

Medieval Urban Identity

Medieval Urban Identity:

Health, Economy and Regulation

Edited by

Flocel Sabaté

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TABLE OF CONTENTS

Medieval Urban Identity: Health, Economy and Regulation.....	1	
Flocel Sabaté		
“The smell of rotting corpses infected the air”: Notes on Sanitation, Pollution and Urban Ecology in Al-Andalus.....	13	
Ieva Reklaityte		
Inventory of Arab Objects Documented in Catalan Medieval Houses (Late 13 th Century—Late 15 th Century).....	24	
Lluïsa Amenós		
Ecclesiastical Freedom to Crenellate: Urban Disputes and Rivalries in 13 th and 14 th Century England	68	
Audrey Thorstad		
Tuscan Merchants in Catalonia and Catalan Merchants in Tuscany: A New Double-Perspective Approach to Mercantile Relations in the Medieval Mediterranean.....	89	
Maria Elisa Soldani		
Surgeons in Late Medieval Sicily: Education, Activities, Regulation.....	110	
Daniela Santoro		
Defining “Apothecary” in the Mediaeval Crown of Aragon	127	
Carles Vela		
Barbers in the Process of Medicalization in the Crown of Aragon during the Late Middle Ages	143	
Carmel Ferragud		
<i>Hec sunt consuetudines, privilegia ac ordinationes civitatis Balagarii:</i> The Legal Background of Lleida as a Base for the Local Law of the City of Balaguer (13 th -15 th centuries). A Linguistic Approach.....		166
Robert Cuellas Campodarbe		

A Frontier Cartulary: The Lorca Council Cartulary in the Years 1463 and 1464 as a Source for Studying the Frontier Relationships between Murcia and Granada's Kingdoms	189
Diego Antonio Reinaldos	
Urban Political Identity in the Late Middle Ages: A Reflection on Communal Polities in Urban Castile in the 15 th Century.....	202
José Antonio Jara	
The Control of the Council Offices in the Late Middle Ages: The Notaries in Burgos. A Conflict of Authority	223
Alicia Inés Montero	
Between the Council and the King: The Negotiation of the <i>Encabezamiento</i> of the Alcabalas of Talavera de la Reina at the End of the Middle Ages	241
Alicia Lozano	

BARBERS IN THE PROCESS OF MEDICALISATION IN THE CROWN OF ARAGON DURING THE LATE MIDDLE AGES¹

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Marilyn Nicoud has recently written a wonderful summary of the process of medicalisation in late medieval Italian cities.² This concept, sociological in nature, was introduced in the 1990s by Michael McVaugh and Joseph Shatzmiller. It refers to the process whereby Western society in the late Middle Ages had been profoundly affected by the influence of a new way of understanding and practising medicine. This medicalisation was based on an updated Galenic approach resulting from the influence of new Greco-Arabic texts that had been unknown until around the middle of the 13th Century. On one hand, these authors emphasised the proliferation of medical services thanks to this particular model of medical knowledge and the type of practices derived from it. This contributed to improving health, preventing disease, as well as more efficient operations by physicians. On the other, it demonstrates how these same medical practitioners were used as experts whose extraordinary knowledge could

¹ This article forms part of the research project funded by the Ministerio de Ciencia e Innovación (Spain) *Sciència.cat. Towards a digital corpus of science and technology in Catalan language in the romance context during the Middle Ages and the Renaissance* (FFI 2008-02163/FISO, 2009-2011) <<http://www.sciencia.cat/>>; and the research group established by the Generalitat de Catalunya in 2009, SGR 1452 *La Corona catalanoaragonesa, l'islam i el món mediterrani*. Abbreviations used: ACA, Archivo de la Corona de Aragón; AHAM, Arxiu Històric Arxiprestal de Morella; AHT, Arxiu Històric de Tarragona; ARV, Arxiu del Regne de València; C, Cancillería; JC, Justícia Civil; JCr, Justícia Criminal; m, manus; Pr, Protocols.

² Marilyn Nicoud, "Formes et enjeux d'une medicalisation médiévale: réflexions sur les cités italiennes (XIII-XV centuries)", *Genèses*, 82 (2011), pp. 7-30.

help improve the way society operated, such as the slave markets and the criminal, civil and ecclesiastic courts.³

Nevertheless, although Nicoud refers to the ‘medical pluralism’ of this society, I believe the author did not sufficiently consider the fact that this process, and particularly the increase in medical care, was made possible by the mass spread of barbering as a key element in this system. Therefore, I will try to demonstrate how barbering played a key role in providing medical care for the bulk of the population in the Crown of Aragon, as it did in other late Medieval Mediterranean and Northern Europe societies. I am simply highlighting what García Ballester pointed out some time ago: that barbers were the real healthcare umbrella of late medieval society.⁴ As shown below, barbers progressively increased in both numbers and their range of action, making it necessary to control their activities. Their extraordinary dynamism made them clearly susceptible to social climbing, yet there was also a source of conflict among the barbers themselves due to the fierce competition to establish themselves in the most dynamic late medieval cities such as Valencia, Barcelona and Palma de Mallorca.

1. The barber: the spearhead of the healthcare system

An indication of the medical importance of barbers is their number, compared to that of physicians and surgeons, and their ubiquity in both the rural and urban worlds. This is shown by studies on the number of medical practitioners in the 14th century, such as the exhaustive research undertaken

³ This seems evident upon studying medical care in Valencian towns. See: Carmel Ferragud, “Medicina i societat a Alzira durant la Baixa Edat Mitjana”, *Actes de la X Assemblea d’Història de la Ribera* (Antella: Ajuntament d’Antella, 2004), pp. 89-102; Carmel Ferragud, “La medicina en la Xàtiva medieval”, *Història de Xàtiva*, dir. by Jorge Hermossilla (*Xàtiva en la Edat Mitjana*, ed. by José María Cruselles and Vicent Pons) (Valencia: Universitat de València, 2007), pp. 268-720; Carmel Ferragud, “Organització social i atenció mèdica a la Cocentaina baixmedieval: el procés a Abraham Abengalell (1318)”, *Asclepio*, 57 (2005), pp. 3-24. The key text that has provided the inspiration for my work is: Michael R. McVaugh, *Medicine before the plague. Practitioners and their patients in the Crown of Aragon (1245-1345)* (Cambridge: Cambridge University Press, 1993).

