

The Origins and Reception of the 'Medical Canons' of the Fourth Lateran Council

I

The Fourth Lateran Council of 1215 was an ambitious undertaking. Pope Innocent III intended to carry out a comprehensive ecclesiastical reform that touched upon a long range of issues. These included the study and practice of medicine, a subject which was considered in two different canons from the Council. Unfortunately, earlier historiography had often misinterpreted the context of these 'medical canons', taking them to be more generally applicable or more widely encompassing than they actually were, thus arriving at a skewed view of the attitude of the medieval Catholic Church towards medicine. In order to properly understand these canons – and canon law in general – the historian must consider not just the context of the canons themselves, but also their subsequent reception to understand how the Church enforced the laws in practice. In the present essay, we will consider not just the context of these canons and some of the influences that led to their establishment, but also examine their reception in the English conciliar statutes of the decades following the Fourth Lateran Council in order to gain a clearer picture of their historical context.

II

The Fourth Lateran Council was summoned by Pope Innocent III in 1213 and set to open in November of 1215. With its some twelve hundred attendants, including over four hundred patriarchs, cardinals, archbishops and bishops, and ambassadors and magnates from several European kingdoms, it was the largest ecumenical council yet convoked,¹ and its canons dealt with a wide range of questions and challenges facing the Church, ranging from orthodoxy and heresy over clerical morals to Church administration and other matters.

Among the in total seventy-one canons promulgated by the Council were included two that addressed medical issues to some extent. The first instance is found in canon 18, which for the most part is aimed at preventing clerics from pronouncing or otherwise directly participating in punishments leading to the shedding of blood, but which also includes the brief rule that bars clerics in major orders from practising surgery:

“Sentential sanguinis nullus clericus dictet aut proferat, sed nec sanguinis vindictam exercent aut ubi exercetur intersit. Si quis autem huiusmodi occasione statuti ecclesiis vel personis ecclesiasticis aliquod praesumpserit inferre dispendium, per censuram ecclesiasticam compescatur, nec quisquam clericus literas scribat aut dictet pro vindicta sanguinis destinandas, unde in curiis principum haec sollicitudo non clericis sed laicis committatur. Nullus quoque clericus rottiariis aut balistariis aut huiusmodi viris sanguinem praeponatur, nec illam chirurgiae artem, subdiaconus, diaconus vel sacerdos exercent, quae ad uestionem vel

¹ Foreville, Raymonde: *Les conciles de LATRAN I, II, III et de LATRAN IV, 1123, 1139, 1179 et 1215* (Paris, 2007), pp. 251-52

incisionem inducit, nec quisquam purgationi aquae ferventis vel frigidae seu ferri candentis ritet cuiuslibet benedictionis aut consecrationis impendat salvis nihilominus prohibitionibus de monomachiis sive duellis antea promulgatis.”²

The second instance is found in canon 22, which deals more extensively with a medical issue, although still from a fundamentally theological point of view:

Cum infirmitas corporalis nonnumquam ex peccato proveniat, dicente Domino, languido quem sanaverat: Vade et amplius noli peccare, ne deterius aliquid tibi contingat, decreto praesenti statuimus et districte praecipimus medicis corporum, ut cum eos ad infirmos vocari contigerit, ipsos ante omnia moneant et inducant, quod medicos advocent animarum, ut postquam infirmis fuerit de spirituali salute provisum, ad corporalis medicinae salubrium procedatur, cum causa cessante cesset effectus. Hoc quidem inter alia huic causam dedit edicto, quod quidam in aegritudinis lecto iacentes, cum eis a medicis suadetur, ut de animarum salute disponant, in desperationis articulum incidunt, unde facilius mortis periculum incurrunt. Si quis autem medicorum huius nostrae constitutionis postquam per praelatos locorum fuerit publicata, transgressor extiterit, tamdiu ab ingressu ecclesiae arceatur, donec pro transgressione huiusmodi satisfecerit competenter. Ceterum cum anima sit multo pretiosior corpore, sub interminatione anathematis prohibemus, ne quis medicorum pro corporali salute aliquid aegroti suadeat, quod in periculum animae convertatur.³

