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"The Cruellest of Ills": Irregular Practitioners, the Royal College of Physicians, and the "French Pox," c. 1550-1630

By

Sarah Fischer

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

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In

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"The Cruellest of Ills": Irregular Practitioners, the Royal College of Physicians, and the "French Pox," c. 1550-1630

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This thesis has been examined and approved by the following members of the student's committee.

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“THE CRUELEST OF ILLS:” IRREGULAR PRACTITIONERS, THE ROYAL COLLEGE OF
PHYSICIANS, AND THE “FRENCH POX,” C.1550-1630

SARAH FISCHER

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS IN HISTORY

MINNESOTA STATE UNIVERSITY, MANKATO
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ABSTRACT

The confluence of the endemization of syphilis and plague outbreaks between 1590-1630 defined the milieu of the medical marketplace in London. The irregular practitioners that treated patients with these diseases used them as a mode of self-fashioning and established themselves as credible. During this time, the Royal College of Physicians attempted to censor the medical practice of these irregulars to reinforce and establish themselves as a superior authority within the medical marketplace. The College physicians attempted to self-fashion their institution because among all of the medical professionals within London, they had the least amount of practical training with patients. The “empirics” they attempted to censor learned their trade by empirical training. From the extant sources, it is clear that the medical understanding of diseases like syphilis and bubonic plague differed little between medical professionals and lay people. The epistemology of disease during this period was created through the medical treatises written by the irregular practitioners and surgeons wanting to create credibility for themselves.

Introduction

Between 1590 and 1630, the Royal College of Physicians in London recorded more than two dozen instances of irregular practitioners treating venereal disease. The fact that this institution's concern with who should and should not treat venereal diseases such as syphilis peaked during these decades makes good sense in context. The rise of endemic syphilis throughout Europe created anxieties over the cause of the disease and who or what was to blame. It is clear, as well, that during this forty-year period, venereal disease afflicted people of all socio-economic classes and spread quickly throughout England's port cities. Furthermore, economic dislocation in late Elizabethan and early Stuart England spurred urban population growth, and London, especially, attracted newly transitory residents from far and near. At least some "foreigners" seeking ways to make a living in the city found the practice of medicine an alluring avenue to material comfort.¹

During this period, the population increase and lower wages pushed more Londoners into poverty.² By the end of Elizabeth I's reign, London's population hovered around 300,000 people. It is likely that the population doubled in size during the Elizabethan period.³ Not only did new inhabitants of London come from the continent, but many came from the countryside and rural England searching for economic prosperity. While this search led some to the practice of

¹ See, e.g., Case of Harman, 5 February 1590/1, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 88a and Case of Place, 13 May 1608, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 200v.

² Margaret Pelling, "Appearance and Reality: Barber-Surgeons, the Body, and Disease," in *London 1500-1700: The Making of the Metropolis*, ed. A.L. Beier and Roger Finlay (London: Longman, 1986), 82.

³ Clayton Roberts, David Roberts, and Douglas R. Bisson, *A History of England, Volume I: Prehistory to 1714* (Englewood Cliffs, NJ: Prentice Hall, 2009), 315-16.

medicine, as will be discussed later, many migrants did not find suitable work or living conditions in the city. Rather, they found the same economic despair they had left behind. What's more, they became a vulnerable population in a city rife with disease.

The visibility of urban poverty in late Elizabethan London likely magnified the intimate connection between venereal disease and morality that contemporaries perceived and that stirred their anxieties over the disease.⁴ This thesis is dedicated to representing contemporary attitudes of disease during this period, which is why syphilis will be emphasized, rather than just bubonic plague, in illustrating the intricacies of the medical marketplace and the practitioners who practiced within it. Irregular practitioners, male and female, treated venereal disease in a period where stigmatization and fear plagued those who contracted it. Many of these practitioners gained the attention of the Royal College of Physicians, who attempted to censure their practice. Through the lens of the rise in endemic syphilis and plague outbreaks in England, this thesis will address the relationships between irregular practitioners and the Royal College of Physicians, irregular practitioners and their patients, as well as patients and the effects syphilis had on their lives.

The Royal College of Physicians in London believed that not just any medical practitioner could treat venereal disease, or any disease for that matter. These university-educated physicians defended a theory of health and illness that they traced back to the second-century Greek philosopher and physician Galen. This theory grounded their practice of humoral medicine; "physic," as they understood it, involved prescribing "internal" remedies that would restore a correct balance between the four core bodily fluids: blood, phlegm, yellow bile, and

⁴ Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Clarendon Press, 2003), 341.

black bile.⁵ From their Galenic perspective, physicians believed that “empirics” not trained in this theory would likely treat the symptoms without understanding the root causes of disease. And, at least in theory, physicians in London possessed an institutional advantage that they could wield over their counterparts in other lines of medical work.

Although it was not created with a regulatory mandate in mind, the Royal College of Physicians assumed an authority to police most forms of medical practice—midwifery excepted—in the London area by the end of the sixteenth century. The College acquired its oversight powers in piecemeal fashion, and these remained contested well into the seventeenth century, but the basic storyline is as follows. The College was created through a royal charter by Henry VIII in 1518. The first president of the College, Thomas Linacre, petitioned the King to establish a college that could grant licenses for medical practice, and to punish practitioners who engaged in malpractice. Linacre’s vision for the College was for it to serve as an elite academic body for medical doctors within London.⁶ The judicial authority of the College originated in this royal charter; it granted the College rights to restrict medical practice to members and fellows. After its creation, the College became very exclusive; fellowship was limited to, at most, 40 physicians in the late sixteenth century.⁷ The founders of the College intended to control all practitioners of medicine within a seven-mile radius of the City of London. They defined any practitioner to be illicit unless they had been licensed by the College. Through a statute created by the Parliament of Queen Mary I in the first year of her reign (1553), the Royal College of Physicians gained the right to imprison offenders. Allowing the College to punish non-members

⁵ Faith Lagay, “The Legacy of Humoral Medicine,” *American Medical Association Journal of Medical Ethics: Virtual Mentor* 4, no. 7 (July 2002). <https://journalofethics.ama-assn.org/article/legacy-humoral-medicine/2002-07>

⁶ George Clark, *A History of the Royal College of Physicians Vol. I*, (Oxford: Oxford University Press, 1964), 41.

