

THE DEVELOPMENT OF THE MEDICAL UNIVERSITY AT MONTPELLIER TO THE END OF THE FOURTEENTH CENTURY ¹

VERN L. BULLOUGH

It was in Montpellier that medicine first took its place in a university curriculum alongside the arts, philosophy, and law, assuming the position it held in most medieval universities and the one it holds in modern

¹ I am indebted to several previous writers for their work in attempting to give the development of medical education at Montpellier. The pioneer work in medical education is that of Theodor Puschmann, *A History of Medical Education*, translated from the German by Evan H. Hare (London: H. K. Lewis, 1896). Puschmann devotes about eight pages to Montpellier. I am indebted to him for his accounts of the early history of Montpellier. His account of the thirteenth and fourteenth centuries, the most important in my estimation in the formation of the school, is very meager. Another brief description is found in Th. Meyer-Steineg and Karl Sudhoff, *Geschichte der Medizin im Überblick mit Abbildungen* (2d. ed., Jena: Gustav Fischer, 1922). It is valuable for the names of some of the practitioners at Montpellier but adds little to Puschmann's account. An early narrative by Jean Astruc, *Mémoires pour servir à l'histoire de la faculté de médecine de Montpellier* (Paris: P. G. Cavelier, 1767) contains some interesting information but must be checked very closely.

Alexander Charles Germain, *Histoire de la commune de Montpellier*, 3 vols. (Montpellier: Jean Martel Ainé, 1851), gives the early development of the town of Montpellier plus some incidental information on the medical university. Max Neuburger, *Geschichte der Medizin*, 2 vols. (Stuttgart: Ferdinand Enke, 1906-11), is valuable for the identification of various medical writers. Volume one, and part of volume two of this work were translated under the title of *History of Medicine* by Earnest Playfair, 2 vols. (London: Oxford University Press, 1910-1925). It is not very well organized. Stephen d'Irsay, *Histoire des universités Françaises et étrangères des origines à nos jours*, vol. I (Paris: Auguste Picard, 1933) has a brief section on Montpellier and the rise of the medical school as part of his general treatment of the development of the mediaeval university. The most comprehensive account in English is by Sonoma Cooper, "The Medical School of Montpellier in the Fourteenth Century," *Annals of Medical History*, n. s. II (1930), 164-95. It deals with the relationship of the town and university and the effect of the black death. She is concerned with the medical school in the fourteenth century and attempts to explain the reasons for its decline. Anyone dealing with the development of university education in the middle ages owes a debt to Hastings Rashdall for his monumental *The Universities of Europe in the Middle Ages*, new edition by F. M. Powicke and A. B. Emden, 3 vols. (Oxford: Clarendon Press, 1936). Alexander Germain intended to write a comprehensive history of the medical school but never did so. His introductory essay on Montpellier in the *Cartulaire de l'université de Montpellier*, I, published under the auspices of the Conseil Général des facultés de Montpellier (Montpellier: Richard Frères, 1890), proved most valuable. This collection of charters which I have

universities.² University as used in this paper is a technical term. It has been defined by Hastings Rashdall and others to mean a corporation or guild in general, *i. e.* a number, a plurality, or an aggregate of persons. Gradually the definition was narrowed until it denoted almost exclusively a learned corporation or society of masters. In its general meaning there might be several universities in the same town, just as there were several craft guilds, and these separate universities of law, medicine, arts, or theology, were each jealous of their corporate life and slow to coalesce into a single one with special faculties. Some of the universities at the beginning of the thirteenth century, however, were called *studia generalia*. This term had a threefold connotation: (1) the school attracted or at least invited students from all parts of Europe and not merely from a particular county or district; (2) it was a place of higher education for one or more of the specialized fields of law, theology, or medicine; (3) the specialized faculty or faculties had a teaching staff of masters. By the end of the fourteenth century the term *universitas* had come to embrace both its older meaning and the idea of *studium generale*.³

During the thirteenth century three medical schools in Europe were considered worthy of the title of *studium generale*: Montpellier, Paris, and Bologna. Salerno,⁴ which had been the dominant school a century earlier, had been declining and was replaced by these three. It had served as the foundation stone by which medicine came into the university curriculum. Salerno was never technically a *studium generale* until 1290⁵ when its reputation was already on the decline.

The origin of the medical school at Montpellier is veiled in obscurity and it is hard to determine just when it began. The first mention of medical study in the city is *c.* 1137 when Adalbert, later Archbishop of Mainz, went to Montpellier to study medicine after having completed the arts course at Paris. He chose Montpellier because "both doctrine and precepts" were taught by physicians who instructed the healthy in hygiene and cured the sick.⁶ Another mention of the medical reputation of the

referred to as *Cartulaire* throughout the paper is the basis for my research. Many other famous medical historians such as Sudhoff, Wickersheimer, Friedenwald, and Pansier have contributed valuable monographs to which I have had access. I do not think, however, that any comprehensive attempt to explain the development and the workings of the school has yet been published. This is what I tried to do in this paper.

