

# **Medicine before the plague**

**Practitioners and their patients in the  
Crown of Aragon, 1285–1345**

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**MICHAEL R. McVAUGH**

*Professor of History,  
University of North Carolina at Chapel Hill*



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## Introduction

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The medieval Crown of Aragon in eastern Spain, the setting for this study, may not be a familiar name to most readers, nor is any of its rulers as famous as Richard the Lion-Heart of England, say, or Saint Louis of France. Until it fused into a larger Spain in 1479, it was often overshadowed and sometimes menaced by two much larger neighbors, the kingdom of Castile to the west and that of France to the north – respectively six and fifteen times as populous. The label, “Crown,” suggests its peculiar status as a dynastic union: the count of Barcelona had become betrothed to the heiress to the kingdom of Aragon in 1137, and their descendant reconquered Valencia from Islam two hundred years later and established another kingdom there. As a result, the Crown also brought together significant numbers of three religions: Valencia’s population was still predominantly Muslim in the early fourteenth century, and Muslims remained a significant minority in Aragon (its capital, Zaragoza, had only been recaptured from Islam in 1118), while the cities of the Crown permitted communities of Jews to live in relative tolerance. One legacy from Muslim Valencia was the paper mills of Xàtiva, and their output made possible the remarkable series of royal and municipal records whose preservation today means that the Crown of Aragon is one of the most historically accessible late-medieval societies.

In certain respects, the first half of the fourteenth century might be called the most successful period in the Crown’s history. Internally, the monarchs were able to maintain stability of rule during the sixty years between the aristocratic reactions to royal authority – the *Uniones* of 1284–7 and 1347–8 – by working through the assemblies (*corts* in Catalan-speaking lands, *cortes* in Castilian-speaking Aragon) to defuse political opposition. Externally, it was a period in which they maintained essentially peaceful relations with their much larger neighbors to the north and west, and instead pushed eastward into the Mediterranean commercially and politically, first trying to succeed the Angevins in Sicily (1282–95), then establishing themselves in Sardinia (1323–4), and finally regaining the Balearic Islands (and mainland Roussillon) from their cousins, the kings of Mallorca (1343–4). This expansion, along with the

resettlement of Valencia, helped keep the Crown's population density relatively low. Its inherently limited resources were disguised by the growth of overseas trade, and by the beginnings of banking and of some domestic industries; the Crown maintained strong markets and a strong coinage until the 1340s, when wages and prices began to increase. It may be that the disastrous year of 1333–4, the so-called *mal any primer*, and the social unrest that followed were early signs of the coming decline, but for the most part the first half of the century was, as one historian of the Crown of Aragon has said, an age of "consensus, energy, and optimism, [and] religious *convivencia*."<sup>1</sup>

Among the innumerable aspects of this dynamic, expanding, culturally diverse society that its documentary resources allow us to explore, medicine is of unusual interest. It has long been clear that a learned, rational medicine began to win social acceptance in fourteenth-century Europe, but the process has never been studied in detail. Conventionally, historians have constructed that process about the supposed establishment of university-trained physicians at the top of a diverse hierarchy of practitioners – surgeons, apothecaries, barbers, empirics – whose activities they were thereafter empowered to license or supervise on the strength of their academic qualifications. More recent scholarship on the social history of medicine has altered this picture as it applies to early modern times – by showing, for example, that in England in the sixteenth to eighteenth centuries the learned physicians' control over other practitioners was far from complete, and that a variety of theories and practices were available to patients in a "medical marketplace." For want of narrowly focused research by medievalists, however, our understanding of pre-sixteenth-century developments has remained a relatively diffuse and general one, so that even the most recent account of medicine and society in the Middle Ages, sophisticated and nuanced as it is, has been forced to present the period 1250–1500 as more or less a chronologically undifferentiated unity.<sup>2</sup>

The present book tries to respond to this need for a sharper focus by examining a late-medieval society at a particular moment in time – the Crown of Aragon during the half-century before the arrival there of the Black Death in the spring of 1348 – and it too suggests a modification of the conventional story. It argues that, though the Crown's academic physicians were neither numerous nor self-conscious enough to enforce their standards on medical practice, a learned, text-based medicine did indeed become established there during this period. It diffused rapidly within a community of practitioners who represented a continuum of backgrounds but who were all trying to assimilate what they could of the new medicine. This community was one within which there were still no sharp boundaries dividing one kind of practice from another: surgery and medicine could overlap without fierce rivalry, and traditional remedies could

<sup>1</sup> Bisson, *Medieval Crown*, p. 186.    <sup>2</sup> Park, "Medicine and Society."

coexist with Galenic theory in the village empiric as well as the university master.

There is a second argument in this study: that the triumph of a bookish medicine was not led by practitioners, ambitious for their own discipline, but instead owed much to a broad public enthusiasm for the learning that medical education seemed to guarantee. It is possible to speak about a “public” that is more than merely noble patients or municipal councilors because of the remarkable richness of the Crown’s documentation, which allows generalization from a much more varied base that stretches out to ordinary people in the villages and countryside. To a certain extent, this public grew to expect more from medicine than practitioners were yet prepared to give: the monopolistic medical profession of a later age was a lay ideal well before its potential for collective advancement occurred to physicians, so that it was the lay community that moved to institute licensing regulations and to “medicalize” certain issues of social concern by setting up medical practitioners as expert judges over them.

A term like “medicalization” may seem like anachronistic jargon, but I have used it and a few other such modern coinages deliberately, to try to bring home the parallels that I see between medico-social relationships in the early fourteenth century and in our own day. We are mistaken if we simply perceive medieval medicine as quaint or foolish or in some sense fundamentally “other.” I am convinced that believing in the reality of medical expertise, and agreeing to entrust one’s health to someone who claims that expertise, yields similar behavior, similar reactions, and similar consequences in any age, and I suspect that some readers today will recognize something of themselves in the patients – or the practitioners – of the Crown of Aragon.