⁷ Pelling, *Medical Conflicts*, 1.

and unlicensed practitioners in this way, the statute ostensibly afforded the Royal College of Physicians an unprecedented amount of authority within an immense marketplace featuring a wide spectrum of practitioners.⁸

Despite the stance of exclusivity propounded by the physicians of the College, the medical field provided career opportunities and a chance at improving one's station in life for people of all social classes. The primary avenues of medicine involved membership to guild companies such as the Barber-Surgeons' Company or the Society of Apothecaries. For women, there existed no guild but they could become a licensed midwife if they had the ability to be trained by a senior midwife. Many practitioners entered the field of medicine without any affiliation to a guild, and without any kind of license. Female practitioners could not obtain a license under the College, only a license to practice midwifery through the Church of England. Nonetheless, countless "irregular" practitioners, male and female, treated venereal disease in this period.

This thesis begins just at the moment when the incidence rate of syphilis in London was approaching its sixteenth-century zenith. I argue that (a) the corresponding rise in treatment of venereal disease by a wide range of practitioners and (b) the Royal College of Physicians' display a fervor for censuring irregular practitioners during this period were closely linked phenomena. I add that the happenstance whereby relatively frequent seasonal plague epidemics and endemic venereal disease beset a city that was itself in flux during these decades culminated in contentious relationships within the medical marketplace of London, many of which left their traces in the records of the Royal College of Physicians. Plague outbreaks, as Patrick Wallis has

⁸ Harold J. Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians," *Journal of British Studies* 33, no. 1 (January 1994), 5.

shown, sent ripple effects down the whole chain of medical provision even in the most tranquil of times; wealthy households, with country residences to flee to, left town, and they took their physicians with them.⁹ Their absence from plague practice during a period of simultaneously high syphilis levels in London during the 1590s opened up business opportunities to experienced medical practitioners of all sorts, but also to men and women newly arrived in the city—some with more, some with less, practical medical experience. In the absence of College physicians, these practitioners staked an implicit claim to the value of trial and error over Galenic theory as a means to curative knowledge. In turn, physicians' attempts to reassert their claim to authoritative medical know-how took the form of gatekeeper actions against unlicensed practitioners of “internal” medicine, many of whom were indeed treating venereal disease with humoral techniques. In this way, the concurrence of endemic syphilis and plague outbreaks forced the pace of and, to some degree set the terms for, epistemological conflict in the medical field on the eve of (and in the contingent manner that would come to typify) the “Scientific Revolution”—a moment in time already remarkable to historians for forces contributing to epistemic anxiety and reputability panics.¹⁰

Historians have thus far neglected the conclusion that plague and syphilis themselves animated the conflicts between irregular practitioners and the Royal College of Physicians; they have regarded the social ascendancy of an already-privileged group (Collegiate physicians) as the primary driver of these conflicts. An implication of this thesis, however, is that the diseases themselves need to be taken seriously as agents in this history. The significant increase in censorial cases recorded in the Royal College of Physicians' Annals during the period of high

⁹ Patrick Wallis, "Plagues, Morality and the Place of Medicine in Early Modern England," *The English Historical Review* 121, no. 490 (February 2006): 1-24.

¹⁰ See, in particular, Steven Shapin, *The Scientific Revolution* (Chicago: Chicago University Press, 1996).

disease-incidence shows that plague and syphilis indirectly heightened the Royal College of Physicians' insecurities about their position within the medical marketplace. In reaching this conclusion, I follow the advice of medical historian Claudia Stein on how to write a proper medical history on the early modern period. I proceed from the assumption that early modern people understood the nature of syphilis in a world where etiological expertise was up for grabs, not presumed to issue from a specialized, secular, disciplinary tradition of knowing called "medicine." One single diagnosis for all manifestations of venereal disease is, for example, unreasonable to expect as the diagnosis of syphilis was flexible and could change. The early modern treatment and diagnoses of venereal disease cannot be understood in the perspective of public health, but in terms of a medical marketplace that encompassed a wide variety of health services and economic competition. The contemporary experiencers of plague and syphilis grappled to understand and come to terms with them. In this way, the bodily experience of syphilis more specifically shaped the intellectual thinking about disease.¹¹ Placing the practitioners and patients into their own socio-cultural context will allow this thesis to give an accurate voice to the past and those who experienced syphilis.

The Annals of the Royal College of Physicians, housed at the Royal College of Physicians Archives in London, record most of the College's censorial business for the sixteenth and first half of the seventeenth centuries. They also record every medical practitioner who applied for a licensure, the College's meeting minutes, and various items of correspondence between the College and other governing bodies within London such as the Barber-Surgeons' Company. The most important piece of the Annals that will be used in this thesis are the

¹¹ Claudia Stein, "'Getting' the Pox: Reflections by a Historian on How to Write the History of Early Modern Disease," *Nordic Journal of Science and Technology Studies* 2, no.1 (2014).

interactions between the College and irregular practitioners in the form of individual cases of illicit medical practice or malpractice. While the records of the College are plentiful, they still present limitations in understanding the full story for many irregular practitioners. Often, the entries are brief and contain only small pieces of the more complex story of an individual practitioner's background and medical practice. Presented with this limitation, I sought to fill in these gaps by discovering individual practitioners whose background could be traced to other sources such as casebooks, wills, and medical treatises.

Historiography

This thesis is premised on the observation that rampant venereal disease in early modern London affected the medical marketplace by spurring on home remedies and promoting the practice of irregular medical practitioners. While neither irregular practitioners nor the Royal College of Physicians successfully discovered a cure for the disease in the sixteenth or seventeenth centuries, conflict arose over who could treat and attempt to cure patients. Historiographies have developed separately, yet conflict within the medical marketplace over censorship and treatment revolved around diseases like venereal disease.

I focus first in this thesis on identifying differences between the sectors of London's medical marketplace. Scholars began using the metaphor of a marketplace to describe early modern people's healthcare options in the 1980s. The term "medical marketplace," first coined by Harold Cook in 1986, is used to describe the unregulated medical system of early modern London. The term includes the supply and demand of medical care and remedies determined by patients. London's late medieval/early modern medical marketplace was one in which no group of medical personnel served as the default route to healing for everyone in this community in this time period; instead, considerations of cost, of trust, and of social milieu drove individuals'

decisions about whom to see for what ailments, as well as when and how to self-treat.¹² The term itself is broad in that it includes medical practice, the production and consumption of pharmacopeia, and the self-promotion of medical practitioners. Historians have manipulated this term to their own arguments and source bases. Most relevant to this thesis is the work of Margaret Pelling. She uses the term medical marketplace to define the relationships and conflicts between irregular practitioners and the Royal College of Physicians as rooted in competition for clientele and distinction. Lauren Kassell, who writes about the medical practice of Simon Forman, agrees with Pelling that the medical marketplace is something that practitioners were active agents in. To Kassell, irregular practitioners had the ability to influence the marketplace through their own self-fashioning by maintaining and growing a client base and by earning respect and prestige through publishing medical texts.¹³ Mary Lindemann's *Medicine and Society in Early Modern Europe* shows that London's medical marketplace was not structurally unique. Large cities throughout Europe also contained medical marketplaces populated by wide varieties of practitioners and medical treatments.¹⁴ What makes London unlike any other European city was the emerging presence of the Royal College of Physicians and its attempt to regulate medical practice.