² Stephen d'Irsay, *op. cit.*, I, 110.

³ Rashdall, *op. cit.*, I, 6-7, 16-17.

⁴ For a comprehensive account of Salerno see Paul Oskar Kristeller, "The School of Salerno," *Bulletin of the History of Medicine*, 17 (1945), 138-94.

⁵ Salvatore de Renzi, *Collectio Salernitana* (Naples, 1852-59), I, 361-62.

⁶ Anselm of Havelberg, *Vita Adelberti II*, in *Bibliotheca Rerum Germanicarum*, ed. P.

city occurred in 1153 when St. Bernard of Clairvaux wrote that the Archbishop of Lyons had put himself under the care of the famous physicians at Montpellier where he had given "all that which he had and that which he did not have" in return for their treatment.⁷ John of Salisbury who died towards the end of the twelfth century wrote that students who were considered failures at Paris in philosophy went to Salerno and Montpellier to become students (*clientuli*) of the physicians.⁸

The fame of Montpellier spread and teaching of medicine had become important enough in 1181 to attract the attention of the seigneur of the city, William VIII.⁹ He granted all medical teachers the right to teach medicine within his domain regardless of the country of their origin, because to give to a single individual the right of teaching "so excellent a science" would be "too atrocious and too contrary to faith and religion" (*contra fas et pium*).¹⁰ It must be emphasized that this does not imply a definite organization of masters into a medical school but rather that several masters individually engaged in teaching.

Perhaps one reason why Montpellier developed a tradition of medical learning was that, like Salerno, it was a meeting place of several cultures. Benjamin of Tudela, the Jewish traveler who wrote c. 1165-71, said that Montpellier was

. . . a place well situated for commerce. It is about a parasang [approximately three and two-fifths miles] from the sea, and men come for business there from all quarters, from Edom, Ishmael, the land of Algarve [Portugal], Lombardy, the dominion of Rome the Great, from all the land of Egypt, Palestine, Greece, France, Asia, and England. People of all nations are found there doing business through the medium of the Genoese and Pisans. In the city there are Jewish scholars of great eminence, at their head being R. Reuben, son of Todros, R. Nathan, son of Zechariah, and R. Samuel, their chief rabbi, also R. Solomon, and R. Mordecai. . . .¹¹

Jaffé (Berlin: Weidmann, 1864-73), III, ll. 799-800, pp. 592-93. See also Louis Dubreuil-Chambardel, *Les médecins dans l'ouest de la France aux XI^e et XII^e siècles* (Paris: Publications de la société française d'histoire de la médecine, II, 1914), pp. 171-72.

⁷ St. Bernard, *Epistolae*, in Migne, *Patrologia Latina*, CLXXXII (second series: Paris, Garnier Frères, 1844-1900), col. 512.

⁸ John of Salisbury, *Metalogicon*, ed. Clemens C. I. Webb (Oxford: Clarendon Press, 1929), Bk. i, ch. 4, p. 13.

⁹ Montpellier was under the control of the Guillaume (or Guillems) family, vassals of the bishop of Maguelone, until 1204. In that year it passed to Peter II of Aragon through his marriage to the only child of William VIII. It was united to Majorca by James I, son of Peter, and in 1282 the king of Majorca gave homage to the king of France for Montpellier. The French king's control was made complete in 1349 when James III sold Montpellier to Philip VI, and in 1382 it was attached to the royal domain.

¹⁰ *Cartulaire*, I, No. 1, 179-80.

¹¹ Benjamin of Tudela, *The Itinerary*, ed. and trans. by Marcus Nathan Adler (London:

The school was thus in a geographical position to be influenced by the Moslem schools of Spain, the Jewish schools of southern France at Lunel, Arles, and Narbonne,¹² as well as the Christian school at Salerno. In fact several masters who had studied at Salerno appear in Montpellier in the twelfth century including Bernardus Provinzalis, Matheus Salomon, Benevenutus Hyerosolimitanus, and Gilles de Corbeil.¹³ The Jewish influence made itself felt not only through the Jewish masters from Salerno but included Judah ben Tibbon and his son Samuel ben Tibbon who were from the Jewish school at Lunel.¹⁴

Rashdall, however, argues that the markedly ecclesiastical character of Montpellier's medical school forms an objection to the idea that the earliest medicine in Montpellier might have been influenced by Jewish or Arabic sources.¹⁵ But ecclesiastical control did not exist in the twelfth century as is shown by the secular regulation of William in 1181.¹⁶ In fact it is possible to argue that William's decree was an attempt to attract the Jews and Christians then being forced out of Spain by the Almohades sect. It is known that a great many Jews took temporary refuge in southern France and at Montpellier. The later development of the ecclesiastical character of Montpellier certainly excluded the continued participation of the Jews and may have led to the existence of a separate Jewish medical school at Montpellier.¹⁷

As the reputation of Montpellier grew, the number of masters and students, especially in medicine, continued to increase and additional regu-

Oxford University Press, 1907), p. 3. Although none of these men are listed as physicians, there were numerous Jewish medical practitioners at Montpellier during this period. Such men as Isaac ben Abraham, his pupil Judah, Jacob ha-Katon, Samuel ibn Tibbon, Judah ben Samuel ibn Tibbon, Moses ibn Tibbon, Jacob ben Machir ibn Tibbon, were practicing and perhaps teaching at Montpellier. See Frederick T. Haneman, "Medicine in Post-Talmudic Times," *The Jewish Encyclopedia* (New York: Funk and Wagnalls Company, 1901-06), VIII, 416.