⁴ Luis García and Michael R. McVaugh, “Nota sobre el control de la actividad médica y quirúrgica de los barberos (barbers, barbitonsores) en los Furs de Valencia de 1329”, *Homenatge al doctor Sebastià Garcia Martínez* (Valencia: Generalitat Valenciana, 1989), pp. 73-88; Lluís García, *La medicina a la València medieval. Medicina i societat en un país medieval mediterrani* (Valencia: Alfons el Magnànim, 1989), pp. 57-62.

by McVaugh, which provides data that should be treated with great caution. The volume of data provided by the Royal Chancellery, which McVaugh uses as a basis for a large part of his conclusions, is not the same as adding up, for example, notarial sources, which suggest a much higher number of practitioners. This is the case for Santa Coloma de Queralt (around one thousand inhabitants, with the constant presence of a barber) and Manresa (with some 4,000 inhabitants and an average of five barbers per year) in Catalonia, providing a ratio of 20 and 40 senior practitioners (physicians and surgeons) per 10,000 inhabitants, much higher than major cities, and even more so if we include the barbers. In contrast, the other data from the Chancellery states that physicians were practically non-existent in small towns with fewer than 100 households (400-500 inhabitants), and that medium-sized towns tended to attract physicians and surgeons to a disproportionate extent. These towns would provide a base for covering an area of 20-25 square kilometres per group of resident practitioners. Smaller towns had to make do with the resident barber, and often not even that, as barbers frequently moved around the surrounding villages. However, this must have happened in dozens of places with doctors as well. Thus, a town that was established as the backbone of a region of around 40 square kilometres provided medical care from its resident doctors.⁵

While McVaugh's considerations seem plausible in general terms, it is necessary to approach the various sources of information in the archives with a certain amount of caution. An example of how biased samples can be is the Valencian town of Alzira. Alzira, with a population of some 7,500, had eleven barbers, seven physicians and four surgeons practising medicine between 1350 and 1400. However, the records in the Chancellery only refer to three of these, and we must bear in mind that few notarial protocols from the second half of the 14th century have survived – these being the source of most of the individuals on the list – if we compare them to those preserved in other places.⁶

In general, we can estimate that there was quite significant and varied medical care available in mid-sized Catalan towns, and this grew considerably during the century (500 to 1,000 households; 2,000 to 4,500 inhabitants). Tortosa (4,500 inhabitants in 1378) had two barbers and a physician between 1300 and 1340; between 1380 and 1400 it had seven barbers, six physicians and six surgeons, plus four people with no clear appointment. In Montblanc (2,000 inhabitants in 1378), there were two

⁵ McVaugh, *Medicine before the plague*, pp. 42-49.

⁶ Ferragud, "Medicina i societat a Alzira", p. 92.

physicians and one surgeon in the first 40 years of the century, but between 1360 and 1390 there were six physicians, five surgeons, one barber and two female doctors. But it is harder to make an estimate for smaller towns, where the data is scarce. Even so, I am convinced that things changed considerably between the first and second halves of the 14th century, as in the cases mentioned above.⁷

The possibility of contracting them almost certainly played a very important role in consolidating barbers in small and medium-sized semi-urban and rural population centres. Some towns managed this. We know that Joan Castelló was contracted in December 1377 for the Catalan town of Santa Coloma de Queralt for a five-year period on a low annual stipend of 232 shillings (*sous* in Catalan language). In Morella, in the north of the kingdom of Valencia, the barber/surgeon Martí Coll received an annual stipend of 200 shillings.⁸ This was a financial incentive for someone to establish himself temporarily in these towns, from where he could expand his clientele.

The situation in larger cities was quite different. Although there is a lack of accurate studies from the 15th Century, we can make an estimate for the 14th Century. We can thus confirm that the proportions between barbers and other medical practitioners varied considerably in major cities. For example, between 1325 and 1334, there were 15 physicians, three surgeons and 29 barbers in Palma de Mallorca. Between 1386 and 1395, the number of physicians rose to 20, along with a large increase in the number of surgeons, to 19, and 36 barbers.⁹ In Valencia, there is documentary evidence of 10 physicians, 22 surgeons and 62 barbers between 1300 and 1340, while in Barcelona during the same period, there were 14 physicians, 16 surgeons and 34 barbers.¹⁰ There is no doubt that

⁷ The data from the first half of the century is taken from: McVaugh, *Medicine before the plague*, pp. 47 and 66-67. The other data is from the compilation that I have made from the Chancellery sources. I have not included the data referring to apothecaries, some of whom, as well as preparing medicines, acted as doctors whose work was on a much broader and more complex scale than medicine alone.

⁸ AHT, Pr. (Santa Coloma de Queralt), n. 3906, fols. 239v-240 (10th January 1378); AHAM, Pr. (1387) (16th of December 1387).

⁹ Luis García, "La medicina", *Historia de España. La época del gótico en la cultura española, c. 1220- c. 1480*, dir. by Ramón Menéndez (Madrid: Espasa Calpe, 1994), XVI, Table 1.

¹⁰ McVaugh, *Medicine before the plague*, pp. 42-43. There was a similar situation in Toulouse, a city of 20.000 inhabitants in 1405, which had three physicians and 22 barbers on the census. Philippe Wolff, "Recherches sur les médecins de Toulouse aux XIV^e et XV^e siècles", *Regards sur le Midi médiévale* (Toulouse: Privat, 1978), pp. 125-142, especially, p. 127.

there was a trend for the number of barbers to increase in much higher proportions than physicians. After all, the increasingly stringent demands placed upon physicians entering the market due to the requirement to be trained in the *Estudi General* (university) made it difficult for there to be enough of them to treat the ever-growing population once the crisis of the second half of the 14th century was over, particularly in a place such as Valencia. This further encouraged the expansion of barbers as medical practitioners.

There is no systematic information available for the 15th Century. We must remember that the documentation increases exponentially and it is impossible to replicate the work carried out for the 13th and 14th Centuries. There were tax records. However, using this source has some major drawbacks in that many individuals do not appear on the records. This is particularly evident in the case of barbers. We must point out, for example, the presence of many young foreign barbers who worked as apprentices or skilled workers in the barbershops of other individuals who already had an established business, and as they had no assets, they did not appear on the tax lists. For example, in the books of complaints (*llibres de cedes*) of the criminal magistrate (*justicia criminal*) of Valencia for 1422, 1435 and 1445, we have found 57 barbers for a population that must have been double that of the previous century. On the other hand, a tax list drawn up in 1510 gives us a figure of 48 barber-surgeons, compared to 13 doctors for 11,560 households, which would represent some 45,000 inhabitants. Indeed, according to the tax records, the numerical evolution of this group of professionals in no way corresponds with what would be expected in line with this overall demographic growth. This is even more the case if we compare it to the major cities. For the city of Palma de Mallorca, we have a tax list very similar to that of Valencia at that time, 1512, which shows a total of 38 barbers and surgeons for a tax census of 3,419 taxpayers in the city (15,000 inhabitants). However, the greatest imbalance occurs in Barcelona, where a register drawn up between 1445 and 1467 shows 60 barbers for a population of some 25,000.¹¹

In any event, what these records do indicate is the considerable rise in the number of barbers and their growing proportion compared to doctors, physicians and surgeons, particularly university-trained ones, in a continuation of the trend set in the 14th Century. So, what was the reason behind this significant increase in the number of barbers? In a recent study of Valencian barbers of the 15th century, various reasons have been put

¹¹ Ferragud, "Els barbers", pp. 37-38.