Darrel W. Amundsen has demonstrated how many scholars had fundamentally misinterpreted these two canons,⁴ usually with the result that the medieval Church appeared considerably more hostile to the practice of medicine and surgery than was actually the case.⁵ In the case of c. 18, as Amundsen observes, surgery was seen as a more active type of treatment than non-surgical medicine which rather aimed at assisting the body in healing itself. As a consequence, surgeons were considered to be at greater risk of causing the death of a patient than physicians.⁶ Since homicide, whether accidental or not, was considered an *irregularitas ex delicto* which prevented the priest from canonically performing the sacraments and the other duties of his office,⁷ barring the major orders from such pursuits would be an obvious move in general attempt by Innocent III to reform the practices and standards of the clergy. Clerics in minor orders, on the other hand, who did not perform the sacraments, and who made up the majority of the clergy at the time, would not have been affected by this part of the canon at all.⁸

2 Tanner, Norman P. (ed.): *Decrees of the Ecumenical Councils. Volume One. Nicaea I to Lateran V* (London, 1990), p. 244, my emphasis.

3 Tanner: *Decrees*, pp. 245-46

4 Especially in his article 'Medieval Canon Law on Medical and Surgical Practice by the Clergy' in: Amundsen, Darrel W.: *Medicine, Society and Faith in the Ancient and Medieval Worlds* (Baltimore, 1996), pp. 222-47

5 Ibid., pp. 222-25

6 Amundsen: 'Medieval Canon Law', p. 235

7 Plöchl, Willibald M.: *Geschichte des Kirchenrechts. Bd. II. Das Kirchenrecht der abendländischen Christenheit* (Vienna, 1955), p. 257

8 Amundsen: 'Medieval Canon Law', pp. 237-38

How these rules were applied in practice can be seen from the case quoted by Amundsen concerning a monk who had performed surgery on a woman who had subsequently died. Innocent III's ruling in the case reveals some of the concerns of the Church regarding surgery and the risk of *irregularitas*:

...licet ipse monachus multe deliquerit alienum officium usurpando, quod sibi minime congruebat, si tamen causa pietatis, et non cupiditatis id egerit, et peritus erat in exercitio chirurgiae, omnemque studuit, quam debuit, diligentiam adhibere, non est ex eo, quod per culpam mulieris contra consilium eius accidit, adeo reprobandus, quod non post satisfactionem condignam cum eo misericorditer agi possit, ut divina valeat celebrare; alioquin interdicenda est ei sacerdotalis ordinis exsecutio de rigore.

Although voicing his concern in general that the monk had been engaged in an activity that was *alienum officium*, Innocent mentions three requirements – proper motivation (“*causa pietatis, et non cupiditatis id egerit*”), sufficient knowledge (“*peritus erat in exercitio chirurgiae*”), and sufficient diligence (“*diligentiam adhibere*”) – and concludes that if these three points were in order, the monk had not incurred *irregularitas*. And again, the emphasis here is not so much on the status of the monk in question as a monk, but rather as a cleric consecrated in holy orders and the exercise of his *sacerdotalis ordinis*. Indeed, it was precisely the pontificate of Innocent III that saw a renewed focus on defining the principles of clerical *irregularitas* and preventing its appearance among the clergy,⁹ as part of the effort to reform the values and practices of the Church which culminated in the Fourth Lateran Council.¹⁰ Thus, it is in this context that c. 18 should be viewed, rather than as a measure directed against surgery or even medicine as such.

By comparison with c. 18, c. 22 is more extensive, and to understand its background requires a closer look at the context of the Fourth Lateran Council itself. From the few eyewitness accounts of the Council that have survived (or perhaps even existed in the first place), we know that the canons promulgated by the Council were not a result of any extensive discussions among the attending members of the hierarchy.¹¹ The greater part of the Council sessions were occupied with political questions of the day, such as the conflict between the Crown and the barons in England, the confirmation of Friedrich II as Holy Roman Emperor, and the chaotic situation in Languedoc, as well as with the organization of the Fifth Crusade.¹² The canons, on the other hand, were for the most part simply presented to the attendants for approval,¹³ having been prepared by the Curia in advance.

