10th century, then others over the twelfth and thirteenth. Oxford and Cambridge began teaching it in the early 14th, but between them only turned out about one graduate a year, very small compared to continental equivalents.

So most people doing treatment had no formal training, or might have done some time as a surgeon’s apprentice, or apprenticed to someone else doing the same thing. They would be literate though, and likely have access to some sort of book or notes with the important tables and so on.

Q10 Do you think that science has resulted in ‘throwing the baby out with the bathwater’, i.e. abandoning all we don’t understand in favour of things that can be easily explained by the ‘new sciences’?

Hmm, tricky. I wouldn’t want to say that science has abandoned what we don’t understand – any research scientist is chipping away precisely at greater understanding of those areas, and knowledge has changed so much of late that I don’t think anyone is complacent that there is nothing more to be learned.

I think there was a period of time where the holistic aspect of health was pushed into the background in favour of focussing on the application of narrow medical discoveries. Though, it never went away entirely and I think the pendulum has swung back now, at least in terms of stressing the ‘lifestyle factors’ which were so important to the humoral approach.

Useful links and further reading

Medicine and Society in Later Medieval England (Carole Rawcliffe) – [find out more here](#)

Forthcoming courses by Jo Bath

22 Feb – 22 Mar 2021

History – Ghosts and witches of England (C2526639) – [find out more here](#)