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From *leech* to *doctor*: The Lexical and Semantic Evolution of Terms for 'physician' in Non-Medical Prose Texts

Abstract

The study examines five names of medieval medical practitioners: *barber*, *doctor*, *leech*, *physician*, and *surgeon*. The aim is to view the semantic change of those names in non-medical prose texts from the Middle English period. The analysis also considers their origin, frequency, semantic fields, function and both metaphorical and non-metaphorical meanings in Middle English and later. Furthermore, the research verifies to what extent the findings of Sylwanowicz (2003) are confirmed by the results of a similar examination of a non-medical corpus. The data for the study come from the *Innsbruck Corpus of Middle English Prose*, with the support of historical dictionaries.

Keywords: medical terminology, medieval medicine, professions, semantic change, physician

1. Introduction

English vocabulary is extremely rich in foreign items, so rich that in the process of their borrowing the language lost many of its Germanic elements; the native words were substituted with loanwords from languages like French (administration, fashion), Latin (religion, science) or Greek (theatre, education). Such an immense influence of other languages, not only when it comes to vocabulary, provides vast material for linguistic research, including semantic and lexical analysis.

The massive influx of borrowings, mostly from French and Latin, is one of the most characteristic features of the Middle English language (dated c1100–1500). Such an impact was partly the result of the Norman Conquest from the mid-11th century and the introduction of a foreign king and aristocracy. The second important reason was the development of arts and sciences, which obviously required specialised vocabulary.

Thus, in Middle English, finding a suitable equivalent for a foreign word was quite a challenge for the translators. They rarely had access to similar texts in the

vernacular, which might have contained the equivalents found by their predecessors. Furthermore, many scribes in various parts of the country sometimes worked on the transfer of the same treatise into English without even knowing about it. As a result, there were numerous items denoting the same things and phenomena in many types of texts, medical writing included. There were multiple options available to the translator, such as "the adoption of a foreign term, modifying the meaning of an already existing word, and coining a new word or phrase by derivation or compounding." (Norri 2016). Centuries had to pass before any kind of a uniform vocabulary emerged for any science genre.

Up till the 17th century, Latin was the *lingua franca* of science (Taavitsainen 2012, 96, after Webster 1979). Interestingly, during the Middle English period the general tendency was to write treatises in the vernacular, so that texts would be understandable to a wider audience. As a result, there are numerous Middle English texts of cardinal importance for linguistic studies because they show various techniques the authors used to accommodate foreign words and expressions in order to convey the intended meaning of a Latin treatise. It is no surprise that vernacularisation also affected the scientific writing, including medical texts of various levels and importance, from academic to folk. The downside was that the vernacularised academic texts from the universities' collections, written originally in Latin, by definition lost their institutional function (Taavitsainen 2012, 94).

From the medical texts of the Middle English period perhaps the most notable are Guy de Chauliac's *Chirugia Magna* (mid-14th c) and Lanfranc of Milan's *Science of Chirurgie* (late 13th century), however it must be noted that those were only translations of foreign works. According to Taavitsainen (2012, 93), the first medical texts of the period written originally in English come from the latter half of the 14th century, after a gap of almost 150 years. This statement is also supported by Norri (2016):

> After the Norman Conquest the use of the vernacular as a language of medicine apparently came to a dramatic standstill. For some three centuries, the writers of the medical texts that have survived used almost exclusively Latin and Anglo-Norman.

Both scholars further stress the end of the 14th century as the moment when the process of vernacularisation of medical texts truly began, providing the example of John Trevisa's translations (Bartholomæus Anglicus' *De proprietatibus rerum* was completed in 1398) (Taavitsainen 2012, 92; Norri 2016). As for the contributions to the vernacularised surgical writing, worth mentioning are those by Thomas Gale, a surgeon who translated Galen's *Certaine VVorkes of Galens, called Methodus medendi* (1566), John Banister (*Treatise of Chirurgery* from 1575), John Hall (*Chirurgia Parva Lanfranci* from 1565) and others (cf. Tyrkkö 2013, 177-178).

The sources dating back to the Anglo-Saxon period deserve no less attention. The most important ones are *Lacnunga* (MS British Library Harley 585)

and *Leechdoms*, *Wortcunning*, *and Starcraft of Early England*, edited by Oswald Cockayne (1864–1866). Especially Cockayne's compilation is an extremely valuable account of Anglo-Saxon medical practice, remedies, and beliefs from the time before the Norman Conquest, which features both science and magic. It consists of three parts: Book I and Book II (together known as Bald's Leechbook), which deal with external diseases described in head-to-toe order, and Book III, which describes natural remedies from native ingredients. As relatively few sources from this period survived, thanks to this work it is possible to examine the development of medicine from the beginnings of England as a country to the present day.