I apply the concept of a medical marketplace in early modern London because, while it certainly is an economic metaphor, financial gain was not the only factor motivating medical

¹² Lisa Smith. Review of Furdell, Elizabeth Lane, *Publishing and Medicine in Early Modern England* and White), Margaret Pelling (with Frances, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640*. H-Albion, H-Net Reviews. November, 2004.

¹³ Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman: Astrologer, Alchemist, and Physician* (Oxford: Clarendon Press, 2007).

¹⁴ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010).

practitioners. It also describes the competition for patients, epistemological authority, and influence. Fundamentally, the “medical marketplace” metaphor is a social historian’s tool. Until the last third of the twentieth century, medical historians fixed their gaze mostly on intellectual history, inquiring into when and how writers of medical treatises applied big ideas that could be regarded as improvements in human understanding to the treatment of infected bodies.¹⁵ Then, however, social histories created by historians such as Keith Thomas and Roy Porter influenced the majority of the prominent works on the social history of medicine that began appearing in the 1970s and flourished through the 1990s. Thomas’ 1971 monograph, *Religion and the Decline of Magic*, while not directly concerned with medical practice, analyzed religious and magical practices with the lens of social history, rather than intellectual history. Thomas’ contribution to the social history of medicine is that aspects of what was considered magic, such as astrology and magical healing, were legitimate forms of medical practice in the sixteenth and seventeenth centuries, suggesting that people of varying educational and social backgrounds could enter the field. While to the modern individual these beliefs and practices seem unrealistic, to the early modern mind, they were logical and in-tune with their spiritual beliefs.¹⁶ Accordingly, it is only natural that practitioners of astrological medicine were numerous and popular within London. When considering the effect of the highly stratified society of London, Porter approached the history of medicine by considering the “history from below” perspective that privileged the patients who experienced illness in the early modern period. Porter suggests that, because it takes two individuals to make an encounter, the patient’s experience and initiative is just as essential,

¹⁵ Harold J. Cook, “The History of Medicine and the Scientific Revolution,” *Isis* 102, no. 1 (March 2011), 102-05.

¹⁶ Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth- and Seventeenth-Century England* (London, Penguin Books, 1971).

if not more so, than the physician's.¹⁷ These social histories allowed for a deeper understanding of the medical marketplace in terms of the dynamic relationships between medical practitioners and patients.

Most importantly, the social history of medicine in the 1970s set the stage for a re-examination of the Scientific Revolution and its proponents.¹⁸ The new understanding of medicine and the human body resulting from the Scientific Revolution may seem a far cry from the layperson's understandings of the world illustrated by Keith Thomas. No longer were divine forces at work in one's sickly body; rather, more clinical understandings of the human body and condition emerged. However, the development of modern medical understandings cannot be told as the age-old tale of progress. Reflection upon curative techniques evolved in fits and starts, and those making medical advancements rarely intended to do so. In the first histories of the so-called Scientific Revolution in the early twentieth century, it was suggested that doctors and scientists of the pre-modern era strove towards change and development. However, historians such as Harold Cook argue that the ideas of university-educated physicians were challenged by the more experimental expertise offered by those they called empirics and irregular practitioners and that the real advancement in medical knowledge occurred because of those conflicts.¹⁹ Innovation came not from a hope to benefit public health, but from individual motivations and philosophical disagreements. Indeed, this dynamic is the subject of this thesis, as an early crescendo in this kind of dispute, triggered by the concurrence of plague outbreaks and rising

¹⁷ Roy Porter, *The Greatest Benefit to Mankind*.

¹⁸ Cook, "History of Medicine," 106.

¹⁹ Cook, "History of Medicine," 106.

numbers of syphilis cases, came in the last decade of Queen Elizabeth's reign and the first decade of James I's reign.

The social history of medicine approach has been evident in historical studies of early modern syphilis since the 1990s, as well. In 1990, Bruce Boehrer's work brought to light how syphilis affected the social hierarchy of London. Boehrer portrayed early-modern epidemics of syphilis as a vehicle for the upper-class medical profession to protect an aristocratic social order that they belonged to when syphilis became a recognized threat to the ruling class.²⁰ He argued that "the benefits are distributed among a fairly select assortment of interrelated groups: medical professionals, who gain wealth, publicity, and the recognition of major political figures; the political figures themselves, who gain a method for coping with the disease that both reinforces their authority and privileges them as patients."²¹ No historian would deny that a physician to an elite household could earn acclaim and credibility through service to his powerful patron(s); in fact, the example of church-deacon-turned-physician Leonard Poe, who gained the favor, first, of Queen Elizabeth's favorite the Earl of Essex, surfaces in multiple chapters of this thesis and proves the point that reflected glory from a patron could supersede skill in cementing a medical reputation. Yet Poe died a wealthy man and a physician to the royal household of Charles I and Henrietta Maria—leaps and bounds above the status of a minor clergyman—and he appears, from the Royal College of Physicians' Annals, to have gotten his start as a practitioner in treating "the French disease."²² Clearly, syphilis did not just reinforce the status of the already-

²⁰ Bruce Thomas Boehrer, "Early Modern Syphilis," *Journal of the History of Sexuality* 1, no. 2 (Oct. 1990): 200.

²¹ Boehrer, "Early Modern Syphilis," 213.

²² Case of Leonard Poe, 18 May 1590, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 82r; Case of Leonard Poe, 13 July 1596, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol.119v.

aristocratic doctors highlighted by Boehrer; it afforded a path to social mobility for some, such as Poe.

Recent scholarship in the social history of early modern English medicine has done much to reinforce the impression that non-elite healers also had something to gain by such a devastating disease. Patrick Wallis's work on plague medicine has contributed to this argument by showing that irregular practitioners took advantage of epidemics to self-fashion and grow their practices; this was especially true of the irregular practitioners who repeatedly resisted the censorial attempts of the Royal College of Physicians. By aiding the commoners of London who fell victim to endemic diseases like syphilis when the elite medical authorities fled, practitioners ensured their reputation, character, and skill within the medical marketplace.²³ Even if Poe's is an extreme case, upward social mobility can also be seen in the cases of the astrological physician Simon Forman and the surgeon William Clowes, both of whom treated significant numbers of venereal patients in the formative years of their careers.²⁴

Social historians' studies of venereal disease in and around early modern London have, of course, also shed light on several groups of victims' differing experiences of it. Johannes Fabricius highlights the insistence of medical authorities, such as William Clowes, to blame prostitutes, poverty-stricken Londoners, and ale houses for the spread of disease. As one-third of the London population resided in poverty, they seemed an easy scapegoat.²⁵ Early modern physicians and average Englanders tended to feel that syphilis was sent by God to punish those

²³ Wallis, "Plagues, Morality," 12.

