

Conflict and Patronage

The Proceedings of the Viennese Medical Faculty against Jewish and Baptized Jewish Practitioners, 1420–1554

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Introduction

For a long time, the historical evolved dominance of university doctors over the other medical professions of medieval and early modern Europe has been explained as a steady growing process of scientification and medical efficiency. However, recent research has delivered alternative attempts to explain the rise of university medicine.¹ Michael Stolberg, for instance, has revealed to us that practices of (self-)authorization and presentation of medical doctors may have taken a much greater part in laying the foundation to the doctor's dominance than the actual scientific nature of their medical treatment.² Wolfgang Wagner, on the other hand, has directed our gaze to the institutional and organizational foundations of their rise to success.³ Another approach seems to be even more promising. Differentiating and enriching the notion of the medical market to a flexible analytical tool, Jana Schütte appears to have found an encompassing frame to grasp the realities of the social struggles between all those doctors, barbers, surgeons, apothecaries and unlicensed practitioners by introducing the field-theory of Pierre Bourdieu to the history of medicine. According to that view, medical doctors owed their continuously rising stance in the social hierarchy of pre-modern European medical market to their success in gathering social and cultural capital in order to impose their own beneficial norms to the intersectional field of the medical market. Schütte's model is, therefore, capable to integrate not only the configurations of power, social structures, events and personalities which contributed to the success of the social type of medical doctor, but also the moments of undermining, reversal, defeat and disadvantageous social and cultural structures without interpreting them as anomaly. In other words: It allows to picture the simultaneity of social ascendancy and the constant contesting of the claim for dominance over the medical market which had to be imposed from case to case by means of social practice.⁴

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- 1 Considering the available space, it would be inappropriate to review the full corpus of those many earlier works which overestimated the process of medical scientification in medieval and early modern Europe. See for further references and remarks the recent literature cited below.
 - 2 See Michael Stolberg, *Formen und Strategien der Autorisierung in der frühneuzeitlichen Medizin*, in: Wulf Oesterreicher/Gerhard Regn/Winfried Schulze (eds.), *Autorität der Form, Autorisierung, institutionelle Autorität*, Münster 2003, pp. 205–218, here pp. 210, 212–215; Michael Stolberg, *Homo patiens. Krankheits- und Körpererfahrung in der Frühen Neuzeit*, Cologne 2003, p. 89 and Michael Stolberg, *Frühneuzeitliche Heilkunde und ärztliche Autorität*, in: Richard van Dülmen/Sina Rauschenbach (eds.), *Macht des Wissens. Die Entstehung der modernen Wissensgesellschaft*, Cologne 2004, pp. 111–130, here pp. 126–130.
 - 3 See Wolfgang Eric Wagner, *Doctores – Practicantes – Empirici. Die Durchsetzung der Medizinischen Fakultäten gegenüber anderen Heilergruppen in Paris und Wien im späten Mittelalter*, in: Marie-Claude Schöpfer Pfaffen/Rainer Christoph Schwinges/Thomas Schwitter (eds.), *Universität im öffentlichen Raum*, Basel 2008, pp. 15–43, see especially the pages 15–20 for his extensive review about the teleological narrative of the advancing scientification stated by the older research along with further references.
 - 4 For her field-analytical concept, see Jana Madlen Schütte, *Medizin im Konflikt. Fakultäten, Märkte und Experten in deutschen Universitätsstädten des 14. bis 16. Jahrhunderts*, Leiden 2017, pp. 13–18. It will be

Those apparently contradictory moments can be found, for instance, in Schütte's remarks about the frequent struggle of the medical doctors to exclude Jewish, and in some cases even baptized Jewish physicians from the medical market. According to her results, many Jewish and baptized Jewish practitioners managed, despite their marginalized stance in society⁵, to impede the doctor's attempts to expel them from the medical market by maintaining profitable social networks with mighty and wealthy local authorities, in some cases even with the territorial prince or emperor of the Holy Roman Empire.⁶ Although she has already managed to reveal much of the dynamics of that struggle, some potential of her analytical tool case remain unused. In particular, she misses at some points to reveal the underlying social context which can be considered as the reason for the pattern of those periodically recurring challenge of the medical doctor.

According to my view, the central point of this context can be located in the clerical nature of the estate of the medical doctor. Resorting again to notions of field analysis of Pierre Bourdieu, like Schütte did in her concept of the medical market, this paper strives to sketch how the position of the medical doctor across the social fields left a social niche that allowed Jewish medical practice and, on the other hand, complicated the attempts of the doctors to exclude Jews from the ranks of medical providers. Applying Bourdieu's field-analytical thoughts more explicitly on the relational stance Jews and medical doctors occupied at the medical market, the struggle of the medical faculty of Vienna against unlicensed Jewish and baptized Jewish practitioners between 1420 and the middle of the 16th century – a time in which anti-Judaism⁷ was at the peak in lower Austria – shall show this point more accurately. This body of writing is, therefore, divided into two chapters: the first, discussing mainly secondary literature, to point out the overall conditioning of Jewish practice by the social standing of the medical doctors which made Jewish medical practice in

discussed more detailed in the next chapter along with further remarks.

- 5 Until now, there are no further publications which are concerned with the social phenomenon of baptized Jewish physicians and their overall social standing in medieval society. Research has mostly directed its gaze at Jewish practitioners. This paper, however, argues in the second chapter that the social standing of baptized Jewish practitioners was not far away from that one of Jewish physicians.
- 6 For her analysis of that topic, see Schütte, *Medizin im Konflikt*, pp. 329–334 and 349–367. She, however, only refers in greater details to her concept at the pages 330, 359 and 363.
- 7 In the following pages, the term anti-Semitism will be avoided, since it is mostly seen as a notion referring to modern anti-Jewish sentiment that is mostly related to biological racism and nationalism. The term anti-Judaism will be used to describe its pre-modern predecessor. Concerning this division, see Peter Herde, *Von der mittelalterlichen Judenfeindschaft zum modernen Antisemitismus*, in: Karlheinz Müller/Klaus Wittstadt (eds.), *Geschichte und Kultur des Judentums. Eine Vorlesungsreihe an der Julius-Maximilians-Universität Würzburg*, Würzburg 1988, pp. 11–69, here p. 31; František Graus, *Judenfeindschaft im Mittelalter*, in: Wolfgang Benz/Werner Bergmann (eds.), *Vorurteil und Völkermord. Entwicklungslinien des Antisemitismus*, Freiburg 1997, pp. 35–60, here p. 37 and Sabine Hödl, *... dem gemeinen Mann überall zu Verderben und menniglich zuleidenlichen Beschwarungen...!* Studien zur Judenfeindschaft in Österreich von 1496–1620, in: Martha Keil/Eleonore Lappin (eds.), *Studien zur Geschichte der Juden in Österreich*, Bodenheim 1997, pp. 35–64 here pp. 35f.

gentile society at least possible, the second, referring mostly to the *Acta Facultatis Medicae Vindobonensis*⁸, to reveal the persistence of that practice in Vienna which can be traced to the relations of the local medical faculty to the clerical field besides its unstable relations to local and higher authorities.

1. The Medical Scholar and the Medical Jew – Their Positions on the Medieval Medical Market

Pierre Bourdieu's theory of social field-analysis can be regarded as the basis for Schütte's concepts of the medical market. According to Bourdieu, "to think in terms of field means to think in terms of relation".⁹ A field can be described, therefore, as "a network or configuration of objective relations between positions" which can be identified with agents or institutions defined by their "potential situation" given in the "structure of distribution" of different types of capital.¹⁰ The capital, moreover, can be categorized generally into economical capital (How valuable is your possession?), cultural capital that is either objectified (Which cultural/symbolical meaning does your possession have?), incorporated (Which knowledge/manners/skills did you acquire?) or institutional (Which title did you receive?) and social capital (To which group or persons do you maintain relations and how in particular are those designed?).¹¹ Symbolical capital, however, is the aggregate state of these different types of capital and indicates their overall legitimacy in a particular social field.¹² In Bourdieu's model, the relations between agents and institutions in the social field are determined by the distribution of that capital, its means of production and reproduction, its composition and general volume.¹³ Agents and institutions form, furthermore, strategies to employ their capital to improve or maintain their relational stance compared to other positions in the social fields and to overthrow the proportions of distributed capital to their own benefit.¹⁴ A

8 Karl Schrauf (ed.), *Acta Facultatis Medicae Universitatis Vindobonensis*, Vol. 1–3, Vienna 1894–1904, cited below as AFM I–III.

9 Pierre Bourdieu/Loïc J. D. Wacquant, *Die Ziele der reflexiven Soziologie*, in: Hella Beister (ed.), *Reflexive Anthropologie*, Frankfurt am Main 1996, pp. 95–250 here p. 126, translation mine.

10 *Ibidem*, p. 127, translation mine.

11 Cf. Pierre Bourdieu, *Ökonomisches Kapital – Kulturelles Kapital – Soziales Kapital*, in: Pierre Bourdieu (ed.), *Die verborgenen Mechanismen der Macht*, Hamburg 1992, pp. 49–79, economical capital: p. 52, incorporated cultural capital: pp. 55–59, objectified cultural capital: pp. 59–61, institutionalized cultural capital: pp. 61–63, social capital: pp. 63–70.

