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Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Âge* (The Medieval Mediterranean: Peoples, Economies and Cultures, 400-1500, vol. 102). Leiden and Boston: Brill, 2015. xiii + 591 pp. Tables, figures, notes, bibliography, and index. 193€ (hb). ISBN: 978-90-04-28239-1

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“Montpellier” leads any historian of medicine to think about the history of its famous university, its doctors and their writings, and their relationship with illustrious patients at various European papal and royal courts in the Middle Ages. In *Santé et société à Montpellier à la fin du Moyen Âge* Geneviève Dumas acknowledges the long historiographical tradition accountable for this view but points out that the international reputation of the *universitas medicorum* has overshadowed another feature of medicine in medieval Montpellier, the local organization of health care and the complex array of practitioners, practices, and institutions that governed it. Her ambitious goal is thus to provide an integrated history of the health problems faced by Montpellier from the end of the thirteenth down to the early sixteenth century, and of the various strategies for dealing with them that were developed by local practitioners (including university masters) and by public authority.

The book is divided into four parts. Part one is devoted to the institutional and regulatory framework that supported the training and activities of the three main groups of professional healers that constitute the core of the study: physicians, barber-surgeons, and apothecaries. The first are analysed through the abundant secondary bibliography available and through the normative lens of the chartulary of the university. This provides us with information about conditions of access to university training, content and duration of the courses, type of lectures, practical training, and even the requirement of an intriguing biennial *anathomia corporalis*. The actual performance of a compulsory dissection as laid down in the statutes of 1340 is accepted cautiously by Dumas and used to support her claim that a precocious anatomical interest was a characteristic of Montpellier’s teaching, along with the rotation of lectures among the masters, and bedside practice. The chapter also calls our attention to the physical setting of instruction and of students’ lives by discussing the origin, aims, and organization of two colleges, the college of the Twelve-Physicians from 1368 and the college of Gérone established in 1452. The questions of whether members of the Jewish community had access to the university, and more generally what the relationship was between Christian and Jewish physicians in Montpellier, are also dealt with here.

Another no less complex story is the situation of surgery within the university. Some documentary evidence seems to support the idea that surgeons could attend some sort of teaching at the university in the fifteenth century. Yet despite the interest of physicians in the theory and practice of surgery during the late thirteenth century and the first part of the fourteenth century, its teaching never became part of the university program at Montpellier. In fact, while acknowledging the visibility of big names and books that associate surgery with Montpellier, with Guy de Chauliac’s *Chirurgia Magna* leading the way, Dumas invites us to focus our interest on the much less explored topic of local surgeons and barber-surgeons. The local sources are not very helpful for the fourteenth century but do at least

indicate a lack of consistency in the use of an occupational label, and the author argues that from the 1360s onwards the words “surgeon” and “barber” were interchangeable in notarial records. The first statutes that regulate such practitioners date from c. 1430, and during the course of the fifteenth century the craft’s limits and regulations were defined following the Parisian model of barber, which imposed an examination by members of the guild and a formal *receptio chirurgici* by the municipal representatives that recognized the candidates as barber-surgeons. The apothecaries and spice traders enjoyed the lively commercial activity of Montpellier as an international trading centre, but they did not have a proper guild statute before the second half of the fifteenth century. There is, however, extant a professional oath of uncertain date that specifies the kinds of products they could handle and the forms of their administration, together with a basic rule of conduct that, for example, forbade them from prescribing drugs unless they were following the orders of a physician.

With this general regulatory framework established, the second part of the book takes up the training and professional careers of the members of these three groups, focusing in particular on the physicians, both Christians and Jews. Dumas’ account of actual teaching at the university is based on a detailed synopsis of existing scholarship, and on an up-to-date bibliography.

A university-trained physician could look forward not just to a career in the practice of medicine but also, if he chose, to one of university teaching (table 5, pp. 147-51), though it was not until 1498 that four permanent chairs were guaranteed by the king. Dumas describes the masters’ benefits and obligations here, though the local records provide little evidence bearing on their actual clinical practice carried out in town. In stark contrast, their professional activities and the development of their careers at the powerful lay and ecclesiastical courts of the late thirteenth century and first half of the fourteenth century are well documented in a variety of sources. These activities enjoy an extensive secondary literature, and Dumas reflects on some of them from a perspective that understands the bedside of the powerful as a locus of intellectual and practical exchanges for physicians. There is no direct evidence that the *consortium in practica* typical of the Parisian physicians was formally carried out by their Montpellier counterparts, but Dumas’ assessment of the activities of Arnau de Vilanova (c. 1240-1311) and the like at the courts of Aragon and France and at the papal court at Avignon along these lines is convincing.

A physician’s attendance on the rich and powerful often generated a body of writings, typically in the form of *consilia* and regimens of health, but the bulk of the intellectual production of the Montpellier masters grew out of the performance of their academic duties. Here the evidence restricts Dumas to a discussion of the fourteenth century, first analysing the school’s commentaries, practical compendia, and monographs, before developing a careful picture of Montpellier as an important centre of translation for medical works in that same period. She shows that the translations were not limited to renditions of Arabic texts into Latin, but also from Arabic into Hebrew, Hebrew to Latin, and Latin to Hebrew, a consequence of the city’s vigorous Jewish community, and even from Latin into the vernacular (middle French, Catalan, and less commonly Occitan).

This extensive second section of the work closes with a brief chapter on the training and occupational activities of barber-surgeons and apothecaries. In these areas, Dumas’ mining of the local archives has proved more rewarding. From municipal and notarial records she has analysed the economic aspects of craft apprenticeship for barber-surgeons and has reconstructed the process of their eventual accreditation in the craft, especially as regards the fifteenth century. A map of the location of the barbers’ offices in the town is offered for the period 1380-1480 (fig. 3, p. 227), and from taxation records we know about the investment and the tools necessary for their practice. Similar information is brought together for Montpellier’s apothecaries, although the inventories of their shops are scarcer and less detailed than are those of the barbers. She brings out the close integration of both groups with municipal authority, not just in regard to health issues, and underlines the point with a long list giving the names of apothecaries and spice traders who held positions as town officials (table 8, pp. 236-43).