forward for their continuous growth in the medical market.¹² Firstly, there was a flow of barbers attracted by the demographic growth and economic dynamism of the city of Valencia must be highlighted. Secondly, there was a drop in the number of medical practitioners after attacks on the Jews and their forced conversions, leading to the exodus of various families of doctors, and hence the need to attract more healers. Finally, barbering must have enabled its practitioners to progress both socially and financially from modest investments. Nevertheless, this does not include another very important reason I have been able to obtain new information about. This was the constant presence of the plague and the role played by barbers in treating the sick. I believe that, with all due caution, we can claim that the years with the most intensive plague epidemics in the city of Valencia coincided with an increase in the presence of barbers in the city. For example, at the time of the plague outbreak in the city between 1401 and 1402, I have documented 33 barbers, and during the outbreak that started in 1421 and continued with great virulence in 1422, there were also 33 barbers in the city.¹³ It is worth mentioning that in the other years where we have documentary data the number of barbers ranged between 12 and 15. It is very likely that these barbers were travelling professionals who occasionally came into the city, possibly from the country, but also from other parts of the kingdom, and even from other more distant kingdoms, at times when they were needed most, and then left when the demand for their services decreased. This hypothesis may seem unusual from a present-day perspective, but it may be that many of them saw a good opportunity, despite the high risk involved.¹⁴ After all, who could escape the plague when it broke out? This might explain why, out of the barbers who appeared in documents dated 1401-1402, only four of them were mentioned again in 1422. Furthermore, the information recorded mentions individuals who appear sporadically. Only a few of the surnames were repeated over the years, and those correspond to what we might call “the barbers’ aristocracy”.¹⁵

¹² Ferragud, “Els barbers”, pp. 39-41.

¹³ Agustín Rubio, “Las epidemias de peste en la ciudad de Valencia durante el siglo XV. Nuevas aportaciones”, *Estudis Castellonencs*, 5 (1994-1995), p. 1198. This data has been extracted from notarial protocols and criminal justice records.

¹⁴ The same case was highlighted for Piedmont in: Irma Naso, *Medici e strutture sanitarie nella società tardo-medievale. Il Piemonte dei secoli XIV e XV* (Milan: Franco Angeli Editore, 1982), pp. 139-140.

¹⁵ Bartomeu Ballester is documented between 1401-1407, Andreu Ballester, probably a relative of the former, between 1430-1438, Francesc Parta in 1429-

It has often been demonstrated that in the event of contagion, there was a general exodus of doctors to the countryside to sit out the plague with everyone else who could afford to do so, completely neglecting their plague-afflicted patients. This sparked angry criticism from some of the writers of that time, such as Boccaccio in his famous *Decameron*. Even so, Shona K. Wray has highlighted the fact that some doctors, and especially many barbers, in Bologna attended plague victims during the most critical periods of the epidemic. They did not flee from the contagion but instead remained at the bedsides of their patients, acting as witnesses to their last wills and testaments.¹⁶ There is no doubt that some physicians did flee, and there are well-known examples, such as Jaume Roig, who in 1460 started writing his *Espill* at Callosa d'En Sarrià, a small rural town far from Valencia, where he had taken temporary refuge from the plague.¹⁷ The nuns of the Convent of the *Magdalenes* also had to search for a doctor when the one they had hired ran off because of the plague in 1428.¹⁸ However, others did stay, and the proof of the fact that Valencian barbers stayed at the bedsides of their patients is evident in their being named as witnesses to the wills of plague victims. In the will of Joan Razet, a Girona merchant who was taken ill with the plague in 1439 in the city of Valencia, the witnesses are listed as the apothecary, Bernat d'Almenar, the barber, Gabriel Gomis and the surgeon, Pere Guillem, all residents of the city, who presumably looked after the merchant.¹⁹

2. Barbers' occupations

The barber's trade involved two main areas of activity. The first of these was the practice of hygiene, their original trade that gave them their name, which consisted of cutting hair and shaving beards. The other was the medical or surgical side, which was much more complex and regulated by law given its technical difficulty and the problems that could arise from malpractice. The inventories of their assets clearly show the overlap

1437; Alfons Sanxis in 1401-1422; Bernat Riera in 1401-1435, and Joan Camps in 1407-1422. These men were genuine exceptions to the rule.

¹⁶ Shona Kelly Wray, "Boccaccio and the doctors: medicine and compassion in the face of plague", *Journal of Medieval History*, 30/3 (2004), pp. 301-322.

¹⁷ Agustín Rubio, "Autobiografía i ficció en l'Espill de Jaume Roig. A propòsit de l'episodi de l'hospital", *L'Espill*, 17-18 (1983), p. 147.

¹⁸ ARV, Litium, n. 1431, m. 8, fol. 4 and following; m. 14 fol. 7 and following. With regard to the epidemic of 1428 in Valencia, see: Rubio Vela, "Las epidemias", p. 1199.

¹⁹ ARV, Pr. n. 2435, fols. 491-492 (6th August 1439).

between the two occupations. The assets of the barber of Vic, Domènec Alfons, around 1380, include lancets for blood-letting, blood-letting basins, implements for scraping teeth, pincers for pulling teeth, needles for stitching wounds, unguents and other surgical instruments, as well as scissors, razors, barbers' aprons, barbers' chairs, and so on.²⁰ In the inventory of the Majorcan surgeon Joan del Ram (†1452), we find obvious parallels: various surgical instruments; five glass suckers, a reed basket with two dozen blood-letting bowls, a reed basket containing instruments; some new pincers for pulling teeth; various stone mortars for grinding and making unguents and iron spatulas. His barbering accoutrements included an iron washbasin, brass barber's bowls, copper razors, small mirrors, a cloth-heater and receptacles for water and bleach.²¹ This would seem to indicate that barbers and surgeons shared the same activities. We can now examine what differentiated them, if in fact there were truly any differences between them.

There is no doubt that phlebotomy, or bloodletting, was one of the most common activities in the barber's therapeutic repertoire. The regulation of their activity as blood-letters in Valencia came about in the times of Alfonso the Benign. The king regulated some of the technical aspects of medical practice through the Laws of 1329, which explicitly included barbers. Like physicians and surgeons, they were expected to pass an exam to ensure that they were competent. At that time, phlebotomy was one of the most closely-supervised activities following the concerns expressed by the king himself in 1333 to the Valencian authorities regarding the problems arising from lack of knowledge about the procedure, and especially the right time, for therapeutic blood-letting.²² This is an unequivocal sign that this was the most common practice undertaken by barbers, though this does not mean it was a less sophisticated undertaking, but one involving a high risk to patients' health

²⁰ Carmel Ferragud, *Medicina i promoció social a la Baixa Edat Mitjana. Corona d'Aragó, 1348-1410* (Madrid: Consejo Superior de Investigaciones Científicas, 2005), pp. 140-143.

²¹ Antonio Contreras, "La formación profesional de los cirujanos y barberos en Mallorca durante los siglos XIV i XV", *Medicina & Historia*, 43 (1992), pp. 27-28.