However, the canons were not developed in an isolated vacuum. They drew on a range of different sources, including earlier legislation, in particular the canons of the Third Lateran Council, as well

9 Plöchl: *Geschichte des Kirchenrechts*, p. 253

10 Foreville, 294

11 Cf. Richard de San Germano: 'Reportage sur les séances solennelles' in: Foreville: *Les conciles*, pp. 339-40; Kuttner, Stephan and Antonio García: 'A New Eyewitness of the Fourth Lateran Council', in: Kuttner, Stephan: *Medieval Councils, Decretals, and Collections of Canon Law* (Hampshire, 1992), IX

12 Foreville: *Les conciles*, p. 270

13 *Ibid.*, pp. 271-72; Kuttner and García: 'New Eyewitness Account', p. 164

as the works and thoughts of prominent contemporary theologians and canon lawyers.¹⁴ The canons relating to improving the sacraments and the cure of souls, of which c. 22 should be considered a part, sprung in particular from the theological thoughts of the circle surrounding the late 11th century Parisian master theologian Peter the Chanter.¹⁵

To the extent that these theologians considered medicine as a morally problematic pursuit, this seems to have been a question of avoiding the mortal sin of avarice, rather than of any particular doubts about its compatibility with religion as such. This, too, seems to have been a concern of Peter the Chanter and his circle. Even though Paris of their time was not a particularly acclaimed centre of medical or civil legal teaching, some of the members of the circle occasionally commented on these fields of academia, and not always in a positive light. Along with the study of civil law (and, to a lesser degree, canon law as well), medicine was regarded with some suspicion, both because of the opportunities that the practice of these “*lucrative scientie*” offered for material gain itself, and because they threatened to draw students away from the morally superior pursuits of theology and (to some extent) the liberal arts.¹⁶ As Stephen Langton warned his students at Paris, “*You love the reward of medicine, Roman law, canon law and other profitable sciences which offer recompense in the present more than the true harvest of holy Scripture.*”¹⁷

There is a precedence for similar concerns in the canon legislation throughout the 12th century. Already the Second Lateran Council of 1139 had introduced regulations against monks and canons regular who,

*...spreta beatorum magistrorum Benedicti et Augustini regula, leges temporales et medicinam gratia lucri temporalis addiscunt. [...] Ipsi quoque, neglecta animarum cura, ordinis sui propositum nullatenus attendentes, pro detestanda pecunia sanitatem pollicentes, humanorum curatores se faciunt corporum. Cumque impudicus oculus impudici cordis sit nuntius, illa de quibus loqui erubescit honestas. Ut ergo ordo monasticus et canonicus Deo placens in sancto proposito inviolabiliter conservetur, ne hoc ulterius praesumatur, apostolica auctoritate interdicimus.*¹⁸

This seems to have been a particular issue in France, where “[a]t the time of the Council of Rheims in 1131 all monks and other regular clergy ... had been specifically forbidden to pursue the study of medicine and law.”¹⁹ The canon was repeated at the Council of Montpellier in 1162 and expanded upon at Tours in 1163.²⁰ However, this legislation should not be seen as directed against medicine (and law) itself – even though it does implicitly reveal a certain concern about these professions. Rather, the intention seems to have been to enforce standards among the monks and canons regular,

14 Foreville: *Les conciles*, pp. 289-90

15 *Ibid.*, pp. 299-300; Baldwin, John W.: *Masters, Princes and Merchants. The Social Views of Peter the Chanter & his Circle* (Princeton, 1970), pp. 50, 341-43

16 Baldwin: *Masters*, p. 85

17 Quoted from *ibid.*, pp. 85-86

18 Tanner: *Decrees*, pp.198-99

19 Baldwin: *Masters*, p. 86

20 Amundsen: 'Medieval Canon Law', p. 230

in particular their vows of poverty and, as far as the monks were concerned, their requirements of *stabilitas loci* and general separation from the secular world in order to dedicate themselves to religion rather than world affairs.

Secular clergy, on the other hand, appear to have encountered no particular difficulties due to the their studies or practice of medicine. Amundsen mentions the example of the papal physician Peter of Spain, whose career brought him to the offices of archbishop of Braga and cardinal of Tusculum before culminating in his election as Pope John XXI.²¹ We can also add the almost contemporary, if more modest English example of Nicholas Farnham, who was an acclaimed teacher of medicine at Paris and Bologna, and at one point royal physician to Henry III, before becoming bishop of Durham in 1241²² as well as an intimate of the papal legate Otto.²³

More generally, just as with 4 Lat. c. 18, c. 22 should be considered in connection with the increased emphasis on attending to the well-being of the soul that was a part of the reform programme of Innocent III. In this regard, it is noticeable that c. 22 immediately follows the important c. 21 '*Omnis Utriusque Sexus &c.*', which established that all the faithful should attend confession and receive the sacrament of the Eucharist at least once a year. The sentence from c. 22 "*...cum anima sit multo pretiosior corpore...*" expresses a similar attention to the needs of the soul and a worry that an entanglement with the more worldly "*lucrativa scientia*" of medicine would present a danger – especially if patients grew more concerned with their physical than their spiritual health, and if the suspected avarice of physicians consequently led them to offer treatments that ultimately endangered the patients' souls.