12 Cf. Pierre Bourdieu, *Meditationen. Zur Kritik der scholastischen Vernunft*, Frankfurt am Main 2001, p. 311.

13 Cf. Pierre Bourdieu, *Physischer, sozialer und angeeigneter physischer Raum*, in: Martin Wentz (ed.), *Stadt-Räume*, Frankfurt am Main 1991, pp. 25–34, here p. 28 and Bourdieu/Wacquant, *Die Ziele der reflexiven Soziologie*, pp. 131f.

14 However, those strategies should not be seen coercively as a "conscious plan", rather than as "objective

field is, therefore, a space of continuous social struggle in which each position has its own specific interest, but it is, however, also defined and confined by a common interest of all participants.¹⁵

The pre-modern European medical market, according to Schütte, can be understood as an intersection between the medical field and the field of the market. Therefore, all categories of providers of medical services and producers and vendors of medicine were included as well as the patients and customers who were necessary for the financial subsistence of those medical professions. Thus, almost anyone, either provider or customer of medical services, was participant in the intersectional field of the medical market, since they shared the same interest in the maintenance of the medical business in the whole, but differed in their view how the hierarchies of the market should be designed.¹⁶ Hence, the agents fought a continuous social struggle across the medical market to achieve the best position, using their different types of field specific capital.¹⁷ The use of the term market, however, should not hide the fact that social capital played a far more decisive role in the medical market – as well as in the pre-modern market in general – than the modern understanding of unimpededly circulating goods and information would suggest. Personal honor, public reputation and the extension of social networks were essential aspects and had a substantial impact on the relation of supply and demand and the position in the field. A medical doctor, therefore, could have asserted his claim for medical supremacy by hinting to his academical origin, title, social network and status, as well as to his so perceived superior knowledge in natural philosophy as an “medical scholar”¹⁸, differing himself from those medical professions which were widely understood as artisanal or mercantile.¹⁹ The appearance of those medical doctors introduces thus the academic respectively scholarly social field to the medical market.²⁰

However, accomplishing an academical education in medicine during the middle ages or early modern times didn't mean to possess a superior chance to heal, compared to other medical professions. Regarding our today's state of the art, most contemporary treatment methods must be seen as ineffective or even harmful, regardless by which profession they were executed.²¹ What laid the foundations of the medical doctor's dominance over the medical market was not an exclusive set of effective methods and theories, but their self-presentation as keepers of a distinctive

courses of action, which are constituted continuously by social agents by means of practice and as practice". Ibidem, p. 161, translation mine.

15 Cf. ibidem, pp. 148f.

16 Cf. Schütte, *Medizin im Konflikt*, pp. 15f.

17 Cf. ibidem, pp. 14f.

18 Robert Jütte, *Zur Funktion und sozialen Stellung jüdischer, gelehrter' Ärzte im spätmittelalterlichen und frühneuzeitlichen Deutschland*, in: Rainer Christoph Schwinges (ed.), *Gelehrte im Reich. Zur Sozial- und Wirkungsgeschichte akademischer Eliten des 14. bis 16. Jahrhunderts*, Berlin 1996, pp. 159–179, here p. 162, translation mine: “Arzt-Gelehrten”.

19 Cf. Schütte, *Medizin im Konflikt*, p. 6f.

20 Cf. ibidem, p. 15f.

21 Cf. Stolberg, *Homo patiens*, pp. 89, 100–104.

knowledge of the concealed body-immanent sources of human sicknesses, drawn from a certain canon of old medical authorities, mostly read in Latin. Moreover, medical doctors rejected manual work, maintained an appearance of their sophisticated social stance by means of their cloth, used medical Latin and Greek terminology and underlined their authority by visualizing their nuanced diagnostic skills by analyzing and commenting the urine or pulse of their patients. These practices, therefore, helped to win the favor of the upper classes by appealing to common ideals of erudition and knowledge.²²

To put it in other words: The scholarly habitus of the medical doctors eased to get access to and profitable relations with mighty individuals and social networks which helped to consolidate their upper stance on the medical market, thus, providing valuable social capital. The habitus, following Bourdieu, represents the link between the social field and the individual and could be explicated with the term of “socialized subjectivity” or “the incorporated social”, meaning the overall social conditioning of the individual, learned consciously and unconsciously by practice.²³ As a socially conditioned pattern of thought, perception and action, the habitus helps, on the other hand, to create the social field as an appealing environment and chooses the stimuli, an individual prefers.²⁴ The medical doctor and his preferred upper class patient originated both from predominantly wealthier ancestors and must have felt, therefore, a mutual motivation to form a closer relationship.

The upper class included not only the wealthier burghers of a medieval town and the lower and higher noblesse, but also church officials. Apart from the churchman’s role as patients of the doctors, an intersection between the medical market and the scholarly field meant also an intersection with the church as well due to the mostly given origin of the Christian scholar in the ecclesiastical field. Concerning the medical practice of Jewish physicians on the bedside of Christian patients, rejections made by church representatives can be traced back into the 6th century.²⁵ A legislative character of these rejections, however, emerged not until the 13th century. The first canonic decree against those Jews who offered medical treatment to Christian patients was enacted in 1227 by the church council of Treves among several other renewed restrictions upon Jewish communities. Many others followed, such as the council of Béziers in 1246, Alby in

22 Cf. Stolberg, *Formen und Strategien der Autorisierung in der frühneuzeitlichen Medizin*, pp. 212–215.

23 See concerning the quotations Bourdieu/Wacquant, *Die Ziele der reflexiven Soziologie*, “socialized subjectivity” (“sozialisierte Subjektivität”, translation mine): p. 159, “the incorporated social” (“das inkorporierte Soziale”, translation mine): p. 168.

24 Cf. *ibidem*, pp. 160–163, 168.

25 Cf. Volker Zimmermann, *Jüdische Ärzte und ihre Leistungen in der Medizin des Mittelalters*, in: *Würzburger medizinhistorische Mitteilungen* 8 (1990), pp. 201–205, here p. 201, concerning a tale written by Gregory of Tours about a blind archdeacon who visited a Jewish doctor right after he received a miraculous healing of his blindness by Saint Martin of Tours. He lost, therefore, his sight again. According to Gregory, one could not expect the help of God and a Jew at the same time.

1254, of Vienna in 1267 and many others during the 14th and later centuries. Fearing that visiting a Jewish physician instead of a Christian would prevent the gentile patient from contacting a priest to perform the last rites, church officials saw the salvation of souls endangered and threatened to excommunicate those fellow believers who accepted the help of a medical Jew and encouraged to proceed against their practice.²⁶ Referring to contemporary anti-Jewish stereotypes in general²⁷, accusations made by theologians and medical doctors against Jewish physicians reached from carelessness and charlatany to willful and planned killing of Christian patients for ritual and religious reasons.²⁸

It is, however, regarded as highly questionable whether ecclesiastical norms touched the common gentile consciousness as much as they did in case of theologians or medical doctors.²⁹ The presence of Jewish physicians at the courts and bedsides of the mighty shows the opposite. A case of a Jewish court physician can already be found at the court of Charles the Bald in the 9th century and the existence of that phenomenon continued during the middle ages and early modern times³⁰ and maybe even reached its peak in Reconquista Spain until the Alhambra decree