²² Transcription in: García Ballester and McVaugh, "Nota sobre el control", Appendix 2. With regard to the therapeutic relationship with blood-letting, see: Pedro Gil, "Los evacuantes particulares: ventosas, escarificaciones, sanguijuelas y cauterios en la terapéutica medieval", *Medicina & Historia*, 34 (1990), pp. 1-28; Pedro Gil, "Derivation and revulsion: the theory and practice of medieval phlebotomy", *Practical medicine from Salerno to the Black Death*, ed. by Luis García and others (Cambridge: Cambridge University Press, 1994), pp. 110-155.

if it was not performed correctly. In this respect, the king's sensitivity to the subject of health and the use of medicine was already sufficiently well developed to establish the appropriate mechanisms to protect his subjects from malpractice.

Over time, barbers, who had initially carried out very few medical tasks, began to increase their range of medical skills and did various minor surgical procedures, particularly stitching and dressing wounds, which we would today call first aid, in addition to treating certain external diseases.²³ Barbers tended to intervene in emergencies when victims of varying severity would come to their barbershop, or when they were called out for an emergency. In many cases, the judicial authorities would go to a barbershop when there was someone injured in a fight or an accident to take statements and details to begin their investigations. Meanwhile, the barber would stop the bleeding and stitch and dress the wounds.

This progressive specialization in treating injuries during the early decades of the 14th Century must be put into context with the process of rationalising the treatment of wounds, connected to the extensive development of this topic in various influential treatises that emerged during the 13th century in Italy and France.²⁴ This technical literature would have been beyond the scope of barbers, who lacked an education in Latin had it not been for the rapid vernacularisation of medical and surgical texts. This allowed them to learn some essential information. Indeed, these texts appeared in the inventories of some barbers' assets. Thus, academic knowledge helped them to expand and improve their medical skills, and also enhanced their medical and social prestige.²⁵

²³ McVaugh, *Medicine before the plague*, pp. 123-127. In the 15th century, we can clearly observe the wide-ranging surgical practice of Valencian barbers. Ferragud, "Els barbers", pp. 31-57, especially, pp. 46-50. This was also the case in the rest of Western Europe: Nicole Gontier, "Les médecines et la justice au XV^e siècle à travers l'exemple dijonnais", *Moyen Âge: revue d'histoire et de philology*, 101/2 (1995), pp. 279 and 293.

²⁴ Michael McVaugh, *The Rational Surgery of the Middle Ages* (Florence: Società Internazionale per lo Studio del Medioevo Latino and Edizioni del Galluzzo, 2006), pp. 89-134.

²⁵ Lluís Cifuentes, "La literatura quirúrgica baixmedieval en romanç a la Corona d'Aragó: escola, pont i mercat", *Literatura i cultura a la Corona d'Aragó (s. XIII-XV): Actes del III Col·loqui Internacional "Problemes i mètodes de literatura catalana antiga"* (Girona, 5-8 July 2000), ed. by Lola Badia and others (Barcelona: Curial-Publicacions de l'Abadia de Montserrat, 2002), pp. 321-335; Lluís Cifuentes, "Vernacularization as an intellectual and social bridge: the Catalan translations of Teodorico's *Chirurgia* and of Arnau de Vilanova's *Regimen sanitatis*", *Early Science and Medicine*, 4 (1999), pp. 127-148.

Another incipient practice seems to have been the extraction of teeth, though the occupation of *queixaler*, or tooth-puller, who specialised more in dental problems, including cleaning, grew throughout the 14th Century.²⁶ However, the legislation does not indicate any specific activity, or what specific skills were required, although the data suggests they must have had a great deal of work, and that the suffering of their patients was considerable, given the lack of knowledge about teeth. One of the most widely-read medical texts in the Crown of Aragon, the *Chirurgia magna* by Lanfranco di Milano, translated into Catalan, contained certain remedies for toothache and also suggested how to deal with cavities and prepare a tooth for extraction, despite the fact that it did not specify anything about the actual mechanics of the process.²⁷

Finally, another very important medical practice that barbers were involved in was providing medical depositions. From the end of the 13th Century, and particularly from the start of the 14th century, surgeons began to play an important role in providing expert opinions on the injured who appeared in court.²⁸ This involved making a declaration about the injured

²⁶ Josep Rahola, "Els odontòlegs dels segles XIV i XV a Barcelona", *Actes del I Congrés Internacional d'Història de la Medicina Catalana* (Barcelona: Elite-Gràfic, 1970), I, pp. 203-300. The few known tooth-pullers came from Italian regions. This was the case of the most famous one, Simó Virgili, who was linked to the Royal Household and arrived in Valencia in 1346 from Florence, and Pere de Pàdua: McVaugh, *Medicine before the plague*, p. 161.

²⁷ Guadalupe Albi, *Lanfranco de Milán en España* (Valladolid: Universidad de Valladolid, 1988), pp. 305-306. I do not know how the scientific explanation given by Lanfranc would have been received and interpreted by barbers, given that in medieval times there was a widespread belief that toothache was caused by a worm. Bernard Robert Townend, "The story of the tooth-worm", *Bulletin of the History of Medicine*, 15 (1944), pp. 37-58. With regard to the vernacularization and dissemination of the text, see: Lluís Cifuentes, "Las traducciones catalanas y castellanas de la *Chirurgia magna* de Lanfranco de Milán: un ejemplo de intercomunicación cultural y científica a finales de la Edad Media", *Essays on Medieval Translation in the Iberian Peninsula*, ed. by Tomàs Martínez and Roxana Recio (Castelló de la Plana and Omaha: Universitat Jaume I and Creighton University, 2001), pp. 95-127. Indeed, it contains numerous prayers to the saints and the Holy Mother of God and other folkloric remedies. Arnau de Vilanova himself attributed the perforation of Pope Clement V's molar to a worm (*vermis*), and the pain that would not allow him to sleep or eat to the movements of this worm inside the tooth. Michael McVaugh, "The Experiments of Arnald of Villanova", *The Journal of Medieval and Renaissance Studies*, 1/1 (1971), p. 113.

²⁸ McVaugh, *Medicine before the plague*, pp. 215-216; Mercedes Gallent, "Precedentes medievales de la medicina legal: la *dessospitació* en el reino de Valencia", *Saitabi*, 50 (2000), pp. 11-28.

person's state of health and a forecast of whether they would lose an organ, be mutilated or even lose their life, specifically as a result of the injury. Without this expert report, a verdict and punishment could not be reached, nor could bail be set for the accused person. In the middle of the 15th century, it is very likely that some barbers would have possessed sufficient medical knowledge to be regarded as credible and trustworthy enough to give their opinions in expert reports. Called upon by various individuals, they attended court to verify the condition of the injured (*dessospitar*) and to make a prognosis on the evolution of the person in question.²⁹

However, the road to bringing barbers closer to surgeons was relatively long. At the beginning of the 15th century, we can see that the lesser medical skills of barbers, who were unable to act decisively in certain circumstances, made it necessary to seek the intervention of a surgeon. In this case, they would work together to treat a complicated wound. The practice based on using the skilful hands of barbers, who were accustomed to dealing with the more common kinds of operations, was insufficient and they recognised the need for someone with more advanced knowledge. Apart from external wounds, barbers were unable to give a completely accurate prognosis as to the progress of an injury and the patient's state of health.³⁰ Indeed, these practitioners were aware of their professional limitations, as were the people of those times, and how far their knowledge reached in medical terms.³¹ It is possible that this situation also led to the emergence of professional associations where an individual who had greater skills due to his age, experience or prestige, would team up with one or more barbers in order to practice the trade from every perspective: hygienic, medical and surgical.³² I do not know whether barbers, who would normally be the first port of call for an injury or first aid, would have intervened first while waiting for the surgeon or physician with

²⁹ Ferragud, "Els barbers", p. 49.