¹² Rashdall, *op. cit.*, II, 120; *Cartulaire*, I, lxx; Benjamin of Tudela, *op. cit.*, p. 3; Charles Homer Haskins, *The Renaissance of the Twelfth Century* (Cambridge: Harvard University Press, 1928), p. 388.

¹³ P. Pansier, "Les maîtres de la faculté de médecine de Montpellier au moyen âge," *Janus*, 9 (1904), 443-51.

¹⁴ *Ibid.*

¹⁵ Rashdall, *op. cit.*, II, 121.

¹⁶ Gaines Post, "Alexander III, the 'Licentia Docendi' and the Rise of the Universities," Charles H. Taylor and John L. La Monte (eds.), *Anniversary Essays in Mediaeval History by Students of Charles Homer Haskins* (Boston: Houghton Mifflin Company, 1929), p. 266.

¹⁷ Ernest Wickersheimer, "La question du Judéo-Arabisme à Montpellier," *Janus*, 21 (1927), 470.

lation became necessary. Montpellier had passed under the jurisdiction of the royal family of Aragon, but they were apparently indifferent to the school. When Peter assumed control of the city in 1204 he ignored the subject in his charter to the city. As a result ecclesiastical authorities stepping into the void became increasingly responsible for the regulation and encouragement of the medical school. The Church's interest in Montpellier increased as the Albigensian heresy grew in southern France. Montpellier became the headquarters for part of the forces directed against the heretics and for Cardinal Jean de St. Paul, legate of the pope in the Albigensian province. Part of the campaign to overcome the heretics was through education. St. Dominic (c. 1170-1221) founded the Dominican friars in 1206 specifically to fight heresy by educational methods. The results led to the strengthening of ecclesiastical, and especially papal control, over Montpellier. In the regulations of 1220 the first allusions to a medical university (*universitas medicorum quam discipulorum*) appears along with the mention of a master to preside over this university.¹⁸ The presiding master, or as he later came to be called, the chancellor, was to be named by the bishop of Maguelone together with three masters of the school. These three masters were to include the senior master with two others chosen by him and the bishop.

Besides the rudimentary organization of a university the statutes provided for some regulation of teaching. These give an insight into the gradual development of Montpellier into the famed medical school it was to become. It also shows the increasing power of ecclesiastical authority. No one was to be allowed to teach publicly at Montpellier unless he had been examined and approved by the bishop, on the advice of the other masters. All criminal cases dealing with students or masters were to be judged by the bishop. In the civil cases decided by the chancellor the bishop still acted as a court of appeal. If the see of Maguelone was vacant the prior of St. Firmin, the church where the school held its religious festivals and scholarly ceremonies, was to act instead.

Students and masters were allowed the right to organize (into a university) by the statutes but certain safeguards were to be observed by both groups. No student who had a fee dispute with a master was to be accepted by another master until the matter was resolved nor should any master attempt to attract students from another. To make certain the regulations were followed they were read "publicly and solemnly" at the

¹⁸ *Cartulaire*, I, No. 2, 180-83. This charter was reconfirmed by Gregory IX in 1239, *ibid.*, I, No. 4, 185-86, and Alexander IV in 1258, *ibid.*, I, No. 8, 194-95.

reception of each master and he had to swear to observe them. The regulations were also read to the assembled masters and students at the beginning of every term. To be certain that there would always be a copy of them, three were made, one for the safekeeping of the chancellor, the others to the bishop of Maguelone, and the prior of St. Firmin.

The statutes contained an interesting clause:

Quando scholaris redit a locis in quibus practicaverit, libere sibi addicat quemcumque voluerit magistrum, dum tamen priori magistro suo non teneatur ratione salarii, vel alterius alicujus rei.¹⁹

This is the first indication that students were required to gain experience outside of Montpellier before they received the right to practice. Probably the students went and practiced with an older physician during their summer vacations to gain this experience. This was necessary since the medieval medical school was not attached to hospitals as is the case with modern American schools. The provision that the practice be outside Montpellier might well imply that the medical faculty wanted no competition from its students. At any rate this provision appears in later regulations and could well be the beginning of the modern internship.

