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Medical Licensing in Late Medieval Portugal

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On 11 February 1338, Aires Vicente was licensed to practice surgery by the chief-examiner Master Afonso, Master Domingos, “expert in the art of coughs,” and apothecary-surgeons Master Gil and Master Pero.² A few days later on 22 February, Master Domingos was himself licensed in surgery by chief-examiners Master Afonso and Master Gonçalo. This more detailed document explained that King Afonso IV (1325–57) mandated such examinations in order: “to remove harm from the people of my lands, seeing and considering how many make themselves physicians, and masters, surgeons and apothecaries practise these offices in my lands without having the knowledge or the skill to practise them.”³ Medical historians traditionally viewed such medical licenses as indicators of progress. They were methods of establishing orthodoxy based on knowledge and skill, embodying a keen sense of the “public good.” The unlicensed were thus unorthodox in their practice and potentially harmful charlatans.⁴ Recently, historians have developed a more nuanced view, with early-modernists especially putting forward the idea that charlatanism resulted more from competition amongst practitioners than from systems of licensing instituted to protect the sick. Where such systems existed they could reflect increasing state control for financial or political reasons as much

1 The research for this essay was funded by the Wellcome Trust (grant number 076812). A version was presented at the International Medieval Congress in Leeds in 2009 as part of two sessions I organized on medical orthodoxy. I would like to thank the other participants for their support and contributions: Alex Banji, Monica Green, Clare Pilsworth, Chris Tuckley, Louise Wilson and Mary Yearl.

2 António Henrique de Oliveira Marques, ed., *Chancelarias Portuguesas: D. Afonso IV*, 3 vols (Lisbon: Instituto Nacional de Investigação Científica and Centro de Estudos Históricos da Universidade Nova, 1990–2), v. 2, pp. 170–1. All translations are mine.

3 Marques, *Chancelarias*, pp. 171–2.

4 An example of a teleological approach to licensing is Toby Gelfand, “The History of the Medical Profession,” in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter, 2 vols., (London and New York: Routledge, 1993), v. 2, pp. 119–50. Even a sympathetic study of medieval unlicensed practitioners took it for granted that licensing was “in the public interest”: Pearl Kibre, “The Faculty of Medicine at Paris: Charlatanism and Unlicensed Medical Practice in the Later Middle Ages,” *BHM* 27 (1953): 20.

as altruism.⁵ This essay offers an analysis of one licensing system: that of the expanding late-medieval state of Portugal, and argues that medical licenses were never straightforward regulators of behavior.

The documents referred to at the beginning of this essay are the earliest medical licenses to survive from Portugal. What survives for us to read are the royal chancery copies; the original charters presumably given to the licensee are no longer extant. There is nothing to suggest that licensing was a new innovation in the late 1330s, so it is plausible that it stemmed from a dynamic period of legislation carried during the reign of King Dinis (1279–1325).⁶ This chronology would be in keeping with that established by Michael McVaugh and others for the Crown of Aragon where licensing developed in Catalonia and Valencia after 1329, based in Catalonia on legislation going back to 1289.⁷ Unfortunately, in Portugal, most of the royal chancery records were re-edited in the fifteenth century, jettisoning much of interest to a medical historian.⁸ Just six licensing letters survive from the reign of Afonso IV in the 1330s.⁹ It is only from the 1430s that a continuous series survives (three hundred letters through until 1495), but they are also incomplete due to lost or damaged volumes. The only scholar to study these letters in detail, Iria Gonçalves, assumed without question that these letters represented all available practitioners throughout the

5 Alison Lingo, "Empirics and Charlatans in Early Modern France: the Genesis of the Classification of the "Other" in Medical Practice," *Journal of Social History* 19 (1986): 583–604; Roy Porter, *Quacks: Fakery and Charlatans in English Medicine* (Stroud: Tempus, 2001); David Gentilcore, *Medical Charlatanism in Early-Modern Italy* (Oxford: OUP, 2006); María Luz López Terrada, "Medical Pluralism in the Iberian Kingdoms: the Control of Extra-academic Practitioners in Valencia," *MH*, supplement 29 (2009): 7–25.

6 Maria Helena da Cruz Coelho and Armando Luís de Carvalho Homem, eds., *Portugal em Definição de Fronteiras: do Condado Portucalense à Crise do Século XIV*, Nova História de Portugal 3 (Lisbon: Editorial Presença, 1996), pp. 144–63.

7 Luis García Ballester, Michael R. McVaugh and Agustín Rubio Vela, *Medical Licensing and Learning in Fourteenth-century Valencia: Transactions of the American Philosophical Society* (Philadelphia: American Philosophical Society, 1989); Michael R. McVaugh, *Medicine before the Plague: Patients and Practitioners in the Medieval Crown of Aragon, 1285–1345* (Cambridge: CUP), pp. 95–103.

8 The royal chancery of Afonso V (1438–82) can be consulted online at <http://digitalq.dgarq.gov.pt/details?id=3815943>. Accessed February 15, 2013. For some guidance on the collection, see Judite Gonçalves de Freitas, "The Royal Chancellery at the End of the Portuguese Middle Ages: Diplomacy and Political Society (1970–2005)," *E-Journal of Portuguese History* 7 (2009), http://www.brown.edu/Departments/Portuguese_Brazilian_Studies/ejph/html/issue14/html/jfreitas.html Accessed 15 February 2013.

9 The sole study and first edition of these letters was Pedro de Azevedo, "Físicos e cirurgiões do tempo de D. Afonso IV," *Arquivos de História da Medicina Portuguesa*, n.s. 3 (1912): 3–11.

whole country for the whole of the fifteenth century.¹⁰ Saul António Gomes later assumed that there was therefore little healthcare available and what there was virtually collapsed when the Jews were forced to convert or leave in 1497, since so many licensed physicians were Jewish. This collapse explained the licensing of uneducated healers in the early-sixteenth century, including bonesetters and pox specialists.¹¹ Few historians have considered instead how the wider bureaucratic reforms of King Manuel (1495–1521) might have led to the expansion of medical licensing at this time; nearly four hundred licenses survive from Manuel's reign alone.¹²

At first sight, these letters appear to be a valid method of assessing the level of medical practice available in late medieval Portugal. They perhaps imply that these medical practitioners had some kind of self-awareness as a group, used licensing as an institutional system of controlling membership of the group, and based membership on certain standards of academic knowledge and ethical practice, that is, they formed a medical profession according to the criteria put forward by modern historian Toby Gelfand.¹³ Medievalists have been understandably reluctant to join in “professionalization” debates since the rules of engagement are always based on modern contexts. However, Michael McVaugh argued that the emphasis he saw in the Crown of Aragon on academic learning as a criterion for orthodox practice meant that medieval regulations “laid the foundations of future codes of professional licensing.”¹⁴ Exploring medical licensing in the same way as McVaugh, and also Danielle Jacquart, Katharine Park, Susan Edgington and others, allows comparison between Portuguese medicine and that of Aragon, Italy, France and Jerusalem.¹⁵

10 Iria Gonçalves, “Físicos e cirurgiões quatrocentistas—as cartas de exame,” in *Imagens do Mundo Medieval*, ed. Iria Gonçalves (Lisbon: Livros Horizonte, 1988), pp. 9–52.

11 Saul António Gomes, “Higiene e saúde na Leiria medieval,” in *III Colóquio Sobre a História de Leiria e da sua Região* (Leiria: Câmara Municipal de Leiria, 1999), pp. 41–2.

12 The sole study of these is Manuela Mendonça, “A reforma da saúde no reinado de D. Manuel,” in *1^{as} Jornadas de História do Direito Hispânico: Actas* (Lisbon: Academia Portuguesa da História, 2004), pp. 221–41.

13 Gelfand, “History of the Medical Profession.” See also Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984); John C. Burnham, *How the Idea of Profession Changed the Writing of Medical History* (London: Wellcome Institute for the History of Medicine, 1998); Stephen Jacyna, “Medicine in Transformation, 1800–1849,” in *The Western Medical Tradition, 1800–2000*, ed. W. F. Bynum *et al.* (Cambridge: CUP, 2006), pp. 11–101.