³⁰ With regard to Valencia, see: Ferragud, "Els barbers", p. 48. For the French example, see : Wolff, "Recherches sur les médecins", pp. 140-141; Gontier, "Les médecines et la justice", pp. 279 and 293.

³¹ Even so, some barbers went much further and even prescribed various medications. This was the case of Valencian barber Ramon Riera, who we will study in more detail later on.

³² With regard to the town of Santa Coloma de Queralt in Catalonia, see: McVaugh, *Medicine before the plague*, p. 124. The example of Manresa provides us with several barbers' associations. See: Ferragud, *Medicina i promoció*, pp. 281-283. There are similar cases in Toulouse, in: Wolff, "Recherches sur les médecins", pp. 139-140.

whom he had formed an association to arrive, as suggested in the cases of Dijon or London. This would be a case of professional complementarity.³³ It seems that it was more often the case that the person who owned the barbershop, the experienced one, would recruit a younger apprentice who needed experience and thus attract more customers and more profits, which were obviously not always shared equally. Almost certainly the aim was to keep an income coming in even if one of the members of the association fell ill, but there was also the option of attracting and ‘monopolising’ more customers, especially if the members of the association enjoyed a certain level of prestige. This would have been the case of the association established in Valencia between the barbers of Prince Pere and the noble Joan d’Íxer at the start of the 15th century.³⁴ Sometimes these were family societies. On other occasions, they were formed by foreign barbers who could not open their own business. They might also have included slaves, apprentices and other salaried staff. All in all, any profits these associations derived from barbering practices would have been very varied.

Towards the third quarter of the 15th Century, the practices of barbers and surgeons had become extremely close, and by the end of the century, there was barely any difference in the tasks each performed. Confidence in their action was absolute, and anyone in their right minds would have gone straight to a barber to have a wound treated, regardless of what it was or how serious.³⁵ Barbers gradually changed their form of address and the substitution of this term by ‘surgeon’ was increasingly evident in documents.

3. The places where barbers practiced

The main place where barbers worked in medieval towns and cities was the barbershop. While barbershops, and healers in general, were widely distributed throughout the urban area, there were certain preferred locations for their establishments: squares. There were various reasons for this. The first was because they were open spaces that were easily

³³ Gontier, “Les médecines et la justice”, pp. 279 and 286; Carole Rawcliffe, *Medicine & Society in later Medieval England* (Somerset: Sutton Publishing, 1997), p. 133.

³⁴ ARV, Pr. n. 421 (16th July 1428).

³⁵ There is a summary of the ascent of the different barbers’ collectives in the cities of the Crown on Aragon in: Contreras Mas, “La formación profesional”, pp. 15-22. With particular reference to Valencia, see: Ferragud, “Els barbers”, pp. 33-36, and the bibliography therein.

accessible, better ventilated and healthier, and thus where the hygiene and health-related practices typical of the barbershop were more feasible. The second was that these places were the economic hub of the town. Here, a wide variety of transactions took place, and it was also the main social centre of the medieval world, whether rural or urban. Having a shop open to the public here was invaluable advertising and a sure bet for attracting customers. Thirdly, as the years went by, squares became the most prestigious places to live, the location chosen primarily by members of the increasingly prestigious liberal professions. Having an establishment here was a sign of prestige, as this was where people could best display their status and power, something ever more desirable for medical practitioners.³⁶

One particularly notable aspect is that a large proportion of the lives and practices of barbers in the city of Valencia revolved around the city market. This was a place where there was intense economic life, with the *Llotja dels mercaders* where numerous merchants and notaries set up their stalls, so there was a constant stream of passers-by. The population growth of this parish, Sant Joan del Mercat, was tremendous, and barbers gradually settled here, attracted, no doubt, by the ease of ensuring a healthy stream of customers. The number of barbers – more than 40 between 1429 and 1439 – who appear in the notarial protocols of the market's best-known notary, Vicent Saera, whether for their own business or as witnesses to other documents, is striking.³⁷

Newcomers to the city were also found here.³⁸ A case in point is that of Pere Sanç, a barber from Segovia, a city in the Kingdom of Castile, and a resident of Valencia.³⁹ On 27th March 1438, he made his will and named his executors as Bernat Pous, the priest of Sant Joan del Mercat, Francesc Alberola, another barber of Valencia, and Clara, the widow of the tailor, Jaume Burgés. His association with the market parish is evident by the presence of the priest as an executor, by the fact that Francesc Alberola

³⁶ Ferragud, "Els barbers", pp. 44-46.

³⁷ On Vicent Saera and his work in the market, see: José María Cruselles, *Els notaris de la ciutat de València. Activitat professional i comportament social a la primera meitat del segle XV* (Barcelona: Fundació Noguera, 1998), p. 153, and numerous entries in the index. On the marketplaces of Valencia, see: Juan Vicente García, *La jerarquía de la mesa. Los sistemas alimentarios en la Valencia bajomedieval* (Valencia: Diputació de València, 1993), pp. 104-121.

³⁸ Leopoldo Piles, *La población de Valencia a través de los 'Llibres de avehinament' 1400-1449* (Valencia: Ayuntamiento de Valencia, 1978), p. 325 and entries on barbers in the index.

³⁹ ARV, Pr. n. 2434, fols. 173v-174v (27th of March 1438).

also had a house in the market⁴⁰ and also because he asked to be buried in the cemetery of that same parish. In view of the will and testament ledgers, Sanç must have lived in the house of his fellow barber Narcís Serra, or at least had a very close relationship with him, because he left 20 *sous* to Narcís, 100 *sous* to his son Jaumet and a humble 10 *sous* each to Margarida and Isabel, the young daughters of Narcís.