Even though the regulations were read, conflicting interpretations developed and the bishop of Maguelone was called upon to arbitrate the various claims. His representatives, Petrus de Conchis, prior of the Church of St. Firmin, and Hugo Mancii, a Franciscan friar, investigated and redefined the rights of both masters and students. Their findings led to a series of statutes which were issued in the year 1240.²⁰ It is in these statutes that the term bachelor of medicine first appears at Montpellier. Apparently the training of medical students became more complicated and time consuming as the school grew to maturity.

To become a bachelor the student had to have spent three-and-a-half years of study in medicine (*audierit medicinam*) at Montpellier or in *alio loco famoso*. Six months of practice outside of Montpellier was again required. The student also had to have his master testify that he was capable of reading in the schools. Even though the medical degree received was that of bachelor it was a graduate degree. The student had to have studied the arts before he could gain entrance to the medical university. If he had obtained an A. M. degree at Paris or some other

¹⁹ *Ibid.*, I, No. 2, 182. It should be mentioned that these statutes distinguish between masters and students only, the term bachelor not appearing until 1240; see below.

²⁰ *Ibid.*, I, No. 5, 186-90, issued Jan. 14, and 21, 1240, in two parts. Neuburger, *op. cit.*, II, 344, says this was based on previous regulations at Salerno.

equally famous place he could receive his degree after two-and-a-half years of study plus the necessary practice. Apparently not all students who entered the medical school had received their A. M. degree, and for these a year was added to their training. These students undoubtedly had had some arts training.

The prospective bachelor was required to have attended the school of the masters where he was supposed to have taken part in the disputes in order that the masters might know the extent of his medical knowledge. If the residence requirements and other requirements had been met the candidate was then given an examination, probably by the bishop sitting with the masters. They were required to judge the candidate "*sufficientem vel insufficientem*." The masters were cautioned in the regulations to be honest in their judgment of the candidate for they were not to be moved by animosity or vengeance to prevent the passing of any scholar who was worthy. Neither should they present or pass candidates who were not worthy.

If the student completed the examination successfully he took a public oath that he would lecture for two years at Montpellier before leaving. Special permission to leave, however, could be granted by the bishop. The successful candidate swore he would obey the statutes of the university; he would not reveal any of the secrets of the university; he would refuse to treat anyone afflicted with an acute disease unless he also called a priest; he would not give more than five *solidos* to an innkeeper (*albergario*) for patients treated in his inn. This last indicates that it was possible for a bachelor to practice medicine. It might also indicate that the physicians were not unwilling to pay a fee to the innkeepers at Montpellier who called them to treat patients, and that such fee splitting was condoned. The bachelor vowed also to attend the assemblies *per fidem* held twice a year as close to St. Michael's Day (Sept. 24) and Easter as possible. After taking these oaths the bachelor could then give cursory lectures on theory and practice.²¹

These same statutes give evidence that training beyond the bachelor's degree was available at Montpellier when they stipulate that a master should not present a bachelor who had not read cursorily (*i. e.* lectured)

²¹ Cursory (or extraordinary) lectures were delivered in the afternoon by lesser professors and by bachelors who had to lecture before receiving a more advanced degree. Ordinary lectures were the regular and more important ones and were given in the morning by the older and more highly paid professors. The statutes at Montpellier forbade masters to give cursory lectures stating that this was the job of bachelors (*Cartulaire*, I, No. 5, 188).

on a book of theory and one of practice.²² The name of this degree is not given but more light is thrown on the subject in 1289. In that year the bishop imprisoned the examiners on their refusal to pass a candidate whom he deemed worthy for an advanced degree, indicating that requirements for the degree had not been clearly formulated. The examiners were released when they agreed to pass the student.²³ Further qualifications for an advanced degree were set forth in 1309 by Pope Clement V.²⁴ Acting with the advice of his physicians and chaplains, including Arnald of Villanova (a Montpellier alumnus), he required a two-thirds majority in the faculty before an advanced degree could be given. Both the term licentiate and master appear in the charter without apparent distinction. Probably the master's degree was conferred at the same time as the license to teach with the requirements for the degrees being the same. Neither degree was necessary to practice medicine, however. The bachelor's degree was the practical degree. Both the licentiate and the master's degrees were teaching ones. Probably as at Paris the license to teach was given by the bishop or the chancellor while the master's degree was given by the masters themselves.²⁵ This gave both the masters and the bishop some control over teaching and perhaps helped solve future disputes between the masters and the bishop. Montpellier did not give the doctor's degree in medicine until much later. During this period only Bologna gave an M. D. degree²⁶ but it also gave doctorates in other subjects. The degree of master at Montpellier was equal to that of doctor at Bologna. Generally during the middle ages the term doctor was reserved to doctors of theology.

Five years of study were required for the advanced degrees if the student held an A. M. degree, otherwise six years. Eight months or two summers (*duas estates*) of experience in the actual practice of medicine was also required. Each bachelor presented for the advanced degree was required to have studied a set list of books. Included in the list were several works of Galen, such as: *De complexionibus*, *De malicia complexionis diverse*, *De morbo et accidenti*, *De ingenio sanitatis*. Also

²² *Ibid.*, I, No. 5, 187.

