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A SEVENTEENTH-CENTURY GERMAN BARBER-SURGEON AND HIS PATIENTS

by

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PATIENTS AND HEALERS

In recent years some attempts have been made to break away from a physician-centred view of medical history and to establish as a counterweight a patient-oriented history or, more precisely, "a sick people's or sufferer's history (for the very word 'patient' seems dangerously redolent of professional medical relations)",[1] as Roy Porter, one of the protagonists of this kind of social history of medicine and disease, has put it. Most of these studies, however, focus on English and French examples,[2] shedding light on beliefs of laymen about health and sickness and remedies, investigating what common or "articulate" sufferers like Samuel Pepys did in order to keep well and in what ways they accepted suffering or sought help. We also know a little about the ties between the sick and their doctors, the diffusion of medical knowledge and lay attitudes towards sickness, and the economy of the medical market with its medical show.

This article attempts to reconstruct some aspects of these relationships in the city of Cologne more than 300 years ago. So far no similar study on early modern Germany

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[1] Roy Porter, 'The patient's view. Doing medical history from below', *Theory and Society*, 1985, **14:** 175–98, pp. 181–2.

[2] For a bibliographical account of this trend in medical history, see ibid., pp. 175ff.; *idem*, 'Introduction' to *Patients and practitioners. Lay perceptions of medicine in pre-industrial society*, ed. Roy Porter, Cambridge University Press, 1985, pp. 1–22. I share Porter's opinion that "what may promise to be sufferers' history proves a mirage, including much work of the French *Annales* historians". Little about the sick and their illness behaviour can be found, for example, in the otherwise important study by Jean-Pierre Goubert, *Malades et médecins en Bretagne 1770–1790*, Paris, Klincksieck, 1974, or in the special number of the French historical journal *L'histoire*, entitled *Les maladies ont une histoire* (no. 74, 1984). For more on the main trend in the social history of medicine in France, see Jean-Pierre Goubert, 'Methodologische Probleme zu einer Geschichte des Gesundheitswesens. Frankreich am Ende des 18. Jahrhunderts als Beispiel', *Historische Demographie als Sozialgeschichte*, ed. A. E. Imhof, Darmstadt and Marburg, Historische Kommission Hessen, 1975, pp. 627–38. For a critical account of recent trends, cf. Marie-José Imbault-Huart, 'Histoire de la médecine. Luxe ou nécessité à la fin du XXe siècle', *Histoire, économie et société*, 1984, **3:** 629–40. For America, see Gerald Grob, 'The social history of medicine and disease in America', *J. soc. Hist.*, 1977, **10:** 391–409; Ronald L. Numbers, 'The history of American medicine: a field in ferment', *Reviews in American History*, 1982, **10:** 245–52. See also W. Andrew Achenbaum, 'Editor's Foreword', *J. soc. Hist.*, 1985, **18:** 343–7; Thomas McKeown, 'A sociological approach to the history of medicine', *Med. Hist.*, 1970, **14:** 342–51; most recently, Roy and Dorothy Porter, *In sickness and in health: the English experience 1650–1850*, London, Fourth Estate, 1988.

has been undertaken[3] and this essay therefore has to be seen as part of a larger research project,[4] assembling data on the distribution of medical personnel in one of the largest cities of the Holy Roman Empire in the sixteenth and seventeenth centuries, and also dealing with the sicknesses and their remedies, health maintenance and the role of the sick within the various medical health care systems available in an early modern town. This essay offers only some of these episodes of illness and its relief. It tries to shed light on a crucial element of the medical system, namely the clientele. Much can be learned by studying patients, was well as the more famous practitioners. As far as Cologne is concerned, we possess a wealth of data from the files of the barber-surgeons' guild, which include surgeons' reports of fatal or dangerous illnesses and wounds treated by members of the guild during the years 1557 to 1638, amounting to 2,314 short case histories. These invaluable patient records are used here for the first time to reconstruct the varieties of illness experience.

THE MEDICAL PRACTICE OF THE BARBER-SURGEON GERHARD EICHHORN IN THE SEVENTEENTH CENTURY

Little is known about the rank and file practitioners in an early modern German city.[5] Gerhard Eichhorn is not one of the barber-surgeons mentioned in the annals of medical history. He did not invent a new technique of surgery, nor did he sum up his experience in writing one of the many vernacular treatises on surgery. The only reason we know more about his medical practice is his willingness to defend his professional and personal honour in the magistrates' court when some of his colleagues made false or unjustified statements which might have damaged his reputation. In 1633, he was accused of having acted contrary to the statutes, by not presenting the cases of several patients who died during treatment to the commission of the four guild inspectors. The joint examination by four experienced barber-surgeons who had been elected by the members of the guild had been a rule since 1550, but it was applied only in cases where, after the fourth dressing of the wound, no improvement could be detected or where

[3] Despite the promising title, there is actually little about the sick in the collection of essays entitled *Der kranke Mensch in Mittelalter und Renaissance*, ed. Peter Wunderli, Studia humaniora, vol. 5, Düsseldorf, Droste, 1986. Not much better in this respect is the recent book by Heinrich Schipperges, *Homo Patiens. Zur Geschichte des kranken Menschen*, Munich, Piper, 1985. For an approach based on current sociological models, see Otto Döhner, jun., *Krankheitsbegriff, Gesundheitsverhalten und Einstellung zum Tod im 16. bis 18. Jahrhundert*, Marburger Schriften zur Medizingeschichte, vol. 17, Frankfurt and Bern, Peter Lang, 1986; Barbara Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen*, Stuttgart, Klett-Cotta, 1987. For German research providing the necessary data (vital statistics of births, illnesses, death, standards of living etc.) for the history of the sick, see Walter G. Rödel, 'Mensch und Gesundheit in der Geschichte der Neuzeit. Notizen zu einem Forschungsprojekt', *Medizinhist. J.*, 1984, **19:** 138–47.

[4] For an outline of this project, see my article 'Die medizinische Versorgung einer Stadtbevölkerung im 16. und 17. Jahrhundert am Beispiel der Reichsstadt Köln', ibid., 1987, **22:** 173–84.