14 McVaugh, *Medicine before the Plague*, p. 103.

15 Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton: Princeton University Press, 1985); Danielle Jacquart, *La Médecine Médiévale dans le Cadre Parisien*

Each of these regions saw the establishment of medical licensing between the twelfth and the fourteenth centuries, beginning with regulations instituted by King Roger of Sicily in 1140. In Mediterranean Europe, royal control of licensing seems common; in other regions it was towns, universities, bishops, guilds or colleges, or a combination of several of these. There does not seem to have been a full comparison of these systems, considering how they operated, why they differed and whose practice was encompassed.

A comparative study of medical licensing systems across Europe would shed light on the insight drawn from the Portuguese evidence that licensing was not a straightforward method of establishing medical orthodoxy. Iria Gonçalves's published list of licensed practitioners is fairly complete up to 1495, so the many unlicensed Portuguese practitioners that continue to be found defy easy explanation. Do they just *seem* not to have had a license because records are incomplete? Or, did they refuse to get one? Between c.1320 and c.1520 eleven hundred practitioners have so far been identified in a wide variety of occupational groups (physicians, barbers, surgeons, apothecaries and a group of healers that includes bonesetters, pox specialists and hernia repairers), most of which at some stage became subject to licensing.¹⁶ Only 54% of Christian practitioners appear to have been licensed, in contrast to 85% of Jews. Surgeons were far more likely to be licensed than physicians. Barbers were always Christian and mostly unlicensed.

Another problem that could be addressed by a comparative study is the tendency of most studies of licensing systems to focus on regulatory systems from the perspective of law providers and practitioners. The "users" of medicine: that is the sick and their communities have usually been left out of the picture. Only a few historians have addressed the question of whether patients saw much difference between "orthodox" and "unorthodox" medicine. For example, studies of the trial of Jacoba Felicie, accused in 1322 of unlicensed practice by the medical faculty of the University of Paris, emphasize how her patients testified to her efficacy and skill, revealing how similar her practice

(Paris: Librairie Arthème Fayard, 1998); Laurent Garrigues, "Les professions médicales à Paris au début du XV^e siècle: praticiens en procès au parlement," *Bibliothèque de l'École des Chartes* 156 (1998): 317–67; Piers D. Mitchell, *Medicine in the Crusades: Warfare, Wounds and the Medieval Surgeon* (Cambridge: CUP, 2004), pp. 220–31; Susan B. Edgington, "Medicine and Surgery in the *Livre des Assises de la Cour des Bourgeois de Jérusalem*," *Al-Masāq: Islam and the Medieval Mediterranean* 17 (2005): 87–97.

¹⁶ This research will come out in Iona McCleery, *Medicine and Community in Late Medieval Portugal* (monograph in progress).

and clientele were to those of academically-trained physicians.¹⁷ In the case of the Crown of Aragon, Michael McVaugh suggests that it was urban and royal patients who recognized the common identity of medical practitioners long before they themselves had any kind of group awareness. McVaugh argues that it was kings and communities who emphasized academic learning and its relationship to good practice, imposing concepts of medical professionalism on self-interested practitioners.¹⁸

McVaugh recognized the limitations of licensing—although it hardly features in his discussions of the patient-practitioner relationship—but as pointed out earlier, like many historians he also interpreted it teleologically as laying the “foundations” for the future.¹⁹ In the UK, the lines of perspective of many historians interested in professionalization converge on the Medical Act of 1858, which sought to register all medical practitioners, and the General Medical Council (GMC) founded that same year, which still regulates medical education in Britain today. Despite the fact that the scope of the original Medical Act was limited, and that the GMC did not police the medical profession (which was supposed to regulate itself), they are sometimes set up as the pinnacles of progress in contrast to medieval attempts at regulation.²⁰ Yet rather than seeing medieval licensing as a step towards some kind of non-existent ideal, it should be understood within the context of its own times. It should be possible to determine the role that licensing played in late medieval Portugal without resorting to retrospective judgments. The remainder of this chapter is inspired by a question posed by Sandra Cavallo in her monograph on barbers and other “artisans of the body” in early-modern Turin. Cavallo found that in a survey of practitioners done in 1695, 20% of surgeons in the city and 43% in the province had not felt it necessary to have a license. She therefore

17 Kibre, “Faculty of Medicine at Paris,”; Montserrat Cabré i Pairet and Fernando Salmón Muñiz, “Poder académico *versus* autoridad femenina: la Facultad de Medicina de París contra Jacoba Félicie (1322),” *Dynamis* 19 (1999): 55–78; Monica H. Green, “Getting to the Source: the Case of Jacoba Felicie and the Impact of the *Portable Medieval Reader* on the Canon of Medieval Women’s History,” *Medieval Feminist Forum* 42 (2006): 50–63. For a similar case, see Faith Wallis and Geneviève Dumas, “Theory and Practice in the Trial of Jean Domrémi, 1423–27,” *JHMAS* 54 (1999): 55–87.

18 McVaugh, *Medicine before the Plague*, p. 245.

19 McVaugh, *Medicine before the Plague*, pp. 166–89; McVaugh, “Bedside Manners in the Middle Ages,” *BHM* 71 (1997): 201–23.

20 Michael J. D. Roberts, “The Politics of Professionalisation: MPs, Medical Men and the 1858 Medical Act,” *MH* 53 (2009): 37–56; Mary Dixon-Woods, Karen Yeung and Charles L. Bosk, “Why is UK Medicine no Longer a Self-regulating Profession? The Role of Scandals involving “Bad Apple” Doctors,” *Social Science and Medicine* 73 (2011): 1452–59.

questioned the purpose of the medical license. Her tentative answers were that licenses seemed to reflect the status and responsibility of practitioners rather than their competence; patients and their communities probably did not see much difference between a licensed and unlicensed practitioner since licenses do not seem to have formed the basis of interpersonal trust; and from the perspective of the licensing authorities, licenses had more to do with the balance of power in their territories than control of expertise.²¹ The purpose of the license can also be questioned for late medieval Portugal, although the answers might not be the same.

In order to answer this question of the purpose of the license in the Portuguese context, it is necessary to focus on who was licensed in Portugal, by whom, and how. Unlike in other parts of Europe, licensing only applied to physicians and surgeons at quite a late date. Occasionally barbers and apothecaries were examined in medicine or surgery, but despite Afonso IV's wish to include them in the 1330s, apothecaries do not appear to have been regulated as apothecaries before the mid-fifteenth century and were not often licensed as such until after 1515. Barbers were not regulated until 1511, and even then only as shavers and sword specialists; Portuguese barbers were always linked to military men, not grocers as in other parts of Europe. It was only after 1511 (except in a couple of isolated cases) that bonesetters, pox specialists and hernia-repairers began to appear regularly as licensees, suggesting a possible early separation of shaving and minor surgery.²² There appears to have been no licensing of midwives and only one (royal) midwife has so far been documented throughout the fifteenth century.²³ There is no evidence for episcopal licensing. There were also no medical guilds or indeed much in the way of occupational confraternities of any kind. There is some evidence that Portuguese towns had a system of licensing as they sometimes sent candidates to the royal court to have their practice confirmed. For example, in 1454 Isabel Martins, the only woman to be licensed during the fifteenth century, was licensed in surgery at the request of her town

21 Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2007), pp. 224–31.

22 Normally, this separation is said to have occurred in the eighteenth century. See Cavallo, *Artisans of the Body*, pp. 38–57.

23 Caterina Afonso was the midwife of Leonor of Aragon (d.1445), wife of King Duarte (1433–38): ANTT, *Chancelaria de D. Afonso V*, bk. 19, fo. 91. As Leonor was a foreigner, it is possible that her midwife was also and therefore attracted attention as an imported professional. See Monica. H. Green, "Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine," *Studies in Medieval and Renaissance History*, 3rd ser., 2 (2005): 14–17.

