

**Physician, Apothecary, or Surgeon?
The Medieval Roots of Professional Boundaries in Later
Medical Practice**

Author: Christopher Booth

Source: *Midlands Historical Review*, Vol. 2 (2018)

Published: 28/06/2018

URL: <http://www.midlandshistoricalreview.com/physician-apothecary-or-surgeon-the-medieval-roots-of-professional-boundaries-in-later-medical-practice/>

Physician, Apothecary, or Surgeon? The Medieval Roots of Professional Boundaries in Later Medical Practice

CHRISTOPHER BOOTH

Introduction

Medicine, as we conceive of it today, is a highly professionalised occupation which requires that an individual undertake extensive training and qualification to be allowed to practice it. This modern conception of medicine relies on defined roles and distinctions, boundaries if you will, between all kinds of medical practitioner that society can access; physicians, pharmacists, nurses, midwives, psychiatrists, and surgeons to name but a few.

This idea, that one type of doctor should treat one type of problem, has existed in some form for at least 500 years in Britain, and likely even longer than that. Although it did not become official policy until the sixteenth century, when Henry VIII started to formalise these distinctions, as we will see throughout this paper, legislation or proclamation, and actual practice, were often divorced from one another. To understand where the supposed divisions of the post-medieval period came from, this paper will first define the state of medical practice during the early post-medieval period, specifically from the reign of Henry VIII to the end of the first quarter of the seventeenth century. It will then explore the medieval antecedents of those practices in an attempt to explain how the latter situation arose and will compare them to the development of medical professions elsewhere in Europe where the professional divisions evolved differently.

Early Modern 'Foreground'

From the middle of the sixteenth century all three branches of medicine had legally defined rights and duties. Physicians advised and prescribed medications, apothecaries compounded and dispensed those remedies, and surgeons performed all physical intervention from bloodletting to amputation. This system was a legislative attempt to create a hierarchy of legitimate practice based on supposed levels of skill and knowledge.¹ These rights and duties originated with Henry VIII, who amongst other things allowed the establishment of what would later become the Royal College of Physicians in London in 1518, and in 1540 approved the merger of the Company of Barbers and the Guild of

¹ I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), pp. 19-21.

Surgeons, and gave the Physicians the right to inspect apothecary shops for the quality of their medicines, as well as the ability to prosecute those who practiced physic and therefore impinged on their monopoly.²

A good example of this tripartite thinking comes from the writings of William Bullein who stated that

The apothecary must first serve God. He must foresee the end, be cleanly, and pity the poor. His place of dwelling and shop must be cleanly, to please the sense withal. His garden must be at hand with plenty of herbs, seeds and roots. He must read Dioscorides. He must have his mortars, stills, pots, filters, glasses, boxes, clean and sweet. He must have two places in his shop, one for most clean physick and the base place for chirurgic stuff. He is neither to decrease or diminish the physician's prescriptions... He is to meddle only in his own vocation, and to remember that his office is only the physician's cook.³

This widely quoted description emphasises the subservient position of apothecaries to the more learned physicians, but also notes that they should be literate, 'Latinated', and be able to perform some minor surgical procedures in addition to their duties as the medical cook.⁴ The quote effectively outlines the place of the apothecary under the tripartite system of medicine that was practiced, at least nominally, at this time; they were theoretically limited to dispensing medicines prescribed by physicians and minor bloodletting.

However, throughout the early modern period there was always poor separation of the different classes of trained medical practitioner in England.⁵ For example, the idea that learned medicine was only practiced by physicians is refuted by the membership and leadership of the Barber-Surgeon's Company in the sixteenth century. These were 'men of sound learning and assured skill' who discriminated upon which volumes from recent medical literature were worth translating, making high quality works of continental medical authors accessible to an English audience, and who cited Galen as evidence that the

² G. Sonnedecker, *Kremers and Urdang's History of Pharmacy* (Philadelphia, 1963), p. 93.

³ Original Source Unknown. Quoted in C. Schmeidler, *Historical Survey of Pharmacy in Great Britain* (London, 1944), p. 32.

⁴ D. L. Cowen, 'The Foundations of Pharmacy in the United States', *Journal of the American Medical Association*, 236 (1976), p. 83.

⁵ Sonnedecker, *Kremers and Urdang's History of Pharmacy*, p. 93; W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994), p. 6; S. King, 'Accessing Drugs in the Eighteenth-Century Regions', in L. H. Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot, 2006), p. 50.

division of physic and surgery was a false one.⁶ It is unlikely however that all barbers, those who practised phlebotomy, dentistry, and hair cutting, were literate and this may only be a claim that can be made about barber-surgeons, who practised more invasive procedures.