²³ *Ibid.*, I, No. 19, 209-10.

²⁴ *Ibid.*, I, No. 25, 219-21.

²⁵ *Chartularium Universitatis Parisiensis*, edited and annotated by H. Denifle and A. Chatelain (Paris: Ex typis Fratrum Delalain, 1889-97), I, No. 16, 75-76, II, Nos. 918-43, 349-99.

²⁶ Rashdall, *op. cit.*, I, 235-36. They also gave doctorates in philosophy, astrology, logic, grammar, surgery etc. (*Ibid.*, I, 242.) Apparently most of the medical degrees were doctorates.

required were works of Avicenna²⁷ or Rhazes,²⁸ Constantine the African,²⁹ and Isaac³⁰ with commentaries. The candidate was to have explained three books including two with commentary and one without commentary (*duos commentatos et unum non commentatum*) selected from among the *Tegni* of Galen,³¹ the *Aphorisms* and *Prognostics* of Hippocrates as well as his *De regimine acutorum* or the *Liber febrium* of Isaac or the *Antidotarium*,³² *De morbo et accidenti* or *De ingenio sanitatis* of Galen. If he had met these requirements the bachelor was then to give two lectures on the theory of medicine and one on its practice after which he was examined on these by the masters. If he could satisfy them on this examination the masters then questioned him further on causes and solutions. If he met all these requirements they then voted on whether the candidate should receive the advanced degree.

During the examinations and voting the masters were cautioned to be just and even tempered.³³ They were warned not to promote a son, grandson, or other close relative ahead of other men unless they were assigned to them in the prescribed order.³⁴ The order of promotion was to be in the order in which a bachelor completed his requirements, but if the bachelor neglected to give his oath on the appointed day he went to the bottom of the list.³⁵ Teachers could absent themselves from Montpellier but in order that their absences not penalize their students, eligible bachelors could be presented by another master.³⁶ It was specifically

²⁷ His great medical work, the *Canon*, was translated by Gerard of Cremona.

²⁸ Most of his works were translated into Latin by Gerard of Cremona but his chief work, the *Continens*, was translated by the Jew Faradji ben Salim of Salerno at the instance of Charles of Anjou in 1279.

²⁹ His many translations of Graeco-Arabic medical writings, some of which he claimed as original, provided the solid body of works which was used at Salerno and then at Montpellier.

³⁰ Abu Jakub Ishak ben Soleiman el-Israeli (Isaac Judaeus) was an Egyptian Jew who lived in the ninth and early tenth centuries. He wrote two books on diet, one on urines, and one on fevers.

³¹ The *Tegni* (Galen's *technē iatrikē*) or *Ars parva* was probably known through the Latin translation of Constantine the African.

³² The *Antidotarium* was a collection of formulas, antidotes, etc., and as the chief pharmacopeia of the middle ages it was translated into Hebrew, Arabic, Italian, and French. See Sudhoff-Pagel, *Kurzes Handbuch der Geschichte der Medizin* (3rd and 4th ed. Berlin: Karger, 1922), p. 172.

³³ *Cartulaire*, I, No. 68, 357.

³⁴ *Ibid.*, I, No. 68, 346. This regulation might demonstrate that the masters at Montpellier, unlike those at Paris, were allowed to marry. The fact that they were under ecclesiastical jurisdiction, however, indicates that they were at least members of the minor orders of clergy as all university students were.

³⁵ *Ibid.*, I, No. 68, 354.

³⁶ *Ibid.*, I, No. 68, 360.

stated that no person of illegitimate birth was to be promoted.³⁷ During the examination the bachelors were to reply to the masters in the order of their rank on the faculty. Masters could demand answers to questions at any time within a week but not beyond. If the master put off the date for hearing the answer, the bachelor need not answer him.³⁸

The process of receiving a medical degree was an expensive one. As a result there were attempts to limit some of the extra expenses. In 1340 the regulations stated that a promotable bachelor who was a candidate for the master's degree need clothe (*vest*) only one master unless the student had credit of at least seventy pounds (*libras*) in which case he could provide vestments for two. If he had over 100 pounds he could dress as many as he wished and even include a feast as long as he intended no bribery.³⁹

As Montpellier continued to grow, its reputation spread so that in 1289 it was officially recognized by Pope Nicholas IV as a *studium generale*, although it had had *de facto* acceptance as one for some time.⁴⁰ This same papal decree allowed each of the three faculties at Montpellier (medicine, law, and the arts) to govern itself according to its statutes but gave the bishop of Maguelone the right to require all masters to give public oath to him before allowing them to teach. This ceremony of oath taking at Montpellier was probably equivalent to the licensing ceremony at Paris. This gave the bishop some control over the masters through their oath or license. The masters maintained control through their power of granting the master of medicine degree which allowed entry into their ranks.