Montemor-o-Velho.²⁴ However, there is very little information on the control of medical occupations in towns. The town council minutes for Oporto in 1392 include a letter from King João I (1385–1433) requiring all practitioners to be licensed, but there is no evidence that the council discussed it.²⁵ Nothing is known about how practitioners gained access to the itinerant Portuguese royal court or how they used their copies of the royal license.

It is clear that royal physicians or surgeons, referred to as “chiefs” of their occupation (*físico-mor* or *cirurgião-mor*), carried out the main system of licensing.²⁶ In the fifteenth century, some of these royal medics were university graduates: learned, well connected and occasionally in clerical orders. For example, Fernando Álvares Cardoso, Bachelor of Arts and Medicine (*fl.*1426–1452) was papal proto-notary and Dean of Évora (despite having four children later legitimized), both a royal physician and a royal confessor, briefly a medical examiner and holder of numerous other benefices.²⁷ The Portuguese case makes it clear that, although few in number (6%), clerical practitioners were often very high profile.²⁸ However, unlike in the Crown of Aragon and other places, possession of a medical degree was not a criterion for a license and it certainly did not replace royal examination. Only 10% of the total number of

24 ANTT, *Chancelaria de D. Afonso V*, bk. 15, fo. 99; Gonçalves, “Físicos e cirurgiões quatrocentistas,” 20 and 37.

25 Artur de Magalhães Basto, ed., *Vereações: Anos de 1390–1395* (Oporto: Câmara Municipal, 1937), p. 226.

26 This system is very different to that of Castile and the United Spain. See María Luz López Terrada, “The Control of Medical Practice under the Spanish Monarchy during the Sixteenth and Seventeenth centuries,” in *Beyond the Black Legend: Spain and the Scientific Revolution*, ed. Víctor Navarro Brotóns and William Eamon (Valencia: Universitat de Valencia and C.S.I.C., 2007), pp. 283–94.

27 António Domingues de Sousa Costa, ed., *Monumenta Portugaliae Vaticana*, 4 vols., (Rome: Livraria Editorial Franciscana, 1968–78), v. 4, pp. 187, 245–6, 259, 415–6, 460, 521–2, 559–61, 564–5, 572–3, 575, 594–5.

28 Clerics were not banned from practicing medicine, although those in higher orders (sub-deacon, deacon or priest) were supposed to seek dispensation first. See Darrel W. Amundsen, “Medieval Canon Law on Medical and Surgical Practice by the Clergy,” *BHM* 52 (1978): 22–44. I have found hardly any monks or friars practicing medicine amongst the laity after the thirteenth century but members of the quasi-secular military orders certainly did so and so did João Vicente (d.1463), Master of Arts and Medicine, royal physician, bishop successively of Lamego and Viseu and founder of his own religious order known as the Blue Friars. His career is described in Francisco de Santa Maria, *O Ceu Aberto na Terra: História das Sagradas Congregações dos Conegos Seculares de S. Jorge em Alga de Venesa e de S. João Evangelista em Portugal*, 4 vols. in 2 (Lisbon: Oficina de Manoel Lopes Ferreyra, 1697), v. 2, pp. 551–611.

practitioners identified so far had degrees (111 people, of whom nineteen had licenses). Only in 1515 were graduates in medicine from the University of Lisbon exempted; those who had studied abroad still had to undergo examination.²⁹ The lack of a degree, however, did not imply that academic learning was unimportant. Examiners questioned candidates about their knowledge as well as observing their practice. For most examinations only a formulaic letter survives, but sometimes the academic questions were also preserved: Master Cohen was questioned in 1459 “on the care of putrid fevers in general,” a reference to book four, fen one, treatise two of Avicenna’s *Canon*, probably the most important university medical text of the period.³⁰ In the first surviving examination in 1338, that of Aires Vicente with whom this essay began, the examiner claimed that “he saw the cures he did, to whom he did them and in which parts of the body.” Aires’s patients then had to swear on the Holy Gospels that he had treated them “until he made them healthy.”³¹ In the fifteenth century, the candidate had to swear an oath on the Gospels or the Torah that they would practice on Christians, Muslims and Jews without deception or malice.³²

In their analysis of licensing in fourteenth-century Valencia, McVaugh, García Ballester and Rubio Vela suggested four reasons why the King of Aragon might have sought greater control of medical and surgical practice: making medicine more Christian; genuine belief in the benefits of good practice based on academic knowledge; asserting royal power; and protecting economic interests.³³ This is a useful checklist for Portugal, although it should be remembered that most of the Portuguese documentation stems from the fifteenth rather than the fourteenth century, and is much more limited. To take the fourth reason first: economic interests, Portuguese examiners potentially had a financial incentive to identify the unlicensed as they could keep a large part of the fines: a complaint was made to the parliament held in Coimbra in 1472 that the chief-physician and chief-surgeon were fining any old woman or man who healed using herbs and words.³⁴ However, it is difficult to see how provincial herbalists could really have threatened the medical practice

29 Mendonça, “Reforma da Saúde,” 23. Medical students and graduates are identified in archival documents by the terms *licenciado*, *estudante* or *escollar* in medicine, or they identify themselves as a *mestrado* or *doutorado* in Medicine.

30 Gonçalves, “Físicos e cirurgiões,” p. 17.

31 Marques, ed., *Chancelarias Portuguesas: D. Afonso IV*, v. 2, pp. 170–1.

32 Gonçalves, “Físicos e cirurgiões,” p. 18. ~~Numerous examples are published in Sá, *Chartularium*.~~

33 García Ballester, McVaugh and Rubio Vela, “Medical licensing,” pp. 41–50.

34 Gonçalves, “Físicos e cirurgiões,” p. 14.

of elite practitioners at court or added much to their pockets. From the 1480s, the numbers of licensed practitioners increased, but it is not clear whether this reflected more zealous, self-interested examiners, the expansion of royal power, or just better recording of the pluralistic medicine on offer.³⁵ It is particularly difficult to tell since only one example of somebody prosecuted for unlicensed practice has come to light; a royal pardon issued to José Contador, a Jew from Estremoz, denounced by a porter of Prince Henrique “the Navigator” for unlicensed practice of medicine and surgery.³⁶ Unfortunately, royal pardons are the only level of justice available, since all local levels have disappeared from the record; therefore, the existing documentation reveals most about probably atypical cases where the accused had access to the royal court.³⁷ It is possible that José fell out with Henrique’s entourage for political and financial reasons. Henrique used his own medical practitioners as tax collectors, and they too sometimes ran into problems: in 1456 his physician and surgeon Master Isaac Franco got involved in a quarrel over tax and was denounced for denying God and the Virgin Mary.³⁸ Without the documentation available in other parts of Europe, it is not possible to say more about either of these cases, but it is difficult to see them as medical disputes.

What can be said about these cases is that rather than seeing them as signs of royal medics policing the kingdom out of their own interests, which seems to have been an impossible undertaking, practitioners may have increasingly chosen to present themselves for examination at court. Possibly this was for personal economic reasons. Sandra Cavallo suggests that many licensees in early-modern Turin came forward because they were going into business for themselves. The license represented their new financial and moral responsibilities but, in fact, they had already been practicing for years under a master of a shop.³⁹ Some of the Portuguese licenses are also suggestive of this: according to Gonçalves, 21.3% of licensees were described as sons, relatives or *criados* of established practitioners.⁴⁰ For example, Aires Vicente, whose license was

35 Afonso V (1438–82) averaged six licenses a year; João II (1482–95) averaged ten; Manuel (1495–1521) averaged sixteen: Mendonça, “Reforma da saúde,” p. 229.

36 Manuel Lopes de Almeida, Idalino Ferreira da Costa Brochado and António Joaquim Dias Dinis, eds., *Monumenta Henricina*, 14 vols. (Coimbra: Executiva das Comemorações do V Centenário da Morte do Infante Dom Henrique, 1960–74), v. 9, pp. 174–5.