2. Medieval medicine

Mortimer (2008, 190) calls medieval medicine "a bizarre mixture of arcane ritual, cult religion, domestic invention and a freakshow". His modern perspective is definitely biased, but as it turns out, he is not entirely wrong.

Christianity, introduced in England in the 6th century, changed the way people viewed being sick or in pain. It also significantly stopped further development of medicine by banning human autopsies as well as numerous Arabic treatises written, among others, by Avicenna, one of the greatest medics at the time. Any kind of ailment was considered a punishment from God, which is visible in disease names like "temptation of the devil", "sacred disease", "lent disease", etc. (Závoti 2013, 69). With little known about how diseases spread and how human body worked, nobody dared to question the Church. The mortality rate was extremely high, and sometimes it was the priest that was summoned to the patient's bed instead of a medic.

For many centuries, the most common approach to understanding health was humoral theory, attributed to Hippocrates (5-4 BC). The main concept of humoralism is that the body consists of a unique composition of four humours, which correspond to the four temperaments: choleric, melancholic, sanguine and phlegmatic. Being sick was a result of imbalance of the four humours (Jouanna 2012, 335). The diagnosis was based on the examination of bodily fluids (blood, urine). The cure could consist of drinking potions, applying salves and, most commonly, bloodletting. Often the treatment had to be accompanied by chanting a prayer or a charm, to add the supernatural element (Pettit 2001, xxviii).

3. Medical professionals

The medical world of late Old and Middle English periods had two types of the practitioners, who were in competition with each other: the learned and the laymen. According to Sylwanowicz (2003, 152), "[a]part from incidental references to physicians

in various texts, nowhere are they described nor their status is made clear". To find how they worked, the surviving medical manuscripts need to be examined.

Medieval medical education, similarly to modern one, was an extensive process. It took at least 10 years of studies and practice, at first at monastery schools, where the hospitals were established, and during late Middle Ages at the universities. The medical programme often included additional subjects like astrology and philosophy. In England the first medical faculties appeared in late 13th century at Oxford, and then in late 14th century at Cambridge (Sylwanowicz 2003, 153). Healers educated in this way were considered superior, as attending a medical school was highly prestigious. They usually treated only wealthy patients, but very rarely had physical contact with them; their main task was diagnosis. Manual practice was an inferior form of medicine and the domain of lower-ranking subordinates, who were in charge of performing more complicated procedures (cf. sections 6, 7, 9).

If one had no chance or money to obtain academic knowledge, the only way to learn was to find apprenticeship with a travelling medic. Those practitioners, though not as familiar with Latin academic texts, possessed more practical and folk knowledge. Unfortunately, most of their education was on trial-by-error basis and patients often suffered excruciating pain and died if the medic was not skilled. But it was also that hands-on approach and direct contact with patients that could make practitioners experts in performing simple operations like pulling a tooth or draining abscesses. They obviously charged less than their higher-ranking colleagues, therefore were more accessible to common people. Because of their scarce funds, such practitioners had to travel to survive and even undertake another profession (cf. section 8).

Soon, in Medieval England a hierarchy of medical professionals emerged. The top tier was reserved for university-educated healers, employed by the highest-ranking people in the country (not always due to their skill). Their lower-ranking and poorer colleagues occupied the middle, while the bottom was a place for the lowest of the lowest – the travelling healers of the starving masses.

This does not mean that the practitioners mentioned above were the only ones in Medieval England. There were also apothecaries and herbalists, who were often in charge of preparing the potions and ointments prescribed by other healers. Additionally, the role of women must not be ignored. For obvious reasons they were not allowed to attend a university, and travelling around the country was too dangerous for them, nonetheless, they found a niche in the medical world which men were forbidden to fill – childbirth. Midwives were trained by their more experienced colleagues, and often had an extensive knowledge of herbs and natural remedies. In the countryside, there were also the so-called wise women, who dealt mostly with whatever ailed the people living in the same village. Unfortunately, if their knowledge or practices alarmed the Church officials, they were accused of being witches and suffered severe consequences (Porter 1996).