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- 26 Concerning the councils, see Isak Münz, *Die jüdischen Ärzte im Mittelalter. Ein Beitrag zur Kulturgeschichte des Mittelalters*, Frankfurt am Main 1922, here pp. 127f.; Joseph Shatzmiller, *Jews, Medicine, and Medieval Society*, Berkeley (CA) 1994, pp. 91f.; Noline Hartzitz, „Der Judenarzt“. Zur Diskriminierung eines Berufstandes in der frühen Neuzeit, in: *Aschkenas. Zeitschrift für Geschichte und Kultur der Juden* 3 (1993), pp. 85–112, here p. 89 and Noline Hartzitz, *Der „Judenarzt“*. Historische und sprachliche Untersuchungen zur Diskriminierung eines Berufsstands in der frühen Neuzeit, Heidelberg 1994, here pp. 9f. However, Münz and Hartzitz mention the council of Béziers (1246) as the first to prohibit Jewish medical practice on gentile patients, whereas Shatzmiller already discovered such measures in the decrees of the council in Treves (1227).
- 27 See Hödl, „... dem gemeinen Mann überal zu Verderben und menniglich zuleidenlichen Beschwarungen...“, pp. 36–43, concerning the contemporary stereotypical accusations against Jews, such as ritual murder, host desecration, collusion with Satan, poisoning of wells and conspiracies and sharp profiteering in general.
- 28 See concerning the contemporary accusations made against Jewish Physicians Hartzitz, „Der Judenarzt“. Zur Diskriminierung eines Berufstandes in der frühen Neuzeit, pp. 101–112; Hartzitz, *Der „Judenarzt“*, pp. 30–37, 115–141; John M. Efron, *Medicine and the German Jews. A History*, New Haven (CT) 2001, here pp. 46–61, and Schütte, *Medizin im Konflikt*, pp. 341–349.
- 29 Cf. Carmen Cavallero-Navas, *Medicine among the Medical Jews*, in: Gad Freudenthal (ed.), *Science in Medieval Jewish Cultures*, Cambridge (MA) 2011, pp. 320–342, here p. 340.
- 30 For several cases of Jewish physicians at Christian courts, see Richard Landau, *Geschichte der jüdischen Ärzte. Ein Beitrag zur Geschichte der Medizin*, Berlin 1895, here pp. 100–102; Münz, *Die jüdischen Ärzte im Mittelalter*, pp. 45–47; Felix Aaron Theilhaber, *Jüdische Mediziner*, in: Georg Herlitz/Bruno Kirschner (eds.), *Jüdisches Lexikon*, Vol. 4 No. 1, Berlin 1930, col. 25–42, here col. 26; Martin Gumpert/Alfred Joseph, *Jüdische Ärzte in früheren Jahrhunderten*, in: Siegmund Kaznelson (ed.), *Juden im deutschen Kulturbereich. Ein Sammelwerk*, Berlin 1962, pp. 461–562, here pp. 461f.; Michael E. Graf von Matuschka, *Hesse, der Jude von Salms (Solmes). Arzt und Schriftgelehrter. Ein vorwiegend namenkundlicher Exkurs*, in: *Würzburger medizinhistorische Mitteilungen* 8 (1990), pp. 207–219; Hartzitz, „Der Judenarzt“. Zur Diskriminierung eines Berufstandes in der frühen Neuzeit, p. 88; Efron, *Medicine and the German Jews*, 17f.; Werner Friedrich Kümmel, *Jüdische Ärzte in Deutschland – mit besonderer Berücksichtigung der Beispiele Mainz und Wiesbaden*, in: Ludolf Pelizaeus (ed.), *Innere Räume – äußere Zäune. Jüdischer Alltag*

in 1492.³¹ There has not been a singular case study concerning Jewish court physicians and their overall relationship to Christian dynastic rulers during the middle ages. Until today research has concentrated its attention mostly to the topic of financial implications of so-called court Jews with their middle European rulers in early modern times.³² We can, however, conclude that being a Jewish court physician did not always encompass only medical affairs, depending on the skills a Jew acquired in other domains.³³ Jewish court physicians in Spain served their rulers very often as intercultural intermediary when it came to diplomacy and also assumed financial offices.³⁴ The case of the court physician Jakob von Landsrut and his recorded dept relations on the Bavarian court of Stephen II in 1368 suggests that at least financial involvement could have been a common secondary function in Ashkenaz if not the primary one.³⁵ But Jewish court physicians did not only occur at the court of renitent mundane rulers but also on the court of high church rulers. Even some popes invited Jewish physicians to practice at their court, like in the case of pope Nicolaus IV in 1292, Boniface IX in 1392 and 1404 or pope Innocent VII in 1406 and Pope John XXIII in 1415.³⁶ Despite certain contemporaneous stereotypes concerning Jews and several attempts to prohibit Jewish practice on Christian bodies, the use of Jewish physicians was widespread among the gentile population and its rulers.

Why did Christian patients visit Jewish physicians instead of their coreligionist counterparts, although there existed certain and influential stereotypes against those and their religious group in general? Concerning that question, research has given several partially contradicting answers. One reason might be found in the marginalized stand of Jews in medieval gentile society. According to this view, Jews may have charged less money for their medical treatments as the doctors

im Rheingebiet im Spätmittelalter und in der Frühen Neuzeit, Mainz 2010, pp. 153–173, here p. 154.

- 31 Cf. Shatzmiller, *Jews, Medicine, and Medieval Society*, pp. 57–60, who refers to Spanish literature and Yo-sef Kaplan, *Court Jews before the Hofjuden*, in: Vivian B. Mann/Richard I. Cohen (eds.), *From Court Jews to the Rothschilds. Art, Patronage, and Power, 1600–1800*, Munich 1997, pp. 11–25, here pp. 15–18.
- 32 See for instance Selma Stern, *The Court Jew. A Contribution to the History of the Period of Absolutism in Central Europe*, Philadelphia (PA) 1950; Jonathan I. Israel, *European Jewry in the Age of Mercantilism 1550–1750*, Oxford 1985 or Michael Graetz, *Court Jews in Economics and Politics*, in: Vivian B. Mann/Richard I. Cohen (eds.), *From Court Jews to the Rothschilds. Art, Patronage, and Power, 1600–1800*, Munich 1997, pp. 27–43. Kaplan, *Court Jews before the Hofjuden*, p. 25, argues against the tendency to consider the social type of the court Jews as a primary early modern appearance, but is still focused on the financial role of court Jews.
- 33 Cf. Wolfgang Treue, *Verehrt und ausgespien. Zur Geschichte jüdischer Ärzte in Aschkenas von den Anfängen bis zur Akademisierung*, in: *Würzburger medizinhistorische Mitteilungen* 21 (2002), pp. 139–203, here pp. 151–156.
- 34 Cf. Shatzmiller, *Jews, Medicine, and Medieval Society*, pp. 58–60.
- 35 Cf. Peter Assion, *Jakob von Landshut. Zur Geschichte jüdischer Ärzte in Deutschland*, in: *Sudhoffs Archiv* 53 (1969), pp. 270–291, here pp. 274, 278f.; Peter Assion, *Jakob von Landshut*, in: Christine Stöllinger-Löser/Wolfgang Stammer/Karl Langosch et al. (eds.), *Die deutsche Literatur des Mittelalters. Verfasserlexikon*, Vol. 4, Berlin 1983, pp. 475f.
- 36 Cf. Shatzmiller, *Jews, Medicine, and Medieval Society*, pp. 92–95.

did. Moreover, Christian patients may have expected a more careful treatment from Jewish physicians due to the continuous threat against Jews to be suspected for causing harm among gentile society and to be punished, therefore, as a whole community.³⁷ Another reason may have been a positive reversal of the Jewish stereotype of the evil other committing sacrilegious or even devilish crimes to the mystic other who possesses secret knowledge about medical treatment which the official medicine, represented by Christian doctors and other medical professions, did not possess.³⁸ In this way or another, they must have been recognized as reasonable alternative if the authority of the medical doctors failed to fulfill its claim. It can be even said that their marginalized position in Christian society and the specific position of the medical doctors in the medical market offered chances to a Jewish practitioner which could not be seized by the medical scholars, due to the restrictions of their estate. Thus, free of certain guild regulations, medical Jews combined internal medicine, in which the doctors claimed to be exclusively processioned in, and exterior medicine, practiced by barbers and surgeons which was, on the other hand, often neglected by medical doctors. Moreover, they could have mixed the medicine by themselves instead of relying on apothecaries.³⁹ Furthermore, they felt not bound to clerical prescriptions, demanding from Christian physicians to involve a priest into the healing process to make sure that the patient has confessed his sins and received the last rites, like it has been prescribed by the fourth Lateran Council in 1215. This may have turned out as an attractive attitude if a patient did not intent to get the clerical domain involved, especially if medical doctors presumed to avoid the treatment of those they considered as sinners and, therefore, struck rightfully by disease sent by god.⁴⁰ Apart

37 Cf. Robert Jütte, *Contacts at the Bedside. Jewish Physicians and their Christian Patients*, in: R. Po-chia Hsia/Hartmut Lehmann (eds.), *In and out of the Ghetto. Jewish-Gentile Relations in Late Medieval and Early Modern Germany*, Washington (D.C.) 1995, pp. 137–150, here p. 148; Efron, *Medicine and the German Jews*, pp. 36f.; Werner Friedrich Kümmel, *Wer bei wem? Christen und Juden, Patienten und Ärzte in vormoderner Zeit*, in: Kornelia Grundmann/Gerhard Aumüller/Irmtraut Sahmland (eds.), *Concertino. Ensemble aus Kultur- und Medizingeschichte. Festschrift zum 65. Geburtstag von Gerhard Aumüller*, Marburg 2008, pp. 125–137, here pp. 129f. and Kümmel, *Jüdische Ärzte in Deutschland – mit besonderer Berücksichtigung der Beispiele Mainz und Wiesbaden*, p. 155.

38 Cf. Hartzitz, „Der Judenarzt“. *Zur Diskriminierung eines Berufstandes in der frühen Neuzeit*, p. 94; Efron, *Medicine and the German Jews*, pp. 21f. and Kümmel, *Wer bei wem?*, pp. 129f. See for possible magical-cabalistic strategies of self-representation used by medical Jews: Joshua Trachtenberg, *Jewish Magic and Superstition. A Study in Folk Religion*, New York (NY) 1965, here pp. 193–207; Shatzmiller, *Jews, Medicine, and Medieval Society*, p. 120, however doubts those explanations which are mostly based on negative reports about such strategies.