37 Luís Miguel Duarte, *Justiça e Criminalidade no Portugal Medieval (1459–1481)* (Lisbon: Fundação Calouste Gulbenkian and Fundação para a Ciência e a Tecnologia, 1999), pp. 20–22.

38 Almeida, Brochado and Dinis, eds., *Monumenta Henricina*, v. 12, pp. 160–1; v. 13, pp. 59–60.

39 Cavallo, *Artisans of the Body*, p. 227.

40 Gonçalves, “Físicos e cirurgões,” p. 15.

referred to at the very beginning of this chapter, was a *criado* of Master Gil, surgeon of Lisbon. A *criado* in modern Portuguese is a household servant; a reference to the once common practice of having a servant “raised” (*criado*) in one’s household from childhood. In the Middle Ages, the status of *criado* operated at the crossroads between “ward,” “pupil,” “apprentice,” and “client”; the most noble of aristocrats could be a royal *criado*, although he might not be a fatherless ward in the English legal sense. In a medical context, the word *criado* almost certainly refers to an apprentice, although we should not assume that this was always the case since medics could be *criados* of non-medics. Some of these *criados* acquired a royal license perhaps as a sign of new independence in their career.⁴¹ This might suggest that as in Turin the license signified intra-occupational identity rather than competency.

One reason why these practitioners might have presented themselves for examination was because the royal license could have acted as a kind of insurance policy, offering some protection against legal proceedings, perhaps from competitors as much as patients. This theory might explain the dominance of surgeons amongst Christian licensees; surgery was sometimes more likely to incur malpractice suits due to the more visible workings of the practitioner on the body.⁴² There is only one example of a malpractice case in Portugal, but it is the pardon of a royal surgeon, Master Dinis, who in 1443 was found guilty of causing the death of his patient after treating him for an injury.⁴³ There is no record that he had a license to practice or that it could have had any bearing on the case. The case for the license as a form of protection for Jews is easier to prove. García Ballester, McVaugh and Rubio Vela argued that licensing was

41 I belong to an international team funded by the National Endowment for the Humanities, which is translating into English three Portuguese chronicles by Fernão Lopes (d.c.1459), important sources for the Hundred Years War (Woodbridge: Boydell, *forthcoming* in 2014). We decided to leave the word *criado* in the original language throughout as no single English word suffices.

42 McVaugh, *Medicine before the Plague*, p. 183; Monica H. Green and Daniel Lord Smail, “The Trial of Floreta d’Ays (1403): Jews, Christians, and Obstetrics in Later Medieval Marseille,” *Journal of Medieval History* 34 (2008): 185–211; Franck Collard, “*Perfidus physicus ou inexpertus medicus*: le cas Jean de Grandville médecin du comte Amédée VII de Savoie,” in *Mires, Physiciens, Barbiers et Charlatans: les Marges de la Médecine de l’Antiquité au XVI^e Siècle*, ed. Franck Collard and Évelyne Samama (Langres: Dominique Guéniot, 2004), pp. 133–49; Faye M. Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998), pp. 72, 77; Carole Rawcliffe, “The Profits of Practice: the Wealth and Status of Medical Men in Later Medieval England,” *SHM* 1 (1988): 76–77.

43 Pedro de Azevedo, ed., *Documentos das Chancelarias Reais Anteriores a 1531 Relativos a Marrocos*, 2 vols., (Lisbon: Academia das Ciências, 1915–34), v. 1, pp. 555–6.

a way of Christianizing medicine as well as a means of asserting royal power. Iberian kings generally had a policy of tolerating Jews and Muslims for economic and religious reasons, although what this policy—controversially known to historians as *convivencia* or “living together”—really meant at the time has long been debated.⁴⁴ It appears that Catalan or Valencian townspeople had a much less inclusive approach to Jews in the later Middle Ages, allowing kings to interfere in municipal concerns supposedly on the Jews’ behalf.⁴⁵ García Ballester, McVaugh and Rubio Vela suggest that the municipal legislation for medical licensing instituted in Catalonia and Valencia in the 1330s may have implicitly targeted Jews or Muslims who practiced medicine amongst Christians. McVaugh goes further to suggest that when townspeople referred to the ignorance of practitioners they may have meant Jews, linking the control of practice to beliefs that Jews maliciously poisoned and deluded their patients. These historians also argue that emphasizing the importance of a university degree placed Jews in a position of dependency on royal favor—since only the king could grant them the privilege of a license without a degree—and linked licensing to the religious requirement that patients confess before treatment. These rules would have weakened the authority of Jewish practitioners.⁴⁶

Negative stereotypes seem to have existed to a much lesser extent in Portugal, although Jews were still dependent on royal protection.⁴⁷ In 1426–7, there were complaints to the king that Jewish practitioners were capable of causing physical and spiritual harm if not prevented from treating Christian women, and that the king had too many Jewish practitioners in attendance

44 Maya Soifer, “Beyond *convivencia*: Critical Reflections on the Historiography of Interfaith Relations in Christian Spain,” *Journal of Medieval Iberian Studies* 1 (2009): 19–35; Kenneth B. Wolf, “*Convivencia* in Medieval Spain: a Brief History of an Idea,” *Religion Compass* 3 (2008): 72–85; Jonathan Ray, “Beyond Tolerance and Persecution: Reassessing our Approach to Medieval *convivencia*,” *Jewish Social Studies* 11 (2006): 1–18.

45 García Ballester, McVaugh and Rubio Vela, “Medical Licensing,” 48–50; Paola Tartakoff, “Christian Kings and Jewish Conversion in the Medieval Crown of Aragon,” *Journal of Medieval Iberian Studies* 3 (2011): 27–39.

46 García Ballester, McVaugh and Rubio Vela, “Medical Licensing,” 25–31, 42; McVaugh, *Medicine before the Plague*, pp. 95–102. See also Étienne Lepicard, “Medical Licensing and Practice in Medieval Spain: a Model of Interfaith Relationships?,” in *Medicine and Medical Ethics in Medieval and Early Modern Spain: An Intercultural Approach*, ed. Samuel Kottek and Luis García Ballester (Jerusalem: Magnes Press, Hebrew University, 1996), pp. 50–60.

47 Maria José Ferro Tavares, *Os Judeus em Portugal no Século XV*, 2 vols (Lisbon: Universidade Nova, 1982–4).


on him.⁴⁸ In 1443 King Afonso V dispensed a number of Jewish practitioners attached to leading nobles from having to have their licenses renewed, stating nevertheless that Jews were particularly likely to be ignorant and harmful to their patients, which was why he had ordered all Jewish practitioners to seek confirmation of their licenses on pain of imprisonment.⁴⁹ In 1451, royal physician Master Afonso was granted a letter from the king confirming that he had received the degree of Doctor of Medicine from the University of Salamanca and quelling rumors that he was a Jew who had slept with Christian women, committed other excesses and been imprisoned.⁵⁰ These explicitly negative views seem to have been quite rare. There is some evidence of implicit hostility in Oporto: in 1391 the town council tried to get a Christian physician to come and settle in Oporto because they felt the lack of Christian practitioners.⁵¹ As McVaugh suggests for Aragon, the inability of many practitioners on the grounds of their faith to participate in key civic institutions, such as town councils, that seem to have displayed outright hostility, may have prevented the development of medical guilds and delayed the appearance of a sense of occupational identity.⁵²

The sheer numbers of Jewish practitioners in Portugal suggests, however, that Jewish medicine was far too important to be restricted too much and that historians may be overestimating the importance of guilds as an indicator of occupational identity. It is difficult to argue that the origins of licensing in Portugal relate to intercultural antagonism. None of the six letters to survive from the 1330s appears to have been issued to Jews. At the same time, these early letters, unlike most of the later ones, do not refer to the practitioners' religion. It is possible, therefore, that attitudes hardened in the later Middle Ages, perhaps as a result of the Black Death, although this is too convenient

48 Margarida Garcez Ventura, *Igreja e Poder no Século XV: Dinastia de Avis e Liberdades Eclesiásticas (1383–1450)* (Lisbon: Edições Colibri, 1997), pp. 487–8.