4. Research

This paper examines five names of medieval medical practitioners: *leech*, *doctor*, *physician*, *barber*, and *surgeon*. The aim is to trace the semantic change of those names in non-medical prose texts from the Middle English period, and to verify to what extent the findings of Sylwanowicz (2003) are confirmed by the examination of a non-medical corpus. The study by Sylwanowicz discusses the semantic development of three of the above-mentioned names: *leech*, *doctor*, *physician*, in medical texts from the period. The list of items selected for the present research was expanded to include two more terms, *barber* and *surgeon,* to show the division between a healer whose main focus was the diagnosis and minor procedures (*leech*, *doctor*, and *physician*), and the one who had more hands-on approach and performed more complicated operations (*barber* and *surgeon*). Note that this is still not a complete list of names of professions, since in the everyday vocabulary also other terms existed. Tyrkkö (2013, 178) mentions *apothecaries* as a separate group of medics, however this item was excluded from the study because the primary function of the apothecary was preparing the concoctions prescribed by a different medic rather than healing patients. The theoretical model chosen for the present study is prototype semantics. Since the study by Sylwanowicz employed the same model (2003, 151; after Dekeyser 1995, 127), the comparison of the results of both studies is thus much facilitated.

The research is based on the data from the *Innsbruck Corpus of Middle English Prose*, which is a part of the *Innsbruck Computer Archive of Machine-Readable English Texts* (ICAMET). The corpus consists of 129 digitised manuscripts dated 1100–1500, which amounts to approximately 7.8m words. Out of those works, 124 non-medical ones were examined. The data was selected using the freeware AntConc software and was further searched manually to verify the results. Such verification was found necessary since in the digital versions of the texts some letters missing from words were supplemented in square brackets, the places of which were impossible to predict. To determine the spelling variants of the searched tokens several dictionaries were consulted, such as *Oxford English Dictionary* (OED), *An Anglo-Saxon Dictionary* (ASD), *Dictionary of Old English* (DOE), and *Middle English Dictionary* (MED) (all available online). The final numbers are presented below:

- ➢ *Leech* -> 14 spelling variants
  - • *leche, læche, lieche*, etc.
- ➢ *Doctor* -> 5 spelling variants
  - • *doctor, doctour, doctoure, doktor, doctur*
- ➢ *Physician* -> 132 spelling variants
  - • *fiscicien, fysissyan, phicicion, phicsisiene, visicien*, etc.

➢ *Barber* -> 7 spelling variants
  • *barbour, barbor, barbore, barbur, barboure, barber, barbar*
➢ *Surgeon*-> 33 spelling variants
  • *surgien, sergene, seorgen, surgeoun*, etc.

Two of the examined items, *physician* and *surgeon*, caused the most problems while searching the corpus with the use of AntConc because of the number of their spelling variants (132 and 33, respectively). This may be caused by the fact that both terms are of Old French origin (with possibly Greek/Latin roots) and the English authors and translators did not agree on a uniform way of writing them down. Note, however, that Latin *doctor* and Anglo-Norman *barber* did not generate such problems, while the Old English (OE) *leech* shows inconsistency mostly when it comes to the spelling of the vowel.

5. *Leech*

According to OED, *leech* is a native word used in Old English (*læce*) with the meaning of "[a] physician; one who practises the healing art":

(1a) Cyneferð **læce**, se æt hire wæs, þa heo forðferde. (c900, Bede's *Ecclesiastical History of the English People*)
(1b) La **lece** lecna ðec seoline. (c950, *Lindisfarne Gospels*)

Aside from a doctor, the item also had the meaning of "[o]ne of the aquatic blood-sucking worms (...): the ordinary leech used medicinally for drawing blood (...)", which was equally common, possibly because leeches-worms were one of the "instruments" used by leeches-doctors for bloodletting and other healing procedures.

It cannot be fully determined whether the worm was named after the profession or the other way around, however Sylwanowicz and Haubrich support the statement that *leech* the healer came first: "[t]he leeches 'bloodsucking worms' were widely applied medicinally (…) . Hence, the worm was given the name of the 'healer'." (Sylwanowicz 2003, 156, after Haubrich 1997).

During the Middle English (ME) and Early Modern English (EModE) periods a few peripheral meanings emerged, including *leech* as 'veterinarian'. The core meaning was also affected and underwent pejoration, becoming a derogative nickname for a healer due to the overlapping of leech-person and leech-worm. Modern English *leech* still has a negative meaning when it refers to a person. It suggests that they are greedy and untrustworthy, as they "suck money" out of people, like doctors overcharging their patients. Interestingly, the Polish word *pijawka* 'leech, the bloodsucking worm' is also a very common offensive term

for a doctor or a government official, especially those who are accused of stealing money, but in this context the word has no connection to medicine.