²⁴ Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman: Astrologer, Alchemist, and Physician*, 166.

²⁵ Johannes Fabricius, *Syphilis in Shakespeares England* (London: Jessica Kingsley Publ., 1994).

like prostitutes and the morally inferior.²⁶ However, diseases like syphilis affected people of all social classes. By studying sixteenth-century London hospitals, Kevin Siena has uncovered how the poor gained access to health care. He concludes that royal hospitals such as St. Bartholomew's and St. Thomas' treated venereal disease frequently and admitted poor victims of the disease into their "foul wards," but it was much more difficult for a patient with symptoms of venereal disease to be admitted due to the stigma related to it and the contagious nature of the disease.²⁷ Siena's work and that of Deborah Harkness on "Women and Medical Work in Elizabethan London" suggest that gender and class should be brought together more in analysis; "foul wards" in hospitals would have been only one of several feminized spaces of resort for social provision that the poor frequented far more than the rich. Siena insists that this area of study needs more attention, having written in 2004 of his hope to prove that it is "fruitful to study the relationship between poverty and the pox, between sex and social welfare."²⁸

The lower classes of London suffered greatly from epidemics of venereal disease, yet received varied treatment, either from their own cures and recipes, or from an irregular practitioner. Siena also shows that, largely because of arguments by William Clowes, venereal disease was believed to be contractible by casual contact such as sharing drinking vessels and sheets as a way to explain why upper-class men and women were contracting syphilis.²⁹ Blame not only sat upon the shoulders of women, but the poorest Londoners. As argued by Boehrer,

²⁶ Kevin P. Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger," *Journal of the History of Sexuality* 8, no. 4 (Apr. 1998):556.

²⁷ Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards' 1600-1800* (Rochester: University of Rochester Press, 2004).

²⁸ Siena, *Venereal Disease, Hospitals and the Urban Poor*, 4.

²⁹ Siena, "Pollution, Promiscuity, and the Pox," 554.

medical texts concerning syphilis portrayed it as a curable disease only for those at the heart of the social order. For the poor, syphilis became, “an instrument of discipline and punishment- that is, an appendage of the government itself.”³⁰ In short, syphilis was only a punishment from God upon the lower rungs of society. To further emphasize the negative reactions to syphilis, Porter states that illness experiences were “more likely to be charged with life meanings, involving and transforming ideas of self, salvation, destiny, providence, reward, and punishment.”³¹

These arguments tie closely to the issue of female blame for the spread of syphilis. As Siena has stated, because syphilis was directly linked to sex, it became linked to women. Debate about women’s behavior, moral standing, and character frequently were presented in literature concerning venereal disease in early modern London.³² Connections between the spread of venereal disease and women appeared frequently in contemporary medical literature and individual cases. Siena shows that even wet-nurses became a point of anxiety for venereal disease. As evidence, he shows that William Clowes described them as “wicked, filthie, and lewd.”³³

Historians have come to understand early modern perceptions of venereal disease through contemporary literature as well as through medical texts. More specifically, the works of authors William Shakespeare and Edmund Spenser display the attitudes surrounding syphilis around the turn of the seventeenth century. Literature scholar Colin Milburn suggests that, in Edmund

³⁰ Boehrer, “Early Modern Syphilis,” 209.

³¹ Roy Porter, “The Patient’s View: Doing Medical History from Below,” *Theory and Society* 12, no. 2 (March 1985), 193.

³² Siena, “Pollution, Promiscuity, and the Pox,” 557.

³³ *Ibid.*, 561.

Spenser's *The Faerie Queene*, the construction of the syphilitic body in Spenser's writing and its relationship to medical understanding "attempts to police the sexual behavior of the reading public in order to heal a diseased English nation."³⁴ Written in 1590, *The Faerie Queene* supports the assumption that by the turn of the century syphilis had long been understood to be sexually transmitted. It also reinforced contemporary ideas about divine punishment for those who partook in adultery, prostitution, and promiscuity. The character of the Redcrosse Knight exemplified the causes, symptoms, and treatments of early modern syphilis. Milburn suggests that *The Faerie Queene* acted as a sort of medical self-help manual for the average English citizen.³⁵ Similarly, Siena found that medical authorities themselves promoted the frightening images of venereal disease to enforce the beliefs that ultimately policed sexual behavior. In this way, Siena reached the same conclusion as Milburn using medical texts rather than popular literature.³⁶ To further explain this connection, Louis Qualtiere and William Slights argue that "the intersection of medical and literary discourses throws light on the ways that certain individuals and communities in the period learned to live with this grim disease."³⁷

Because most English people treated their own ailments, the dissemination of information through popular literature mirrored the multidirectional exchange of information in the medical marketplace. As Porter has explained, most maladies experienced by early modern people were treated by self- or community help.³⁸ In terms of understanding their own illnesses, historian

³⁴ Colin Milburn, "Syphilis in Faerie Land: Edmund Spenser and the Syphilography of Elizabethan England" *Criticism* 46, no. 4 (2004), 600.

³⁵ Milburn, "Syphilis in Faerie Land," 601.

³⁶ Siena, "Pollution, Promiscuity, and the Pox," 556.

³⁷ Louis F Qualtiere and William W. E. Slights, "Contagion and Blame in Early Modern England," *Literature and Medicine* 22, no. 1 (2003), 2.

³⁸ Porter, "The Patient's View," 192.

Olivia Weisser suggests that the average English person's observations of their own bodies informed them as patients, and dictated their interactions with medical practitioners. This "collaborative interpretation of health" informed the medical treatments later administered by practitioners.³⁹ The implication of Weisser's research is that the patient's own understanding of their illness was just as important and valid as the medical practitioner's in determining a course of treatment.

While many English people chose to self-treat their ailments, others chose to seek out a medical practitioner when their illness became too advanced. The question of who could treat illness became a heated source of conflict within the medical marketplace by 1590. Historians such as Margaret Pelling and Harold Cook have illustrated how these practitioners came into conflict with one another and why. Much of this discussion revolves around the motivations of the Royal College of Physicians. For instance, Pelling's in-depth study of the College and its dealings with irregular practitioners, *Medical Conflicts*, argues that the confrontations between the two largely stemmed from the College's need to assert their intellectual and occupational seniority over irregulars. With a narrower focus on the case of Dr. Thomas Bonham, Harold Cook defines more clearly the privileges of the College over irregular practitioners. As Cook points out, the College physicians believed their station to be beyond a simple occupation. They believed themselves to be of the same professional authority as law and church men.⁴⁰ In this way, the physicians viewed their knowledge and collegiate experience to be superior to that of the irregular practitioners they sought to punish.