[5] For a general view, cf. Erwin H. Ackerknecht, 'From barber-surgeon to modern doctor', *Bull. Hist. Med.*, 1984, **58:** 545–53. For England see, for example, Margaret Pelling, 'Barbers and barber-surgeons: an occupational group in an English provincial town', *Soc. soc. Hist. Med. Bull.*, 1981, **28:** 14–16. The best single studies on this subject in German are by G.A. Wehrli, *Die Bader, Barbiere und Wundärzte im alten Zürich*, Zurich, Leemann, 1927; Ernst Theodor Nauck, *Aus der Geschichte der Freiburger Wundärzte und verwandter Berufe*, Freiburg-im-Breisgau, Zimmer, 1965; Manfred Stürzbecher, *Über die Stellung und Bedeutung der Wundärzte in Greifswald im 17. und 18. Jahrhundert*, Cologne and Vienna, Böhlau, 1969. Mostly organizational and legal aspects are discussed by Gertrud Wagner, 'Das Gewerbe der Bader und Barbiere im deutschen Mittelalter', doctoral diss., Freiburg-im-Breisgau, 1917.

there was danger to life, impending paralysis, or the possible amputation of a limb.[6] A similar regulation had actually been in force since the beginning of the sixteenth century, when the City Council, at the request of the guild, established the office of the "*Beleidmeister*", vesting it with considerable supervisory powers.[7]

Eichhorn was accused by some of his colleagues of circumventing this regulation in at least nine cases. The City Council carefully examined the charges against him and issued an order to bar him from practice while the inquiry was going on. He was, for example, not allowed to display the typical sign of an early modern barber's shop, the basin, and was prohibited from employing journeymen. The accused barber, fearing for his livelihood, repudiated the charges, offering evidence from patients and members of the faculty of medicine. He was finally acquitted and received back his licence in December 1634. His successful defence can also be explained by the proverb "Those who live in glass houses should not throw stones". Eichhorn was not the only one who did not adhere strictly to the regulations. As far as we know, no further accusations were made. It seems that the competitors had settled their accounts with each other for the time being. Eichhorn even made his way to the top of the guild establishment. In 1636, he was elected junior master (the second highest office in the guild hierarchy), and was re-elected in 1642. Three years later, his colleagues appointed him "*Altamtsmeister*", the most prestigious office the guild had to offer to one of its members. He held this position again in 1648, but his name is not mentioned further in the guild rolls.

There is little doubt that the accusations against him were nourished by trade rivalry. In his argued statement of defence Eichhorn himself mentioned that about 200 persons had called upon him for medical care within the year (1634–5).[8] This is the only specification of the number of patients treated by a barber-surgeon in seventeenth-century Germany.[9] Therefore we cannot compare Eichhorn's practice directly with that of any of his fellow barber-surgeons. However, there is a source which enables us to estimate the differences in business activity among the certified barber-surgeons in

[6] Historisches Archiv der Stadt Köln (HAStK), Zunft 357 (Amtsordnung 19 June 1550), fol. 1r.-v.

[7] Printed in *Die Kölner Zunfturkunden nebst anderen Kölner Gewerbeurkunden bis zum Jahr 1500*, Publikationen der Gesellschaft für Rheinische Geschichtskunde, XXII, compiled by Heinrich van Loesch, Bonn, Hanstein, 1907, repr. Düsseldorf, Droste, 1984, vol. 2, pp. 46ff.

[8] HAStaK Zunft 378, f. 297.

[9] By comparison, Thomas Hérier, a French country surgeon at the end of the eighteenth century, treated only about 1,000 persons during the years 1776–1809; see Edna Hindie Lemay, 'Thomas Hérier, a country surgeon outside Angoulême at the end of the XVIIIth century. A contribution to social history', *J. soc. Hist.*, 1976–7, **10:** 524–37. Richard Napier, the well-known English astrological physician, was treating more than 2,000 patients a year at the beginning of the seventeenth century; cf. Michael MacDonald, *Mystical Bedlam. Madness, anxiety, and healing in seventeenth-century England*, Cambridge University Press, 1981, p.26. For Germany we have figures only for the clients of one of the most popular physicians in Berlin at the end of eighteenth century. He also treated about 2,000 patients a year: Manfred Stürzbecher, 'Über die medizinische Versorgung der Berliner Bevölkerung im 18. Jahrundert', *Beiträge zur Berliner Medizingeschichte. Quellen und Studien zur Geschichte des Gesundheitswesens vom 17. bis zum 18. Jahrhundert*, Berlin, De Gruyter, 1966, p. 81. For eighteenth century England, cf. R. Stott, 'The medical practice of George Chalmers M.D.', *Archivaria*, 1980, **10:** 51–67. The lack of pertinent quantitative studies for the seventeenth century is also deplored by M. J. van Lieburg, 'Die medizinische Versorgung einer Stadtbevölkerung im 17. Jahrhundert. Die Quellen- und Forschungssituation für Rotterdam', *Heilberufe und Kranke im 17. und 18. Jahrhundert. Die Quellen- und Forschungssituation*, ed. Wolfgang Eckart and Johanna Geyer-Kordesch, Münster, Burg, 1982, pp. 29–48, especially p. 45, n. 29.

the City of Cologne. The "*Beleidbuch*", which contains short reports of the four guild inspectors on the patients whom they examined in their inspection of the attending barber-surgeon, mentions 27 cases in 1633 and 35 cases in 1635. The following table shows the unequal distribution of such cases of serious illness among the members of the guild:

Table 1: CASES OF SERIOUS ILLNESSES OR INJURIES PRESENTED TO THE BELEIDMEISTER, 1633–4

No. of cases	No. of barber-surgeons	
	1633	1634
1	6	5
2	2	3
3–5	3	4
6–10	1	—
10+	—	1

Judging from this statistical evidence, Gerhard Eichhorn was the barber-surgeon most frequented by patients who were either seriously ill or wounded. His fiercest competitors were Christoff Welcker and Franz Wilwartz. The other master-surgeons had only a modest share in the treatment of such patients compared to the top three:

Table 2: THE MOST FREQUENTED BARBER-SURGEONS, 1633–4

Rank	1633		1634	
1	Gerhard Eichhorn	(6)	Gerhard Eichhorn	(11)
2	Christoff Welcker	(4)	Franz Wilwartz	(5)
3	Franz Wilwartz	(3)	Bartholomäus Vogelsang	(4)
	Bartholomäus Vogelsang	(3)		

It is surely no coincidence that Franz Wilwartz (ranking third and second, respectively) was the one to file a charge against his more popular colleague Gerhard Eichhorn in 1634.