39 Cf. Zimmermann, *Jüdische Ärzte und ihre Leistungen in der Medizin des Mittelalters*, p. 203; Hartzitz, „Der Judenarzt“. *Zur Diskriminierung eines Berufstandes in der frühen Neuzeit*, pp. 93f.; Jütte, *Contacts at the Bedside*, p. 148; Kümmel, *Wer bei wem?*, 129f. and Kümmel, *Jüdische Ärzte in Deutschland – mit besonderer Berücksichtigung der Beispiele Mainz und Wiesbaden*, pp. 157f. Treue, *Verehrt und ausgespien*, pp. 174, 187, points out, however, referring to cases in Frankfurt, that Jewish physicians mostly practiced interior medicine like the medical doctors did.

40 Cf. Hartzitz, „Der Judenarzt“. *Zur Diskriminierung eines Berufstandes in der frühen Neuzeit*, pp. 92f.;

from that clerical attitude, the general scholarly habitus of the medical doctor, bound to high-class ideals of erudition and positioned to create a clear difference between the learned *medicus* and the artisanal medical professions, could have been a central point. Thus, Jews could have been preferred on the medical market by those who were deterred by that demonstration of estate difference.⁴¹

Resorting to our picture of the relational field dynamics across the medical market, it can be concluded, that the position of the Jewish physician was, in many regards, conditioned by the distribution of the entirety of agents participating in the medical market. Especially the social position of the medical doctor and the composition of his patient relation contributed to the social standing of the Jewish physicians. His scholarly habitus, intersecting with the ecclesiastical field, and his restriction to interior medicine during the middle ages, offered a social niche to the Jewish practitioner in the medical market that allowed him at least to survive, but, in any case, even enabled him to transgress the visible and invisible social lines which separated European Jewry from Christian majority.⁴² In the better case, the transgression allowed him even to accomplish important social and symbolical capital in form of good reputation at the medical market which could have paved the ways for higher custom and thus for patronage of the mighty, which continued to soften social borders as well. As already mentioned, the practice of employing or consulting Jewish physicians on court was widespread among secular as well as clerical authorities. Apart from the financial and social conveniences and possibilities a court could offer to a Jew, a good relation could even pay off in form of institutionalized cultural capital. Pleased by their performance as court physician, rulers often granted privileges and safe-conduct applications to their favored Jewish practitioners which eased their practice among gentile society and provided at least some legal certainty against approaches to ban their practice, made by the doctors, the church or other local authorities. Those privileges could have even reached to a relaxation of those strict regulations that affected ordinary Jewish life, such as the Jewish dress code or the wearing of the Jewish badge. Some were even allowed to live outside the Jewish ghetto.⁴³ Of course personal privileges were not unique among the several groups of medical practitioners and they certainly belonged

Efron, *Medicine and the German Jews*, pp. 21f. and Kümmel, *Wer bei wem?*, p. 129.

- 41 Cf. Jütte, *Zur Funktion und sozialen Stellung jüdischer ‚gelehrter‘ Ärzte im spätmittelalterlichen und frühneuzeitlichen Deutschland*, pp. 172f.
- 42 According to many authors, Jewish practitioners must have been one group among Jewish communities which had the most contact with other Christians. See Zimmermann, *Jüdische Ärzte und ihre Leistungen in der Medizin des Mittelalters*, p. 205 and Jütte, *Contacts at the Bedside*, pp. 144f.
- 43 Cf. Jütte, *Contacts at the Bedside*, pp. 144f. and Treue, *Verehrt und ausgespien*, p. 157; see concerning the relaxation of Jewish dress codes Felix Singermann, *Die Kennzeichnung der Juden im Mittelalter. Ein Beitrag zur Geschichte des Judentums*, Freiburg 1915, here p. 25. Some examples of privileges and safe-conduct applications can be found in Peter Rauscher/Barbara Staudinger/Martha Keil, *Austria Judaica. Quellen zur Geschichte der Juden in Niederösterreich und Wien 1496–1671*, Vienna 2011, here pp. 182–199, along with some general remarks at the pages 179f.

to a form of capital which every provider of medical treatment could have earned on courts. In case of the most Jews, however, those privileges were not simply an additional capital that provided better chances to acquire more economical capital on the medical market, rather than an insurance to practice without existence-threatening interferences by hostile authorities.⁴⁴

Altogether, those possible positions a Jew could have seized at the medical market, on the one hand conditioned to a high amount by the position of the medical doctors, could have appeared to those doctors, on the other hand, as a serious threat, compared to other Christian practitioners. A Jewish physician contradicted the habitus and strategy of self-presentation of these medical scholars in a fundamental way by transgressing several boundaries that constituted the doctor's stance in the medical market and society in general. They transcended the lines between interior medicine and surgery and denied thereby the presumed link between the scholarly and ecclesiastical field and medicine. Furthermore, their dispensation with the scholarly habitus if consulted by members of the lower class, questioned the correlation of medicine and high-class attitudes as well, whereas their possibilities to ascend in favor of mighty and wealthy patients must have been considered as an interference into high-class affiliations of the medical doctors too. Of course, economical motives may have played an important role for the faculties of doctors to proceed against Jewish practitioners, but it can't be said that religious and medical arguments against Jewish practitioners served mostly to veil economic interests, like Schütte points out.⁴⁵ More likely, they illustrate a partially unconscious strategy to counter not only the economic threat to the doctors, but also the social threat to their claimed position in the medical market and society, to the distinctive boundary that divided Jews and gentiles in general to their overall social resources in general.

2. Medical Doctors and Medical Jews on the Viennese Medical Market, 1420–1554

Like other medical faculties in the north of the Alps the members of the medical faculty at the university of Vienna used their connection to the ecclesiastical field in order to subjugate the local medical market to their rules at the beginning of the 15th century.⁴⁶ Already on March the 15th, in 1404, the faculty discussed about the "materia de apotecariis et empiricis et aliis non legitime practicantibus in medicina" to find a "remedio apponendo, prout expedit honestati facultatis et utilitati rei publicae".⁴⁷ Strikingly, the faculty emphasizes, at the one hand, its symbolical capital

44 Cf. Schütte, *Medizin im Konflikt*, p. 365.

45 Cf. Schütte, *Medizin im Konflikt*, p. 350.

46 For the case of the university of Paris, cf. for instance Wagner, *Doctores – Practicantes – Empirici*, p. 28.

47 AFM I, p. 5.

and, therefore, its standing in society which is, by the opinion of the *doctores*, at risk to be damaged by unauthorized practice. On the other hand, it points out the beneficial contribution its interior norms could allegedly deliver to the common good which is also threatened by deviant practitioners and presents itself, overall, as an authority to regulate those potential sanitary risks. But the argumentative strategy of the faculty is deliberately misleading. As a relatively new player in the medical market of Vienna, the faculty did not have that much symbolical capital to defend. Rather this must be seen as an argumentative strategy to impose the faculty's normative concept to the medical market. The seemingly only way to carry those faculty-interior norms outside the university was the good relation to the local episcopate. More than two years later, in the fall of 1406, the dean of the faculty announces to have accomplished an interdict by the bishop of Passau against all those who practiced in his diocese without a membership or the authorization of the medical faculty of Vienna.⁴⁸ What emerged finally out of this collaboration was the Medical Ordinance of Passau in 1407 which documents the first normative measures against unlicensed practice in the history of the medical faculty of Vienna. According to the *narratio* of this document, the magisters of the medical faculty informed the bishop "quomodo aliqui rudes et ydiote ymmo interdum mulieres indocte et quod despectabilius est Judei Christiane fidei" dare to practice in medicine. Moreover, the document points out that some of those Jewish practitioners actually manage to heal in some cases by accident. Therefore, many naive patients turn to these Jews, but, according to the document, the goal of these Jews was not to heal, but to kill Christian patients. Hence, the bishop announces "sub pena excommunicationis" that no one, whatever estate he may belong, should practice in medicine, unless he or she is a member of the local medical faculty or at least appropriated by the *doctores*.⁴⁹ Apart from the general condition to acquire a *licentia practicandi* of the medical faculty – which the faculty denied to Jews in general –, there has not been any restriction against Jews in particular, nor any method to force Jewish practitioners to stop their work, since excommunication could not have worked against those who stood already outside the *societas Christi*.⁵⁰ Maybe the doctors took the support of the authorities of Vienna or that one of the local regimen for granted in times of a rising tide of anti-Jewish sentiment across lower Austria which became for instance apparent as the local Jewish quarter was pillaged by Viennese inhabitants only one year before.⁵¹

The peak of the surge of anti-Judaism happened, however, in 1420/21. Most widely protected by their territorial rulers until the second half of the 14th century, the situation of lower Austrian

48 Cf. AFM I, p. 10.

49 'The Medical Ordinance of Passau', printed in: Jana Mühlsteff, Ursprünge deutscher Medizinalgesetzgebung. Der Arzt-Beruf in städtischen Rechtsquellen des 14.–16. Jh., Marburg 2008, pp. 244f., quotations at page 244.