However, barbers did not only practice in the barbershop. Sometimes they practiced at the home of whoever required their services, but more commonly, it seems they worked in public places. Hostels, taverns and bordellos were all places where the many people passing through the city would stop. If they became ill far from the safety of their home, they had to be treated. Barbers would come to treat guests with health problems resulting from their exhausting journeys. This tells us that there must have been places where practicing medicine was a very regular occurrence. They could also receive medical attention in hospitals, where barbers might have been under contract and even lived. These hospitals sometimes served as emergency departments where the wounded would come after one of the typical street fights, and barbers would come to treat them when so required.⁴¹ Finally, they also practiced at sea, on the numerous galleys that plied the Mediterranean for commercial or military purposes, and which the barber would embark on with his working instruments. Some would accompany armies to help treat wounded soldiers on the campaigns organized by the monarchy.⁴²

Some barbers sought the security of a stable patron. Indeed, monarchs and nobles, laymen and religious orders usually had a barber among the members of the household to treat them and apply the appropriate bloodlettings. Peter the Ceremonious clearly established these powers in his Ordinances, mentioning that because of his very nature, this individual came closer to the king's person than any other, and hence there had to be

⁴⁰ ARV, Pr. n. 2434, fol. 191v (2nd of April 1438). He had rented a house in the market parish for 360 *sous* per year.

⁴¹ Carmel Ferragud, "La introducción de los practicantes de la medicina en los hospitales del reino de Valencia (ss. XIII-XIV)", *Ciudad y hospital en el Occidente Europeo*, ed. by Jon Arrizabalaga, Manuel Sánchez, Teresa Hugué and Pere Verdés (Lleida: Milenio, 2012).

⁴² Lluís Cifuentes, "La medicina en las galeras de la Corona de Aragón a finales de la Edad Media: la caja del barbero y sus libros", *Medicina & Historia*, 4 (2000), pp. 1-15.

a very special relationship of trust.⁴³ During this period, around a dozen barbers were paid for their services by Peter the Ceremonious. It seems that the households of the nobility, who tended to copy the internal structure of the Royal Household, also had barbers on their staff to fulfil the same functions.⁴⁴

4. The training and professional regulation of barbers

The system through which barbers learnt the skills of their trade was known as an ‘open model’ for learning medicine, as opposed to a university education.⁴⁵ The fact is that a very small percentage of medical practitioners had actually trained at the *Studium Generalis*. Thus, according to available records in early 15th century Valencia, only 5%-10% of practitioners had a degree. By means of an apprenticeship, a young boy would go into the service of a barber who would teach him everything he would need to set up on his own at a later date, if he had the financial means to do so. Very few notarised apprenticeship contracts have been preserved, but we can draw some conclusions from them. Apart from knowledge of the trade *per se*, there was very little else that could be gained from this kind of contract, apart from a small wage, some clothing and, exceptionally, some of the instruments to set up a barbershop. In 1434, the Majorcan surgeon Guerau Ferrer left his servant from Palermo, Orlando de Stephanus, everything he needed to cut hair and shave beards.⁴⁶ The apprentices had to obey orders from their patron, provided these were legal, and they were sometimes even obliged to accompany them to sea in the case of barbers who served on the galleys.⁴⁷

We can also see a trend towards including a clause whereby the barber who took on an apprentice was required to teach him to read and write. For example, Antoni Goda, a Valencian tanner, apprenticed his son Pere with the barber Joan de Morella for an unusually long period of seven years, during which, apart from the trade itself, he would also teach him to

⁴³ *Ordinacions de la Casa i Cort de Pere el Cerimoniós*, ed. by Francisco M. Gimeno, Daniel Gozalbo and Josep Trenchs (Valencia: Universitat de València and Acadèmia Valenciana de la Llengua, 2009), p. 96.

⁴⁴ We know, for example, of the case of Andreu dels Pilars, the barber to the knight Jofre de Tous. ARV, JCr, n. 19, m. 6 (5th May 1422).

⁴⁵ About the open educational model of Lluís Garcia, *La medicina a la València medieval* (València: Alfons el Magnànim, 1989), pp. 42 and 57.

⁴⁶ Contreras Mas, “La formación profesional”, p. 23.

⁴⁷ On these 14th-century contracts, see: Ferragud, *Medicina i promoció*, pp. 119-120.

read and write and, at the end, he would provide him with material to make clothing.⁴⁸ The reason for this was the increasing importance of being able to access medical and surgical literature and also handle the purely commercial side of managing a business, keeping records of debtors and other administrative tasks associated with the trade.⁴⁹ Indeed, the promotion of barbers as a result of their studies and the scientific foundations of their knowledge was very evident. Their ownership of books shows that they were literate and able to refer to this medical and surgical literature. Although 14th century contracts did not contain any obligation to teach apprentices to read and write, those from the early 15th Century did, and always in the case of contracts signed in Valencia. It is likely that over the years, the inclusion of this clause became more common in indentured servant contracts. Similarly, compared to the short contracts of the 14th century, that lasted one or two years, in the 15th century, it became common for contracts to last more than five years.

Did this training provide barbers with sufficient knowledge to practice? Valencia was the first place in the Crown of Aragon to establish a system of controlling barbers' practices, as mentioned above. The reasons behind this were obvious: to protect patients from harm through negligent medical practices. It does not seem, however, that these noble reasons espoused by legislators and the king himself were what really motivated the authorities to closely monitor the work of barbers.

In 1378, Pere de Figuerola, a physician working in the city of Valencia, and the union representative in the same city, Francesc Urgellès, denounced barber-surgeon Ramon Riera.⁵⁰ The alleged causes were Riera's lack of medical training, so he was ignorant of the science of medicine and its principles and foundations; that he was practising medicine without a licence in the city and the Kingdom of Valencia⁵¹ (; that anyone who wished to practice medicine in Valencia had to be

⁴⁸ ARV, Pr, n. 2500, fols. 14r-v (4th of April 1401).

⁴⁹ Indeed, the characteristics of the apprenticeship contract for surgeons were very similar at the start of the century. Pere Guerau, the ploughman of Almassora, indentured the son of a man for whose will he was an executor with surgeon Joan Alemany for five years to learn the trade and also *ad adiscendum artem vestram de cilurgia*, to teach him to write and to barber. ARV, Pr, n. 9955 (6th of July 1416).

⁵⁰ ARV, JC, n. 394 (30th April 1378).

⁵¹ *Sens licència ha usat practicar e usa e practique de art de física o de medicina en la ciutat o Regne de València, donant madecines, lexatives, purgues e xarops, gargarismes, letovaris e altres moltes e diverses medecines* ("he has worked and is actually working in physical art or Medicine without license in the city and Kingdom of Valence, giving medicines, purges, syrups, gargles, enemas and many other and divers medicines").

examined and given a licence, otherwise they would have to pay a very large fine every time they were caught practicing.⁵²

His accusers thus demanded that action be taken against Riera. He had to pay a fine, of which his accusers would receive one third in accordance with the law. At no point is there any mention of any negligent or wrongful practice by Riera, and everything would seem to indicate that Pere de Figuerola had not accused the barber for the reasons outlined in the Laws. The facts seem to prove that Figuerola denounced the barber for unlicensed practice solely for his own benefit. However, it also underlines the superior status of the physician over the barber or surgeon, and the determination to divide medical tasks, as the prescription of medicines was exclusively the prerogative of the former.