If we credit the figures provided by Gerhard Eichhorn for the number of patients treated in a single year (200 patients, of whom 9 died), we have to multiply the above-mentioned number of serious cases by 20 or even more in order to get close to the total number of patients treated by a barber-surgeon. However, it must not be overlooked that a substantial part of the professional activity of a barber-surgeon consisted of shaving, hair-cutting and blood-letting.[10] Moreover, not every member of the guild was an experienced surgeon. Many of them relied on the barber's profession as their sole source of income, and therefore they were not mentioned in the *Beleidbuch*. Even if we doubt the qualifications of some of these barber-surgeons,[11] we should not

[10] For the implicit relationship between the barber's traditional tasks of hair-cutting and blood-letting, see Alison K. Lingo, 'Empirics and charlatans in early modern France: the genesis of the classification of the "other" in medical practice', *J. soc. Hist.*, 1986, **19:** 583–604, especially p. 587.

[11] Cf. the rather impressionistic view on the qualifications of the barber-surgeons in Cologne, expressed by Franz Irsigler and Arnold Lassotta, *Bettler und Gaukler, Dirnen und Henker. Randgruppen und Außenseiter in Köln 1300–1600*, Cologne, Greven, 1984, pp. 110ff.

forget that their contemporaries must have had some kind of information about the surgical skill of a particular professional healer. Their medical choice definitely did not depend solely on the advertisements posted outside the barber's shop, but was based on many considerations, including the question of who was skilled enough in surgery and medicine to offer the patient the promise of a cure. The whole process of seeking help involved a network of potential consultants, from the intimate and informal confines of the nuclear family, through successively more distant or authoritative laymen, until the "professional" was reached.

SOCIAL PATTERNS OF ILLNESS AND MEDICAL CARE

From 1625 to 1638 (after which date the guild inspectors ceased to keep the minutes in the *Beleidbuch*), Gerhard Eichhorn presented 60 patients for examination. This figure is relatively low because it includes only the very serious cases among the patients whom he treated during these 13 years. Since documents from the early modern period which provide sufficient social indicators for medical sociology are very rare, it is worth having a closer look at this small sample available for seventeenth-century Cologne.

Far more men than women were treated by Gerhard Eichhorn, because his main activity as a surgeon was the treatment of injuries. Men were much more at risk from accidents, fighting, scuffles and brawls (especially in taverns), which would cause serious injuries and drive men, more often than women, to seek medical help.[12] The higher risk of lesions for men is confirmed by the sex ratio (16.4) of all patients with serious illnesses and injuries treated between 1557 and 1638.

Unfortunately for the historian, the medical inspectors did not record the age of the patients they examined. They referred only to the very young *expressis verbis*, that is to say, to children and babies. Among Gerhard Eichhorn's clients there was no lack of children. About 10 per cent of his patients (compared to 5.8 per cent in the total sample) fell into this age group. This suggests that sick children were regarded as appropriate patients for a barber-surgeon.

When one examines the occupations[13] which Eichhorn or the inspectors sometimes recorded for his clients, it is plain that they constitute a cross-section of the urban community (table 3).

[12] For some interesting figures about the distribution of accidental and violent death in an early modern English city, cf. Thomas R. Forbes, 'By what disease or casualty: the changing face of death in London', *Health, medicine and mortality in the sixteenth century*, ed. Charles Webster, Cambridge University Press, 1979, pp. 117–39. See also P. E. H. Hair, 'Deaths from violence in Britain: a tentative secular survey', *Population Stud.*, 1971, **25:** 5–24; Karla Oosterveen, 'Death by suicide, drowning and misadventure in Hawkshead 1620–1700', *Local Population Stud.*, 1970, **4:** 17–20. For the Middle Ages, see Jean-Pierre Leguay, 'Accidents du travail et maladies professionelles au Moyen Age', *L'Information historique*, 1981, **43:** 223–33. Although we do not have a systematic study of urban violence involving bodily injury for an early modern German city, we can assume that town life did not differ much from the life in the countryside. For the pugnacity of the rural population, see, for example, Bernhard Müller-Wirthmann, 'Raufhändel. Gewalt und Ehre im Dorf', *Kultur der einfachen Leute*, ed. Richard van Dülmen, Munich, Beck, 1983, pp. 79–111, especially p. 81. For nineteenth-century Germany, cf. Dirk Blasius, *Kriminalität und Alltag*, Göttingen, Vandenhoeck & Ruprecht, 1978, p. 21.

[13] In the case of Thomas Hérier, the French country surgeon, the trade or profession of less than a fifth of his total clientele is known: see Lemay, op. cit., note 8 above, p. 526.

Table 3: OCCUPATIONAL CATEGORIES OF EICHHORN'S PATIENTS

Category	Number	Percentage
Textile and clothing	4	15.4
Woodworking	4	15.4
Metals	1	3.9
Food and drink	3	11.5
Construction	1	3.9
Commerce and retailing	5	19.2
Army	8	30.8
Totals	26	100.0

Although the statistical data are very limited, there can be no doubt that Eichhorn's patients were drawn from the entire range of the social hierarchy. Most were, however, artisans and soldiers. The prevalence of military personnel suggests, as I shall discuss later, an obvious link between occupation and injury.