Even then, the relationship between medicine and theology that is being established through these canons is not one of simple opposition. On the contrary, c. 22 reflects an implicit recognition of the value and position of medicine in the secular society, and an attempt to regulate, rather than prohibit its use entirely: It recognises and condones that the faithful attend physicians, provided that the spiritual concerns have been seen to first.

Perhaps a parallel can be drawn here to the works of Peter the Chanter's circle on the morality of trade, finance and similar mercantile pursuits, which were also considered suspect due to the strong profit motive involved, the apparent lack of labour or improvement by the merchant of his goods, and the Gospel precedence set by Christ driving the merchants and money changers from the Temple.²⁴ Placed as they were in one of the most important centres of trade in northern Europe, the theologians of Paris had ample opportunities to witness the merchant's trade in practice, and building on these observations, they considered and formulated a range of theories that reflected on its morality and proper place in society.²⁵

21 Ibid., p. 235

22 R. M. Franklin, 'Farnham, Nicholas of (d. 1257)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/20089, accessed 24 April 2009]

23 Gibbs, Marion and Jane Lang: *Bishops and Reform, 1215-1272, with Special Reference to the Lateran Council of 1215* (London, 1934), p. 194

24 Baldwin: *Masters*, pp. 262-63

25 Ibid., pp. 261-62

Rufinus pointed out that the merchant invested labour and money in his trade just as much as the artisan did, and that this investment justified his profits. Huguccio, on the other hand, associated the question of morals with the merchant's motivations: Conducting trade to make an honest living and provide for one's family was moral and justified, while doing so only out of greed and avarice was not. Thomas of Chobham and other ecclesiastics later built on such opinions to formulate and “*provided the mercantile revolutionary with essential social and moral justification.*”²⁶ Similarly, the Romanists followed Saint Augustine in pointing out that even though human frailty could lead merchants to commit perjury and fraud out of avarice, that in itself should not reflect on the mercantile profession and the exercise of trade as such, any more than it would on any other profession.²⁷

It does not seem far-fetched to assume that in spite of the occasional attack generated by their academic competition, the Paris theologians had a similar view of the medical studies and practices, which were considered similarly suspect due to its strong worldly connections.²⁸ It also seems likely that such ideas worked their way into the canons of the Fourth Lateran Council by establishing a proper relationship between the cure of the body and that of the soul, and, by means of canon 22, ensuring that the former would not be threatened by the growing importance of medicine.

To summarize, we can identify three different strands of thought influencing the attitude of the Church and the canon law towards the practice of medicine: Firstly, to prevent clerics in major orders from incurring *irregularitas ex delicto* by carrying out surgical treatments that could lead to accidental homicide; secondly, to maintain the *sancto proposito* of the monastics and the canons regular, and to prevent the erosion of their *stabilitas loci* and vows of poverty through the pursuit of the “*lucrativa scientia*”; and thirdly, to regulate in general the study and practice of medicine, and ensure that the spiritual health of the faithful was not endangered through their attention to their physical health. This latter strand in particular would have been influenced by the works of the Parisian circle of Peter the Chanter, and all three were closely tied to the the general reforming policies of Innocent III.

However, the canons themselves were only one part of the reform process, if an important one. The papacy was still dependent on the archbishops and bishops for introducing and enforcing the Council's decisions in their provinces and dioceses. To this end, 4 Lat. c. 6 instructed the metropolitans to “*...singulis annis cum suis suffraganeis provincialia non omittant concilia celebrare in quibus de corrigendis excessibus et moribus reformandis, praesertim in clero, dilligentem habeant cum Dei timore tractatum, canonicas regulas et maxime quae statuta sunt in hoc generali concilio relegendes...*”²⁹ and “*...et quae statuerint, faciant observari, publicantes ea in episcopalibus synodis, annuatim per singulas dioeceses celebrandis.*”³⁰ In the following, we will examine the statutes from some of the councils that were held in England in the years following the

26 Ibid., p. 264

27 Ibid.

28 Brundage, James A.: *Medieval Canon Law* (London, 1995), pp. 76-77

29 Tanner: *Decrees*, p. 236

30 Tanner: *Decrees*, pp. 236-37

Fourth Lateran Council, looking for evidence of whether and how these medical canons were introduced and enforced in practice in the period the Council and up to 1250.