49 António Dias Farinha, "Portugal e Marrocos no século XV," (Ph.D. Diss., 3 vols., University of Lisbon, 1990), v. 2, pp. 147–8.

50 Artur Moreira de Sá, et al., eds., *Chartularium Universitatis Portugalensis (1288–1537): documentos coligidos e publicados por A. Moreira de Sá* (Lisbon: Centro de Estudos de Psicologia e de História da Filosofia anexo à Faculdade de Letras da Universidade de Lisboa, 1966), v. 5, p. 251. It is possible that this was the same individual as Dr Master Afonso Madeira, chief-physician and medical examiner from 1459 until his death in 1475, by which time he had become a knight of the royal household.

51 ~~A. De Magalhães Basto, *Vereações, anos de 1390–1395. O mais antigo dos Livros de Vereações do Município do Pôrto existentes no seu Arquivo* (Oporto: Câmara Municipal, 1937), pp. 76–77.~~ 

52 McVaugh, *Medicine before the Plague*, p. 245.

an explanation. After 1348, Jews continued to enjoy a peaceful existence in Portugal compared to Castile or Aragon (no massacres in 1391, for example), although it was not quite the haven that traditional historiography made out. According to the chronicler Fernão Lopes, there was a bandit attack on a travelling Jewish spicer in the mid-fourteenth century, the Christian perpetrators of which were executed by Pedro I (1357–67); inappropriately so according to some.⁵³ There was an attack on the main Jewish quarter in Lisbon in 1449; interestingly barber Gonçalo Pires was one of many perpetrators of this riot later pardoned for his involvement.⁵⁴ In 1506, there was a terrible massacre of two thousand New Christians in Lisbon. This isolated massacre took place ten years after the Jewish community had been forced to convert due to wide-ranging changes in royal policy towards both Jews and Muslims. This episode forms a stark contrast to earlier tolerance and its causes are still a matter of debate.⁵⁵

As far as Jewish medical practitioners were concerned, right up until the eve of the edict of expulsion in 1496, Portuguese kings had privileged many of them with exemptions from wearing identifying symbols (not instituted anyway until the end of the fourteenth century) and allowing them to associate with Christians as part of their job. Some were permitted to bear arms as a sign of prestige.⁵⁶ Many Jews probably did not bother to seek royal sanction for their commercial and professional activities amongst Christians since there are surprisingly few permits for such large communities.⁵⁷ There is little evidence for

53 Fernão Lopes, *Crónica de D. Pedro*, ed., Giuliano Macchi and Teresa Amado, 2nd ed. (Lisbon: Imprensa Nacional/Casa da Moeda, 2007), pp. 28–30.

54 ANTT, *Chancelaria de Afonso V*, bk. 11, fo. 10.

55 François Soyer, “The Massacre of the New Christians of Lisbon in 1506: a New Eyewitness Account,” *Cadernos de Estudos Sefarditas* 7 (2007): 221–43; Soyer, *The Persecution of the Jews and Muslims of Portugal: King Manuel I and the End of Religious Tolerance (1496–7)* (Leiden: Brill, 2007).

56 Ventura, *Igreja e Poder*, pp. 481–90; François Soyer, “Living in Fear of Revenge: Religious Minorities and the Right to Bear Arms in Fifteenth-century Portugal,” in *Vengeance in the Middle Ages: Emotion, Religion and Feud*, ed. Susanna Throop and Paul Hyams (Farnham: Ashgate, 2010), pp. 85–99. There are numerous examples of these privileges in the *Monumenta Henricina* and the *Chartularium Universitatis Portugalensis*.

57 As a case study, consider the ninety-five apothecaries and spicers, 13% of whom were Jews, who I have identified in the whole of Portugal between 1320 and 1520. This number seems remarkably low in comparison to other parts of Europe and can perhaps be explained by the types of documents available; mainly royal and municipal archives yielding cases likely to be atypical. It is possible that the majority of apothecaries and spicers were Jews who simply did not appear on the documentary radar. I have found only three licenses to trade with Christians amongst the Jewish spicers, but it is hard to believe that there was not more regular commercial activity.

negative Jewish medical stereotypes in surviving literary works; certainly no fear of poison or other misdemeanor, although this does exist for Christian practitioners.⁵⁸ The fact that nobody needed a degree to practice medicine meant that there was no academic obstacle to Jewish practice, and they were thus less dependent on royal favor. It is possible that many Jewish practitioners operated within the large stable Jewish communities of Portuguese towns and never needed to come into contact with Christians (this might also explain the apparent absence of Jewish barbers). This means that it is almost impossible to reconstruct concepts of occupational identity from existing sources, since most records of the highly stratified Jewish communities have vanished. It may be the case that the lack of importance of a degree in the Portuguese licensing system may stem from the prominence of Jewish medical learning, although it was also due to the general weakness of the sole university. This prominence persisted. Although Jews were told to convert or leave Portugal in 1496–7, the king closed the ports to prevent them from leaving and established few methods of enforcing conversion; there was no Inquisition in Portugal until 1536 at which time many people did leave.⁵⁹ Medical practitioners were the only category of people allowed to continue to use books in Hebrew after 1497. In 1535, there was a complaint to the parliament in Évora that only New Christians were studying medicine.⁶⁰ It is possible that stereotypical stories of malicious practice by secret Jews began to appear after 1497, but the extensive literary and archival material of this period has not yet been studied with this topic in mind.⁶¹ It might be significant that a great many practitioners sought confirmation of their licenses in 1498, sometimes after decades of practice. They may have been New Christians who suddenly felt more vulnerable.⁶²

58 See Manuel Rodrigues Lapa, ed., *Cantigas de Escarnho e de Mal Dizer dos Cancioneiros Medievais Galego-Portugueses* (Lisbon: Galáxia, 1965), pp. 307–8, for a bloodletter who groped his female patients; and Lopes, *Crónica de D. Pedro*, p. 81, for a physician persuaded to poison a king's political opponent.

59 Soyer, *Persecution of the Jews and Muslims of Portugal*; Jon Arrizabalaga, "The World of Iberian *converso* Practitioners, from Lluís Alcanyís to Isaac Cardoso," in *Beyond the Black Legend*, ed. Brotóns and Eamon, pp. 307–22.

60 Tavares, *Judeus: Século XV*, p. 355.

61 For evidence of both positive and negative stereotypes of Jews in the plays of Gil Vicente, the most important playwright of sixteenth-century Portugal, see Márcio Ricardo Coelho Muniz, "1531: Gil Vicente, judeus e a instauração da Inquisição em Portugal," *Vitória* 7 (2000): 95–108.

62 Sixty licences were issued in 1498, four times the annual average: Mendonça, "Reforma da saúde," 229.

Royal promotion of medical licensing begs the question of why kings might have been interested in regulating healthcare. Medieval historians have argued that the interests of medieval towns in public health and healthcare provision were bound up in their understanding of their legal identities, perhaps based on the rediscovery of Roman law from the twelfth century. Officially appointed physicians and surgeons could be used to promote urban self-interest by uncovering crime, maintaining hygiene, accompanying armies into battle and identifying disease, thereby protecting persons and property and helping to make the town stronger and more secure.⁶³ It is possible to describe urban authorities (councilors, magistrates) as maintaining an active form of “security politics,” since both military and hygiene measures protected the town.⁶⁴ Modern historians tend to agree that the enforcement of national public health policies was inspired more by the economic and political needs of the state than altruism, although they usually date these policies as having effect only from the eighteenth century.⁶⁵ Today, studies of state interventionism in modern healthcare and social welfare sometimes refer to “governmentality,” a concept that originated in lectures given by Michel Foucault (d.1984) in the last decade of his life.