50 Cf. also Schütte, *Medizin im Konflikt*, p. 351.

51 Cf. Kurt Schubert, *Die Geschichte des österreichischen Judentums*, Vienna 2008, here p. 29.

Jewry worsened gradually along the overall deterioration of the Jewish situation across the Holy Roman Empire between the Black Death persecutions during 1348–1351 and the first half of the 16th century.⁵² Accused for host desecration and for collusion with the Hussites, the Habsburg duke Albrecht was in war with, all Jews of Vienna and other subservient towns were expelled or killed during the so-called Viennese Geserah in 1420 and 1421.⁵³ Until 1451, Jews were prohibited to settle down in lower Austria and also later no Jewish community resettled in Vienna until the last quarter of the 16th century.⁵⁴ The chosen period between 1420 and 1550 is, therefore, especially apt to throw a gaze at the faculty's struggle against Jewish and baptized Jewish practitioners, because it represents a time scale in which anti-Jewish resentment was at a peak and the conditions of Jewish and baptized Jewish medical practice, therefore, very harsh. Thus, the following difficulties the faculty encountered during its fight against these practitioners can be seen as an evidence for the persistence of their strategies and their position in the medical market. What happened in Vienna could have happened thus in other less hostile areas in a more extensive scale if their remaining circumstances were similar to those of the Viennese medical market.

There are no cases of Jewish practitioners documented in the record of the medical faculty between the Viennese Geserah and the year 1451. However, there are cases of baptized Jewish physicians whose position at the medical market resembled the position of Jewish practitioners in many regards, since they were treated by the medical doctors in a similar way like Jews and had to resort, therefore, to similar strategies of survival.⁵⁵ There aren't any cases documented in our chosen period of time in which the faculty accepted the practice of baptized practitioners. In one case, a baptized Jew has been even mentioned as a Jew, although the same record marked him as baptized only some lines before.⁵⁶ Another evidence is the neglect of the faculty to arrange excommunications for baptized Jewish practitioners by the local episcopal official. Seemingly the faculty didn't expect to reduce the symbolical capital – the overall reputation – of baptized practitioners by that sacral sanction. Other cases against Christian physicians without a *licentia practi-*

52 Cf. Michael Toch, Spätmittelalterliche Rahmenbedingungen jüdischer Existenz. Die Verfolgungen, in: Sabine Hödl/Peter Rauscher/Barbara Staudinger (eds.), Hofjuden und Landjuden. Jüdisches Leben in der frühen Neuzeit, Berlin 2004, pp. 19–64, here pp. 20–30.

53 Cf. Sabine Hödl, Eine Suche nach jüdischen Zeugnissen in einer Zeit ohne Juden. Zur Geschichte der Juden in Niederösterreich von 1420–1555, in: Mitteilungen des österreichischen Staatsarchivs 45 (1997), pp. 271–296, here pp. 273–275 and Schubert, Die Geschichte des österreichischen Judentums, pp. 29–31.

54 Cf. *ibidem*, pp. 39–41.

55 Cf. Schütte, *Medizin im Konflikt*, p. 364, annot. 703, mentions a case of a baptized physician in 1438. There are, however, no given evidences which would allow such assumptions. See AFM II, p. 13.

56 “[...]; tamen facultas multum militavit contra unum ludeum baptisatum in alto Foro, qua a dominis de regime fuit prohibitus a practica sua. Ultimo devenit, quod facultas medica e regime habuit specialem commissionem a Caesarea Maiestate, ut ille homo non deberet admitti. Predictus ludeus habuit quasi consimilem et omnino nobis oppositam”. AFM III, p. 140.

candi show indeed that those measures could have a tremendous effect on unlicensed practice. In the year 1467, a female practitioner was excommunicated after she disobeyed repeatedly to the prohibition of the faculty. Seemingly worried about her stance in society, she asked the faculty for forgiveness to remove the interdict from her. The faculty, however, used her plea to prescribe more measures: Apart from promising to stop her practice forever, she had to issue a charter at her cost to declare that she endangered the bodies and souls of her customers. Moreover, several pastors in the surrounding should have been caused to proclaim her disobedience to the faculty and to the church. She was even instructed to position herself in midst of the graveyard of St. Stephen during a Christian holyday to proclaim her wrongs. She finally managed to evade the last and most humiliating point and was not able to pay for the measures, since she could assure that she was impoverished, but the story makes clear that the measure of excommunication offered manifold ways to the faculty to attack the symbolical capital of a coreligionist person.⁵⁷ Derived from the ecclesiastical field, the practice of excommunication offered a useful access to the means of production and reproduction of symbolical capital, but proved to be useless in the struggle against those who were already at the verge of society.

Perhaps connected to the events of the Viennese Geserah, the case of the baptized Jew Caspar in 1421 shows this point appropriately.⁵⁸ Cited in front of the doctors and asked, “quo ausu et qua auctoritate ipse practicaret”, he plead with success for a respite to prepare for his examination.⁵⁹ Caspar, however, did not appear to the planned examination, so the faculty contacted the bedel of the town over a half year later to announce to him that he should stop his practice in eight days.⁶⁰ But Caspar must have used the time to mobilize his relations to archduke Albert V, since the faculty received only one week later a letter of their ruler who ordered to stop the proceedings against the practitioner until his return to Vienna.⁶¹ Almost one year later and two days before the return of archduke Albert, Caspar informed the faculty that, according to their ruler, the *doctores* were no longer in response. The duke himself decided to judge about the practitioner.⁶² Two months later and, therefore, more than two and a half years after the initial complaints of the doctors, the faculty conceded to stop its proceeding against Caspar, according to the records.⁶³ Another baptized Jew called John Gabriel “qui in ciuitate practicauit et famabatur de multa malicia iniquitate” has been examined by the faculty in 1442 and failed the examination. He plead hence, like Caspar before, to get a respite for a next examination. But he didn’t appear to the examination and explained

57 Concerning this case, see Harry Kühnel, *Mittelalterliche Heilkunde in Wien*, Vienna 1965, here p. 51.

58 See also Schütte, *Medizin im Konflikt*, pp. 364f.

59 AFM I, p. 46.

60 Cf. AFM I, p. 48.

61 Cf. *ibidem*.

62 Cf. AFM I, p. 53.

63 Cf. *ibidem*.

instead to the civil council “quod ipse esset cyrugicus et non physicus, quare non egeret examine”. Thus, the faculty stopped its proceedings against John Gabriel.⁶⁴ Apparently, he managed to convince the local patriciate to acknowledge him as a surgeon. Those belonged to the Viennese estate of merchants and thus to an important group, regarding the tax revenue of the civil council which guarded, therefore, its control over these professional groups with jealous attention.⁶⁵ Somehow Gabriel must have gathered enough proponents and witnesses among the burghers of Vienna to convince the civil council or maybe even some of its members belonged to his client base. His omission to mention himself as a surgeon who didn’t need a medical examination by university doctors at the first and the respite he demanded shows in the meanwhile that his alleged standing was not a commonly known fact among the providers of medical services of Vienna and can be seen, therefore, as a maneuver to mobilize support to conserve his practice. Strikingly, both cases of baptized Jewish practitioners, however connected to different social groups of supporters, one with the archduke’s court, another presumably with the burghers of Vienna, used a similar strategy. Both managed to accomplish a respite for their practice and used the time to gather support for their practice. Moreover, the duration of the case of Caspar shows that a proceeding of the faculty could have been stretched over years until a final decision – in his case, about two and a half years which would not have been able without further support. Excommunication as a sanction to convince the rival physician to stop his practice has not even been discussed at all in the faculty records. Instead, the faculty built completely on the support of local mundane authorities and failed to receive it.

Concerning the case of an actual Jewish physician who apparently possessed a safe-conduct application in 1453, the doctors had of course no chance to damage his reputation in society by using their connection to the ecclesiastical field. Moreover, their prospect of expelling him from the medical market was additionally decreased by his authenticated good relations to the royal court.⁶⁶ Nevertheless, the faculty approached the civil council and explained “quomodo idem Iudeus esset inimicus et blasphemator domini nostri Iesu Christi et omnium Christianorum, quomodo etiam quilibet ab eo medicinam juxta jus scriptum esset excommunicatus”. Since the Jew could not have been excommunicated, the faculty planned to excommunicate all those who dared to receive their medicine from him. There are, however, no cases of recipients of Jewish medicine who were excommunicated by the local episcopal official documented in the faculty records, maybe because the faculty or the episcopal official didn’t want to endanger their relations to the Viennese burghers. It could have been more to lose than to win by such a measure. So the doctors cited the accused practitioner to their assembly at the same day to examine his

64 AFM II, p. 25.

65 Cf. Wagner, *Doctores – Practicantes – Empirici*, p. 38.

66 Cf. AFM II, p. 64.

knowledge in order to outline that “*nihil sciuit respondere super obiectis, ymo nec loqui latinum, nec iudicavit urinas nec regulariter tetegit pulsum*”. Furthermore, they described his knowledge as lagging about forty years behind and contacted, therefore, “*ad preservandum communitatem a multis periculis ac ob honorem facultatis*” the local marshal, deputy of the territorial lord, in order to prohibit his practice. However, according to the dean of the faculty, “*nihil [...] ab aliquo factum fuit, ymo a ciuibus numquam responsum aliquod datum fuit*.”⁶⁷ Apparently without any success, the faculty went another step to restrict the possibilities of its rival at the medical market. Since the doctors assumed that some apothecaries fulfilled the prescriptions of the Jewish practitioner, “*quamquam illud et alia communicatio prohiberetur ab officiali et aliis predicatoribus publice in ambone*”, they cited the apothecaries to their faculty assembly and warned them again to stop the dispensation to their Jewish opponent and moreover to all other practitioners. The apothecaries agreed, perhaps because of the mentioned threats of the episcopal official, spread from the local pulpits, and the regulations were scribed and sealed on parchment.⁶⁸

Seemingly unable to punish the Jewish practitioner directly due to the absent of help from side of the civic or courtly field and the impossibility of excommunication, the doctors were forced to sanction the other side of their opponent’s important social relations at the medical market: his patients and the apothecaries. Both became object of possible sacral sanction derived from the connection of the medical scholars to the ecclesiastical field. The patients were threatened by excommunication, the apothecaries perhaps too. At least they must have risked a decrease of their individual reputation due to possible defamatory preaching from the pulpits. In either case, the decrease of reputation could have been a certain damage to business. Or to put it again in field-analytic terms: If the faculty had no access to reduce the symbolical capital of its Jewish opponent, it used its access to the symbolical capital of those Christians who stood in a profitable relationship to him to enforce a boycott at the medical market.