This statistical analysis provides evidence sufficient to allow us to reject Rudolf Schenda's hypothesis that humble citizens ("*der gemeine Mann*") had no access to professional healers because they could not afford expensive treatment.[14] Schenda obviously refers to town physicians and not to other branches of "official" medicine (for example, barber-surgeons). Even if doctors looked down upon the barber-surgeons because they had no university degree, they approved of the long-existing system of different types of practice for those qualified for them. In specifying the strict hierarchy of "official medicine", the physicians saw themselves at the top of the pyramid and reserved to themselves the rights to prescribe drugs to be taken internally, and to supervise the practice of both apothecaries and surgeons. The surgeons were to deal with manual operations on the living body, and could prescribe remedies only for the outside of the body, while the apothecaries were restricted to the supplying and selling of drugs.[15] The barber-surgeons were not a "medical subsystem" as Schenda has implied, but constituent parts of the complex system of "official medicine". There is no close correlation between patients' socio-economic status and a certain medical choice. If somebody was seriously injured or suffered from an "external" disease, he had only one choice among the professional healers, namely to seek treatment by a barber-surgeon, and as far as the cost of such a cure is concerned, there was hardly any difference between the high fees charged by doctors and surgeons alike.[16] Gerhard Eichhorn, for example, charged a patient 11 Thaler for treating his gunshot wound (by comparison, the average amount of the property tax paid in the parish of St Peter in 1649 was about 13½ Thaler). More than half a century

[14] Rudolf Schenda, 'Der "gemeine Mann" und sein medikales Verhalten im 16. und 17. Jahrhundert', *Pharmazie und der gemeine Mann. Hausarznei und Apotheke in deutschen Schriften der frühen Neuzeit*, ed. Joachim Telle, Ausstellungskatalog der Herzog August Bibliothek, Wolfenbüttel, 1982, pp. 9–20, especially p. 19.

[15] For more details about this strict hierarchy of medical roles, which existed in almost every European country during the *ancien régime*, see, for example, Andrew Cunningham, 'The medical professions and the pattern of medical care: the case of Edinburgh, *c.* 1670–*c.*1700', *Heilberufe und Kranke*, op. cit., note 8 above, pp. 9–28, especially pp. 23ff.

[16] For an eighteenth-century German city, see the computations by Stürzbecher, op. cit., note 8 above, pp. 148ff., expressing the standard tariff ("*Medizinaltaxe*") in terms of purchasing power (eggs).

earlier Hermann Weinsberg, the famous chronicler of sixteenth-century Cologne, recorded in his diary that the cure of a fracture of the leg cost 10 Thaler.[17] Three years later, he complained that he had to pay one Thaler and some litres of good wine from the municipal wine cellar for a simple prescription by Dr Georg Kollenberg (d. 1581). The apothecary charged him another 11 Marks for the drugs ("*drenk und comfortatiff*"), making it altogether an expensive cure. Weinsberg's subsequent comment also reflects the layman's attitude to medical practice then and now: "Woe to the poor if they are helped in such a way!"[18]

With the exception of occupational data we have no further evidence concerning the social-economic class of Eichhorn's patients. However, one can assume that few were very rich, and few were very poor. This assumption is backed by using a method first applied in American studies of mortality rates.[19] Each occupation mentioned in the *Beleidbuch* is assigned to the median annual rent paid by members of the same occupation living in the parish of St Columba at the end of the sixteenth century (table 4).[20]

Table 4: OCCUPATION OF EICHHORN'S PATIENTS EVALUATED BY THE AVERAGE RENT PAID IN 1594 IN ST COLUMBA

Occupation	Average rent 1589 (Thaler)	Rank (out of 102)
Linen weaver	11.50	69
Lace maker	17.50	34
Cooper	14.62	50
Mint master	16.00	45
Brewer	26.70	12
Miller	—	—
Fisherman	—	—
Hatter	18.00	30
Shoemaker	21.20	24
Carpenter	10.15	78
Road mender	6.33	98
Messenger	10.00	80
Sailor	—	—
Carter	10.00	85
Weighing master	—	—
Soldier	—	—

With two exceptions (brewer and shoemaker) none of the patients whose occupation was given followed a trade in the upper third of the rank-list. Unfortunately, the short list of occupations recorded in the *Beleidbuch* does not allow

[17] HAStaK Zunft 378, f. 133. The guild masters thought that this fee was exaggerated and suggested a much lower fee (8 Reichsthaler).

[18] *Das Buch Weinsberg. Kölner Denkwürdigkeiten aus dem 16. Jahrhundert,* Publikationen der Gesellschaft für Rheinische Geschichtskunde, IV, ed. Konstantin Höhlbaum, Leipzig, Dürr, 1887, vol. 2, pp. 221, 280.

[19] Cf. Aaron Antonovosky, 'Social class, life expectancy and overall mortality', in *Patients, physicians and illness,* ed. E. Gartly Jaco, 2nd ed., New York and London, Free Press, 1972, pp. 5–30, especially pp. 14–15.

[20] Joseph Greving, 'Wohnungs- und Besitzverhältnisse der einzelnen Bevölkerungsklassen im Kölner Kirchspiel St. Kolumba vom 13. bis 16. Jahrhundert', *Annln hist. Vereins für den Niederrhein,* 1904, **78:** 1–79, especially pp. 74ff.

general conclusions about Gerhard Eichhorn's clientele, but even this limited source material shows that he treated people of middling and humble means in large numbers. In his case we have no proof that he attended the upper class, too,[21] but other, comparable barber-surgeons treated not only many servants and humble artisans but also the political and social élite (including patricians and noblemen). The number of patricians and high-ranking professionals among barber-surgeons' patients was naturally rather small. Another proof for the hypothesis that mostly people of middling and humble means frequented a barber-surgeon's praxis results from an *argumentum ex silentio*. The fact that Cologne had already achieved a high grade of medicalization (an average of 8.6 barber-surgeons per 10,000 inhabitants at the end of the sixteenth century; by comparison, French research[22] has shown that in eighteenth-century France most cities did not reach this figure) suggests that few practitioners would have opened a surgery without knowing that there would be enough clients among artisans, retailers, and servants who could afford medical treatment which, in most cases, would have cost a labourer several days' wages, if not more. The distribution of the homes of Eichhorn's patients allows some speculations about the effects of topography, reputation, and competition in medical practice. The dispersion of cases illustrates the significance of distance and reputation.[23] The number of patients treated by Eichhorn was inversely proportional to the distance they had to travel to reach his surgery on the Heumarkt in the parish of Klein St Martin (map). Of the 30 patients from Cologne whose street of residence is known, about 23 per cent came from that parish.The neighbouring parishes St Peter (17%) and St Johann Baptist (20%) also contributed heavily to Eichhorn's clientele. About 50 per cent of the patients came from other parishes, quite a considerable number from the parishes situated in the northern parts of the cities (St Lupus and St Kunibert). Another indication of Eichhorn's reputation is the number of patients from outside Cologne. Since he did not always indicate their place of origin, the homes of only 10 persons (or ⅔ of the total) are known. Five lived in villages or small towns within a forty-kilometre radius and three were from places within 80 miles of Cologne.[24] Knowledge that help was available in the nearby city, as well as Cologne's