“Governmentality” refers to “mentalities” of government: how and why and by whom people are to be governed, and how people can be taught to govern themselves; that is, to behave in a prescribed manner as suggested or instituted by others, e.g. public health officials, doctors and nutritionists. When used to

63 McVaugh, *Medicine before the Plague*, pp. 190–91; Vivian Nutton, “Continuity or Rediscovery? The City Physician in Classical Antiquity and Medieval Italy,” in *The Town and State Physician in Europe from the Middle Ages to the Enlightenment*, ed. Andrew W. Russell (Wolfenbüttel: Wolfenbüttler Forschungen 17, 1981), pp. 9–46.

64 For a discussion of the modern term “security politics,” used in the field of International Relations to refer to national defence but also used in relationship to healthcare, see David Baldwin, “The Concept of Security,” *Review of International Studies* 23 (1997): 2–26; Thomas Osborne, “Of Health and Statecraft,” in *Foucault, Health and Medicine*, ed. Alan Petersen and Robin Bunton (London: Routledge, 1997), pp. 173–88; Andrew Price-Smith, ed., *Plagues and Politics: Infectious Disease and International Policy* (Basingstoke: Palgrave, 2001); Sara Davies, *Global Politics of Health* (Cambridge: Polity, 2010).

65 Deborah Dwork, *War is Good for Babies and Other Young Children: the History of the Infant and Child Welfare Movement in England, 1898–1918* (London: Tavistock, 1987); Nikolas Rose, “Medicine, History and the Present,” in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London and New York: Routledge, 1998), pp. 47–72; Dorothy Porter, “The History of Public Health: Current Themes and Approaches,” *Hygiea Internationalis* 1 (1999): 9–21; Patrick Carroll, “Medical Police and the History of Public Health,” *Medical History* 46 (2002): 461–94.

explore the interface between biology, hygiene, medicine and politics, the approach is sometimes called “biopolitics.”⁶⁶ This approach does not seem to have been applied to pre-modern states, which theorists, including Foucault, often viewed as decentralized and lacking in the will to impose discipline on “the people,” even if they could imagine a national community of this kind. Yet, it is very likely that the kind of security politics, including medical licensing, practiced by many Mediterranean towns was eventually picked up by kings precisely because they *could* envisage a national population mobilized for economic and political benefit.⁶⁷ They saw benefit for themselves and their families, certainly. Yet in these licensing letters, government and sovereignty may have been separate enough for there to be a concept of national benefit, within the context probably, as shall be outlined, of international warfare and the immense taxation and exploitation of resources that it required. This separation between governmental practice and royal sovereignty is a crucial Foucauldian requirement for governmentality to exist and was already made possible because of expanding bureaucratic procedures in the late medieval state; the king did not issue all these letters personally.⁶⁸ Governmentality was an imaginative process that led to royal interventionism in daily life through the imposition of laws and the establishing of normative practices. It was also a two-way process; kings learned these biopolitical practices from their populace, especially from the townspeople who probably reached the zenith of their political power during the fourteenth and fifteenth centuries through military and parliamentary service, and in turn were influenced by royal and

66 Michel Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchill, Colin Gordon and Peter Miller (Chicago: University of Chicago Press, 1991), pp. 87–104; Alan Petersen and Robin Bunton, eds., *Foucault, Health and Medicine* (London: Routledge, 1997); Jane Buckingham, “Patient Welfare vs. the Health of the Nation: Governmentality and Sterilisation of Leprosy Sufferers in Early Post-colonial India,” *SHM* 19 (2006): 483–99; Mitchell Dean, *Governmentality: Power and Rule in Modern Society*, 2nd ed. (London: Sage, 2010); Susanne Krasmann and Thomas Lemke, eds., *Governmentality: Current Issues and Future Challenges* (New York and London: Routledge, 2011).

67 Medievalists immediately engaged with the argument in Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, first published 1983 (rev. ed., London: Verso, 2006), especially pp. 9–37, that pre-modern people were unable to envisage a national community. See Simon Forde, Lesley Johnson and Alan Murray, eds., *Concepts of National Identity in the Middle Ages* (Leeds: Leeds Studies in English, 1995).

68 Although modern theorists tend to have a very simplistic understanding of pre-modern government, their general point that there has to be a sense of a “state” beyond the person of the king for governmental processes to operate seems to make sense. See Dean, *Governmentality*, pp. 98–111.

court policy.⁶⁹ Their implementation of royal policy and the ways in which the kings were influenced by urban policy is surely a form of “governmentality from below” worthy of study by medievalists.⁷⁰

In the last section of this chapter, an attempt will be made to show how kings might have forged a biopolitical awareness that led them to implement systems of licensing. Many of the civil wars and rebellions that pockmarked Portugal's history during the thirteenth and fourteenth centuries can be explained by the antagonism of the old aristocracy to increasing royal centralization. From the mid-thirteenth century, kings surveyed and inventoried their territories, the boundaries of which were negotiated through treaties and wars with neighboring Castile. They subjected them to more regular taxation and heavier bureaucracy, which resulted from and led to close contacts with townspeople and an incipient parliamentary system (since medieval kings were not able to rule without a consensus, especially when they needed money). Kings employed university-trained lawyers and clerics to conduct royal business and they built prestigious castles and churches as instruments of power. The cost of wars and building projects and the desire to perform on the European royal stage encouraged the policies of centralization and taxation. During the fourteenth and fifteenth centuries, the Portuguese were regularly involved in foreign warfare, drawn into the Hundred Years' War on the side of the English. From 1415, Portugal suddenly expanded into North and West Africa and the Atlantic islands, extracting money, resources and troops from a land heavily affected by plague and famine.⁷¹ There has been very little work on how the “fourteenth-century crisis” impacted on Portugal, but certainly persistent out-

69 Adelaide Millán da Costa, “State-building in Portugal during the Middle Ages: a Royal Endeavour in Partnership with the Local Powers?” in *Empowering Interactions: Political Cultures and the Emergence of the State in Europe, 1300–1900*, ed. William Blockmans, André Holenstein and Jon Mathieu with Daniel Schläppi (Aldershot: Ashgate, 2009), pp. 219–233.

70 For the concept of “governmentality from below,” see Arjun Appadurai, “Deep Democracy: Urban Governmentality and the Horizon of Politics,” *Public Culture* 14 (2002): 21–47. For medieval and early modern state-building “from below,” see the essays in Blockmans, Holenstein, Mathieu and Schläppi, eds., *Empowering Interactions*.

71 Anthony Disney, *A History of Portugal and the Portuguese Empire*, 2 vols (Cambridge: CUP, 2009), v. 1, pp. 86–140; António dos Santos Pereira, “The Urgent Empire: Portugal between 1475 and 1525,” *E-Journal of Portuguese History* 4 (2006), http://www.brown.edu/Departments/Portuguese_Brazilian_Studies/ejph/html/issue8/pdf/apereira.pdf (accessed 21 May 2012); António Henrique de Oliveira Marques, *Portugal na Crise dos Séculos XIV e XV*, Nova História de Portugal 4 (Lisbon: Editorial Presença, 1986); Coelho and Homem, eds., *Portugal em Definição de Fronteiras*; Costa, “State-building.”

breaks of plague and food shortages in conjunction with warfare played a role in the shaping of urban and royal security politics.⁷²

In all this activity, medicine played a role, perhaps as a means of marshaling healthy bodies in the interests of the state, but few medieval historians have considered early medical regulations from this perspective. In contrast, the welfare reforms of King Manuel and his successors in the sixteenth century have been seen as a form of imperial medicine: a method of maintaining the health of soldiers and sailors, imposing Portuguese values and practices on indigenous peoples and ensuring political control through institutional networks. For example, King Manuel quickly recognized the governmental potential of the *Misericórdias*, lay charitable confraternities founded in 1498 that established hospitals and welfare institutions from Brazil to Goa. If this can be argued for the sixteenth century, then it can perhaps also be argued for earlier periods of expansion.⁷³

It would be absurd not to see the introduction of licensing, perhaps as early as the thirteenth century and its intensification in the fifteenth century, as unrelated to this centralizing activity. The licensing of people like Gracia Luís, permitted in 1511 to treat hernias, dislocations and bruises, does not imply the decline of healthcare provision, but the development of a more heavily regulated system similar to that of Italy in this same period.⁷⁴ David Gentilcore explains the increasing regulation of “charlatans” as more than a simple expansion of the system for economic reasons. He sees licensing as a result of anxieties about “the other,” and categorizes the sixteenth century as a more repressive period due to the Reformation, urbanization, plague, and the proliferation of unsettling new knowledge about the world. Repression through

72 I organized a session on the fourteenth-century crisis in southern Europe (Portugal, Castile, southern France) at the International Medieval Congress in Leeds in 2013 as it seemed there was a lack of discussion about this topic. The only full study of plague in Portugal is Mário da Costa Roque, *As Pestes Medievais Europeias e o 'Regimento Proveitoso contra ha Pestenença* (Paris: Fundação Calouste Gulbenkian, Centro Cultural Português, 1979).