³⁹ Olivia Weisser, "Reading Bumps on the Body in Early Modern England," *Social History of Medicine* 22, no. 2 (2009), 321.

⁴⁰ Cook, "Good Advice and Little Medicine," 4.

Among the irregulars, female practitioners frequently drew the attention of the College. In her 2008 article, “A View from the Streets: Women and Medical Work in Elizabethan London,” Deborah Harkness explains that in studying women in the medical marketplace, historians have heavily relied on sources from the Royal College of Physicians.⁴¹ By focusing on women’s work, Harkness reveals the prevalence of female practitioners within the City of London and their overwhelming presence in hospitals and parishes, most often treating other women. Not only did women frequently participate in medical services, but a few specialized in the treatment of women who had contracted a venereal disease. It is no surprise that female patients felt uncomfortable exposing themselves and possibly receiving moral scrutiny from a male practitioner.⁴² Elizabeth Lane Furdell explains that because of their popularity among female patients, many female practitioners who specialized in the treatment of venereal disease often drew further negative attention from the College.⁴³ One such practitioner, known as Mrs. Bryers, will be discussed further in Chapter 3. What Harkness says about female practitioners in general holds true for Mrs. Bryers: the women brought before the College were “remarkably unrepentant” after being reprimanded for practicing medicine.⁴⁴

In any case, as will be shown in Chapter 1, the Royal College of Physicians’ place within the medical marketplace is difficult to determine. Margaret Pelling argues that because collegiate physicians and the official Censors of the Royal College of Physicians were so separated from

⁴¹ Deborah E. Harkness, “A View from the Streets: Women and Medical Work in Elizabethan London,” *Bulletin of the History of Medicine* 82, no. 1 (Spring 2008): 54.

⁴² Siena, *Venereal Disease, Hospitals and the Urban Poor*, 14.

⁴³ Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY: University of Rochester Press, 2002), 97.

⁴⁴ Harkness, “A View from the Streets,” 54.

the medical marketplace, they had little effect on it. She states that in terms of censorship the College was particularly concerned over the treatment of diseases and the production and sale of pharmacopeia, drugs and cures, by practitioners and apothecaries; however, they could hardly stop these activities from happening.⁴⁵ Patrick Wallis' later assertions agree with Pelling's that the medical marketplace experienced little change due to the actions of the College. He argues that in times of plague or epidemics, collegiate physicians' flight with their wealthy patrons had little effect on the medical assistance available to common Londoners. Wallis explains that the poor looked after themselves as they always had, with no assistance from the elite of society.⁴⁶ As also suggested by Wallis, the practitioners who aided those afflicted with venereal disease gained prestige by doing so, which also shows that few Londoners relied on collegiate medicine for aid.⁴⁷

What remains to be found within the relevant historiography is how collegiate medicine such as the Royal College of Physicians and members of the Company of Barber-Surgeons' specifically dealt with male and female irregular practitioners treating venereal diseases like syphilis. The original research done by Margaret Pelling will serve as a base upon which this thesis can build. Pelling's *Medical Conflicts in Early Modern London* serves as an overview of the Royal College of Physician's censorial business; however, this thesis sees the impetus for conflict lying at least as much in the self-fashioning activities performed by non-physicians as in the initiative taken by the Royal College to assert superior status. In other words, irregular practitioners, non-physician trade groups, upstart in-migrants to London, and the Royal College's

⁴⁵ Ibid., 69.

⁴⁶ Wallis, "Plagues, Morality and the Place of Medicine in Early Modern England," 9.

⁴⁷ Ibid., 12.

physicians *all* engaged in forms of opportunism available to them—even, in some sense, thrust upon them—in the distinctive epidemiological climate of the 1590s and early 1600s.

Chapter Outline

The first chapter of this thesis will detail the various avenues that an individual seeking a career in medicine could take and the involvement of the Royal College of Physicians in London with these kinds of practitioners. During this period, the College's position within the marketplace was a tenuous one. The College physicians strove to be acknowledged and respected as the governing body of medical practitioners within London. They believed themselves to be among the elite in terms of medical knowledge even though they often had little empirical training with patients. Much of their medical knowledge remained theoretical. The College proved to have little control over the activities of individual practitioners and their patients.

Within this thesis, particularly Chapter 1, I will reference three very different medical practitioners who emulate a few of the various paths to a medical career. The first embodies a more traditional route; William Clowes became a well-known member of the Barber-Surgeons' Company in the latter half of the sixteenth century. He wrote several medical treatises and worked at St. Bartholomew's Hospital in London for much of his career. Clowes was one of the most prolific writers about venereal disease in his time. The second, Simon Forman, began his career in medicine as an astrologer. His career was controversial, and he had many negative encounters with the Royal College of Physicians' censors. Forman's protégé, Richard Napier, did not practice medicine in London, but is exemplary of medical practitioners across England.⁴⁸ Medical astrology's popularity in the sixteenth century allowed these two practitioners to thrive.

⁴⁸ Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981).

The sheer variety of medical practitioners working within the marketplace of London will be displayed through their interactions with the Royal College of Physicians.

The second chapter of this thesis transitions to how venereal disease was perceived by early modern people. Through the extant sources such as medical treatises and popular literature, it became clear that the lay persons' perception and the medical understanding of syphilis were nearly identical. The similarity in medical understanding allowed for the widespread negative stigmatization of syphilis patients. However, it also allowed for patients and medical practitioners to have a common understanding of the experience of illness. The portrayals of those suffering from venereal disease in sources such as medical treatises are nearly identical to those in Shakespearean plays. The negative language used to describe the disease and its victims further stigmatized them and progressed the narrative that syphilis came as a punishment from God. The importance of the perceptions of venereal disease lies in the ways that practitioners and patients interacted based upon these perceptions and how medical writers gained success and validity through writing about the disease.

Finally, this thesis will end by bringing together the concepts of the first two chapters. The Royal College of Physicians censorial business greatly increased during the period of frequent plague epidemics and the endemization of syphilis between 1590-1615. What can be deduced from this increase is that diseases such as plague and syphilis were significant agents within the medical marketplace that had the ability to increase tensions between the irregular practitioners and College censors. With a larger prevalence of disease than previous decades, more irregular practitioners gained substantial success in treating plague and venereal disease. This caused the College's insecurities within the marketplace to rise and to seek out illicit practitioners with a fervor they did not have in previous decades.