Almost a year later, the doctors sent out a letter to the episcopal official in order to refresh the interdict against all those who received medicine from the opposing Jewish physician and another letter to their king Ladislaus the Posthumous. Complaining that the Jewish practitioner violated their privileges, they pleaded their king to protect those.⁶⁹ However, the dean put later to the records that “*nihil fuit finaliter factum per dominum Regem propter aduentum variorum terrigenarum et arduorum negociorum sue Serenitatis*.”⁷⁰ Apparently, the king had no interest in abandoning his protégé. The social bond the Jewish practitioner formed to the royal could not be shattered by the proceedings of the faculty. Both Jewish and baptized Jewish practitioners relied

67 AFM II, p. 65.

68 Ibidem, p. 66.

69 See the German version of this letter in *ibidem*, pp. 74f. or the Latin version at the pages 75f.

70 Ibidem, p. 76.

heavily on their social network of supporters who made their practice among Christians at least possible.

The case of the baptized Jewish physician William Pesserer reveals a similar pattern. Confronted together by members of the faculty and Viennese councilors in January 1518, he questioned “se letteras habere bonas ab Imperatore, cur non deberet praticare”. As the doctors and councilors explained to him that they didn’t acknowledge these letters, he left the consultation “proterviter”. The doctors and burghers, therefore, turned to the regimen of lower Austria which, however, ordered the suitors to make peace with the practitioner.⁷¹ Thus, they contacted the senate of Vienna to speak in the name of the burghers to the regimen in order to convince it to protect the privileges of the faculty. Confronted by such an amount of opposition, the regimen apparently conceded: “Man wirdt mit Wilhalm Pesserer schaffen, das er der practig stil stand.”

But prolonging the final sanction to Pesserer’s practice, the regimen declared one week later to don’t stop his practice until Pentecost.⁷² Finally, the faculty contacted the emperor in February and convinced him to protect its privileges and evoked a mandate to stop the practice of William Pesserer which has been delivered to the regimen.⁷³ However, as the dean wrote in the records, “ubi hucusque nihil est factum.” William Pesserer has been never mentioned again in the *Acta Facultatis*. Maybe the men of the regimen, “quorum magnam partem pro fautoribus suis habuit”⁷⁴, managed to prolong his practice until Pentecost or maybe Pesserer actually left the town a few days later or just evaded successively to draw further attention on his practice. The faculty started its struggle against him and his network of supporters in the regimen of lower Austria in January and managed to receive its requested mandate of the emperor in April. Thus, the regimen accomplished at least a procrastination close to its terms and maybe even longer. This time, the faculty had its territorial lord on its site, but had to proceed against a supportive network among the local elites. Instead of reaching its goals, its privileges became object of a long negotiation process between local and higher authorities. Since the doctors refused to use their fastest and most uncomplicated sanction – the excommunication – against Pesserer, they had to get involved into this process which consisted at first in negotiating on the local level in order to turn to themselves to the higher authority of their territorial lord, as their first attempt didn’t come up to their expectations. However, this approach didn’t accomplish much, since the men of the regimen already evoked a significant prolongation of Pesserer’s practice, maybe in order to archive more time for him to serve them or their family members. Probably his beneficial letters helped him to get access to these regional elites which stabilized his stance on the medical market.

71 AFM III, p. 132.

72 Ibidem., p. 133.

73 Cf. ibidem, pp. 135f.

74 Ibidem, p. 139.

The most detailed incident of this kind, however, was the case of the Jewish practitioner Lazarus who was in favor of king Ferdinand I. Lazarus practiced in 1434 at the royal court in Innsbruck and apparently treated the children of king Ferdinand I with success.⁷⁵ A recommendatory letter of the constable of the royal children Veit Freiherr von Thurm, dated in the same year, pictures this received grace and the nature of these beneficial letters in general very well. Addressed to all “Haubleuthen, Pflegern, Landrichtern, Richtern, Burgermaistern, Reten, verwesern, Zellnern, Mautnern, Gegenschreibern, Ambtleuten vnd Gemainden”, the letter declares the salutary practice of “Lazarus Ebraer der Arznei doctor” at the royal court to the advantage of the “hochgedachten k. Khindern, hofgensinde, Edlen vnd Vnedlen”. Consequently, the letter demands to recognize the accomplishments of Lazarus and to regard him with favor, but without pointing out how this can be achieved in particular.⁷⁶ It didn’t belong thus to the most powerful beneficial letters, the privileges, which offered special advantages or the suspension of disadvantages of which Lazarus certainly also had some in his possession. But it already works effectively on several levels in order to concede certain forms of capital in the possession of its Jewish owner. At first, it proves the good relation of Lazarus to the royal court and thus a potential protégé relationship to the king. Secondly, it emphasizes his good skills in medicine due to the pictured royal relation and the general recommendation made by the constable. In the third place, it even ascribes him institutionalized cultural capital by mentioning an alleged doctoral degree in medicine, therefore, identifying his skills on the same level as those of Christian medical doctors.⁷⁷ On the other hand, the whole document for itself represents a form of institutionalized cultural and social capital by certifying his skills and relations directly and indirectly by one of the highest possible contemporary authorities on earth.⁷⁸

Arriving at the medical market of Vienna, letters like this one again subverted the order intended by the local medical faculty on two levels: They questioned the privileges of the faculty on the legislative level and helped, on the other hand, to build social networks among the local elites to firm the social stance of the practitioner. Lazarus arrived in 1545 in Vienna and presented his letters and privileges to the local regimen which, due to the complaints of the doctors, turned

75 Cf. Schütte, *Medizin im Konflikt*, p. 359.

76 The recommendatory letter has been printed in Gerson Wolf, *Lazarus Hebräer, Leibarzt der Kinder des Kaisers Ferdinand I.*, in: *Wiener Medizinische Zeitschrift* (1860), p. 758.

77 There is no possibility to prove whether Lazarus really had a doctoral degree which must have been achieved at an Italian University by a Jew at this time. More likely, he gave the title to himself or got it from his courtly surrounding without any underlying institutionalized process, since the doctoral degree was, especially in case of medicine, no fully protected title which has been copied also by several Christian physicians who didn’t go to university. See Jütte, *Zur Funktion und sozialen Stellung jüdischer ‚gelehrter‘ Ärzte im spätmittelalterlichen und frühneuzeitlichen Deutschland*, pp. 164f.

78 See also about his privileges and recommendatory letters, but with a less detailed interpretation Schütte, *Medizin im Konflikt*, p. 359.

itself to the emperor and decided to agree with the faculty. However, regarding several complaints of the medical faculty between 1546 and 1547 written in the faculty records, the emperor seemed to have no interest to abandon his former physician, despite the prohibition of Jewish practice in the second royal privilege for the medical faculty in 1517 which excluded Jews explicitly from the ranks of medical providers.⁷⁹ Moreover, Lazarus seemed to have expanded his network of mighty customers among the civil officialdom of Vienna, for “verum Iudeus [...] impetravit famulum domini ab Eitzing et domini cancellarii, qui serio affirmabant, Iudeum deposci ad curam magnificae Dominae ab Eiczing et iam esse curam illi conscendendum.”⁸⁰ Thus, his beneficial letters proved to take their full effect as institutionalized social resource.