73 Isabel dos Guimarães Sá, “Shaping Social Space in the Centre and Periphery of the Portuguese Empire: the Example of the *Misericórdias* from the Sixteenth to the Eighteenth centuries,” *Portuguese Studies* 12 (1997): 210–21; Timothy Walker, “Acquisition and Circulation of Medical Knowledge within the Early-modern Portuguese Colonial Empire,” in *Science in the Spanish and Portuguese Empires, 1500–1800*, ed. Daniela Bleichmar, Paula de Vos, Kristin Huffine and Kevin Sheehan (Stanford: Stanford University Press, 2009), pp. 247–70; Hugh Glenn Cagle, “Dead Reckonings: Disease and the Natural Sciences in Portuguese India and the Atlantic, 1450–1650,” (Ph.D. Diss., Rutgers University, 2011).

74 ANTT, *Chancelaria de D. Manuel*, bk. 8, f. 69v.

legislation was a psychological method of seeming to control what could not really be controlled.⁷⁵ There is no doubt that Portugal did experience ruptures due to plague, although these have not yet been studied in the light of recent scholarship and cannot easily be tied to bursts in legislative activity. As pointed out earlier, the acceleration of licensing after 1497 may have reflected concern about mass conversions from Judaism. However, neither the Reformation nor the pressures of urbanization can easily be made relevant to Portugal; there were few Protestant sympathizers and there had been a tradition of densely populated towns for centuries.

Discussion of the influence of early-modern mentalities and stereotypes may be useful for understanding the expansion of licensing, but early-modern repressive tendencies or other socio-economic factors do not explain the initial regulations themselves. There are two further reasons for why medical licensing might originally have become a feature of medieval Portuguese communities: practices inherited from the Islamic past and genuine royal interest in healthcare. One of the reasons why Portugal already enjoyed a long urban tradition was because of its Islamic heritage. Studies that focus on urban medicine in northern Italy often forget that for parts of southern Europe there were alternative influences on communal identity other than Roman law. It has been argued that licensing in the Christian Mediterranean from the twelfth century might have been related to Islamic models of the state control of medical practice going back to the tenth century. Peter Pormann has urged caution, suggesting that there was no coherent model to be found across the Islamic world, and there is limited evidence of the application of regulations. However, there is some evidence that the Islamic model did influence the Christian kingdoms of the Iberian Peninsula due to the continuation of the office of the *muhtasib*: regulator of weights and measures, urban cleanliness and examiner of physicians, surgeons and drug sellers, long after the end of Islamic rule (after 1249 in Portugal).⁷⁶ McVaugh argues that in Valencia the similar position of *muṣtaṣaf* “was as in Islam a regulator of hygiene and economic life,” but that the Christian institution of medical licensing “expressed a very different regulatory

75 Gentilcore, *Medical Charlatanism*, pp. 100–101.

76 Peter Pormann, “The Physician and the Other: Images of the Charlatan in Medieval Islam,” *BHM* 79 (2005): 189–227; Leonard C. Chiarelli, “A Preliminary Study on the Origins of Medical Licensing in the Medieval Mediterranean,” *Al-Masāq: Islam and the Medieval Mediterranean* 10 (1998): 1–11; Ghada Khami, “State Control of the Physician in the Middle Ages: an Islamic Model,” in *The Town and State Physician*, pp. 63–84; Edgington, “Medicine and Surgery,” pp. 91–2. Note that there are hardly any Muslim practitioners recorded in late-medieval Portugal.

principle.”⁷⁷ In Portugal, on the other hand, the *almotacé* had a similar regulatory role, but was a municipal office held at times by barbers, for example in Vila do Conde, north of Oporto, in 1466 and twice in Oporto itself in 1512.⁷⁸ Bearing in mind that little is known about how medical practice was regulated in Portuguese towns, we should not be too hasty to assume that there was no connection between economic life, public health and medical licensing. The barbers of Vila do Conde, for example, were actively involved in identifying a case of plague in 1466.⁷⁹ Barbers and apothecaries present at town council meetings in Oporto and Funchal (on the island of Madeira) throughout the fifteenth century discussed everything from food provision and pricing through to the relocation of a brothel and the state of the public latrines.⁸⁰ Since medical licensing in Portugal was sufficiently distinctive from the system McVaugh describes in Aragon—no need for an academic degree, for example—it is possible that the origins of licensing in Portugal had a different trajectory. The people first licensed by Afonso IV in the 1330s, although not obviously Jews or converts, may have somehow fallen outside the purview of a pre-existing but Christianizing urban system based on marketplace hygiene, allowing the king to intervene in urban politics on behalf of well-connected practitioners. This intervention may have allowed Afonso and perhaps also his father Dinis to see the potential of urban security politics as part of their own governmentality. They both spent a lot of time in the burgeoning city of Lisbon and its vicinity and it may be no accident that they both broke with royal tradition to choose burial in or near what had effectively become the capital city.⁸¹

77 McVaugh, *Medicine before the Plague*, p. 227.

78 José Marques, ed., “A administração municipal de Vila do Conde em 1466,” *Bracara Augusta* 37 (1983): 64 and 66; Adelaide Millán da Costa, *Vereação e Vereadores: o Governo do Porto em Finais do Século XV* (Oporto: Câmara Municipal, 1993), pp. 123, 148.

79 J. Marques, “Administração Municipal,” 85–6, 97.

80 The latrines were discussed in Oporto in 1401: João Albino Pinto Ferreira, ed., *Vereações, Anos de 1401–49: o Segundo Livro de Vereações do Município do Porto Existente no seu Arquivo* (Oporto: Câmara Municipal/Gabinete de História da Cidade, 1980), p. 24, and the brothel in Funchal in 1492: José Pereira da Costa, ed., *Vereações da Câmara Municipal do Funchal*, 3 vols (Funchal: Secretaria Regional de Turismo e Cultura; Centro de estudos de história do Atlântico, 1995–2002), v. 1, p. 397. See also Maria José Ferro Tavares, “A política municipal de saúde pública (séculos XIV–XV),” *Revista de História Económica e Social* 19 (1987): 17–32.

81 Dinis was buried at Odivelas, his Cistercian foundation a few miles outside Lisbon, and Afonso IV was buried in Lisbon Cathedral at the heart of the city. Previously most kings had been buried in Alcobaça or Coimbra further north.


