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Empirics in Early Modern Medicine



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Related Topics

Medicine · Surgery · Medical marketplace

Synonyms

[Charlatans](#); [Quacks](#)

Introduction

The early modern concept of medical empirics was rooted in the classic account of medical sects described by Galen in the second century C.E. and widely circulated in medieval and early modern Europe. Among the competing sects were the Empiricists who eschewed all theory in favor of treatment based on direct, personal experiences with patients and who stood in sharp contrast to a more rationalist approach to medicine favored by Galen (Temkin 1935). In the early modern period, empiric had become a label generally applied to healers of any sort who did not have formal, medical training or who offered cures that were not based on a rationalized assessment of the

patient and their condition, unlike learned physicians. Defined in this way, an empiric could be one or more of a number of different healers in different timeframes and locations, but one of the most common examples was someone who sold medications, purported to work for everyone, and be available without any assessment of an individual patient's condition. Empiric, like a variety of other terms applied to healers who employed cures not sanctioned by learned medicine like quack or charlatan, was most often a pejorative. Learned physicians typically condemned empirics on the grounds that they lacked formal liberal arts and medical training or rational approaches to their cures even though physicians sometimes employed similar cures and adopted knowledge derived from experience themselves.

The Medical Marketplace and the Villainizing of Empirics

By the late sixteenth century, sellers of medications who often hawked their wares in piazzas and public squares employing theatrical methods like music and banners and who operated outside an already well-established system of learned physicians and apothecaries were active in various cities in Italy. These sellers were often transient, moving from city to city or to the city from the countryside, and they were known by a variety of names, including charlatans, more rooted in

expressions of the itinerant nature of their profession (Gentilcore 1995). Other labels were also used, like mountebank or empiric, but historians have noted that these terms did not originally carry a negative connotation as untrustworthy or duplicitous, especially for the people who were looking for ways to alleviate their medical problems (Park 2001). Much of the negative perception of such healers was actually cultivated by the learned physicians who competed with them and sought to eliminate or control their practices in the early modern period.

By the 1580s, historians of medicine began to recognize both the existence of a variety of healers who were not part of the learned medical professions and their viability as sources of treatment for people of all backgrounds (Mark et al. 2013). Empirics, midwives, barber-surgeons, stone cutters, and a host of healers who were not university trained physicians competed with them for patients. The competition that ensued among various types of early modern healers became generally known to historians as the Medical Marketplace, and it became clear that the university-educated physicians who generally held higher social status employed a number of tactics to regulate and control empirics and similar practitioners or to eliminate them if possible. Their tactics included establishing regulations concerning who could or could not dispense medications, requiring non-learned practitioners to be approved and licensed by physicians (Kibre 1953), and establishing formal bodies with the authority to control all of the medical practice in a given area (Wallis 2007) to making a strong case for the efficacy and safety of a rational, learned interpretation of disease and to emphasize the dangers of trusting the cures offered by those who did not have proper training to make those interpretations.

The tensions between learned medicine and empirics could be especially high when the cures offered by both were close to the same. The appearance of the French Disease in Europe sparked intense interest in cures and their efficacy. The two most prominent treatments, mercury and guaiac bark, were essentially empirical in nature. What recommended their use to patients was their

purported success rather than the learned rationalization of their applicability to individual cases, which would come later. Laymen often reported on the efficacy of one or the other of these cures and complained of what they saw as the strictly mercenary tactics of learned physicians and empirics alike in supplying them (Arrizabalaga et al. 1997).

The artist Benvenuto Cellini, for example, remarked on the treatment of sufferers of the French Disease in Rome by the surgeon, anatomist, and teacher at Bologna, Berengario da Carpi, noting that Berengario came to Rome and spent six months there treating the disease with mercury and making lots of money before wisely leaving just in time because everyone he treated eventually suffered a relapse (Symonds 1910). Later in the century, the German scholar and reformer, Ulrich von Hutten, wrote an entire book about his cure from the French Disease by guaiac bark and condemned the efforts of surgeons who had tried to treat him by mercury (Paynell 1536). To survive in such a climate, learned physicians often lashed out at the untrained, the unlearned, and the empiric who promised a cure but failed to follow through.