III

One of the earliest references to 4 Lat c. 22 is found in Bishop Richard Poore's 'Statutes of Salisbury',³¹ which were probably first issued between 1217 and 1219.³² These statutes included many of the canons of the Fourth Lateran Council which Bishop Poore had attended while still Bishop of Chichester, and they came to be highly influential on later statutes in other English dioceses, many of which were influenced by or copied different parts of their contents. The subject of 4 Lat c. 22 is mentioned in the Salisbury c. 94:

*Cum anima longe pretior sit corpore suo, [sub] interminatione anathematis prohibemus, ne quis medicorum pro corporali salute aliquid ægro suadeat quod in periculum animæ convertatur. Verum cum ipsos ad ægrum vocari contigerit ægrum ante omnia moneant et inducant quod advocent medicos animarum, ut postquam fuerit infirmo de spirituali salute provisum, ad corporalis medicinæ, remedium salubrius procedatur. Transgressores hujus constitutionis poenam in Concilio statutam non evadent.*³³

At almost the same time as the Salisbury Statutes, we find a similar, if much briefer reference to the same canon in the 'Statutes of Bishop William de Blois for the diocese of Worcester',³⁴ the later part of which are undated but were probably established in 1219, only two years after William's consecration.³⁵ "[12] Item, denuntient sacerdotes quod si aliquis medicorum suadet aliquid quod advertatur aliqui in periculum anime sue, non admittat illud, secundem tenorem concilii."³⁶ William is not known to have attended the Lateran Council, and would also have been unlikely to, as he only held the office of archdeacon of Buckingham at the time.³⁷

A few years later, probably sometime between 1225 and 1230,³⁸ appear the statute collection known only as the 'Constitutiones cuiusdam episcopi'.³⁹ The origin of these constitutions is unknown,⁴⁰ but

31 Rich Jones, W. and Dunn Macray, W. (eds.): *Charters and Documents Illustrating the History of the Cathedral, City and Diocese of Salisbury, etc.*, Rolls Series 97 (London 1891, repr. 1965), pp. 128-63

32 Philippa Hoskin, 'Poore, Richard (d. 1237)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/22525>, accessed 22 April 2009]

33 Rich Jones, W. and Dunn Macray, W. (eds.): *Charters and Documents Illustrating the History of the Cathedral, City and Diocese of Salisbury, etc.*, Rolls Series 97 (London 1891, repr. 1965), p. 149

34 Powicke F. M. and C.R. Cheney (eds.): *Councils & synods, with other documents relating to the English church. (Vol.) II, A.D. 1205-1313* (Oxford, 1964), pp. 52-56

35 *Ibid.*, p. 53

36 *Ibid.*, p. 57

37 Philippa Hoskin, 'Blois, William de (d. 1236)', *Oxford Dictionary of National Biography*, Oxford University Press, Sept 2004; online edn, Jan 2008 [<http://www.oxforddnb.com/view/article/50345>, accessed 22 April 2009]

38 Powicke and Cheney: *Councils & synods*, p. 182

39 *Ibid.*, 181-96

40 The editors of *Councils and Synods* comment that, "...the statutes may be conjecturally assigned to 1225X1230. The authority behind the statutes are the diocesan, but no diocese is named. The reference in c. 72 to 'lay patrons of English or other nation' suggests a march-land. In the light of the known statutes of Worcester and Coventry, this

it does contain references to a number of the canons of the Fourth Lateran Council. Both c. 18 'Sententiam sanguinis' and c. 22 'Cum infirmitas corporalis' are referenced:

[41] *Sint etiam secundum facultates et redditus suos hospitales et erga pauperes non avari. [42] Prohibemus insuper ne sacerdotes de cetero utantur capis manucatis, set omnes habeant capas clausas et honestas et tonsuram canonicam.*

Ex concilio.