By 1340 some uniformity in the regulations of the university was necessary. In that year they were codified into a document known as *Statuta universitatis medicine Montispessulani*.⁴¹ In addition to the degree requirements, already explained, these regulations give some interesting information on the workings of the medieval medical university. The reading master lectured either from the feast of St. Luke (October 18) or All Souls (November 2) to Easter in each school year. Not all masters were reading or regent masters for some were classified as non-regent, apparently a lower category. Perhaps this practice was the same as at

³⁷ *Ibid.*, I, No. 68, 357. There were exceptions, however, and special dispensations were made (*Ibid.*, I, No. 51, 278-80).

³⁸ *Ibid.*, I, No. 68, 354-55.

³⁹ *Ibid.*, I, No. 68, 361.

⁴⁰ *Ibid.*, I, No. 20, 210-13. Masters from a *studium generale* usually had the *ius ubique docendi*, a sort of ecumenical teaching right.

⁴¹ *Ibid.*, I, No. 68, 340-68.

Paris where the teachers were divided into two groups. The first group was required to lecture and give demonstrations, giving stability to the school. The second group was composed of those who lectured of their own free will. The former were regent, the latter non-regent.⁴² The explanation for this lies in the fact that all masters of medicine in the city were considered part of the university whether they were teaching or practicing. This system allowed for some of the masters to spend their time in practice. Also included in the non-regent masters at Montpellier, at least organizationally, were the bachelors. When a regent changed to non-regent he went to the bottom of the list of non-regent but retained any bachelors studying under him. A non-reading master promoted to regency took his place in the seniority lists.⁴³ Evidently change between the two categories was not too difficult for the full fledged master of medicine.

Bachelors were to be distributed among the masters on the basis of two for each reading master to one for the non-reading master. In order to avoid contention bachelors were to be assigned according to statute. Each reading master, starting with the eldest and going down to the youngest, was to be assigned a bachelor. If there were other bachelors desiring to study, each non-regent master was assigned a bachelor on the basis of his seniority. Any remaining bachelors were again distributed to the reading masters. This assigning procedure was then repeated until the supply of bachelors was exhausted.⁴⁴ When a bachelor took a course from a non-regent master half of his twenty *solidi* fee went to the university instead of all to the master which was evidently the case if he was regent.⁴⁵

The necessary business of the faculty was conducted in assemblies held twice a year—at the beginning and end of the masters' lecturing period.⁴⁶ At the first of the assemblies, held approximately at the time of the feast of St. Michael (Sept. 29), the masters agreed upon the courses they were to give during the coming year.⁴⁷ The method of determining the courses was set by regulation with the eldest master choosing first the book he wanted to give ordinary lectures on followed by the junior master, next senior, next junior, *et. al.* until all the masters had been assigned.⁴⁸ The books were to be selected from the following list and each set was to be lectured on for one course. The list included:

⁴² Puschmann, *op. cit.*, pp. 229-230. See also *Chartularium Universitatis Parisiensis*, I, No. 461, 531, III, No. 1540, 448, III, No. 1603, 550-51, IV, No. 1795, 78-80.

⁴³ *Cartulaire*, I, No. 68, 345-46.

⁴⁶ *Ibid.*, I, No. 68, 342-43.

⁴⁴ *Ibid.*, I, No. 68, 344-45.

⁴⁷ *Ibid.*, I, No. 68, 348.

⁴⁵ *Ibid.*, I, No. 68, 352-53.

⁴⁸ *Ibid.*, I, No. 68, 346-47.

1) the first book of the *Canon* of Avicenna; 2) *Liber de morbo et accidenti* and *De differentiis febrium* of Galen; 3) Galen's *Liber de crisi et criticis diebus* and *De malicia complexionis diverse*; 4) Galen's *De simplicibus medicinis* and *De complexionibus*; 5) Hippocrates' *Aphorisms* and *De regimine acutorum* or *De prognosticis*; 6) Galen's *De juvamentis membrorum* and *De interioribus*; 7) *De igenio sanitatis* and *De arte curativa ad Glauconem* of Galen; 8) Avicenna's fourth book of the *Canon* (the first two sections) or, together with Johannitius,⁴⁹ *De pulsibus* and Theophilus, *De urinis*;⁵⁰ 9) Galen's *Tegni* with the *Prognostics* of Hippocrates or his *De regimine acutorum*; 10) Galen's *De regimine sanitatis* and *De virtutibus naturalibus*.⁵¹ If this list was not sufficient for all the masters wishing to read in the schools, other courses could be chosen from: *De febribus* or *De dietis universalibus* of Isaac; the third and fourth fens⁵² of the fourth book of Avicenna's *Canon* or other sections; the third book of the *Canon*, or other books of Galen, and so on until there were sufficient courses.⁵³

Narrow specialization was to be avoided among professors. It was therefore stipulated that a professor could not repeat lectures on a book until after a five year interval.⁵⁴ The newest masters were required to lecture during the first hour for the first five years of their lectureship but senior masters could lecture either during the first or second hour, or, even during vespers, but once they had chosen their hour they were not permitted to change it for that year.⁵⁵ Not all the books were available for purchase and a university regulation required any master or student (*scholaris*) having an "authentic" book of medicine which others did not have or could not buy to lend it when it was needed. The borrower had to give a pledge for the book to the owner and return it in good condition.⁵⁶ Each day all masters and students were required to attend mass under penalty of fine,⁵⁷ proof that by 1340 only Christians could attend the university.