The noun *leech* (OE *læce*) was quite productive in Anglo-Saxon times, as it led to the creation of numerous derivatives, such as *læcedom* 'medicine', *læcecræft* 'the art of medicine', *læce-hus* 'hospital', *læceseax* 'surgeon's knife', etc.

The *Innsbruck Corpus* offers a total of 28 occurrences of *leech* as a medical practitioner (see Table 1), with two different meanings: 'healer of the spirit' (a) and 'healer of the body' (b). As in some cases it was impossible to determine which of the two the word denotes, such tokens were classified in the third category 'healer of body/spirit' (c):

(2a)   Drinke þis medicyne of tribulacion sent to the fro god, for he is a wise **leche** and knoweth all þi preuy syknesse (…) (*Richard Rolle of Hampole… and his Followers*, vol. II, part 1, p. 394)

(2b)   Hwu mæig se **læce** gehælen þa wunde (…) (*Twelfth-Cent. Homilies, Vespasian*, ed. Warner, p. 101)

(2c)   And as he was in suche care and sorowe, þer come to him a **lech**, and saide, "Do aftir my conseil, and þou shalt be hole (…) (*Early English Versions of the Gesta Romanorum*, ed. Herrtage, p. 265)

Table 1: The occurrences of *leech* in the *Innsbruck Corpus*

	12c	13c	14c	15c	16c
healer of spirit	8	1	-	5	-
healer of body	-	-	-	7	1
healer of body and/or spirit	-	-	-	6	-

The first examples of *leech* as a 'healer of spirit' are recorded as early as the 12th century (8 occurrences). This is not surprising since the term is a native word, which had been used before to describe a medical practitioner in general. But given that it was commonly believed in Anglo-Saxon England that all kinds of sicknesses were a punishment for sins and people's wickedness, it can be argued that the meaning of 'healer of spirit' should be rather substituted with a more general one, i.e. 'healer of body *and* spirit'.

Over the next two centuries the number of occurrences of *leech* as a 'healer of spirit' drops to one and then to none, only to return in the 15th century with five examples. It is worth noting, however, that at this point in history a leech is no longer the most popular – and trustworthy – medical practitioner. It is possible that the word has developed some negative connotations, since there were numerous medical professionals practicing then, many of whom were considered better than leeches (in the sense that they were university-educated) and were

therefore richer since they worked for the patients who could afford them, while leeches were laymen who treated the poorest members of the society. The results obtained by Sylwanowicz (2003, 157) seem to support this hypothesis, as it was in the 14th century that the meaning of *leech* as 'healer=blood-sucker' emerged (see Fig. 1).

Interestingly, the 15th century texts often lack the information needed to establish if *leech* mentioned there was supposed to heal the body or the spirit. A possible explanation is that at this point in time there was already a significant number of terms denoting a medical professional (according to Toupin 2018, 106, as many as 13 before the 16th century), therefore they most likely specialised and there was no need for additional explanation as to what each practitioner did.

OE læce/MoE leech

| | OE | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

'one who heals'   A
'one who heals soul and spirit'   B
'healer = blood-sucker'   C
'vet'   D
'blood-sucking worm'   E
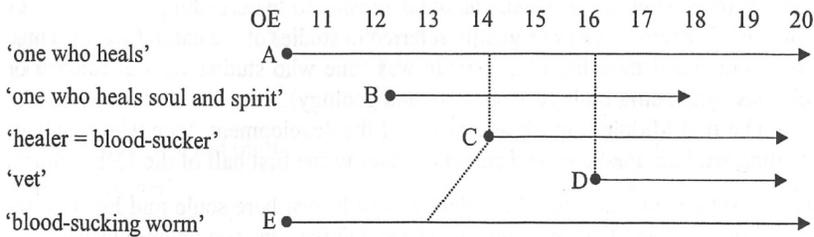
Fig. 1. Semantic development of *leech* according to Sylwanowicz (2003, 157)

The comparison of the results of the present study with those of Sylwanowicz shows some discrepancies. First of all, the meaning of 'one who heals' in general appears as early as the Old English period, and there is no example of *leech* as strictly 'healer of body', which might fall into category A here. The *Innsbruck Corpus* also did not produce any tokens which denoted the 'blood-sucking worm', 'vet' or derogatory 'healer=blood-sucker'. Despite that, both studies agree as to the emergence of *leech* as a healer of spirit in the 12th century.