Irrefragabili, Quia non, Ut clericorum, A crapula, Clerici officia, Sententiam sanguinis, Cum infirmitas corporalis, De multa providentia, In quibusdam provinciis, sicut in concilio continetur.

[43] *Sequitur de penitentia...*⁴¹

Also at the same time, probably in 1229, the 'Statutes of Bishop William de Blois for the diocese of Worcester'⁴² were published, again including a reference to c. 22:

[11] *Item, sacerdotes sepius denuntient publice in ecclesia parocianis suis quod, cum ipsi ex causa infirmitatis volunt habere medicos corporum, prius sibi consultant de salute suarum, et tunc demum ad remedium corporalis medecine procedatur, secundum tenorem concilii. [12] Item, denuntient sacerdotes publice in ecclesiis quod si quis medicorum suadet aliquid alicui quod vertatur in periculum anime sue, non admittat illud, secundum tenorem eiusdem concilii.*⁴³

Another reference to c. 22 appears in the 'Synodal statutes of Bishop Robert Bingham for the diocese of Salisbury'⁴⁴ which should probably be dated to between 1238 and 1244:⁴⁵

[15] *Statuimus et sub pena concilii precipimus ut cum medicos ad egros vocari contigerit ipsos ante omnia moneant et inducant ut medicos advocentanimarum, ut postquam fuerit infirmis de spirituali salute provisum ad corporalis medicine remedium salubriter procedatur. Nec aliquid egris pro corporali salute suadeant quod anime periculum inducat; quod si qui contra presumpserint sciant se excommunicatione feriendos.*⁴⁶

And finally, we come to the statutes of Bishop Nicholas Farnham of Durham. Nicholas Farnham is of particular interest for our subject, since he was the only bishop of the time who is known to have studied medicine and to have taught at the universities of Paris, Bologna and Oxford previously in his career.⁴⁷ As such, we might expect to find a greater attention to medical subjects in his statutes;

series is unlikely to have originated in either diocese, and Hereford in the time of Bishop Hugh Foliot (1219-34) appears to be a possible home. But the evidence hardly makes this more than a plausible conjecture." (C&S, 182)

41 Powicke and Cheney: *Councils & synods*, p. 188

42 *Ibid.*, pp. 169-80

43 *Ibid.*, p. 173

44 *Ibid.*, pp. 364-87

45 *Ibid.*, p. 364

46 *Ibid.*, p. 371

47 R. M. Franklin, 'Farnham, Nicholas of (d. 1257)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/20089>, accessed 25 April 2009]

however, this is not the case. His general statutes for the Diocese of Durham⁴⁸ do not contain any specific references to the medical canons. However, the more specific 'Statutes for Durham peculiars'⁴⁹ do include c. 98 of Salisbury I⁵⁰ under the title "*Quod prius provideant egri anime quam corpori*"⁵¹, and the text is virtually identical to that of Salisbury I.

To summarise, we can conclude that the medical canons from the Fourth Lateran Council are present in the different English statutes of the first half of the 13th century, but only sporadically so. As such, we can agree with Jane Lang when she reports that,

*...concerning the behaviour of clerks, we have not found any references to the fact that they are forbidden to hunt, serve in local military corps, take part in duels, or in the practice of medicine when burning and cutting is necessary; or be present at or pronounce benediction on ordeals by fire, water, or sword.*⁵²

And she concludes that,

*...the selection of decrees of the Lateran Council for republication is very haphazard and in most cases seems quite accidental. [...] The lack of originality and the unsystematic form of the constitutions seem to indicate a frame of mind more hopeful than convinced that such constitutions would have a lasting effect.*⁵³

Even though Lang is not entirely correct in the first conclusion, since 4 Lat c. 18 is at least referred to in the 'Constitutiones cuiusdam episcopi', her second conclusion seems to reflect the situation regarding medicine. Although 4 Lat c. 22 is referenced several times, it is by no means universal among the constitutions of the time, and is conspicuously missing from several major collections, in the particular the important Council of Oxford of 1222. More specifically on the topic of medicine, Amundsen notes on the repetition of c. 18 at several Continental synods that,

*The prohibition of the practice of surgery to subdeacons, deacons and priests occurs in these four cases as simply a part of one sentence within broad, local summaries of general church legislation covering the spectrum of clerical morals and conduct. The prohibition of surgery was not singled out for special attention in these special guides...*⁵⁴

As far as 13th century England is concerned, we can go even further than that: It is almost entirely absent, at least from the major provincial and diocesan councils at which one would have expected to find it. Granted, one must be careful with drawing conclusions *ex silentio* and, as the axiom goes,

48 Powicke and Cheney: *Councils & synods*, pp. 421-435. The editors note that there is some uncertainty about the dating and attribution of these statutes, but should most likely be placed during Nicholas Farnham.