It is difficult to prove this argument. The urban records for Lisbon have not survived well, mainly due to the earthquake of 1755, and for a variety of reasons there are hardly any personal records, such as letters, which would help us understand royal policy. In most cases, it is not possible to reconstruct Portuguese royal health concerns and relate them to public health, as Michael McVaugh was able to do for the royal family of Aragon in the early-fourteenth century.⁸² What we can do is to consider some fragments of evidence across several reigns. Several of the licensing letters referred to the need to protect the population from ignorant practitioners. In the words of the first document quoted in this essay, licensing functioned “to remove harm from the people of my lands.” This may have been a real concern on the part of the king and his advisors. It is possible to demonstrate how some kings and their families were genuinely interested in healthcare. King Dinis’s wife Isabel (d. 1336) was an active patron of welfare institutions in association with royal physician Bishop Martinho of Guarda (d.c.1322).⁸³ Dinis and Isabel’s son Afonso IV, who issued the first surviving licensing documents in 1338, established a series of funerary chapels in Lisbon cathedral in the 1330s and 1340s, one of which was dedicated to saints Cosmas and Damian, the patron saints of medicine and surgery. Together with his wife Beatriz (d. 1359), Afonso founded a hospital attached to these chapels for twenty-four poor men and women and, unusually for an almshouse, made specific provision for their medical care should they fall ill.⁸⁴ A hundred years later King Duarte (1433–38) was acutely interested in his own melancholic illness and the potential impact of his ill health on his kingdom’s well-being. He also provided Portugal’s first surviving guide to plague management, probably based on observation of urban practice, and collected numerous recipes for a variety of health problems.⁸⁵ The first of the fifteenth-century licensing letters survives from his reign. Finally, King Manuel after 1495 whole-heartedly took on the completion of the highly medicalized hospital of All Saints in Lisbon, a project he had inherited from his predecessor João II. He is also associated with a Book of Hours that unusually depicts Cosmas and

82 McVaugh, *Medicine before the Plague*, chapter one.

83 Iona McCleery, “Isabel of Aragon (d.1336): Model Queen or Model Saint?” *Journal of Ecclesiastical History* 57 (2006): 668–92.

84 ANTT, *Gavetas*, Gaveta 1, maço 3, document 18, is the hospital’s foundation document from 1342.

85 Iona McCleery, “Both “illness and temptation of the Enemy”: Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38),” *Journal of Medieval Iberian Studies* 1 (2009): 163–78; Eadem, “Wine, Women and Song? Diet and Regimen for Royal Well-being (Duarte of Portugal, 1433–38),” in *Mental (Dis-)Order in the Middle Ages*, ed. Sari Katajalla-Peltomaa and Susanna Niiranen (*forthcoming*, 2014).

Damian.⁸⁶ These examples suggest that we should not be too quick to see royal medical licensing in simple economic or power-broking terms. For some kings, further study of their understanding of kingship and its religious dimension (although Portugal does not conform to Northern European models of sacral monarchy) might help to explain why they considered medical licensing to be essential to their authority. It may truly have been something they did for the “public good,” although this should not be understood in modern altruistic terms, but in relation to medieval concepts of the body politic *both* as they were understood by kings, and  they were understood by their officials and townspeople.⁸⁷ Exploring the latter has barely begun.

This chapter has explored some of the reasons why Portuguese kings may have initiated and expanded a system of medical licensing in their lands. It has been argued that kings did not issue licenses in a vacuum. Their ability to enforce a licensing system seems to have depended on local politics and occupational and religious identities, most of which are obscure, even if they incorporated it into their governmentality because it genuinely meant something to them. Kings may actually have learned its value from their own townspeople; medical licensing was perhaps originally a form of “governmentality from below.”

Future histories of medical licensing thus have several avenues to explore. First, it is important to develop fully comparative studies of different licensing systems across Europe. This would seem to be a suitable topic for a large funding bid. Secondly, and as part of this larger project, it is important to determine in more detail just *how* kings were influenced by their townspeople and vice versa in matters of health and hygiene. Thirdly, but perhaps most crucially, this study of medical licensing has not addressed the issue of how the sick and their communities—in the main those same townspeople—perceived medical licenses. We do not know how licenses affected a practitioner’s reputation or a patient’s trust in him or her. A license might have encouraged initial confidence in the credentials of a practitioner, but it did not on its own necessarily

86 Abílio José Salgado and Anastásia Mestrinho Salgado, eds., *Regimento do Hospital de Todos-os-Santos (Edição Fac-Similada)*, (Lisbon: Comissão Organizadora do V Centenário da Fundação do Hospital de Todos-os-Santos, 1992); Dagoberto Markl, *Livro de Horas de D. Manuel* (Lisbon: Crédito Predial Português, 1983); *Oceanos* 26 (1996), special issue on manuscripts.

87 Takashi Shogimen, “Head or Heart? Revisited: Physiology and Political Thought in the Thirteenth and Fourteenth Centuries,” *History of Political Thought* 28 (2007): 208–229.

engender and maintain trust in their person.⁸⁸ How a medical reputation was built up might depend on many factors: personal manners, family connections, wealth, local authority and neighborliness as much as successful cures. The historiography of the doctor-patient relationship says very little about the license and focuses instead on proper conduct at the bedside. Both doctor and patient seem to have learned to trust one another in this context, but the situation appears to have been fragile, as testified by contractual agreements and lawsuits taken out by both sides.⁸⁹ As an abstract concept, trust has not yet attracted much attention from medical historians, despite sociological studies on the current crisis of trust in modern healthcare.⁹⁰ How trust in medicine was historically built up, perhaps beyond the sickbed through non-medical social interactions, has not been studied much at all. If we are to understand the medieval medical license better, we should retreat from modern concepts

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- 88 For this differentiation between “trust” and “confidence,” see Dixon-Woods, Yeung and Bosk, “Why is UK medicine.” “Trust” and good “reputation” are not quite the same thing either, although they are closely related. See Catherine Casson, “Reputation and Responsibility in Medieval English Towns: Civic Concerns with the Regulation of Trade,” *Urban History* 39 (2012): 387–408. On the limited research that has been done on trust, see Geoffrey Hosking, “Trust and Distrust: a Suitable Theme for Historians?” *Transactions of the Royal Historical Society*, 6th ser., 16 (2006): 95–115; Dorothea Weltecke, “Trust: Some Methodological Reflections,” in *Strategies of Writing: Studies on Text and Trust in the Middle Ages*, ed. Petra Schulte, Marco Mostert and Irene van Renswoud (Turnhout: Brepols, 2008), pp. 379–92. Useful for a future study on medical trust might be the idea of “thin” and “thick” forms of trust between immediate and wider members of a community, put to good effect in Edward Muir, “The Idea of Community in Renaissance Italy,” *Renaissance Quarterly* 55 (2002): 1–18. Muir also explores how community use of institutions, spaces and policies of exclusion built up trust, something which might also be useful for understanding Portuguese medical practice. I will be exploring some of these ideas in my future book.
- 89 See the literature in footnotes 18 and 41 and also Joseph Shatzmiller, “Doctor’s Fees and their Medical Responsibility,” in *Sources of Social History: Private Acts of the Late Middle Ages*, ed. Paolo Brezzi and Egmund Lee (Toronto: Pontifical Institute of Medieval Studies, 1984), pp. 201–08; Andrew Wear, Johanna Geyer-Kordesch and Roger French, eds., *Doctors and Ethics: the Earlier Historical Setting of Professional Ethics* (Amsterdam: Rodopi, 1993); Rawcliffe, “Profits of Practice.”
- 90 Mary Elston, “Remaking a Trustworthy Medical Profession in Twenty-first Century Britain,” in *The New Sociology of the Health Service*, ed. Jonathan Gabe and Michael Calnan (Abingdon: Routledge, 2009), pp. 17–36; Michael Calnan and Rosemary Brown, “Trust Relations in a Changing Health Service,” *Journal of Health Services Research and Policy* 13, supplement 3 (2008): 97–103; Dixon-Woods, Yeung and Bosk, “Why is UK medicine.”

of it as a method of controlling charlatans, and try to pin it down within the commercial and legal contexts of the towns that implemented it and perhaps saw its effects most. In the end, it might be that the medical license meant most to competing medical practitioners who sought to construct a good reputation in the eyes of each other, despite social and religious differences. It may have meant relatively little to their patients.