The relationship of professional healers with the municipality, and more broadly the involvement of the municipal authorities in health matters, is the object of part three. In any historical period, it is difficult to distinguish the health problems of a community from problems that are social and economic. During the Middle Ages, the attention given by lay and religious institutions to the health of the public focused on the care of the poor, and the situation that Dumas depicts for Montpellier is no exception. A study of the town's hospitals and other charitable institutions reveals that care rather than cure was the main concern of municipal authorities, although some late fifteenth-century hospital accounts indicate that the hospitals offered not only food but drugs and some medical attention, generally carried out by surgeons. The organization of the town's provision for the care of orphans, bastards, or simply poor children is also addressed in this section, and once again the documentation shows that the responsibility was placed in the surgeons' hands.

In fact, as the archives make clear, it was not until the second half of the fifteenth century that the municipality had regular recourse to physicians in matters concerning public health. There are two exceptions, however, that Dumas analyses in detail: the diagnosis and care of lepers, and the response to outbreaks of plague. An exceptionally early notarial record from 1342 reveals the presence of a physician in Saint-Lazare's hospital (a leprosarium), called in to bleed and attend the inmates. It seems that in examinations meant to identify the disease, municipal and church officers accepted the pattern developed by learned medicine and called on physicians and surgeons to perform the examination, as Dumas documents for mid-fifteenth century Montpellier with a number of telling cases. The study of the municipal response to the various crises of plague in Montpellier and the involvement of physicians and barber-surgeons therein makes acutely plain the limitations of the sources that so frustrate the author (and the reader!) all through this volume: Dumas acknowledges with intellectual honesty the stubborn silence of the archives that keeps us from knowing anything about actual measures to fight against plague before the latter half of the fifteenth century—a silence that contrasts sharply with the immediate production of treatises on plague by Montpellier physicians after the first outbreak in 1349.

The archives have been more generous in offering interesting data that help part four of this volume reconstruct the economic and social status of the various healers. Tax records that begin to be available from 1380 on are meticulously analysed here, and offer a rich panorama that covers practitioners' expenses and income from health care as well as other sources of income. Barbers and surgeons appear more frequently in the records as subjects of municipal and royal taxation, and with more detail, while the data for university physicians are sparser since they enjoyed tax-reduction privileges. Analysing the economic status of the apothecaries is especially complex since some were registered under other occupations. The commercial activities of the three groups in question were widely varied, and extended their investment to the countryside, especially in wine and oil production.

The extant material thus allows the reconstruction of a lively picture of the often neglected economic side of healers' professional activities, at least for the fifteenth century, which Dumas complements nicely with an analysis of the social scope of the various groups, within or outside family networks. Promoting dynastic connections through direct or collateral relationships formed an important objective for barber-surgeons and apothecaries. Occupational endogamy is well illustrated in these crafts by the examples of the Costa family for barber-surgeons, and by the complexities and tensions manifest in the various links within the Vézian family for the apothecaries. Physicians' networks tended to develop around the university, whose private and public rituals of inception and the doctorate enforced the social identification of the group. Confraternities were more often the public socialization space for barber-surgeons and apothecaries. Dumas shows how the collective identity of the various groups of practitioners was reinforced through public performance, and concludes with an account of a violent town-and-gown conflict during the carnival of 1494 that ended with the destruction of the college of the Twelve-Physicians and the homes of various masters.

Conflicts are also at the heart of the last chapter of this section. Some reveal the tension between the masters of the university and the ecclesiastical powers. Others show the potential conflict between the university and municipal government, as in the case (1439) of a physician, Gaucelm Gracie, who was granted the right to practice by the town but was then accused by the university of unlicensed practice. The resulting trial, which is partially transcribed and translated in an appendix, could have been given even more attention. It richly illustrates the complex rhetorical strategies developed by the university and municipal authorities, as well as the public perception of the usefulness of medicine and the ethics of the physician's performances. Few instances in the volume illustrate so vividly such tensions (another case is the riot of 1494). The ambitious promise of an integrated history of what health and health care meant to medieval Montpellier would have benefited from giving more centrality to these cases that emerged from Dumas' painstaking research work, whose original findings are sometimes obscured by information based on secondary bibliography.

The volume ends with a summarizing chapter, the aforementioned appendix and three annexes, a long section on sources, a bibliography, and an index.

This weighty book makes a significant contribution to the study of health care by examining an exceptional medieval urban community, Montpellier—exceptional because, while it had a vibrant life of its own, it also enjoyed the presence of a medical faculty. Yet the book is not able to deliver the history that it promises. Instead, the reader is confronted with two (very valuable) narratives that remain largely unconnected. One, focused on the late thirteenth and fourteenth centuries, is about the university and its professional physicians in that period and is built on an abundant secondary bibliography, the written productions of the university masters, and the university chartulary. The other centers on the fifteenth century and concerns the municipality and its involvement in the provision of health, with barber-surgeons, apothecaries, and hospitals at its core. This second narrative is carefully constructed from original documentation in local archives that unfortunately have comparatively little to reveal about the fourteenth century, while the literary production that shows us so much about the fourteenth-century medical faculty is virtually non-existent for the fifteenth. Geneviève Dumas' thorough researches and intellectual honesty are evident throughout the volume, but the fundamental chronological disparity of the sources has inevitably made it impossible for her to provide a unified history of health in Montpellier in the Middle Ages.

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