II. Paths to the Practice of Medicine in Early Modern London

The medical marketplace of early modern London included many types of medical practitioners. Most of these fell under the following categories: “university-educated physicians, who treated ailments of the inner body by prognosticating and prescribing medicine; guild-licensed surgeons, who treated ailments ranging from broken bones to venereal disease through direct manual manipulation of the body; and a medley of specialist and itinerant practitioners.”⁴⁹ These specialist practitioners often did not affiliate themselves with a livery company. Often newcomers to London, these practitioners began their practices in hopes of starting a lucrative career. A career in medicine certainly could be profitable for anyone looking to advance their economic and social station. These practitioners, known throughout the relevant historiography as “irregular practitioners,” became a source of anxiety for the Royal College of Physicians in the last decade of the sixteenth century. Irregular practitioners operated within the medical marketplace successfully and provided much of the health care for the residents of London. This anxiety from the College stemmed from an insecure place within the medical marketplace. As will be illustrated within this chapter, the College physicians’ path to the practice of medicine involved the least experiential training. among the various types of medical practitioners in early modern London.

Female Practitioners and Midwifery

Women who entered the medical field, whether as midwives, as nurses, or as wives or daughters in barber-surgeon households, received hands-on training from mentors. Medicine

⁴⁹ Celeste Chamberland, “From Apprentice to Master: Social Disciplining and Surgical Education in Early Modern London, 1540-1640,” *History of Education Quarterly* 53, no. 1 (February 2013), 21.

offered women a chance to participate in the economy and create a sense of their own agency. One common way for a woman to enter the medical field was through her parish church and London's hospitals for the poorest in society. In times of epidemic plague, women served as nurses, searchers, who examined diseased persons, even surgeons. Most commonly, nurses cared for the chronically ill.⁵⁰ Women could enter the medical field in a number of ways, the most common being midwifery. In sixteenth- or seventeenth-century England, if a woman wanted to become a midwife, there were several steps she would be required to take. Often, women who expressed interest to become a licensed midwife underwent years of practical training, usually under the supervision of a more experienced senior or deputy midwife.⁵¹ Practical, hands-on training gave the prospective midwives all of the skills and connections necessary to become a licensed, independent midwife. Sometimes, the profession of midwifery was passed down matrilineally through multiple generations. However, this apprenticeship of midwives was far from a structured course, as the training could last from two to thirty years under a senior midwife before a woman could gain her own license and clients.⁵² Midwives did not have their own guild, but London midwives developed a system of training much like the guild apprenticeship system of the Barber-Surgeons' Company.⁵³ Many women began their trade under a senior midwife before they were twenty years old. While there is very little data to say how many midwives were practicing during this period, there were at least several hundred in the

⁵⁰ Deborah E. Harkness, "A View from the Streets: Women and Medical Work in Elizabethan London," *Bulletin of the History of Medicine* 82, no. 1 (Spring 2008): 65.

⁵¹ Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2006), 50.

⁵² Evenden, *The Midwives of Seventeenth-Century London*, 51.

⁵³ Evenden, *The Midwives of Seventeenth-Century London*, 55.

London area alone. This is known because of the recorded ecclesiastical licenses given to midwives.⁵⁴ Amazingly, some midwives-in-training had the opportunity to view public dissection courses as early as the sixteenth century. These courses would have been taught by surgeons.⁵⁵

During the early modern era, midwives were extremely common and no town or village in Europe was without one. According to historian Mary Lindemann, only midwives who practiced in the bustling city of London were able to completely support themselves and have full employment. In other parts of England, this was not the case. As most women of the time were married, the midwife would also have to be supported financially by her husband, especially if they were in the lower class.⁵⁶ Like medical practitioners in any field—surgery, physic, or apothecary—some female practitioners required other economic avenues to support themselves and/or their families.

The licensing process for midwives was done through the Catholic Church before the English Reformation, and then through the Church of England. The licensure of midwives began before 1500; however the Statute of 1512 made the licensure of all physicians and midwives a requirement (this was later complicated for male physicians by the creation of the College of Physicians in 1518). The statute was an attempt by the Catholic Church to suppress popular magic and stop the practice of medicine by “quacks and empirics,” midwives being added to

⁵⁴ Evenden, *The Midwives of Seventeenth-Century London*, 17.

⁵⁵ Lindemann, *Medicine and Society in Early Modern Europe*, 268.

⁵⁶ Lindemann, *Medicine and Society in Early Modern Europe*, 268.

repress the use of magic in childbirth.⁵⁷ While the statute did not categorize male physicians and midwives as the same, midwives' inclusion shows that they were considered professionals.⁵⁸

To be an officially licensed midwife through the Protestant or Catholic Church, there were a set of standards and qualifications the midwife would have to meet. After the English Reformation, the licensure would be administered by a bishop of the Church of England in the midwife's respective parish.⁵⁹ The first known license was given in 1567 by the Archbishop of Canterbury; however, there is evidence to show that licensing began years before the Church of England was established. The Church's interest in midwives arose because of concerns related to baptism. The Protestant church was concerned and anxious over questions of bastardy, midwives' association with medical practices, and making sure midwives were competent to carry out their work.⁶⁰ An oath would have to be administered, as well as testimonials of several clients and a senior or deputy midwife would have to vouch for the woman's character.

The midwife's oath was required as part of the licensure procedure. It included that the midwife must make her services available to all people, regardless of class. She must report truthfully on the bastardy of the child, she will use the correct form of baptism, she will not engage in sorcery, she will not use instruments or mutilate the fetus, and she will notify the curate of any baptisms she has done. Another very important oath a midwife made was that the secrets of the birthing chamber should never be revealed to men.⁶¹ The oath was a vital aspect of

⁵⁷ Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in 16th- and 17th-Century England* (New York, NY: Charles Scribner's Sons, 1971), 259.

⁵⁸ Monica H. Green, *Making Women's Medicine Masculine* (Oxford, UK: Oxford University Press, 2008), 14.

⁵⁹ Evenden, *The Midwives of Seventeenth-Century London*, 30.

⁶⁰ Evenden, *The Midwives of Seventeenth-Century London*, 25-26.

⁶¹ Evenden, *The Midwives of Seventeenth-Century London*, 27-28.

the ecclesiastical licensure and was taken seriously by the midwives. Any transgression against the oath could lose the woman her license and even incurred the penalty of excommunication from the Church of England.⁶² The connection between midwives and the Church was unusual for practitioners of medicine during the sixteenth century. As they had no governing body such as a guild, midwives fell under the Church of England's regulatory reach in the City of London.