6. *Doctor*

The term *doctor* is a Latin borrowing which entered the vocabulary during the Middle English period as 'teacher'. This title could be attributed to any knowledgeable person who was willing to teach others, regardless of the subject.

The earliest recorded use of the word in OED comes from the 14th century and denotes "[a] teacher, instructor; one who gives instruction in some branch of knowledge, or inculcates opinions or principles". MED expands the entry even more, showing that the term was extremely versatile in use:

(3a)   One of the early Christian authorities on theology; […]
Som **doctour** seith, Penitence is the waymentynge of man that sorweth for
his synne.
       (c1390, *Canterbury Tales: Parson's Prologue and Tale* (Manly-Rickert))
(3b)   An authority on Canon Law; […], an authority on Civil Law, or of Civil and
Canon law; **Doctoures** of decres and of diuinite. (c1400, *Piers Plowman*,
(MS LdMisc 581, B Version))
(3c)   An authority on medicine or surgery, doctor of medicine;
With vs ther was a **doctour** of phisik; In al this world ne was ther noon hym lyk.
            (c1387–95, *Canterbury Tales: General Prologue* (Manly-Rickert))
(3d)   An authority or expert in any field of knowledge, a learned man;
Plato of Athenes was **doctour** of alle þe prouynce of Attica þat was grecia.
        (c1398, Bartholomaeus's *De Proprietatibus Rerum* (MS Add 27944))

As examples (3a–d) show, during the Middle English period one could be
a doctor in many different specialties, medicine being only one of them.

ModE *doctor* kept its relation to medicine and the meaning of 'a person
who has extensive knowledge of a subject'. Nowadays, a person who possesses
a medical degree has the title of M.D., which stands for L *Medicinae Doctor*. On
the other hand, people who have graduated from doctoral studies in the humani-
ties usually have a PhD – a doctorate of Philosophy (L *Philosophiae Doctor*), or
a similar title, but the difference between having an M.D. and a PhD is distinctly
visible. Of the two, however, it is the meaning of a *medical* doctor that dominates
in present-day English.

This term had the highest number of occurrences of the words examined,
i.e. 211 tokens in the *Innsbruck Corpus*:

Table 2: The occurrences of *doctor* in the *Innsbruck Corpus*

	12c	13c	14c	15c	16c
knowledgeable person	-	-	14	176	21

Out of those, 176 (83,4%) were found in the 15th century texts. The absence of
any instances in the 12th and 13th centuries and the rapid increase in the frequency
of the item from the 14th century onwards further proves that the name was very
versatile and could be applied to any authority who possessed significant knowl-
edge on a subject (law, divinity, physics, philosophy, truth, great righteousness,
holy church, etc.). The low number of occurrences in the 16th century might be
caused by the fact that there are relatively few relevant texts from this period
available in the corpus.

Unfortunately, among different text genres encountered in the corpus, there
were no instances of the word *doctor* in a strictly medical sense. A connection

can be made between a religious *doctor* and a medical one, as the majority of the texts were religious. They featured doctors who were high-ranking members of clergy or even saints, and those men – according to the scripture – in their greatness also possessed healing powers.

(4)　[T]he lyf of thys gloryo[u]s **Doctor** saynt Austyn. (15[th]c., *Prologues and Epilogues of William Caxton*, p. 75)

Interestingly, 99% of the examples are solely people's titles:

(5)　[H]e was aqweyntid with **Doctour** Gilis in Frauns. (c1450, Capgraves's *Abbreviation of Chronicles*, p. 119)

There were also combinations of titles, such as *doctour maister*, *brother doctor*, *doctor archbishop*.

The results of the previous research by Sylwanowicz (see Fig. 2) were similar, although in her study it was possible to identify distinctive meanings, contrary to the *Innsbruck Corpus* data.
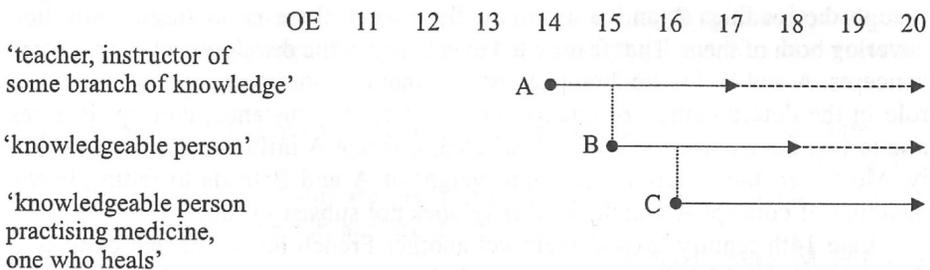
Fig. 2.　Semantic development of *doctor* according to Sylwanowicz (2003, 160). The dotted lines denote fading of the word's meaning over time

Those findings also support the later rise of the word's meaning only as a doctor of medicine, while the previous meanings slowly lost their importance, which corresponds to the situation of *doctor* in Modern English.

