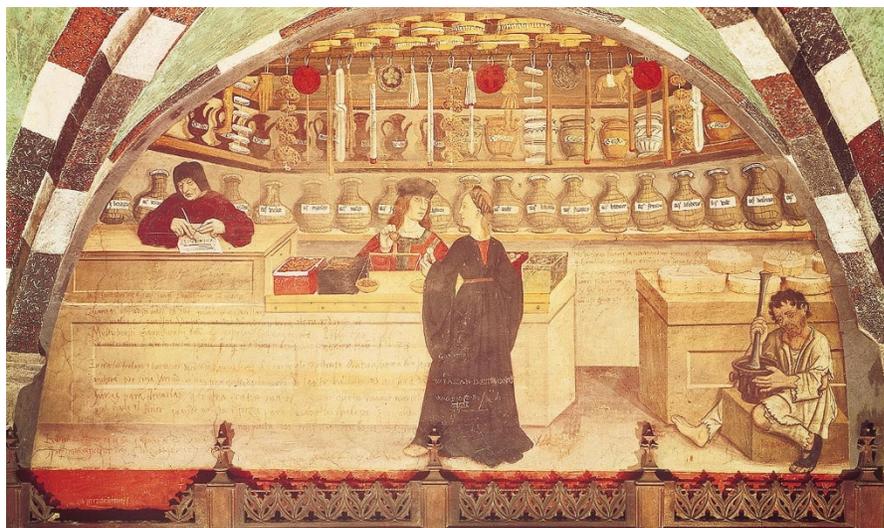


Faye Getz takes a more optimistic line in this clearly written and well-organized new survey. She stresses the variety of medical assistance available, from housewives and travelling salesmen up to the tiny number of university-trained doctors serving the very rich as counsellors and cultural assistants, as well as physicians. She raises the question of the effectiveness of the learned élite compared with those who lacked Latin, insisting, perhaps too strongly, that all major treatises in English are only translations from the Latin. We are reminded, too, of how the growing tendency to define proper medicine as university medicine led to the exclusion of those with healing skills but without the qualifications to enter Oxford or Cambridge, especially women and Jews (although the numbers of Jewish healers can hardly be determined).

The English were also stay-at-homes (Wales, Scotland and Ireland are not considered here). Few ventured across the Channel, and fewer still beyond Paris — although more might have been said in the book about the medical learning of such universal scholars and continental travellers as Walter Burley. Foreigners who came to England usually followed a wealthy patron, or confined their attentions to their countrymen resident in London. Some practised astrology, some were clearly in search of quick money, and several are known from their appearances in (not at) court.

Law and medicine are here intertwined. Complaints about incompetence are listed alongside a catalogue of deaths and injuries, some tragic, others simply bizarre, like the case of the collapsing privy. Child abuse is no modern phenomenon, and the elderly and infirm are still seen as a drain



Too far from home: the cures in this Italian pharmacy may well have been unknown in England.

on community resources.

Getz succinctly lists the ways in which those in need of care and assistance might find it in a monastery (although these increasingly excluded the sick) or a hospital (where medical help was rare), or within the extended family. She emphasizes the religious orientation of mediaeval hospitals, which were hospices aiming to secure the long-term salvation of the soul far more than the immediate cure of the body, as well as their sheer variety. Some had a handful of inmates; a very few had more than 100; some excluded almost every kind of patient; others ended up as schools or university colleges.

Less is said about disease and its treatments, and the outbreak of the Black Death is, rightly, played down as the defining point of English mediaeval medicine. Whatever the plague's social consequences, doctors

continued to be consulted both during and after it, and neither in 1348 nor in any of the subsequent outbreaks do surgeons supplant physicians in popular affection, as some have argued.

Getz's book is short (a mere 92 pages of text), abundantly footnoted, at times to excess. It is packed with facts, and its conclusions are well argued. But its brevity is also its weakness. It lacks space to breathe; individual instances pile one on top of the other, where what is needed is a broader exposition. Challenging ideas are raised, but rarely developed, and the wider context is often missing. It is unusual to complain that a book is too short, but this is one instance, proof of the solid quality of the scholarship it contains. □

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