Lazarus apparently managed to stay several years at the medical market and has been mentioned again in 1554. At this time, the emperor had blamed the doctors for having neglected his “Ordnung und Reformation gutter Pollicei”, decreed in 1552, concerning the prizes of medical treatment, especially of the poor.⁸¹ The doctors, therefore, denied the accusations and blamed “landtfarer, Iuden, alte weiber unndt dergleiche bedriegerische leut” for disregarding the law, mentioning “Lazarus der Iud” in particular.⁸² Probably because his practice was not stoppable by any regular means and due to his oppositional niche Jews could only seize at the medical market, as discussed earlier, the Jewish protégé drew the most disgrace on himself and was considered as an outstanding challenge and provocation. Furthermore, the faculty aimed certainly to remember its emperor about this old case. Emperor Ferdinand I sent, thereupon, a letter in which he again admonished to follow the prescriptions of his medical ordinance.⁸³ In addition to his letter came a spreadsheet divided into two columns with the two topics “Verzeichnus derer personen, so alhie in medicina extraordinarie practizieren” and “Namen derer, so in medicina nie gestudiert und doch frevenlicherweiß practizieren und betriegen”. Below the second topic, several names are inscribed by the members of the medical faculty, including “Lazarus Iudt” at the first position of a list of eleven practitioners. The sheer number of eleven illegal practitioners, in many cases including their exact names and addresses, shows the awareness the faculty had about its illegal competitors as much as it shows the doctors powerlessness to exclude them with success from the medical market. Lazarus’ outstanding position on the list, moreover, shows that the doctors must have considered him as the worst of all, although they don’t explain further accusations against him like they do against other practitioners who were registered below, like an apothecary, “der wider aller doctorum be[felch] unnd ordnung dem herren Ioanni Maria Malvetz erztnei zu sei-

79 Cf. AFM III, pp. 231, 234, 236f., concerning the “Zweites Privilegium K. Maximilian I. für die medicinische Facultät”; see AFM III, pp. 316–319; see also Schütte, *Medizin im Konflikt*, pp. 359f.

80 AFM III, p. 234.

81 AFM III, p. 268.

82 Ibidem, pp. 269f.; see also Schütte, *Medizin im Konflikt*, pp. 361–363.

83 Cf. AFM III, pp. 270f.

nem verderbenn eingebenn hat."⁸⁴ Their opposition to him, appears to be founded explicitly on the violation of their norms and implicitly to his opposing stance he seized at the medical market and against the habitus and self-image of the doctors like many Jews did. Lazarus' name appears never again in the *Acta Facultatis* and again it can't be told whether he has been finally expelled by the doctors, managed to stay for a while below the radar level of the faculty or just left voluntarily for other unknown reasons. However, the struggle of the faculty against his practice for almost ten years proves him to be the most enduring practitioner among Jews and baptized Jews in Vienna between 1420 and 1554. For this reason, he represents the clearest example of the difficulties the Viennese medical faculty had with struggling against Jewish medical practice due to its missing possibility to decrease the symbolical capital of its Jewish enemies and its unstable relations to authorities of all non-clerical kind, since many of them seem to have tried at least once the treatment of a Jew or baptized Jew if other medical approaches failed to sustain their claims.

Conclusion

The examination of the records of the Viennese medical faculty, ranging from cases between 1420 and the middle of the 16th century, has shown the conflict between medical doctors and Jewish practitioners on several levels and touched thereby the field intersections, the Viennese medical market was exposed to. Resorting to its proximity to the scholarly and hence to the ecclesiastical field, the local medical faculty could use the excommunication as an access to the means of production and reproduction of the symbolical capital of its Christian rivals at the medical market. But this measure proved to be useless against those who were already considered to stand outside of the *societas Christi* which encompassed not only Jewish practitioners, but also baptized Jewish practitioners who were in similar ways antagonized by the medical doctors. Apparently, according to some contemporary views, being a baptized Jew didn't erase all Jewishness from a physician. Not able to use their easiest measure to prevent an unlicensed practitioner from practice, the faculty was forced to get involved into an often long-running process of negotiation between authorities of the townly, territorial-governmental and courtly field to which the Jewish or baptized physicians had profitable relations. Thus, many practitioners managed to prolong their sojourn in Vienna due to their beneficial and the faculty's unsteady relations to these authorities. However, resorting to field-analytical terms of struggle and strategy, it wouldn't be wise to regard the difficult proceedings simply as a series of failed trials to enforce particular norms on the medical market. Rather it seems more profitable to grasp the mentioned process of negotiation as a course of norm implementation in which a norm itself should not be seen as something that is either enforced or neglected but as

84 AFM III, p. 271, Annot. 1.

something which unfolds several, sometimes opposing, effects on the social environment in which it has been applied.⁸⁵

Considering the perused medical norm implementation by the Viennese medical doctors, therefore, reveals to some extent the social position, or niche a Jewish practitioner could have seized at the medical market and how this position was conditioned by the position of the medical doctors. The clerical character of the medical doctor, his normative restriction to interior medicine and his high-class habitus allowed some Jewish practitioners (or those who were considered as such) to rise to a serious alternative to the doctor's treatment. On the other hand, the single-sided relation to the church offered no crucial advantages to prevent Jewish practice, even though clerical forms forbade Jewish medical practice on Christian bodies. One might say, the institutional and cultural proximity to the estate of the clergy left a social blind spot in which Jewish practice was still possible and maybe even profitable if the relations to mundane authorities were unsteady like in the case of the Viennese doctors.⁸⁶ Strikingly, the wide-spread presence of the social type of unlicensed Jewish physician decreased along the emancipation of medicine and universities in general from the church and the growing proximity to the emerging structures of territorial statehood during the early modernity.⁸⁷ The particular configuration of field relations of the Viennese medical doctor which often led to success at one side could have been useless or even disadvantageous on the other side. Like every agent in any social field, medical doctors had to impose their social claims from case to case on different fronts by means of social practice. Practice theory appears consequently as a promising analytical tool to combine with field-analytical perspectives in order to picture those social struggles more systematically in later approaches.

Bibliography

Sources:

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- 85 Concerning the notion of norm implementation, see Achim Landwehr, „Normdurchsetzung“ in der Frühen Neuzeit? Kritik eines Begriffs. Normen im frühneuzeitlichen Staat, in: *Zeitschrift für Geschichtswissenschaft* 48 (2000), pp. 146–162, here p. 153 and Achim Landwehr, Die Implementation von Policyordnungen in der ländlichen Gesellschaft der Frühen Neuzeit, in: Karl Härter (ed.), *Policy und frühneuzeitliche Gesellschaft*, Frankfurt am Main 2000, pp. 47–70, here p. 50; concerning the discussion about norm enforcement and social disciplining in general, see Jürgen Schlumbohm, Gesetze, die nicht durchgesetzt werden – ein Strukturmerkmal des frühneuzeitlichen Staates, in: *Geschichte und Gesellschaft* 23 (1997), pp. 647–663 and Martin Dinges, Policyforschung statt „Sozialdisziplinierung“, in: *Zeitschrift für Neuere Rechtsgeschichte* 24 (2002), pp. 327–344.
- 86 Cf. Wagner, *Doctores – Practicantes – Empirici*, pp. 41f., who states that the medical faculty of Vienna had a worse relationship to local authorities compared to the medical faculty of Paris.
- 87 About the decrease of Jewish practice and the periodization of Jewish medicine throughout the middle ages and early modernity, cf. Treue, *Verehrt und ausgespien*, pp. 160f., 196–198.

- [‘The Medical Ordinance of Passau’, printed in:] Mühlsteff, Jana, Ursprünge deutscher Medizinalgesetzgebung. Der Arzt-Beruf in städtischen Rechtsquellen des 14.–16. Jh., Marburg 2008, pp. 244f.
- Schrauf, Karl (ed.), *Acta Facultatis Medicae Universitatis Vindobonensis*, Vol. 1–3, Vienna 1894–1904.
- [‘A Recommendatory Letter for the Jewish practitioner Lazarus’, printed in:] Gerson Wolf, Lazarus Hebräer, Leibarzt der Kinder des Kaisers Ferdinand I., in: *Wiener Medizinische Zeitschrift* (1860), p. 758.

Books and Articles:

- Assion, Peter, Jakob von Landshut. Zur Geschichte jüdischer Ärzte in Deutschland, in: *Sudhoffs Archiv* 53 (1969), pp. 270–291.
- Assion, Peter, Jakob von Landshut, in: Stöllinger-Löser/Stammler, Wolfgang /Langosch, Karl et al. (eds.), *Die deutsche Literatur des Mittelalters. Verfasserlexikon*, Vol. 4, Berlin/New York 1983, pp. 475f.
- Bourdieu, Pierre, Physischer, sozialer und angeeigneter physischer Raum, in: Wentz, Martin (ed.), *Stadt-Räume*, Frankfurt am Main 1991, pp. 25–34.
- Bourdieu, Pierre, Ökonomisches Kapital – Kulturelles Kapital – Soziales Kapital, in: Bourdieu, Pierre (ed.), *Die verborgenen Mechanismen der Macht*, Hamburg 1992, pp. 49–79.
- Bourdieu, Pierre, *Meditationen. Zur Kritik der scholastischen Vernunft*, Frankfurt am Main 2001.
- Bourdieu, Pierre/Wacquant, Loïc J. D., Die Ziele der reflexiven Soziologie, in: Beister, Hella (ed.), *Reflexive Anthropologie*, Frankfurt am Main 1996, pp. 95–250.
- Cavallero-Navas, Carmen, *Medicine among the Medical Jews*, in: Freudenthal, Gad (ed.), *Science in Medieval Jewish Cultures*, Cambridge (MA) 2011, pp. 320–342.
- Dinges, Martin, Policyforschung statt „Sozialdisziplinierung“, in: *Zeitschrift für Neuere Rechtsgeschichte* 24 (2002), pp. 327–344.
- Efron, John M., *Medicine and the German Jews. A History*, New Haven (CT) 2001.
- Graetz, Michael, Court Jews in Economics and Politics, in: Mann, Vivian B. /Cohen, Richard I. (eds.), *From Court Jews to the Rothschilds. Art, Patronage, and Power, 1600–1800*, Munich 1997, pp. 27–43.
- Graus, František, Judenfeindschaft im Mittelalter, in: Benz, Wolfgang/Bergmann, Werner (eds.), *Vorurteil und Völkermord. Entwicklungslinien des Antisemitismus*, Freiburg/Basel/Vienna 1997, pp. 35–60.
- Gumpert, Martin/Joseph, Alfred, Jüdische Ärzte in früheren Jahrhunderten, in: Kaznelson, Siegmund (ed.), *Juden im deutschen Kulturbereich. Ein Sammelwerk*, Berlin 1962, pp. 461–562.
- Herde, Peter, Von der mittelalterlichen Judenfeindschaft zum modernen Antisemitismus, in: Müller, Karlheinz/Wittstadt, Klaus (eds.), *Geschichte und Kultur des Judentums. Eine Vorlesungsreihe*