For female practitioners who did not practice as midwives, the history of their career trajectories is murkier. While some of the women recorded in the Royal College of Physicians Annals at least practiced medicine on a pregnant patient, this does not necessarily mean they were midwives. In 1606, a woman named Helena Piers accused female practitioner Rose Griffin of malpractice. She stated that Griffin treated pregnant women with purgatory medicines that caused further harm.⁶³ Griffin is not identified as a midwife despite her supposed specialization in treating pregnant women. In fact, none of the women recorded in the Annals are identified specifically as midwives, nor is there any record of them being registered midwives, which suggests that the College did not seek to control the practice of midwives in London, licensed or otherwise.

The path to becoming a practitioner as a woman was often predicated on their familial connection to another practitioner, particularly a husband. In the case of most households of craftsmen, women assisted their family with their work.⁶⁴ Women whose husbands practiced medicine— often learned the tricks of the trade, and used them to their advantage. Widows of

⁶² Evenden, *The Midwives of Seventeenth-Century London*, 46.

⁶³ Rose Griffin Case, 22 Decmeber 1606, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol. 191v.

⁶⁴ Harkness, "A View from the Streets," 57.

practitioners often maintained their husbands' former practices, and had the trust of their patients. The knowledge they gained through husbands and family allowed them to practice and gain respect within their community. Wives and widows of apothecaries ran their shops effectively in the absence of male family members.⁶⁵ Similarly, the widows of barber-surgeons, in particular, held the right to continue their partner's business and even enforce previously made apprenticeship agreements.⁶⁶ One woman, Emma Baxter, appears in the College Annals for practicing medicine illegally.⁶⁷ Emma Baxter was married to William Baxter, a barber-surgeon, who intervened on her behalf.

Despite the opportunities a medical career offered women, they still were legally barred from being a recognized medical practitioner in their own right. Even the widows of members of the Barber-Surgeons' Company could not access lectures to further their knowledge, nor could any unlicensed practitioner.⁶⁸

Barber-Surgeons and Apothecaries

In comparison to the licensure process for midwives, the Barber-Surgeons' Company in London had a more formal and multifaceted system for training its young practitioners. And while most young physicians learned their skills through university training, most surgeons gained their knowledge of medicine through an apprenticeship and hands-on training.

⁶⁵ Patrick Wallis, "Consumption, Retailing, and Medicine in Early-Modern London," *The Economic History Review* 61, no. 1 (February 2008), 30.

⁶⁶ Harkness, "A View from the Streets," 57.

⁶⁷ Emma Baxter Case, 2 February 1572/3, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume I, fol. 33r.

⁶⁸ Chamberland, "From Apprentice to Master," 35.

Apprentices began their surgical education around the age of fourteen, and continued learning under a master surgeon for up to seven years. These apprenticeships often existed within a household setting, which allowed the apprentice to learn the daily routine of an independent surgeon's practice. In this way, the apprentice became a temporary member of the family and household. Under their masters, the young surgeons acted as active participants in treating patients.⁶⁹ William Clowes had this exact experience in the formative years of his career, learning the basics of surgery as an apprentice as a teenager under George Keble, and then becoming an army and naval surgeon. This is likely where he first treated syphilis among soldiers and seamen.⁷⁰ Figures for Clowes's period are unknown, but during the period between 1600 and 1650, a large percentage of young barber-surgeons ended up in service to the navy, which allowed them to hone their skills in battlefield medicine and treating wounds.⁷¹ Following an apprenticeship, the surgeon would apply for Company membership, which Clowes did in 1569 at the age of 25 or 26.⁷²

Much like the training structure for other craft professions within London, some surgical apprentices had their fathers as teachers. Passing on surgical education within the family saved apprentices the stress of affording and finding a suitable master. It also allowed parents to ensure the longevity of their practice and financial stability. This structure guaranteed the apprentice an already-established clientele after gaining Company membership. According to the records of the

⁶⁹ Chamberland, "From Apprentice to Master," 26.

⁷⁰ Fabricius, *Syphilis in Shakespeares England*, 106.

⁷¹ Pelling, "Appearance and Reality," 85.

⁷² "Clowes, William," British Academy, and Oxford University Press. 2004. *Oxford Dictionary of National Biography*. <http://www.oxforddnb.com/>.

Barber-Surgeons' Company, roughly 8-10 percent of all apprentices approved for Company membership had been educated by their fathers.⁷³ Much like the widowed female practitioners, those closest to a medical practitioner, male and female, often learned essential skills of the trade.

The Barber-Surgeons' Company equivalent of the Royal College of Physicians' censorial structure was the Court of Assistants, which was comprised of senior surgeons. This governing body mainly focused itself on the assurance that surgical apprentices received proper training and were able to apply for Company membership. It protected apprentices from negligent or abusive masters, and punished disobedient apprentices who violated the terms of their apprenticeship agreement.⁷⁴ As historian Celeste Chamberland has stated, the Company was "more interested in protecting their place within the guild-dominated civic hierarchy, training competent surgeons, and fighting the encroachment of unlicensed practitioners than butting heads with the physicians, who had little involvement in the city's public life or artisanal hierarchy."⁷⁵ Contemporary guilds like the Barber-Surgeons' viewed the College of Physicians as a separate entity within the medical marketplace that did not fit within the same professional classification. It is easy to understand this stance on the College, as the Barber-Surgeons' Company functioned and trained members very differently and did not view themselves as an institution only for the elite. The Royal College of Physicians did not incorporate themselves in

⁷³ Chamberland, "From Apprentice to Master," 32.

⁷⁴ Chamberland, "From Apprentice to Master," 26, 30.

⁷⁵ Chamberland, "From Apprentice to Master," 34.

the civic hierarchy of the guild system within the City of London as its membership was so limited.

A more proper comparison to the apprenticeship system of the Barber-Surgeons' Company could be found in the Society of Apothecaries. Formed in 1617, the Society of Apothecaries filled a particular role within the medical marketplace. Formerly part of the Grocer's Company, the Society of Apothecaries was not strictly a medical guild, but encompassed a wide range of craft professionals. An apothecary's business often included the production and sale of medicines, as well as serving as a sort of general practitioner.⁷⁶ Many of the medicines they sold were relatively inexpensive given that "there was little that could not be used as medicine," much of which was also considered foodstuffs. The training of an apprentice apothecary followed a similar curriculum as barber-surgeons and other craftsmen of the sixteenth century. In comparison to the shops and establishments of barber-surgeons, who practiced widely throughout the city, the apothecaries tended to set up shop in richer areas of London. In these shops, most apothecaries manufactured and sold medicines, as well as common products such as sugar and tobacco.⁷⁷ The practice and business of an apothecary varied greatly, and apothecaries could be described as enterprising and worldly individuals with an entrepreneurial spirit.