⁴⁹ Honein ben Ishak, Latinized Johannitius, the author of an "Introduction" (*Isagoge*).

⁵⁰ Theophilus is believed to be Theophilus Protospatharius who held office under the Byzantine emperor Heraclius (610-41) and whose work on urine was well known in a Latin translation. *De pulsibus* might refer to the work by Philaretus but the wording of the document is not clear. There also exists a work on pulse by Theophilus himself. See Neuburger II, *op. cit.*, 120.

⁵¹ *Cartulaire*, I, No. 68, 346-47.

⁵² A fen is a section of a book. It is a term apparently used only in the works of Avicenna.

⁵⁵ *Ibid.*

⁵³ *Ibid.*, I, No. 68, 348.

⁵⁶ *Ibid.*, I, No. 5, 189.

⁵⁴ *Ibid.*, I, No. 68, 348.

⁵⁷ *Ibid.*, I, No. 68, 341.

Attendance was not kept in classes but in order to make certain that resident requirements were met students were required to record the date of their entrance and departure from the university. This enabled the student to state definitely how long he had studied at Montpellier "without fraud." For the privilege of registering the student paid two *denarii* at the beginning of the year and four at the end, and no more.⁵⁸ If he was a new student coming to Montpellier for the first time the scholar had to swear within eight days after his arrival to observe and uphold the statutes of the university.⁵⁹

The medical student was limited to medical subjects when he studied in the medical university. To enforce this limitation the statutes stipulated that no book on grammar, logic, or natural science, except for Aristotle's *De animalibus*, was permitted to be read.⁶⁰ For those students who entered the school without a master of arts degree it was specifically forbidden to receive the arts degree after they had received the medical degree.⁶¹ The intent of this regulation was undoubtedly to preserve the idea of the superiority of the medical faculty to that of the arts.

Bachelors could give lectures during the period when the regent masters were not lecturing.⁶² Since the period open to the bachelors corresponded to the summer vacation, attendance was probably limited to students who were not yet ready to practice outside Montpellier as part of their degree requirement. At Montpellier the summer vacation lasted from the Kalends of July to the Assumption of the Virgin (August 15)⁶³ although the masters were only required to give lectures through to Easter.

Control of the licensing at Montpellier, as it was in other universities, was in the hands of the bishop and his chancellor although the consent of masters was also required. The chancellor at Montpellier was an elected official, chosen by the votes of the faculty. He was required to gain a two-thirds majority.⁶⁴ The chancellor was to represent the bishop and act as his lieutenant at all university functions. Assisting the chancellor was an official known as a dean. This office had been foreshadowed in the Charter of Conrad which had given the oldest master precedence in all the scholarly ceremonies with the right to decide on

⁵⁸ *Ibid.*, I, No. 68, 351.

⁵⁹ *Ibid.*, I, No. 68, 343.

⁶⁰ *Ibid.*, I, No. 68, 350.

⁶¹ *Ibid.*, I, No. 68, 364.

⁶² *Ibid.*, I, No. 68, 350.

⁶³ *Ibid.*, I, No. 68, 350.

⁶⁴ *Ibid.*, I, No. 26, 222-23.

such matters as vacations, etc.⁶⁵ The duty and office of the dean were defined in the statutes of 1340 as those of the functioning head of the medical university.⁶⁶ At this late date the office was still held by the oldest master in terms of the number of years taught. The chancellor and dean were assisted by a beadle who reported to them daily. The beadle was an elected official who saw to it that the calendar of the school was carried out as it was planned by the dean. He purchased books and sold or rented them to the students but he was not allowed to have a monopoly. He had to arrange for the examination of candidates for degrees and other such matters. For carrying out these duties he was paid twelve *denarii* a year by each student and two *solidi* by each bachelor.⁶⁷ The finances of the university were handled by an officer known as a proctor. This office circulated among the various masters.⁶⁸

The list of texts used at the university gives some indication of what was taught but it does not indicate what methods were used. One of the points of dispute is whether anatomical demonstrations were used. Probably Arnald of Villanova had taught anatomy at Montpellier through the use of diagrams,⁶⁹ but actual human dissection is not stipulated until 1340. The statutes in that year order the chancellor to see that an anatomy on a *corporalis* was performed every two years.⁷⁰ This regulation was amplified in 1376 when Duke Louis of Anjou gave the medical faculty authorization to do dissections upon the cadavers of executed prisoners.⁷¹ Evidently the royal judges did not deliver the bodies for in 1377 Charles the Bad, King of Navarre, at the request of his physician François Cunil, who was also a member of the faculty, again ordered the officials to deliver the bodies of those executed.⁷² In 1396 Charles VI of France found it necessary to repeat this order,⁷³ and the chancellor presented the demand to the officials of Montpellier.⁷⁴ If the requirements for dissections of 1340 were not carried out the later ones probably were. Thus Montpellier

⁶⁵ *Ibid.*, I, No. 2, 180-82.