The desire for money was, indeed, one of the reasons behind the increased control over barbers by the authorities. Indeed, for the right to be examined and given a license, barbers were required to pay a fee that many tried to avoid by any means possible. Furthermore, due to their high numbers, dispersal and mobility, certain groups, like barbers, were particularly difficult to control. Monarchs had to instigate examination campaigns to ensure they were properly evaluated to keep their customers from being harmed. Nevertheless, the authorities could be overzealous. In August 1382, Peter the Ceremonious clearly demonstrated this by stating that the civil and criminal courts in Valencia, motivated by greed and without any accusations being brought, were forcing fines upon those barbers in the city who had not been examined in accordance with the Laws. The King stated that these Laws, which had been laid down in Valencia by his father, Alfonso the Benign, in 1329, in no way authorised these actions. The situation was discovered as a result of an appeal by the barber Ramon Julià. He therefore stated that neither this individual nor any other who had not been properly accused could be fined.⁵³ Two years later,

⁵² *Tot físic o metge que vulla practicar e usar en la dita ciutat de física o de medecina enats que use o practique de la dita art de física o medicina deu ésser examinat per los examinadors de la dita ciutat e déu haver licència de usar e practicar de la dita art, e si usa e practiqua sens la dita licència és encorregut e caygut en pena de cent morabatins d'or per cascuna vegada que usara o practicar* (“Any physician or doctor who wishes to practice and use in said city physics or medicine, before using or practicing said art of physics or medicine, must be examined by the examiners of said city and must have a licence to use and practice said art; and if he uses and practices without said licence he will be charged and fall in a punishment of a hundred gold morabatins for each time he uses or practices”).

⁵³ ACA, C, reg. 827, fols. 76r-v (25th August 1382).

the reprimand was directed at his son, Prince John, who had taken action against barbers in Perpignan for practicing surgery without having been examined, when, according to the King, barbers in Catalonia were not usually examined. In the King's view, this seemed more likely to be an abuse motivated by the desire for financial gain than a form of administering justice.⁵⁴

While control over the medical professions was just beginning in Valencia, this was not the case in other kingdoms, such as Majorca. It is also true that reports are scarce and we can only conjecture about the origins of the regulation of barbers and surgeons on the islands. At the end of the 14th Century, specifically in 1392 and 1395, King John I issued a couple of general pardons that applied to everyone practicing surgery without a licence in Majorca. The purpose of these pardons was to prevent any action being taken against them or fines being levied. From that point on, a campaign was launched to control barbers en masse and regulate their practices. Two mechanisms were used for this task: firstly, a law was established whereby bloodletting could only be done under the supervision of two expert, approved surgeons.⁵⁵ It is worth mentioning that choosing the right time to perform blood-letting was a key factor in barbers' practices that had already been established and regulated in the Valencian Laws of 1329, in view of the lack of knowledge and poor practices of certain barbers and the consequent harm to patients. Secondly, the king's own surgeon, Guillem Sagarriga, was ordered to conduct the appropriate examinations and decide whether or not to issue licences to the barbers and surgeons he had examined. While Sagarriga did hold some examinations of this kind in Catalonia in 1394,⁵⁶ the bulk of his work unquestionably took place in Majorca, especially in the capital. He examined and issued licences to practice surgery to a dozen barbers in

⁵⁴ *com açò fill molt car apperega e de fet sia més extorsió de diners e sobreria que fer justícia* ("Like that, my dear son, seems and in fact is more extortion of money and robbery than doing justice"). ACA, C, reg. 1288, fols. 19v-20 (3rd December 1384).

⁵⁵ Contreras Mas, "La formación profesional", p. 12. The order was repeated in 1402, this time naming the surgeons who would need to recommend when bloodletting should be performed.

⁵⁶ In Barcelona, he examined and approved Francesc Aguilar and in Tortosa, Joan Sunyol, on 4th October and 14th November 1394 respectively. In Cotlliure he examined, along with physician Gilabert Codina, Antoni Oristà. ACA, C, reg. 1909, fols. 115v-116 (4th October 1394); fol. 133v (14th November 1394); ACA, C, reg. 1911, fols. 17r-17v (13rd February 1396). In relation to Guillem Sagarriga, see various items in the place index of Ferragud, *Medicina i promoció*.

Majorca.⁵⁷ Of these, three were the king's domestic barbers, which tells us that despite not having gone through the legally required formalities, John I considered them to be fit to treat him and his family. This was a long-standing attitude also displayed by his father, who, ignoring the laws that these very same kings had ordained, issued licences by citing the good practices demonstrated by the individual in question.

5. A very unequal group

I have already mentioned the tremendous geographical mobility of barbers and the great appeal of the most demographically and economically dynamic cities. Not only have the violent episodes that led to the increase in the number of barbers in those cities also been described, but also the solidarity mechanisms outlined to calm these rebellions.⁵⁸ I should also like to mention the huge internal differences in terms of the prestige, power and wealth within the group of practicing barbering.

The social mobility of this collective is clearly shown by the inventories of their assets. We have found some individuals who had middle-class status and others with a rather miserable standard of living. The different factors that influence one's life – luck, financial investments or professional skill – were key in achieving a particular position and doing well in the competitive medieval healthcare market. There is no doubt that the barbers were a highly dynamic, and therefore very diverse, collective. We should not forget that within the range of health-related professions, this was the most accessible for middle-class budgets, for those whom university access was impossible. Barbering was a very interesting means of social and economic promotion, especially when barbers started moving much closer to surgeons. On this road to progress and promotion, the academic education provided by reading books on

⁵⁷ The campaign to examine and issue licences lasted from the 28th of September to the 16th of November, according to the documents that record the examinations and the issue of licences by Sagarriga. The vast majority are dated 10th October. The examinations are recorded in ACA, C, reg. 1998, fols. 139 and 140; and reg. 1999, fols. 20v, 36r-v, 50v, 57r-v and 113v. The barbers involved from the city of Mallorca were Ponç Jafer, Antoni Sabater, Joan Pagès, Pere Raussell, Miquel Rovira, Bernat Ginestar, Antoni Joan, Bernat Bovera, Pere Urgell, Antoni Bonafé and Jaume Selva, and from the town of Pollença, Arnau Torrella and Andreu Rossinyol. Contreras Mas also added the names of Pere Vivot and Joan Soldevila who, along with Bernat Bovera, belonged to the Royal Household.

⁵⁸ Ferragud, "Els barbers", pp. 50-56.

surgery played a key role, particularly those that had been translated or vernacularised, as mentioned above.