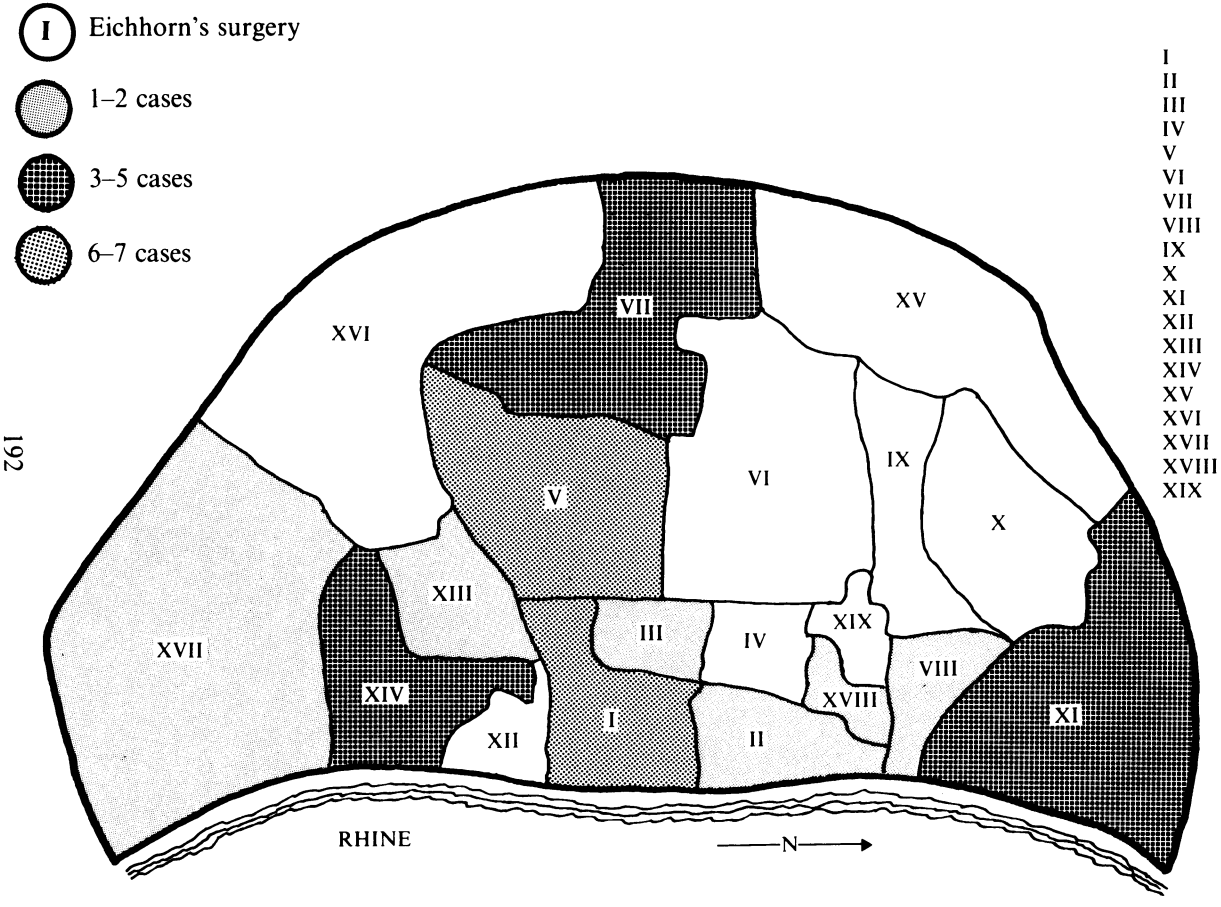
[21] For the social status of a surgeon's clientele, see Lemay, op. cit., note 8 above, p. 526; Sabine Sander, 'Handwerkliche Wundarznei in der Zeit der Auflösung des traditionalen Gesundheitswesens. Das Beispiel Johannes Villingers (1793–1847) in Waiblingen', *J. Inst. für Geschichte der Robert Bosch Stiftung*, 1987, **5:** 87–128, especially p. 114; and Lucinda McCray Beier, *Sufferers and healers: the experience of illness in seventeenth-century England*, London and New York, Routledge & Kegan Paul, 1987, p. 56. For the patients of an astrological practitioner, cf. the list of occupations provided by MacDonald, op. cit., note 8 above, p. 50.

[22] Cf. Goubert, *Malades*, op. cit., note 2 above, pp. 470ff. and table 6.

[23] For the geographical distribution of Richard Napier's and Thomas Hérier's patients, cf. MacDonald, op. cit., note 8 above, pp. 54ff., and Lemay, op. cit., note 8 above, p. 534.

[24] For the extent of medicalization in the French countryside, see, for example, Jean-Pierre Goubert, 'Die Medikalisierung der französischen Gesellschaft am Ende des Ancien Régime: Die Bretagne als Beispiel', *Medizinhist. J.*, 1982, **17:** 89–114, especially p. 105. For England, see R. M. S. McConaghey, 'The history of rural medical practice', *The evolution of medical practice in Britain*, ed. F. N. L. Poynter, London, Pitman, 1961, p.126. For the infrastructural improvements to rural medical care in nineteenth-century Bavaria, see Robert W. Lee, 'Medicalisation and mortality trends in South Germany in the early 19th century', *Mensch und Gesundheit in der Geschichte*, ed. Arthur E. Imhof, Abhandlungen zur Geschichte der Medizin und der Naturwissenschaften, 39, Husum, Matthiesen, 1980, pp. 79–113.

