

# THE STORY OF 'DOCTOR,' 'PHYSICIAN,' AND 'SURGEON'

Joseph A. Bailey, II, MD  
Colton, California

In ancient Greece there was a group of philosophers called Physikos. They were noted for gaining their knowledge of nature from thinking rather than studying it first hand. From these thoughts they taught biology and medicine, and were called doctors (*"to teach"*); their students, *"physicus"*, or physician. Physicians who worked with their hands were called *"surgeons."* Being well versed in the theory of diseases and their treatment, surgeons were distinguished from the ancient Greek chiropodest (who worked on patients' hands and feet). Subsequently, 5th century Roman barbers and Medieval European barbers were also doing surgical procedures—things like extracting teeth, treating wounds, and bleeding patients. Unfortunately, their operations—draining blood from sick patients (to release fevers and evil spirits) and *"cuttings"* to remove bladder stones—generally caused more harm than good. Since their practices commonly caused suffering and death, European surgery was not held in high esteem.

The word *"surgeon"* came into English in the 14th century. It designated those medical practitioners who, instead of administering drugs, per-

---

(*J Natl Med Assoc.* 2003;95:489-490.)

---

© 2003. From the National Medical Association, Washington, DC. For reprints, contact J.A. Bailey at JAB722@aol.com .

formed manual operations on the body. Considering blood-letting as demeaning, they left it to the barber surgeons— known as *"surgeons of the short robe."* It is from their blood-letting that the red and white striped barber pole developed—the red standing for blood, the white for the bandage, and the basin for the vessel used to receive blood. The importance of the pole was that it represented a *"medical care"* symbol which people could easily recognize since, in these times, few people could read. For these reasons, pictures and emblems of barber poles were used as shop signs. To compete with barber surgeons of the short robe, France introduced *"surgeons of the long robe."* In early Renaissance France and England, the long robe physician surgeons were known primarily for working with their hands in a non-invasive way. They also performed external manipulations of a given patient's body. In the 14th century, they switched over to performing invasive procedures. This switch was triggered by the high class medicine of the Byzantine and Arabian surgeons. More urgent was the public demand for better results than they were receiving at the hands of itinerant barbers and wandering quacks. Up to this time, an upgrade in surgery had been slow to develop because of: (1) a lack of anesthesia; (2) an ignorance of the nature and control of infection; (3) an absence of understanding

anatomy; and (4) an inability to control hemorrhage. Progress in surgical technique was associated with progress in medical education.

When “*doctor*” came into English in the 13th century, it took on the Medieval Latin meaning of a religious teacher, adviser, scholar, and father of the Christian Church—all in the sense of “*to make to appear right*” and “*a shower of the way*.” This allowed the title of “*doctor*” to be split into collegiate and medical circles. Since the late 19th century, a doctor of medicine has been generally thought of as a general practitioner. Until recently, almost any graduate of a medical school could display a sign saying “*Physician and Surgeon*.” However, they usually started working with older and more experienced surgeons in the hospital so as to gradually acquire techniques, the confidence, and a good reputation to do surgery on their own account.

Today, “*doctor*” is applied both to a person with a doctoral degree in a non-medical subject

(e.g. philosophy), as well as to physicians and surgeons. All qualified physicians and surgeons, being doctors of medicine, are distinguished from non-medical doctors by the symbols M.D. (medical doctor) or D.O. (doctor of osteopathy) at the ends of their names. These symbols indicate that they are trained to handle life-or-limb threatening situations.

## REFERENCES

1. Shipley JT. *Dictionary of Word Origins*, New York: Philosophical Library, 1945; p. 265.
2. Stimpson, G. *A Book About a Thousand Things*, London: Harper & Brothers Publishers, 1946; p. 9.
3. Ayto J. *Dictionary of Word Origins*, New York: Arcade Publishing, 1990; p. 513.
4. Chantrell, G. *The Oxford Dictionary of Word Histories*, Oxford: Oxford University Press, 2002; p. 158, 376, 495.
5. Wain H. *The Story Behind the Word*, Springfield: CC Thomas Publishers, 1958; p 247, 94, 302.
6. Fowler HW. *The New Folklore's Modern English Usage*, Oxford: Clarendon Press, 1996; p. 595.
7. Bailey II, JA. *The Concise Dictionary of Medical-Legal Terms*, London: The Parthenon Publishing Group, 1998; p. 37.

### EXECUTIVE VICE CHANCELLOR FOR HEALTH AFFAIRS THE UNIVERSITY OF TEXAS SYSTEM

The University of Texas System is seeking applications and nominations for the position of **Executive Vice Chancellor for Health Affairs**. The Executive Vice Chancellor will maintain high academic quality in the six health-related institutions, and facilitate and coordinate the delivery of health education, biomedical research, patient care, and health care policy for The University of Texas System health-related institutions. The position will report to the Chancellor of the U. T. System. **INSTITUTION:** The University of Texas System is composed of 15 institutions of higher education, including nine academic institutions and six health-related institutions. The health-related institutions include four medical schools, two dental schools, three nursing schools, one school of public health, three schools of allied health, and one school of health information sciences. The following statistics demonstrate the scope of the health-related institutions at U. T. System: Total Budget (FY 2003) - \$4.1 billion; Student Enrollment (Fall 2002) - 9,836; Faculty - All Ranks (Fall 2002) - 8,535; Total Employees (Fall 2002) - 43,797; Total Research Expenditures (FY 2002) - \$704 million; Total Inpatient Admissions (FY 2002) - 63,801; Total Outpatient Visits (FY 2002) - 1,420,264. System Administration offices are located in Austin, Texas. For more information regarding The University of Texas System, visit [www.utsystem.edu](http://www.utsystem.edu). **RESPONSIBILITIES:** Provide innovative, strategic leadership and coordination of major health-related institution initiatives. Articulate a vision for the state and health-related institutions, and implement a plan to enhance medical education and research, and to improve patient care. Ensure exemplary communication and representation of U. T. System health-related institutions before the Texas Legislature, Congress, state and federal agencies, and other elected and appointed officials. Provide general operational oversight of the health-related institutions. **QUALIFICATIONS:** Qualifications include, but are not limited to, attainment of a terminal professional degree at the doctoral level or equivalent in a health-related field, preferably a Doctor of Medicine degree, and ten years of related academic health institution and health care policy experience. A proven track record in providing operational oversight of health-related institutions is required, along with the ability to establish, maintain and monitor appropriate internal controls. **APPLICATION INFORMATION:** Interested individuals should submit a letter of interest, resume or curriculum vitae, and the names and contact information for three references to: Dr. Kern Wildenthal, President; The University of Texas Southwestern Medical Center at Dallas; Chair, Search Committee; 5323 Harry Hines Boulevard; Dallas, Texas 75390. This position is security sensitive and subject to Texas Education Code §51.215, which authorizes the employer to obtain criminal history record information. *An Equal Opportunity Employer*