The inventories of the assets of Valencian barbers help to give us a better understanding of how heterogeneous a group they were. However, we must make do with the *registered entries* of these assets; in other words, the assets that were registered to deal with legal cases, which are only partial but very significant. They usually included the instruments needed for barbering that would have been found in the workshop downstairs, but also mention curtains in various colours (blue, red or green), furniture (chairs, benches, tables, or even the occasional bed). These accoutrements were specific to the profession and classified as such under the classification of: “barber’s cupboard” or “barber’s case”. There was a serious risk in jeopardizing these elements needed for the job.⁵⁹ Weapons were usually close by, in the workshop itself, so they could be used at any time. We should not be surprised by the violent approach that was occasionally taken and the confrontations that so often ended with injured victims. Some barbershops also had objects to entertain the clientele. These might include board games, such as chess and card tables, or a musical instrument, often a lute, to play in leisure time and at festivals. The fact is that the barbershop became a place for men to socialize, which has endured throughout every era. There might have also been some simple linen, chests, benches, beds, etc. and short corridors to other rooms and the upper floor.

As well as these essential elements, there were also those more typical of the household, generally very simple: trunks, benches, beds, etc. Occasionally, a decorative element might appear. For example, among the assets of the barber Jaume Tell, we find various jewels and many painted headboards. Part of his furniture was kept in the apothecary’s house, as he had no room in his own. In Joan Morera’s house, there was a painted cloth on the wall, a pair of painted chests, painted matting and another painted cloth. Morera additionally had a very well-equipped kitchen, also a distinguishing feature of places where one could eat well.⁶⁰ This was simply an effort to make the home more comfortable, to gradually emulate, even on a humble scale, the homes of the bourgeoisie.⁶¹ This was only within the reach of a very few, those who were able to increase their

⁵⁹ ARV, JC, n. 16, m. 9, fol. 11v (28th August 1402).

⁶⁰ ARV, JC, n. 22, m. 3 (8th August 1445) and n. 18, m. 4 (9th May 1407).

⁶¹ A good example from Barcelona, in: Lluís Cifuentes, “La promoció intel·lectual dels barbers-surgeons a la Barcelona medieval: l’obrador, la biblioteca i els béns de Joan Vicenç fl. 1431-1464”, *Arxiu de Textos Catalans Antics*, 19 (2000), pp. 427-479.

income. However, in Antoni Viana's house, everything seems to have been insignificant –old and of poor quality.⁶²

One way of achieving greater economic power was to develop business activities beyond the barbershop. The Valencian Andreu Ballester is one of the best examples of a barber who achieved a notable social and economic status. Ballester was the administrator for the output of three glass furnaces owned by the knight Joan de Vallterra in Torres Torres, Olocau and Montalt.⁶³ In that same year his mercantile activities continued. He sold eight bushels of young almonds to the merchant Jacobo Comellini for 143 *sous* per bushel. When this amount was paid in Valencia, the barber undertook to send the products to Dénia.⁶⁴ Apart from these commercial transactions, he also specialised in usury. We know that he lent 400 *sous* to the corn merchant Joan Carles and his wife Costança, and to Violant, the wife of a tripe dealer, which she was required to repay within three months.⁶⁵ Another unmistakable sign of his economic position was the various sale and purchase documents of slaves we found. In 1437, a merchant sold him a Saracen slave from Oran for 1,000 *sous*. One month later, he sold a Bugia slave to a baker for one pound more. The following year, his wife Caterina bought a young black slave for 1,280 *sous*.⁶⁶ However, he was not the only barber to do well in business. Vicent Peris and his wife Isabel acknowledged they had received a loan from Vidal de Peralada, a Jew from Cagliari, of 286 *sous* to buy cheeses, which they were obliged to repay within four months or pay a fine of 30 *sous*.⁶⁷

While some of them went into business, others had to survive more humbly, requesting loans when they needed money. The Valencian barber Pere Desmàs and his wife Orfresina confessed to having received 'on deposit', in other words a loan, of 12 *florins* from the surgeon Berenguer Agell. The money was wrapped in a linen cloth sealed with red wax with an eagle, the symbol of this surgeon. This detail not only tells us about the debt but also the financial dependence of barbers on surgeons, who were more prestigious and enjoyed greater financial power.⁶⁸

⁶² ARV, JC, n. 19, m. 6 (5th May 1422).

⁶³ ARV, Pr., n. 2430, fols. 35v-36v (27th January 1433).

⁶⁴ ARV, Pr., n. 2430, fols. 194v-195v (20th July 1433).

⁶⁵ ARV, Pr., n. 2434, fols. 792v-793 (12th November 1438).

⁶⁶ The coincidence of the slave's name, Abdalà, makes us wonder if it was the same person. ARV, Pr., n. 2734 (22nd March 1437) and (4th April 1437). ARV, Pr., n. 2434, fols. 193r-v (2nd April 1438).

⁶⁷ ARV, Pr., n. 2427, fol. 165v (5th December 1430).

⁶⁸ ARV, Pr., n. 2427, fols. 259r-v (21st August 1430).

If, as Michael McVaugh points out in reference to the humble medieval town of Manresa, a physician could not make enough money from municipal contracts and had to seek other means of increasing his income, it is even more likely that a group like the barbers would be obliged to do the same.⁶⁹ But it is also true that most healthcare professionals who managed to make any money from their profession invested it in all other kinds of business.⁷⁰ There is nothing exceptional about this, however, as this was a common feature of the minor artisan bourgeoisie in the Crown of Aragon and the Mediterranean in general.

It is hardly surprising, either, that some people decided to abandon the trade altogether and devote themselves to another trade or commercial enterprise. This was the case of Joan Rupia, who switched from working as a barber to manufacturing soap. Another sign that he perhaps pursued multiple commercial activities was the purchase of some vineyards from his father-in-law, the chest-maker Domingo Munyós, in the locality of Cotelles in the Valencian market garden region (*Horta*). What revealed his change of profession was, in fact, that he sold these same vineyards ten years later for the sum of 560 *sous*, which he owed to a sugar producer.⁷¹

Conclusions

The unstoppable process of medicalisation experienced by late Medieval Catalan-Aragonese society would have been unimaginable without barbers. Given the tremendous difficulty that most of the population had in gaining access to an education at the *Estudi General*, the profession of barber became the quickest, cheapest and most effective route to obtain medical training based on Galenic doctrine. Even though the number of barbers may have varied greatly from one city to another before the Black Death, barbering was the basic and primary core of healthcare organization, a real umbrella that covered most medical and therapeutic practices. This phenomenon increased even more as the end of the Middle Ages approached. The geographical mobility of barbers was extraordinary, and their movements from city to country and vice versa, and even long distance travels between different kingdoms, were a constant feature. The incentives and potential of the medical market were notable, and barbers

⁶⁹ Michael R. McVaugh, “Le coût de la pratique et l'accès aux soins au XIV^e siècle: l'exemple de la ville catalane de Manresa”, *Médiévales*, 46 (2005), pp. 45-54.

⁷⁰ See chapters 4, 5 and 6 of Ferragud, *Medicina i promoció*.

⁷¹ ARV. Pr., n. 2426 (9th of May 1429); ARV, Pr., n. 2434, fols. 562-563 (28th August 1438).

jumped on the bandwagon, continuously improving their healthcare skills. Nevertheless, some barbers also devoted their efforts to other areas of business, whether this was to either make up their income or increase it. All in all, they became a highly dynamic and very heterogeneous sector that rose up through the social class system.