49 Ibid. p. 435-454

50 Ibid., p. 436 notes that "Apart from a few borrowings from Grosseteste's statutes, almost the whole series is drawn from the statutes which Richard Poore issued in both his dioceses of Salisbury and Durham..."

51 Ibid., p. 444

52 Gibbs and Lang: *Bishops and Reform*, p. 129

53 Ibid., pp. 129-30

54 Amundsen: 'Medieval Canon Law', pp. 238-39

absence of evidence is not evidence of absence. Many medieval sources have not survived to the modern day, so we should never think that we are looking at anything resembling a complete picture of the sources. However, it is noteworthy that even those sources that we do have access to, such as Richard le Poore's greatly influential collection of Salisbury statutes, makes barely any mention of c. 18 at all, with the 'Constitutiones cuiusdam episcopi' as the only exception. It is of course possible that the English clergy did not need reformation in the first place; however, it seems a more likely explanation that the English prelates of the time were not very interested in these canons, and simply had more immediate concerns to attend to. In his *Flores Historiarum*, the chronicler Roger of Wendover gives us a hint that this may indeed have been the attitude of at least part of the Church hierarchy, where he writes that, "*Recitata sunt in pleno concilio capitula sexaginta quae aliis placabilia videbantur, aliis onerosa.*"⁵⁵ It would not be very surprising if there were many prelates who regarded the extensive reform programme of Innocent III with perhaps some exasperation and would not have been too anxious to introduce it in their home dioceses.

The lack of references to c. 18 suggests that the issues it addressed, including the question of clerical surgery, was not regarded as a particularly significant problem among the English prelates. It is not immediately apparent why this would be, but one possible explanation could be that the number of surgeons in higher orders was not large enough to make this issue a problem; or perhaps it could be due to simple indifference. On the other hand, the fact that c. 22 *was* in fact referenced or incorporated in several statute collections shows that there was at least some interest in promoting the cure of souls, and, no less interesting from a medical historical point of view, that there apparently were a sufficient number of practising physicians in at least parts of England at the time to make such regulations worthwhile.

IV

In the preceding sections, we have examined the 'medical canons' of the Fourth Lateran Council, considering their historical context, their intellectual and canonical background, and the extent of their subsequent implementation in the English ecclesiastical statutes and constitutions of the first half of the 13th century.

Although the regulation of the medical profession through these canons definitely formed a part of the extensive reform programme of Pope Innocent III, and quite likely were based on the thoughts and opinions of prominent theologians such as Peter the Chanter and his Parisian circle, their somewhat limited reception in England following the Lateran Council, in particular of 4 Lat. c. 18, suggests that the support for or interest in at least this part of the reform programme was not widespread among the English prelates. On the other hand, the fact that 4 Lat. c. 22 saw a (by comparison) significantly greater reception suggests both that at least some parts of the English hierarchy took the care of the spiritual well-being of the faithful seriously, and also that the medical profession was widespread enough in England at the time to be considered in this regard.

⁵⁵ Roger of Wendover: *Chronica sive Flores historiarum*, ed. Henry O. Coxe, vol. III (London, 1841-42, repr. 1964), p. 342; cf. also Kuttner, Stephan and Antonio García: 'A New Eyewitness of the Fourth Lateran Council', in: Kuttner, Stephan: *Medieval Councils, Decretals, and Collections of Canon Law* (Hampshire, 1992), IX, pp. 163-64

In any case, the most fundamental conclusion to be drawn from this material seems to be that the historian should not consider 'the medieval Church' as anything resembling a monolithic whole, nor should one simply take the policies of the papacy for granted. Rather, one must recognize that different parts of the Church organization had different priorities and agendas at different times, and that these different parts did not necessarily agree with one another or with the interests of the papacy, whether on the topic of medicine or other aspects of canon law.