It is clear then that this was a messy system with poorly defined boundaries at the level of actual treatment, and was made even more indistinct in provincial cities and rural areas when the 1542 'Act that persones being no comen Surgeons maie mynistrs medicines owtwarde' was passed, entitling 'every person being the King's subject having knowledge and experience of the nature of herbs, roots and waters to use and minister, according to their cunning, experience and knowledge', effectively allowing anyone to provide medicines to patients in their communities.⁷ Furthermore, in rural areas across Britain the tripartite medical hierarchy that the Royal College of Physicians was in part established to protect did not exist; one practitioner was usually responsible for all aspects of medical care and since market towns rarely had formally trained physicians this usually fell to the resident apothecary.⁸ In smaller towns and villages an apothecary would likely not be a guild member or even formally trained, and often treated pharmaceutical practice as a supplement to their usual businesses, often grocery or tavern-keeping.⁹

Despite the sometimes confused and often blurry distinctions between medical practitioners, the legislative attempts in this century to 'professionalise' medicine and create or maintain the supposedly distinct character of those different groups of medical practitioners cannot have sprung from nowhere. The rest of this paper will examine the situation in the preceding centuries and will try and explain how it came to this tangled web of practice and legislation.

Medieval Boundaries

The quantity and variety of medical practitioners in the medieval period was overwhelming; they were literally everywhere, from members of the mendicant orders, to the village blacksmith who would also pull teeth. What might be termed the 'professional medical establishment' included a small group of university educated physicians and a much larger group of apprenticeship trained surgeons, barbers and barber-surgeons whose practice was

⁶ M. Pelling & C. Webster, 'Medical Practitioners', in C. Webster (ed.), *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 175-176.

⁷ Parliament of England. *An Acte that persones being no comen Surgeons maie mynistrs medicines owtwarde*, 34&35 H. VIII, C. 8. (1542); Sonnedecker, *Kremers and Urdang's History of Pharmacy*, p. 94.

⁸ Loudon, *Medical Care*, pp. 20-21; R. Porter, *Disease, Medicine and Society in England 1550-1860* (London, 1987), p. 41.

⁹ M. Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge 1999), p. 216.

organised by urban craft guilds.¹⁰ These groups began, in the later medieval period, to feel threatened by specialist retailers who were most commonly called apothecaries.

It is important to note that these identifiers of medical practitioners in the medieval period are not fixed and do not necessarily refer to a specific 'trade'. The same individual might be referred to as a surgeon, apothecary, grocer or by various other titles depending on who is writing and for what purpose. In addition, many practitioners also practiced non-medical trades, with medicine forming only a part of their income, a situation that continued into the eighteenth century.¹¹ In Italy for example, apothecaries sold to a wide variety of patrons from sick patients, to doctors, to painters (who they made pigments for) and so they should not be simply analysed as proto-pharmacists as a modern person would understand pharmacy.¹² Furthermore, apothecaries were not the only ones selling medicines; charlatans, folk healers, and others were trying to create for themselves a position and social identity, at least in part, by providing medications.¹³

The varied terminology for different medical practitioners are therefore unreliable indicators of the precise practice of an individual. However, in the absence of any additional evidence that might provide a more detailed understanding of a named individual's practice it remains reasonable to crudely divide medical practitioners in the medieval period into the same four broad groups as existed in later centuries; physicians, here meaning university educated individuals; 'master surgeons' and barber-surgeons; and apothecaries, a category which can include anyone who compounded and dispensed consumable medicinal products.

Physicians & Master Surgeons

The two most distinct groups within the medical practitioners of the medieval period were the physicians and the master surgeons. Both groups claimed higher levels of knowledge than other practitioners though only physicians had a university education. The requirement of a medical degree to be considered a physician meant that there were very few physicians in England in the medieval period compared to the other medical practitioners. Master Surgeons were not necessarily more skilled technically than the barber-surgeons, but distinguished themselves on the basis of prestige and wore similar long robes to physicians

¹⁰ C. Rawcliffe, *Medicine & society in later medieval England* (Stroud, 1995), p. 218.

¹¹ Loudon, *Medical Care*, pp. 11-12.