7. *Physician*

The last term covered in Sylwanowicz's research is the loanword *physician.* Both OED and MED definitions point straight to its medical meaning: "[a] person who is trained and qualified to practise medicine; esp. one who practises medicine as

opposed to surgery;" (see 6a) and "[a] doctor of medicine, a physician as distinct from a surgeon;" (see 6b), respectively.

(6a) Þeo þeschulden ane lechnin hare saule..for wurðeð **fisiciens** & licomes leche.
(c1225, *Ancrene Riwle*) (OED, *physician*, n)

(6b) In **fisiciens** heo hadde ispend mochedel of hire gode, Ac þer nas non þat miȝte hire hele.
(c1300, *South English Legendary: St. Lucy*) (MED, *phisicien*, n)

Out of all examined terms, this is the only one whose meaning has always orbited around healing. The Modern English meaning is still 'a doctor' in a medical sense. Although it functions as a synonym for doctor, it is by no means an official academic title.

A total of 65 occurrences were found in the *Innsbruck Corpus* (see Table 3). They were distributed almost evenly among the 14th, 15th and 16th century texts. A slightly lower number of hits in the 16th century is again presumably the result of a small number of texts from that time.

Table 3: The occurrences of *physician* in the *Innsbruck Corpus*

	12c	13c	14c	15c	16c
healer (gen.)	-	-	22	29	14

The nature of the texts left no doubt about the meaning; ME *physician* was a healer in general, often used as a synonym for a doctor of medicine. Sylwanowicz (2003, 158) marks that this is the time of semantic overlap between *leech* and *physician*. In time, *leech* started being associated with an inferior, lower-class medic, while *physician* was a learned professional who attended some kind of medical school.
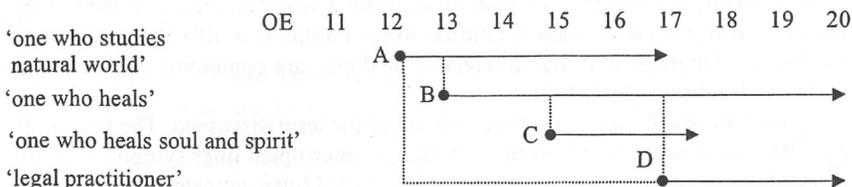
Fig. 3. Semantic development of *physician* according to Sylwanowicz (2003, 159)

The data collected by Sylwanowicz (see Fig. 3) shows a correlation between *doctor* and *physician* which was not found in the examined material, in the meaning

of 'a teacher who has extensive knowledge of a subject'. She claims that there was enough evidence to distinguish it as a separate category. This is the only case when *physician* could potentially function as a synonym for *doctor*. Furthermore, no instances of *physician* as 'legal practitioner' were found in the *Innsbruck Corpus*, which corresponds to the results shown in Fig. 3 that this particular meaning appeared later than the ME period. It is possible that this was an attempt to treat *physician* as a synonym for another type of *doctor*, like in the case of a medical professional, however, as ModE meaning proves, it was not successful.

8. *Barber*

The first of the two names not included in Sylwanowicz's study is *barber*. According to OED, the word's most common meaning, which appeared in the 14th century is "[a] man, or more rarely a woman, whose business it is to shave or trim the beards, and cut and dress the hair, of customers", as illustrated by (7):

(7a)   A **barbour** was redi þare. (c1330, *Sir Tristrem*)
(7b)   They broght a **barber** hym beforne. (c1370, *Robt. Sicily*)

It is only the comment under the entry that points towards any relation of this term to the field of medicine:

> Formerly the barber was also a regular practitioner in surgery and dentistry. The Company of Barber-surgeons was incorporated by Edward IV. in 1461; under Henry VIII. the title was altered to 'Company of Barbers and Surgeons,' and barbers were restricted to the practice of dentistry; in 1745 they were divided into two distinct corporations. (OED, *barber*).