⁶⁶ *Ibid.*, I, No. 68, 341-42. I hope to explain this office in greater detail in a paper on the University of Paris where considerable more information is available.

⁶⁷ *Ibid.*, I, No. 68, 364-67.

⁶⁸ *Ibid.*, I, No. 68, 343.

⁶⁹ Charles Singer, *The Evolution of Anatomy* (Fitzpatrick Lectures 1923-24, London: Kegan Paul, Trench, Trubner & Co., Ltd., 1925), p. 72.

⁷⁰ *Cartulaire*, I, No. 68, 344.

⁷¹ *Ibid.*, I, No. 162, 569-71.

⁷² *Ibid.*, I, No. 163, 572-73.

⁷³ *Ibid.*, I, No. 192, 678-80.

⁷⁴ *Ibid.*, I, No. 193, 680-81.

appears to be the first French school to engage in the study of human anatomy through dissections.

The course of surgical study at Montpellier is more difficult to follow than that of medicine. When Guy de Sora, the legate of Pope Gregory IX, confirmed the medical university statutes in 1239, he excluded the surgeons from following the regulations (*exceptis chirurgicis, quos huic nolumus examini subjacere*).⁷⁵ The mention of surgeons and their exemption from the examination indicates what in fact was true, namely the separate development of surgery and medicine at Montpellier. The next mention of surgery in the university regulations occurred in 1399 when Charles VI forbade the practice of surgery to anyone, Christian or Jew, who had not proved himself qualified before a group of masters assembled to examine him. An exception was given to those surgeons who were members of the university faculty,⁷⁶ evidence that there were surgeons who held a medical degree. Further proof of this is given by the physician and surgeon Guy de Chauliac who took a medical degree at the University of Montpellier and studied surgery while there. Guy's master at the university, Raymond de Molieres, had also taught surgery.⁷⁷ There was, however, not a special surgical degree in the fourteenth century at Montpellier, nor did the university title of master in surgery exist.⁷⁸

The development of surgical education at Montpellier between 1239 and 1399 must remain speculative and incomplete because of the lack of documentation. Surgery was taught at Montpellier but probably most of the teachers were outside of the official university.⁷⁹ Evidently many of the surgeons at Montpellier were Jews as is indicated in the regulation of 1399,⁸⁰ and possibly some of these acted as teachers but outside of the medical university. In the fifteenth century a master of medicine was forbidden to practice surgery,⁸¹ although such was not the case earlier. Other than this there was apparently little connection between the study of medicine and surgery at Montpellier. Each pursued a more or less independent course.

Towards the end of the fourteenth century a new factor entered the educational picture at Montpellier: the medical college. Pope Urban V,

⁷⁵ *Ibid.*, I, No. 4, 186.

⁷⁶ *Ibid.*, I, No. 194, 682-83.

⁷⁷ Guy de Chauliac, *La grande chirurgie*, translated into French by E. Nicaise with an historical introduction (Paris: Félix Alcan, 1890), p. liii.

⁷⁸ *Ibid.* I could not find such a title in an examination of the various documents.

⁷⁹ *Ibid.*

⁸⁰ *Cartulaire*, I, No. 194, 682-83.

⁸¹ Chauliac, *op. cit.*, p. liii.

who had been a law student at Montpellier in his youth, founded a college for medical students in 1369. Commonly called the *Collège des Douze Médecins* but also known by several other names,⁸² it provided for twelve students in medicine. The college was given considerable revenues plus a house on the street of St. Matthew. It was the first college to be limited to medical students. It assured monetary aid to those students who could meet its requirements. The primary stipulation was that the student should be a native of the Diocese of Mende.⁸³ This college might be called the beginning of scholarship aid to medical students.

Montpellier by the end of the fourteenth century had more or less perfected its organization. Its curriculum was now based on the recovered Greek and Arabic medical classics, more so than at some of its rival universities. Medicine was now considered a graduate study with some arts training a pre-requisite. Practical experience in the form of internship was required. The period between the bachelor and licentiate or master's degree might be compared to the modern practice of serving as a resident in a hospital. Anatomy was apparently taught by actual dissection but surgery and medicine were taking separate paths, a development that was common in all but the Italian universities. The importance of Montpellier lies in the fact that here medicine gave rise to the concept of a modern university and medicine was put alongside other schools in the university curriculum. An understanding of the development of Montpellier also gives some indication of how and why some of our present academic traditions developed.

⁸² Astruc, *op. cit.*, pp. 79-81.

⁸³ *Cartulaire*, I, Nos. 150, 151, 152, 551-56.