- an der Julius-Maximilians-Universität Würzburg, Würzburg, 1988, pp. 11–69.
- Hödl, Sabine, ... dem gemeinen Mann überal zu Verderben und menniglich zuleidenlichen Beschwarungen...: Studien zur Judenfeindschaft in Österreich von 1496–1620, in: Keil, Martha/Lappin, Eleonore (eds.), Studien zur Geschichte der Juden in Österreich, Bodenheim 1997, pp. 35–64.
- Hödl, Sabine, Eine Suche nach jüdischen Zeugnissen in einer Zeit ohne Juden. Zur Geschichte der Juden in Niederösterreich von 1420–1555, in: Mitteilungen des österreichischen Staatsarchivs 45 (1997), pp. 271–296.
- Hortzitz, Noline, „Der Judenarzt“. Zur Diskriminierung eines Berufstandes in der frühen Neuzeit, in: Aschkenas. Zeitschrift für Geschichte und Kultur der Juden 3 (1993), pp. 85–112.
- Hortzitz, Noline, Der „Judenarzt“. Historische und sprachliche Untersuchungen zur Diskriminierung eines Berufsstands in der frühen Neuzeit, Heidelberg 1994.
- Israel, Jonathan I., *European Jewry in the Age of Mercantilism 1550–1750*, Oxford 1985.
- Jütte, Robert, Contacts at the Bedside. Jewish Physicians and their Christian Patients, in: Hsia, R. Pochia/Lehmann, Hartmut (eds.), *In and out of the Ghetto. Jewish-Gentile Relations in Late Medieval and Early Modern Germany*, Washington (D.C.) 1995, pp. 137–150.
- Jütte, Robert, Zur Funktion und sozialen Stellung jüdischer ‚gelehrter‘ Ärzte im spätmittelalterlichen und frühneuzeitlichen Deutschland, in: Schwinges, Rainer Christoph (ed.), *Gelehrte im Reich. Zur Sozial- und Wirkungsgeschichte akademischer Eliten des 14. bis 16. Jahrhunderts*, Berlin 1996, pp. 159–179.
- Kaplan, Yosef, Court Jews before the Hofjuden, in: Mann, Vivian B. /Cohen, Richard I. (eds.), *From Court Jews to the Rothschilds. Art, Patronage, and Power, 1600–1800*, Munich 1997, pp. 11–25.
- Kühnel, Harry, *Mittelalterliche Heilkunde in Wien*, Vienna/Graz 1965.
- Kümmel, Werner Friedrich, Wer bei wem? Christen und Juden, Patienten und Ärzte in vormoderner Zeit, in: Grundmann, Kornelia/Aumüller, Gerhard/Sahmland, Irmtraut (eds.), *Concertino. Ensemble aus Kultur- und Medizingeschichte. Festschrift zum 65. Geburtstag von Gerhard Aumüller*, Marburg 2008, pp. 125–137.
- Kümmel, Werner Friedrich, Jüdische Ärzte in Deutschland – mit besonderer Berücksichtigung der Beispiele Mainz und Wiesbaden, in: Pelizaeus, Ludolf (ed.), *Innere Räume – äußere Zäune. Jüdischer Alltag im Rheingebiet im Spätmittelalter und in der Frühen Neuzeit*, Mainz 2010, pp. 153–173.
- Landau, Richard, *Geschichte der jüdischen Ärzte. Ein Beitrag zur Geschichte der Medizin*, Berlin 1895.
- Landwehr, Achim, Die Implementation von Policyordnungen in der ländlichen Gesellschaft der Frühen Neuzeit, in: Härter, Karl (ed.), *Policy und frühneuzeitliche Gesellschaft*, Frankfurt am Main 2000, pp. 47–70.
- Landwehr, Achim, „Normdurchsetzung“ in der Frühen Neuzeit? Kritik eines Begriffs. Normen im frühneuzeitlichen Staat, in: *Zeitschrift für Geschichtswissenschaft* 48 (2000), pp. 146–162.

- Matuschka, Michael E. Graf von, Hesse, der Jude von Salms (Solmes). Arzt und Schriftgelehrter. Ein vorwiegend namenkundlicher Exkurs, in: Würzburger medizinhistorische Mitteilungen 8 (1990), pp. 207–219.
- Münz, Isak, Die jüdischen Ärzte im Mittelalter. Ein Beitrag zur Kulturgeschichte des Mittelalters, Frankfurt am Main 1922.
- Rauscher, Peter/Staudinger, Barbara/Keil, Martha, Austria Judaica. Quellen zur Geschichte der Juden in Niederösterreich und Wien 1496–1671, Vienna 2011.
- Schlumbohm, Jürgen, Gesetze, die nicht durchgesetzt werden – ein Strukturmerkmal des frühneuzeitlichen Staates, in: Geschichte und Gesellschaft 23 (1997), pp. 647–663.
- Schubert, Kurt, Die Geschichte des österreichischen Judentums, Vienna/Cologne/Weimar 2008.
- Schütte, Jana Madlen, Medizin im Konflikt. Fakultäten, Märkte und Experten in deutschen Universitätsstädten des 14. bis 16. Jahrhunderts, Leiden/Boston (MA) 2017.
- Shatzmiller, Joseph, Jews, Medicine, and Medieval Society, Berkeley (CA) 1994.
- Felix Singermann, Die Kennzeichnung der Juden im Mittelalter. Ein Beitrag zur Geschichte des Judentums, Freiburg 1915.
- Stern, Selma, The Court Jew. A Contribution to the History of the Period of Absolutism in Central Europe, Philadelphia (PA) 1950.
- Stolberg, Michael, Formen und Strategien der Autorisierung in der frühneuzeitlichen Medizin, in: Oesterreicher, Wulf/Regn, Gerhard/Schulze, Winfried (eds.), Autorität der Form, Autorisierung, institutionelle Autorität, Münster 2003, pp. 205–218.
- Stolberg, Michael, Homo patiens. Krankheits- und Körpererfahrung in der Frühen Neuzeit, Cologne/Vienna 2003.
- Stolberg, Michael, Frühneuzeitliche Heilkunde und ärztliche Autorität, in: Dülmen, Richard van/Rauschenbach, Sina (eds.), Macht des Wissens. Die Entstehung der modernen Wissensgesellschaft, Cologne 2004, pp. 111–130.
- Theilhaber, Felix Aaron, Jüdische Mediziner, in: Herlitz, Georg/ Kirschner, Bruno (eds.), Jüdisches Lexikon, Vol. 4 No. 1, Berlin 1930, col. 25–42.
- Toch, Michael, Spätmittelalterliche Rahmenbedingungen jüdischer Existenz. Die Verfolgungen, in: Hödl, Sabine/Rauscher, Peter/Staudinger, Barbara (eds.), Hofjuden und Landjuden. Jüdisches Leben in der frühen Neuzeit, Berlin 2004, pp. 19–64.
- Trachtenberg, Joshua, Jewish Magic and Superstition. A Study in Folk Religion, New York (NY) 1965.
- Treue, Wolfgang, Verehrt und ausgespien. Zur Geschichte jüdischer Ärzte in Aschkenas von den Anfängen bis zur Akademisierung, in: Würzburger medizinhistorische Mitteilungen 21 (2002), pp. 139–203.
- Wagner, Wolfgang Eric, Doctores – Practicantes – Empirici. Die Durchsetzung der Medizinischen Fakultäten gegenüber anderen Heilergruppen in Paris und Wien im späten Mittelalter, in: Schöpfer Pfaffen, Marie-Claude/Schwinges, Rainer Christoph/Schwitter, Thomas (eds.), Universität im öffentlichen Raum, Basel 2008, pp. 15–43.

Zimmermann, Volker, Jüdische Ärzte und ihre Leistungen in der Medizin des Mittelalters, in: Würzburger medizinhistorische Mitteilungen 8 (1990), pp. 201–205.