¹² D. Gentilcore, 'Introduction to The World of the Italian Apothecary: Apothecaries, "Charlatans" and the Medical Marketplace in Italy, 1400-1750', *Pharmacy in History* 45 (2003), p. 91-92.

¹³ Gentilcore, 'Introduction to The World of the Italian Apothecary', p. 93.

despite not being university educated.¹⁴ Irrespective of the apparently distinct nature of these two groups there were significant overlaps in their medical practice. These overlaps occurred between the practice of physicians and master surgeons, and between master surgeons and barber-surgeons. They even occurred more rarely between the practice of physicians and apothecaries.

An illustrative example of this is John Arderne. He was a master surgeon who happily acknowledged making use of remedies from 'non-learned' practitioners. Peter Jones suggests therefore, that he is a typical witness for the medieval period, especially since he extensively recorded his own practice, particularly related to treating *fistula in ano*.¹⁵ Arderne practiced surgery in Newark, Nottinghamshire, between 1349 and 1370, before moving to London. He described himself as a master surgeon, and in fact Jones suggests that he seems to claim equal status to university educated physicians in his understanding of the 'causes and courses of disease'.¹⁶ This is possibly because he is thought to have read Hippocrates and Galen amongst other classical and Arabic medical authors while he studied briefly at the University of Montpellier, though he did not receive a medical degree.¹⁷ All of Arderne's writings show that he used herbs alongside his physical interventions and adjusted his prescriptions based on the individual circumstances of the patient, both health wise and economically.¹⁸ The list of remedies that he suggests include some herbs which are not native to England and would have to have been bought at an apothecary, others include parts of chicken and hare, as well as the native herb walwort which Arderne praises highly.¹⁹

In England the number of Master Surgeons were consistently few, there were only seventeen members of the London Surgeon's Company in 1435.²⁰ Outside of the capital there are almost no references to surgeons, only barber-surgeons. This small number could likely not afford to specialise too much in their practice, which accounts for their use of herbs and their encroachment on the status and prestige of university educated physicians. This also perhaps explains why the Royal College, after its establishment, was so invested in controlling other types of medical practitioners.

¹⁴ V. L. Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages', *Journal of the History of Medicine*, 14 (1959), p. 447.

¹⁵ P.M. Jones, 'Herbs and the Medieval Surgeon', in P. Dendle & A. Touwaide (eds.), *Health and Healing from the Medieval Garden* (Woodbridge, 2008), p. 163.

¹⁶ Jones, 'Herbs and the Medieval Surgeon', p. 164.

¹⁷ John Arderne, *Treatises of fistula in ano, haemorrhoids and clysters*, D. Power (ed.) (London, 1910), p. 110.

¹⁸ Jones, 'Herbs and the Medieval Surgeon', pp. 163 & 165.

¹⁹ Jones, 'Herbs and the Medieval Surgeon', p. 167.

²⁰ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p.447.

Barber-Surgeons and Apothecaries

For all but the wealthiest sections of medieval and early modern society, treatment took place in the home, or at the hands of a local wise or cunning person who had inherited knowledge of traditional herbs and cures.²¹ However, for those who could access more formal medical care they likely went to an apothecary or to a barber-surgeon. These apprentice-trained groups treated the widest variety of individuals even though under the guild system they were restricted in which kinds of medicine they could practice, if any.

In England there are records of Barbers' guilds from 1308 and within these guilds were two types of practitioner; those who practiced barbering, mainly phlebotomy and hair-cutting, and those who were barber-surgeons who also practiced more invasive surgical interventions such as lancing boils, excising small cysts and tumours, and treating minor wounds.²² Barber-surgeons increased their standards and the quality of their practice throughout the medieval period and in some ways moved ahead of the master surgeons, due to both being more numerous and more willing to treat a greater variety of patients for less money.²³

The first mention of apothecaries in England came in the Pipe Rolls of 1180 and apothecaries are recorded in urban centres including York, Hereford, and Nottingham as well as London.²⁴ The first reference specifically to an apothecary's shop in England, however, occurs in London in 1345, under the auspices of the Guild of Pepperers, which became part of the Company of Grocers in the same century.²⁵ In the 1447 patent rolls the Grocers were explicitly given inspection privileges over all shops which sold drugs, ointments and spices. In other words, all of the products primarily sold by apothecaries.²⁶ In the medieval period there appears to have been few retailers who were specialised enough to be called apothecaries outside of the university towns and London. Most were likely called grocers or mercers depending on the century, and the guild structure to which they

²¹ M. J. Dobson, *Contours of death and disease in early modern England* (Cambridge, 1997), pp. 266; R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), pp. 281-284.

²² Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p.453.

²³ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p. 456.

²⁴ Schmeidler, *Historical Survey of Pharmacy in Great Britain*, p. 33; J. G. L. Burnby 'Local Studies of the English Apothecary: Part 1 - The Changing Role of the English Apothecary', *Lincolnshire History and Archaeology* 24 (1989), p. 17.

²⁵ J. Grier, *A History of Pharmacy* (London, 1937), p. 38; P. G. Homan, 'The development of community pharmacy', in S. Anderson (ed.), *Making medicines: a brief history of pharmacy and pharmaceuticals* (London, 2005), p. 117.

²⁶ H. Rolleston, 'The Historical Relations of Pharmacy and Physic', *The Pharmaceutical Journal* 139 (1937).

belonged.²⁷ Though they were limited from legally practicing medicine many people bought medicines from apothecaries based on self-diagnosis, and as there was no such thing as a 'prescription only' medicine almost anything could be bought 'over the counter'.²⁸

It would be expected that the barber-surgeons would have just as much need to stock and dispense herbal and other medical remedies as their more prestigious counterparts. Descriptions of later medieval and early post-medieval apothecaries' shops, such as that of William Bullein which was referenced earlier, further make it clear that apothecaries were expected to perform a similar range of basic surgical procedures as barbers in earlier centuries.²⁹ Despite the guild structure which marked the boundaries of these two trades, they were still permeable. This arrangement is echoed in the post-medieval period when the Barber-Surgeons guilds gained in their control over the practice of surgery, and the Apothecaries, in 1617, were given Royal Assent to form their own company in London, though this marked a stronger division in their practices than existed earlier.³⁰

Comparison to Europe

In Europe these professional boundaries were, in general, echoed. There were divisions between the practices of physicians, apothecaries, and surgeons, though in each case these boundaries are designated and enforced differently. The two most interesting comparisons are Italy and France, since in Iberia and Northern Europe medical faculties at universities and formal medical guilds did not develop until the later or even post-medieval periods, and so the divisions of medical professions in earlier times are vague at best.³¹

Italy is an interesting counterpoint to the situation in England. In the Italian cities all types of medical practitioner in the region in the medieval period were admitted to university or were at the least directly and carefully overseen in all aspects of surgery and pharmacy by a university qualified individual.³² This is not unsurprising in the region that was home to the first medical school in Europe, at Salerno.³³ Florence, for example, did not consistently have a university in the fourteenth and fifteenth centuries, but did have a 'large and powerful guild'

²⁷ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p. 457.

²⁸ L. M. Beier, *Sufferers & Healers: The Experience of Illness in Seventeenth Century England* (London, 1987), p. 167.

²⁹ Original Source Unknown. Quoted in Schmeidler, *Historical Survey of Pharmacy in Great Britain*, p. 32.

³⁰ Grier, *A History of Pharmacy*, pp. 110-111.

³¹ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', pp. 446-447.

³² Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p. 446.

³³ P. O. Kristeller, 'The School of Salerno: Its Development and its Contribution to the History of Learning', *Bulletin of the History of Medicine* 17 (1945), p. 138.

which all physicians, surgeons, and even 'wise-women' had to be members of to practice medicine in the city.³⁴ This guild was integrated into the city's social and commercial governance and was able to supply many well-qualified candidates for public medical positions.

The situation in France is in many ways closest to that in England. All three of the groups discussed in this paper had direct analogues with similar kinds of guild and university organisation. The key distinction is much earlier legislative and even direct royal involvement in defining the boundaries of these professions which only increased overtime.³⁵ Surgeons, physicians, and barbers belonged to royally assented guilds or companies from before 1400 and apothecaries, who were not considered medical practitioners, were put under the control of the university medical faculty in France by 1353.³⁶ Perhaps due to their royal nature, or perhaps because the control was formalised for so long, in France and French controlled territories these professional boundaries tended to persist well into the early modern period, including in North America. Due to the position of apothecaries within this system it was surgeons, not apothecaries, who began to move into what we might be called 'general practice', including the practice of some physic.³⁷

Conclusion

This paper has been a very general overview of the history of boundaries within and between the medical professions and how those in the medieval period influenced those in the early modern. There are clear continuities between the status of physicians across this time period in England and their status was confirmed in 1518 by the establishment of the Royal College. The status and boundaries between the practice of surgeons, barber-surgeons, and apothecaries did change however. Surgeons became subsumed by barber-surgeons who started to distinguish their practice from all other types of medicine into the post-medieval period, whilst apothecaries moved from overlapping their practice with surgeons to overlapping with physicians. These changes are distinct to England. In Italy and France this division of medicine took a different course; the Italian cities incorporated all

³⁴ C. Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, 2013), p. 294.