Map: TOPOGRAPHICAL ORIGINS OF EICHHORN'S PATIENTS



	PARISHES
I	Kl. S. Martin
II	S. Brigida
III	S. Alban
IV	S. Laurenz
V	S. Peter
VI	S. Kolumba
VII	S. Aposteln
VIII	S. Lupus
IX	S. Paul
X	S. Maria Ablass
XI	S. Kunibert
XII	S. Maria in Lyskirchen
XIII	S. Jakob
XIV	S. Johann Baptist
XV	S. Christoph
XVI	S. Mauritius
XVII	S. Severin
XVIII	S. Johann Evangelist
XIX	S. Maria im Pesch

reputation as a medical centre (e.g. for leprosy and syphilis tests), were among the factors which influenced the number of clients from outside Cologne. Only in two cases did the patients come originally from more distant cities.

ILLNESS BEHAVIOUR

The concept of "illness behaviour" has been proposed in medical sociology, to refer to "the way in which symptoms are perceived, evaluated, and acted upon by a person who recognizes some pain, discomfort, or other signs of organic malfunctioning".[25] In the past, as now, patients showed a variety of illness behaviours, trying multiple sources of medical care, delaying medical treatment following recognition of symptoms, attempting self-treatment and relying on home remedies, or discontinuing medical care for a while. Some recent studies in ethno-medicine suggest that, if the patient sought medical treatment at all, his two alternatives were folk- and professional medicine.[26] There can be no doubt that Eichhorn's patients distinguished between those alternatives involving licensed practitioners (doctors and barber-surgeons) and more unorthodox medical agencies[27] (empirics, herbalists, wise women, etc.). In at least four cases, we have sufficient evidence that Eichhorn's patients first tried folk remedies provided by wise women or the local hangman. The road mender, for example, whose skull was fractured by a stone, was first treated by a woman whose real profession was that of a pin-maker. Folk-healing was, it seems, not a full-time occupation; only very rarely did such a layman derive his living mainly from curing.

Empirics were widely considered by townspeople to be sincere and honest, and their treatments to be often effective. Most healers treated a variety of illnesses, although there might have been some *de facto* specialization since people tend to bring to them for treatment some illness types more frequently than others. When, despite the patient's hopes and expectations, the "quack" (as he or she was called by the representatives of official medicine) did not cure the illness, people consulted either a barber-surgeon or a doctor. That the choice between these treatment alternatives was sequential rather then concurrent is shown by the case of the road mender. In two

[25] Edward A. Suchman, 'Stages of illness and medical care', in op. cit., note 19 above, pp. 145–61, quotation p. 145. For lack of appropriate sources the historian cannot fully apply the sociological model suggested by James Clay Young in his fascinating study, *Medical choice in a Mexican village,* New Brunswick, NJ, Rutgers University Press, 1981. However, some historians have tried to shed light on the imperatives of choice in the medical market place: see, for example, Döhner, op. cit., note 3 above, pp. 21ff.; and N. Jewson, 'Medical knowledge and the patronage system in eighteenth-century England', *Sociology,* 1974, **8:** 369–85.

[26] Cf. Young, op. cit., note 25 above, p. 103.

[27] For France, see, for example, Jean-Pierre Goubert, 'The art of healing: learned medicine and popular medicine in the France of 1790', *Medicine and Society in France,* ed. R. Forster, and O. Ranum, Baltimore and London, Johns Hopkins University Press, 1980, pp. 1–23. For England, see the classic study by Keith Thomas, *Religion and the decline of magic. Studies in popular beliefs in sixteenth- and seventeenth-century England,* London, Weidenfeld, 1971, p. 12 and *passim.* For Germany, see, for example, Barbara Elkeles, 'Medicus und Medikaster. Zum Konflikt zwischen akademischer und empirischer Medizin im 17. und frühen 18. Jahrhundert', *Medizinhist. J.,* 1987, **22:** 197–211. A good introduction to the various approaches is the collection of essays entitled *Volksmedizin. Probleme und Forschungsgeschichte,* ed. Elfriede Grabner, Wege der Forschung, 63, Darmstadt, Wissenschaftliche Buchgesellschaft, 1967.

other cases Eichhorn was also consulted after a "wise woman" had failed to cure the patient. However, there is also some evidence that empirics or other folk practitioners "cured" people after unsuccessful treatment by a physician or barber-surgeon.

When a patient had made his choice between folk medicine and professional medical care, he still had to decide whether to "shop around" or to continue treatment with the healer he had chosen first. The most frequent reason given for changing practitioners or surgeons was that the individual felt that his condition was not improving. It is interesting to note that among Eichhorn's patients were several who previously had been treated by another barber-surgeon. In three cases their physical condition had deteriorated during this first treatment to such an extent that Eichhorn called in the town physicians[28] for consultation and help. One woman treated by a certain Master Jacob was so dissatisfied with his treatment that she not only secured another medical opinion (that of Gerhard Eichhorn) but also threatened to sue her former practitioner. Whether she really filed a charge against him in the local magistrates' court we do not know, but, according to the many files preserved among the guild records, there can be no doubt that some patients sued their doctors in cases of gross negligence.

On the other hand, there is ample proof that other patients were more than satisfied with the treatment they received from a particular barber-surgeon. This is strikingly illustrated by instances of the patient's refusal to be referred to the medical inspectors for a further examination. That this happened more than once is quite clear from Eichhorn's lawsuit with his colleagues. When he was accused of not having presented at least nine cases of serious illnesses or wounds to the *Beleidmeister*, he justified his failure by referring to the patients' unwillingness to be examined.[29] His deposition was confirmed by the written statements of several medical doctors, who pointed out that the patients were satisfied with Eichhorn's treatment and did not want an examination by an intimidating body of medical experts whom they neither knew nor trusted. That the patients' fears were not completely unfounded is shown by the case of one of Eichhorn's clients. What happened to Johann Staden was perhaps not as exceptional as it seems to us today. The commission, consisting of the four senior barber-surgeons and a guild official ("*Gaffelbote*") entered his house without informing the barber-surgeon in attendance that they were going to examine his patient. Staden, who was suffering from a serious head injury, did not dare to expel them from his house because the inspectors had told him that they were acting on behalf of the City Council, although he noticed immediately that the four master-surgeons were under the influence of drink.[30] Against his will, the masters removed small pieces of bone from the cranial wound and took them home. According to Staden's statement, the barber-surgeons caused him such pain that for "6 or 7 days he got no rest nor peace". And in order to prove his claim that the masters were drunk,

[28] Cf. HAStK Zunft 378, f. 285. For the history of this branch of "official medicine", see, for example, *The town and state physician in Europe from the Middle Ages to the Enlightenment*, ed. Andrew W. Russell, Wolfenbüttler Forschungen, 17, Wiesbaden, Harassowitz, 1981. For the medieval practice of a German town physician, see Oswald Feis, 'Aus der Praxis eines spätmittelalterlichen Frankfurter Stadtarztes', *Sudhoffs Archiv*, 1923, **15**: 98–104.