As a case in point, the Florentine physician, Antonio Benivieni, warned his readers against treatment by unskilled physicians who, ignorant of causes, often brought their patients to death or to a completely incurable state (Singer 1954). Similar dire warnings can be found in a variety of writings about the French Disease, all of them directed at attempts at cures by those who did not have the proper training and knowledge to efficiently and safely treat patients.

Other challenges to established medicine in the early modern period also prompted backlash against empirics. The advent of chemical-based medicine, prompted by figures like Paracelsus and Jan Baptist van Helmont, challenged the rationalist, Galenic medicine of the universities. Since chemical medicine often dispensed with the individual characteristics of each patient in favor of universal cures, and Helmontians often sold their own medications independent of apothecaries, it too could be condemned as the work of empirics. Also, in seventeenth- and eighteenth-century

Britain, the sale of specific remedies to large portions of the public was becoming increasingly possible owing to the printing press and the penny post which together allowed empirics to deliver their medications nationwide, building up large commercial networks (Wear 2000).

A number of empirical cures, like Lockyer's Pills and Daffy's Elixer, spread across England in the seventeenth and eighteenth centuries by employing the commercial networks available. Their reception by the public was often positive both because empirical cures were in keeping with a widespread practice of sharing household cures and recipes and because of perceived intellectual respectability of empirical ideas in the wake of Baconian philosophy. Physicians like Nathaniel Hodges fought back, condemning empirics who did not employ any rational method for their cures. The empirics themselves borrowed freely from the language of learned medicine in marketing their wares, sometimes including snatches of Latin in their descriptions (Wear 2000).

Despite the condemnation of learned medicine, therefore, medical empirics were often commercially successful in early modern Europe. They sold their cures to a wide variety of patients and were not strictly patronized by the lower classes. At the same time, learned medicine was never free of empiricism despite the tactics they adopted toward challenges to their authority in the Medical Marketplace.

Empirics and Empiricism

Despite the tactics of learned physicians to defend their profession by emphasizing its adoption of rational approaches in contrast to the empirics who relied exclusively on experience, we shouldn't assume that early modern medicine entirely avoided knowledge derived from experience in favor of strictly rational approaches. Historians have identified a widespread emphasis on trails in medicine in the early modern period, for example, an emphasis rooted in earlier classical and medieval traditions. Empirical sources of knowledge in medicine even appear

to have predated the rise of experiment in mechanics and related disciplines (Ragland 2017a).

Furthermore, early modern medicine included topics that were closely connected to both learned medicine and empirical practitioners. Surgery, for example, was both a learned profession that could be studied in the medical schools of Italy and a practice performed by a range of manual practitioners of little or no formal education (Bertoloni Meli and Klestinec 2017). Physicians were also more closely involved with knowledge derived from direct experience with patients than an older historiography has sometimes assumed (Stolberg 2014). Despite the hostility displayed toward the Helmontians in seventeenth-century England, for example, a variety of chemical and anatomical experiments were being employed at the medical school at Leiden in the seventeenth century (Ragland 2017b). Thus, while medical empirics were generally condemned by learned physicians, medical empiricism was something much different, a complex theory sometimes only tenuously connected to the ideas of day-to-day practical experience. Many of the early modern figures labeled as supporters of empiricism were actually less concerned with empirical knowledge in the sense described here than the practicing physician or surgeon, and some were even critical of it (Wolfe 2010).

Cross-References

- [Artisans and Artisanal Knowledge](#)
- [Books of Secrets](#)
- [Chemistry and Alchemy in Early Modern Philosophy: an Introduction](#)
- [Colleges of Physicians](#)
- [Household and Domestic Practices of Knowledge](#)
- [Recipes](#)
- [Surgery](#)

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