³⁵ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p. 447.

³⁶ Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners', p. 448, 451-453 & 455-456; F. J. Anderson, 'Medicine at Fort Detroit in the Colony of New France, 1701-1760', *Journal of the History of Medicine*, 1 (1946).

³⁷ Anderson, 'Medicine at Fort Detroit', p. 214; M. Ramsay, *Professional and popular medicine in France, 1770-1830: The social world of medical practice*, (Cambridge, 1988), p. 29; J. Collin, 'French and British Influence in the Birth of a Profession: Pharmacy in Québec', *Pharmacy in History*. 52 (2010), p. 100.

kinds of medicine into single guilds which meant that the strict divisions of responsibility and eventual transgression of those boundaries did not occur as they did in England. In France the opposite situation occurred; with extremely strict divisions between types of medicine that persisted well into the colonial era.

Bibliography

Edited Primary Sources

John Arderne, *Treatises of fistula in ano, haemorrhoids and clysters*, Power, D. (ed.) (London, 1910).

Secondary Sources

- Anderson, F. J., 'Medicine at Fort Detroit in the Colony of New France, 1701 -1760.' *Journal of the History of Medicine*, 1 (1946), pp. 208-228.
- Beier, L. M., *Sufferers & Healers: The Experience of Illness in Seventeenth Century England* (London, 1987).
- Bullough, V. L., 'Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages', *Journal of the History of Medicine* 14 (1959), pp. 446-458.
- Burnby, J. G. L., 'Local Studies of the English Apothecary: Part 1 - The Changing Role of the English Apothecary', *Lincolnshire History and Archaeology* 24 (1989), pp. 17-20.
- Bynum, W. F., *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994).
- Collin, J. 'French and British Influence in the Birth of a Profession: Pharmacy in Québec.', *Pharmacy in History*, 52 (2010), pp. 100-111.
- Cowen, D. L., 'The Foundations of Pharmacy In the United States', *Journal of the American Medical Association* 236 (1976), pp. 83-87.
- Dobson, M. J., *Contours of death and disease in early modern England* (Cambridge, 1997).
- Gentilcore, D., 'Introduction to The World of the Italian Apothecary: Apothecaries, "Charlatans" and the Medical Marketplace in Italy, 1400-1750', *Pharmacy in History* 45 (2003), pp. 91-94.
- Grier, J., *A History of Pharmacy* (London, 1937).
- Homan, P. G., 'The development of community pharmacy', in S. Anderson (ed.), *Making medicines: a brief history of pharmacy and pharmaceuticals* (London, 2005), pp. 115-134.
- Jones, P. M., 'Herbs and the Medieval Surgeon', in P. Dendle & A. Touwaide (eds.), *Health and Healing from the Medieval Garden* (Woodbridge, 2008), pp. 162-179.
- Kristeller, P. O., 'The School of Salerno: Its Development and its Contribution to the History of Learning', *Bulletin of the History of Medicine* 17 (1945), pp. 138-194.
- King, S., 'Accessing Drugs in the Eighteenth-Century Regions', in L. H. Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot, 2006), pp. 49-78.
- Lindemann, M., *Medicine and Society in Early Modern Europe* (Cambridge, 1999).

- Loudon, I., *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986).
- Pelling, M., & Webster, C., 'Medical Practitioners', in C. Webster (ed.), *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 165-235.
- Porter, R., *Disease, Medicine and Society in England 1550-1860* (London, 1987).
- Porter, R., *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997).
- Ramsey, M., *Professional and popular medicine in France, 1770-1830: The social world of medical practice*, (Cambridge, 1988).
- Rawcliffe, C., *Medicine & society in later medieval England* (Stroud, 1995).
- Rawcliffe, C., *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, 2013).
- Rolleston, H., 'The Historical Relations of Pharmacy and Physic', *The Pharmaceutical Journal* 139 (1937), pp. 391-394.
- Schmeidler, C., *Historical Survey of Pharmacy in Great Britain* (London, 1944).
- Sonnedecker, G., *Kremers and Urdang's History of Pharmacy* (3rd ed.) (Philadelphia, 1963).