[29] HAStK Zunft 378, fols. 163, 197.

[30] Ibid., fols. 191ff.

he stated that the commission had left him taking the wrong hat, gloves, and coat with them. Evidence from Staden's wife and the accompanying *Gaffelbote* confirms that this was not the feverish dream of a sick person, but real behaviour by an otherwise highly respectable body of medical experts.

COPING WITH ILLNESS AND INJURY

The respective historical roles of the different branches of "offical" medicine were such that the barber-surgeons dealt only with manual operations on the living body and the prescription of remedies for the *outside* of the body. If we compare Eichhorn's practice with that of other barber-surgeons, we see that he did not specialize in the treatment of certain illnesses or injuries but that he happened to treat some more frequently than others (table 5).

Table 5: ILLNESSES AND INJURIES TREATED BY EICHHORN AND OTHER MEMBERS OF THE BARBER-SURGEONS' GUILD

Illness or injury	Eichorn, 1625–38		Other surgeons, 1557–1638	
	number	%	number	%*
Gangrene	3	5.0	155	6.7
Ulcers	6	10.0	270	11.7
Tumours	1	1.7	90	3.9
Wounds (not specified)	8	13.3	279	12.1
Injury caused by stabbing	8	13.3	453	19.6
Gunshot wounds	8	13.3	198	8.6
Injury caused by blow	1	1.7	195	8.4
Mutilation	4	6.7	20	0.9
Contusion	7	11.7	92	4.0
Dislocation of limbs	1	1.7	16	0.7
Fracture of the skull	6	10.0	95	4.1
Burns	2	3.3	23	1.0
Miscellaneous	4	6.7	95	4.1
Not stated	1	1.7	95	4.1

* The total is less than 100% because not all the categories have been used in this comparison.

It is interesting to note the large number of gunshot wounds treated by Eichhorn.[31] Although such wounds were treated many times during the years 1557–1638 (the only period for which we have statistical evidence), there can be no doubt that the number rose dramatically in the first half of the seventeenth century due to the Thirty Years War and its impact on Cologne, even though the precincts of the city never became a battleground. No peak or rising trend can be detected among the cases of injuries caused by stabbing or blows (to the latter category should be added most contusions, although the records rarely indicate whether the bruise was caused by assault or a result of an accident). The frequent mention of such injuries reflects the risks of everyday life in an early modern town, where, according to English case studies, the

[31] For a modern medical analysis of such wounds, see Felix Croes, 'Schotwonden in de 16e eeuw', diss. med., Amsterdam, 1940. For the treatment of such wounds, see E. Gurlt, *Geschichte der Chirurgie und ihrer Ausübung*, Berlin, 1898, repr. Hildesheim, Olms, 1964, vol. 3, pp. 513ff. For mutilation caused by gunshot wounds and its treatment, cf. Hans von Gersdorff, *Neuw Feldt und Stattbuch bewerter Wundartzney . . .*, Frankfurt, 1576, p. 46 v.

incidence of accidental and violent death was substantial, even if today these figures loom twice as large as in the past, due to the generally reduced mortality from disease. Another interesting social pattern is provided by the sex ratio of patients treated for stabbing, blows, and gunshot wounds. Among the patients Eichhorn treated for such wounds was not a single woman. The high-risk group undoubtedly consisted of men and, to a much lesser extent, of women or children. A similar, but not so conspicuous difference between male and female patients as in the case of Eichhorn's clientele can be found in the larger sample, covering the period 1557–1638. The sex ratio in the category "wounds" (not including unspecified injuries) treated by members of the barber-surgeons' guild is over 4 to 1.

Among the serious injuries treated by Eichhorn is one category which seems to indicate at least some kind of specialization. What I have summarized under the heading "multilation" could have been—at least theoretically—any kind of damage by breaking, tearing, or cutting off a limb. However, under this rubric one finds only injuries which were caused by firearms. In the sixteenth and early seventeenth century, guns and gunpowder were relatively new, and the dangers of handling firearms were not always appreciated.[32] Eichhorn treated at least four persons (among them a woman from outside Cologne) whose limbs (hands and fingers) had been mutilated when the barrel of the rifle exploded.

Recent research has shown that, in the past, burns were frequent among the old and infirm, and young children who were left unattended by adults.[33] Among Eichhorn's patients was, for example, an old woman who had burned her right hand, which consequently became gangrenous. Another case involved a foundling who had been thrown (!) into the fire and who, despite severe burns, miraculously survived. The skin of the lower part of the body had shrunk up so that navel and knee had puckered ("*das kney ahn den nabell zusamen gewaxen und das bein dair durch verkurtztt*").[34] In this difficult and rather unusual case, Eichhorn consulted his colleague Franz Wilwartz. He also sought the opinion of the *Beleidmeister*, who, after a thorough examination, recommended extending or stretching ("*delattiert*") the child's leg. We know from contemporary surgery books[35] that deformations caused by burns were treated with various therapeutic measures, among them lead-plates, plaster, and orthopaedic beds.

Apart from injuries, Eichhorn treated all sorts of "external" illnesses. A frequent type of illness was "*Kalter Brand*",[36] as the most common form of gangrene was called. A gangrenous limb was usually amputated. However, in some cases the barber-surgeons relied on the less drastic measure of some sort of "*medicinae*

[32] Cf., for example, Forbes, op. cit., note 12 above, p.135.