The Old English meaning, 'a travelling medic, who was also a performer, enter-tainer and hairdresser' continued in the Middle English period. The entry from MED points out the connection to medicine in the very first definition:

(8)   One who shaves beards and cuts hair; a barber, hair-dresser; also, one who combines this occupation with *blood-letting, tooth-extraction, and minor surgery*; hence, a *barber* surgeon;

The dictionary quotes the first example of *barber* used in this sense from the early 13[th] c.

(9)   Willielmus le **Barbur**. (1224, *Close Rolls in the Tower of London*, part 1)

What is more, the second definition of *barber* from MED focuses solely on the medical aspect:

(10) A member of a craft-guild or company of barbers and barber-surgeons; (…) Ric[ardu]s le **Barbour**..electus est et presentatus per *Barbitonsores* [etc.]. (1308, *The Annals of the Barber-Surgeons of London*)

Any connection to medicine was lost in Modern English, as now *barber* is just a 'hairdresser' for men, a person who cuts their hair and beard.

The Company of Barbers and Surgeons, mentioned above in the OED entry, points to the 15th century as the first emergence of the word, however, according to MED barbers-medics were active in continental Europe and Anglo-Saxon England before that time (McGrew 1985 suggests the 10th century). Furthermore, it does not mean that this was the first society of barbers and/or surgeons; Ellis (2001, 548) mentions a guild of barber-surgeons from the early 14th century. The one founded by king Edward IV was nonetheless more important and prestigious, simply because it had the Crown's support and patronage. It is also no wonder that Henry VIII was concerned with medical matters, as he was supposedly obsessed with his own health and mortality, which often bordered on paranoia. During his reign, there was also an extensive plague of the mysterious disease known as the sweating sickness, which killed his older brother Arthur a few decades prior. The sweat disappeared without a trace in the mid-16th century, but the causes and origin of this fatal and highly contagious disease remain unknown to this day.

The above-mentioned compound *barber-surgeon* functioned both as a synonym for *barber*, and a way of clarification that this particular barber is not simply a hairdresser, but also possesses medical knowledge.

The item is barely present in the corpus, with just 8 tokens of mostly unidentified meaning (see Table 4).

Table 4: The occurrences of *barber* in the *Innsbruck Corpus*

	12c	13c	14c	15c	16c
hairdresser	-	-	-	3	-
healer (gen.)	-	-	-	5	-

Only three clear instances of *barber* as 'hairdresser' are attested, all in one text, i.e. the *Alphabet of Tales*, *Vol. 1* (edited by Mary Macleod Banks, p. 108).

(11) So on a tyme þis yong man had enmys þat come vnto a **barbur** att vsid to *shafe* hym, & hyrid hym for a grete som of money to sla hym when he shufe hym; & he tuke þer money & grawntid þat he sulde do so. And when þis

barbur come to shafe þis gude man (…) And þan þis **barbur** sett þe spell on end & tolde hym all þe dede. & he forgaff hym & bad a noder man shafe hym.

The remaining five tokens point to some kind of a medical professional, but it is unclear whether it was a healer of body, spirit or both. Probably it was understood as a healer in general, which would be in agreement with what kind of a medic a barber was: a "doctor" for the poorest, who were usually not picky about who (and how) alleviated their pains and aches. There were no instances of the *barber-surgeon* compound in the *Innsbruck Corpus*.

All eight occurrences come from the 15th century, however it must be noted that in the case of *barber*='general healer' the original texts are dated to the 12th century as the corpus contains their later editions.

9. *Surgeon*

The last examined name is *surgeon*. This item required the most detailed verification of all selected words because of its numerous spelling variants, which often caused *surgeon* to be mistaken for *sergeant*. As a borrowing from French, the word entered the vocabulary during the Middle English period (around early 14th century) and described a lower-class medical practitioner: "[o]ne who practices the art of healing by manual operation; a practitioner who treats wounds, fractures, deformities, or disorders by surgical means. (…)" (OED, *surgeon*, n).

(12a) Þilke monk **sorgien** [c. 1475 *Caius* a phisician] was, Þe vertu he knewe of mani a gras; Þe wounde he biheld stedefastliche. (c1330, *Guy of Warwick*)
(12b) Alle the **surgens** of salerne. (c1375, *William of Palerne*)

It must be stressed, however, that surgeons worked together with doctors and physicians, and were also more educated than common barbers (Booth 2018). Their job was everything the higher-class professional were too proud to do, namely performing whatever on-patient procedures were prescribed. Those included amputations and other unpleasant and foul tasks, like teeth-pulling or draining an abscess. Because of their manual labour, surgeons were considered inferior to doctors and physicians, but still above common barbers or leeches. The line between a barber and a surgeon appears to be very thin, and it often depended on pure luck, not skill. Still, the life of a surgeon surpassed that of a common barber, not only because the patients paid better, but also because surgeons were not required to travel from town to town in search of work, which means that their lives were more stable and safe. Furthermore, the so-called field surgeons often marched together with an army to war to help the injured soldiers (a possible reason for the spelling

surgeon/sergeant confusion in many military texts from the corpus), which brought fame and prestige, especially if the battles were won and important nobles saved (Porter 1996).