[33] Children were especially at risk of falling into open fires or setting their clothing alight: cf., for example, Lucinda McCray Beier, 'In sickness and health: a seventeenth-century family's experience', *Patients and practioners*, op. cit., note 2 above, pp. 101–28, especially p. 109; Forbes, op. cit., note 12 above, pp. 134–5. For the treatment of such wounds, see Gurlt, op. cit., note 31 above, pp. 488ff.

[34] HAStK Zunft 377, fol. 301v.

[35] Cf. Gurlt, op. cit., note 31 above, p. 141 (on Fabricius Hildanus).

[36] Cf., for example, Wilhelm Fabry von Hilden, *Gründlicher Bericht vom heissen und kalten Brand . . .*, ed. Erich Hintzsche, Bern and Stuttgart, Huber, 1965. For the standard medical treatment, see Gurlt, op. cit., note 31 above, pp. 475ff.

putrefacientes", including washing lotions and caustic-soda solutions. But such treatment could take time. One of Eichhorn's female patients suffering from a putrescent shin-bone was treated by him for more than 13 weeks before she finally decided not to continue the treatment, and to look for another barber-surgeon who could help her.[37]

Difficult to cure, also, were all kinds of ulcers, which were not always specified but were recorded under their traditional German name "*Schaden*".[38] The percentage of patients treated for sores, boils, abscesses, and fistulous ulcers in the total number of Eichhorn's clients is in line with our findings from the larger sample. In both cases the figure does not exceed 12 per cent.

The number of dangerous tumours or cancers[39] (mostly the "external" ones which were easier to diagnose) treated by this particular barber-surgeon is below the general average for the years 1557–1638. The only case mentioned in the *Beleidbuch* is that of an Italian who suffered from a cancer in his leg, causing him constant pain for more than 12 months.[40]

Among the other illnesses mentioned in connection with Eichhorn's practice, but which are statistically insignificant, are oedema, erysipelas, and spotted fever (as a concomitant or secondary symptom of an injury). Only in two cases is the illness or injury not indicated, or incapable of translation into modern medical terminology.[41]

Judging from the evidence provided by the guild records, Eichhorn was a very popular and successful barber-surgeon, even if we do not know about the actual therapeutic effectiveness of his cures. Only in four cases out of sixty did the medical inspectors note that the patient had died shortly after the official examination. The number who died within weeks or months after the barber-surgeon first started his treatment can be taken from Eichhorn's own statement. Defending himself against charges by his colleagues, he asked his critics:

> Whether among so many (without having to boast, I have treated more than 200 within one year) nine patients would have died . . . . Also people who are healthy and not injured come to an untimely end because of complications in case of plague, illness of the chest and other dangerous diseases.[42]

[37] HAStK Zunft 377, fol. 256v.

[38] Cf. Ingrid Rohland, *Das 'Buch von alten Schäden'*, part II: *Kommentar und Wörterverzeichnis*, Pattensen/Hannover, Wellms, 1982, pp. 1ff. For the problem of exact diagnosis, see also Stürzbecher, op. cit., note 8 above, pp. 130ff.

[39] For definitions by medieval and Renaissance authors, see Gurlt, op. cit., note 31 above, pp. 482ff. In the past cancer was diagnosed in women far more often than in men: cf. Edward Shorter, *A short history of women's bodies*, Harmondsworth, Penguin, 1984, p. 242. For the history of cancer, see E.W. Ackerknecht, 'Historical notes on cancer', *Med. Hist.*, 1958, **2:** 114–19; Marie-José Imbault-Huart, 'Histoire de cancer', *L'histoire*, 1984, **74:** 74–7.

[40] HAStK Zunft 377, fol. 291r.

[41] For the problem of pre-modern medical terminology, see Jean-Pierre Peter, 'Kranke und Krankheiten am Ende des 18. Jahrhunderts', *Biologie des Menschen in der Geschichte*, Kultur und Geschicht, 1, ed. Arthur E. Imhof, Stuttgart, Gustav Fischer, 1978, pp. 274–326, especially pp. 291ff. For the German terminology used by Paracelsus, see Karl-Heinz Weimann, 'Die deutsche medizinische Fachsprache des Paracelsus', Phil. Diss., Erlangen, 1951. Invaluable is the dictionary compiled by Max Höfler, *Deutsches Krankheitsnamen-Buch*, Munich, Piloty & Loehle, 1899; repr. Hildesheim, Olms, 1970.

[42] HAStK Universität 399, fol. 2r.

Whatever the unreliabilities and discrepancies of such figures, they consistently paint a picture of a "normal" death-rate which is quite similar to that established by medical historians for later centuries. Even if one assumes that the mortality rate among his patients was twice as high, this figure would be still in line with the ratio (1: 10) given by the English practitioner Gilbert Blane in 1833.[43] These statistical findings are consistent with the view, prevalent among the social élite and common folk alike, that healers were successful not only because they had access to knowledge about illness and its cure that was unavailable to ordinary people, but also because they had a special skill in treatment which considerably increased the life expectancy of the patient. Making the "wrong" medical choice could jeopardize one's life, or as the English writer Matthew Prior (1664–1721) put it: "Cured yesterday of my disease. / I died last night of my physician".

[43] Quoted in James C. Riley, 'Disease without death: new sources for a history of sickness', *J. Interdisciplinary Hist.*, 1987, **18:** 537–63, especially p. 538. Other examples from late eighteenth and early nineteenth-century Germany can be found in Jan Brügelmann, 'Medikalisierung von Säuglings- und Erwachsenalter in Deutschland zu Beginn des 19. Jahrhunderts aufgrund von medizinischen Topographien', *Leib und Leben in der Geschichte der Neuzeit*, ed. Arthur E. Imhof, Berliner Historische Studien, 9, Berlin, Duncker & Humblot, 1983, pp. 177–92: C. R. Schleist von Löwenfeld (Schwandorf, 1799), 3 per cent of 458 patients; G. R. Wunderlich (Sulz am Neckar, 1807), 6.2 per cent of 254 cases; P. L. Geiger (Landgerichtsbezirk Immenstadt, 1808–13), 17 per cent of 305 patients. All three were physicians ("*Amtsärzte*") in small towns or rural districts in South Germany.