A total of 35 occurrences of *surgeon* were found in the corpus, out of which the vast majority come from 14th and 15th centuries, with only one example from the 12th and 13th centuries each (see Table 5). The meaning in all cases was simply a 'general healer', with no distinction between body and spirit. Such a high number of tokens in the 14th and 15th centuries points to the time where the term spread and became more common in the vocabulary.

Table 5: The occurrences of *surgeon* in the *Innsbruck Corpus*

	12c	13c	14c	15c	16c
healer (gen.)	1	1	16	18	-

Interestingly, the examined texts contain two instances showing a distinction between medical professionals:

(13a) I sey yow, that the **surgiens** and **phisiciens** han seyd yow in your conseil discreetly (…).
       (c1350, Chaucer, *The Tale of Melibeus*, p.215)
(13b) [A]lle þe **lechis**, **phisiciens** & **surgiens**.
       (c1450, *Richard Rolle of Hampole … and his Followers*, vol. II, part 1, p. 448)

In example (13a) a *surgeon* is accompanied by a *physician,* suggesting that they are two different specialists that should not be confused. In example (13b) there is additionally the third name - a *leech*. This suggests that people were familiar with the differences between those professionals and that the three names should not be used interchangeably in every context.

Modern surgeons could be categorised as a "subcategory" of doctors, as they specialise in performing surgical procedures on patients. Every surgeon is a doctor but not every doctor is a surgeon. This profession lost its derogatory connotation. On the contrary, it is often the surgeon who gets more respect for choosing a career in this demanding field. The training of a surgeon is usually longer and requires many years of internship and residency. Furthermore, there are numerous specialisations within the profession, depending on which part of the body is operated on, e.g. cardiothoracic (heart and lungs), orthopaedic (musculoskeletal system), neuro (brain and nervous system) or general surgery.

For obvious reasons there are no longer guilds of surgeons, but the majority of countries have their own versions of such a "society". The Royal College of Surgeons of England is one example, and its noble ancestor is none other than

Edward IV's and Henry VIII's Company of Barbers and Surgeons. It is dedicated to promoting the surgical innovations (including dentistry) in England and Wales.

10. Conclusions

The analysis of five terms shows that the hierarchy of medieval medical professionals looked as follows:

> The learned: *doctor, physician*
> *surgeon*
> *leech*
> The laymen: *barber*

Sylwanowicz (2003, 161) claims that the overlapping of the sense of three different words, *leech*, *doctor* and *physician*, as 'one who heals' slowly led to the demise of the native *leech*, as the borrowings *doctor* and *physician* began to appear in the scientific texts. The results of the present study support this statement; it is clearly visible that both loanwords became increasingly popular after the late 14th century, most likely due to the widespread vernacularisation of foreign writings. In the case of *leech*, it was the meaning of 'a blood-sucking worm' that became the dominant one.

The issue of distinction between 'healer of body' and 'healer of spirit' was most problematic in the case of *leech*. Texts from the 15th century do not provide necessary context, possibly due to the fact that by that time the term's meaning had already specialised. The analysis of *physician* shows that there was no distinction of this word's meaning in non-medical texts and this practitioner was a 'general healer', a synonym for medical *doctor*.

Since Sylwanowicz examined more textual sources, it seems safe to assume that her research gives plausible results and is, in comparison to the present study, perhaps closer to the real picture of the situation of a medical practitioner in the Middle English period.

The development of *barber* and *surgeon* was quite similar; the former was slowly and progressively replaced by the latter, which was more sophisticated. Additionally, at the time when *surgeon* entered the vocabulary there was already a visible division between the medical practitioners and the way they treated their patients. Obviously, those two names would require further research on a medical corpus to determine their position among leeches, doctors, physicians and others, as well as the status of surgery as a specialisation different than general medicine.

Notes

1 *Lacnunga* is also featured in Cockayne's compilation, however the manuscript is incomplete.
2 Note the clear distinction between a physician and a surgeon in both definitions.

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