Self-fashioning within the medical marketplace proved crucial to gaining status as a medical professional. The most important aspect to self-fashioning for a practitioner was to prove their skills and knowledge. As historian Patrick Wallis simply explains, "People's faith in medical practitioners and their advice was contingent on each individual's reputation."⁷⁸

⁷⁶ Wallis, "Consumption, Retailing, and Medicine in Early-Modern London," 30.

⁷⁷ Wallis, "Consumption, Retailing, and Medicine in Early-Modern London," 31-6.

⁷⁸ Wallis, "Consumption, Retailing, and Medicine in Early-Modern London," 30.

However, other factors mattered. In the case of apothecaries, rare and exotic curios from the Continent and the New World brought in customers. This is a unique form of self-posturing that also gave certain apothecaries a higher status. Located in the wealthier areas of London such as Cheapside and Bucklersbury, apothecaries' shops functioned as a sort of pharmacy and clinic.⁷⁹

The Peculiar Institution of the Royal College of Physicians

Unlike guilds such as the Barber-Surgeons' Company, the Royal College of Physicians rarely awarded its fellowships and licenses. It functioned more as an elite institution and fraternity upholding the privileges of the university-educated and wealthy physicians. Their patrons included members of the gentry class, nobility, and the royal family. Generally, men eligible to attend universities such as Cambridge or Oxford came from wealthy or noble families. The class structure of early modern England shut out most of the population from attending university.

Usually, the College held strict expectations for those applying for a fellowship or licensure. A degree from a university such as Cambridge or Oxford served as a base expectation for these honors. They expected the applicant to be a man of high moral standards, be learned in Latin and Greek, understand the teachings of Galen, and be collegiately trained in physic. The purpose of these standards was to make the College as exclusive as possible, and create a very narrow definition of what a proper physician should be.⁸⁰ The College physicians believed themselves to be "the only legitimate interpreters of Galenic medical theory."⁸¹ This exclusivity

⁷⁹ Wallis, "Consumption, Retailing, and Medicine in Early-Modern London," 31, 42.

⁸⁰ Pelling, *Medical Conflicts*, 139.

⁸¹ Chamberland, "From Apprentice to Master," 34.

allowed the College physicians to uphold intellectual superiority over illiterate or non-university trained practitioners and surgeons. The process of admission to the College included four oral examinations after which, the hopeful physician could be kept waiting for the result for years at a time.⁸²

Despite strict guidelines for acceptance into the College's fold, they reserved flexibility for those who held royal appointments or had influential patrons. Through this method, some irregular practitioners gained fellowship and degrees without the proper documentation or even proof of literacy, let alone knowledge of Greek and Latin.⁸³ Margaret Pelling calls these practitioners "poachers-turned-gatekeepers" throughout her study of the Royal College of Physicians and its relationship to irregulars. It is evident in the variability of cases in the College's records that their powers "were not calculated in terms of feasibility, comparability, or applicability."⁸⁴ In other words, the College did not have a defined system for seeking out irregular practitioners. Naturally, female practitioners could not become fellows of the College and always kept the status of an illicit practitioner, unless they became a licensed midwife. While a relatively new institution, the College believed they held rights over the whole of the medical marketplace, yet did not treat all irregulars or even medical doctors from Oxford and Cambridge equally. More than a decade before being accepted as a fellow, Leonard Poe, a deacon-turned-doctor who had a license to practice medicine from the Archbishop of Canterbury, became a physician to James I despite several seemingly legitimate malpractice suits against him. Poe had a much less academically prestigious background in medicine than most College physicians;

⁸² Pelling, *Medical Conflicts*, 284.

⁸³ Pelling, *Medical Conflicts*, 142-3.

⁸⁴ Pelling, *Medical Conflicts*, 296.

however, because of his royal connections, Poe received a fellowship. Unlike the rest of the medical marketplace, professional reputation and effectiveness as a medical practitioner mattered less to the Royal College of Physicians.

Irregular Paths to the Practice of Medicine and Self-Fashioning

These succinct versions of entry and training into the medical marketplace are rather simplistic and can only be given as a general rule. The irregular practitioners that dealt with the Royal College of Physicians often had muddier backgrounds. Of the irregular practitioners the College concerned themselves with during this time, the most is known about Simon Forman. He frequently drew the attention of the College censors because of his prominent practice between 1590-1610. An astrological practitioner, Forman kept numerous records of his cases and documented cases frequently. Luckily, most of his works have been preserved and kept thanks to Forman's protégé Richard Napier. These casebooks give an example of what might be expected of the relationships and networks between practitioners. With records from multiple sources concerning Forman, a general picture can be painted of his practice, his relationship with the College, and his patrons. Because the former student of Forman, Richard Napier, secured a medical license from the Archdeacon of Buckingham, he never received the same torment from the Royal College of Physicians. Napier also did not practice medical astrology in London proper. For the whole of his career he resided in Buckinghamshire near Oxford.⁸⁵

The astrological medicine practiced by Forman and Napier was common among some irregular practitioners during the sixteenth century. The basic principle of astrology that there

⁸⁵ Ofer Hadass, *Medicine, Religion, and Magic in Early Stuart England: Richard Napier's Medical Practice* (University Park, PA: Penn State University Press, 2019).

exists a connection between the stars, the planets, and life on earth led the practitioners to believe there to be a connection between one's health and astrology.⁸⁶ They used astrology as a way to determine a diagnosis, as well as the best form of treatment.⁸⁷ Forman consulted astrological charts to guide the treatment of his patients in every case, regardless of whether the patient believed in the connection between astrology and the human condition.⁸⁸

Napier, who later became a well-respected and licensed medical doctor, gained much of his medical expertise with Forman's guidance. Napier began his early career as a student of theology at Exeter College at Oxford. While Napier's career originated in theology, he became passionate in astrology as his interest in preaching waned. With the guidance of Forman, Napier became one of the most well-known healers of his time. It is because of this connection that Forman's casebooks survive. Despite their difference in character and background, the two practitioners remained close confidants from 1597, when Napier first approached Forman for advice, until Forman's death in 1611. Napier's own works reveal that his practice relied heavily on "his studious devotion to astrology, alchemy, various sorts of magic, and theology."⁸⁹ Napier mostly treated the locals of Great Linford, Buckinghamshire. His practice differed from Forman's in that he "brought his fluency with the realms of the spiritual and divine to bear on his

⁸⁶ Lauren Kassell, Michael Hawkins, Robert Ralley, and John Young, 'Early modern astrology', *A Critical Introduction to the Casebooks of Simon Forman and Richard Napier, 1596–1634*, <https://casebooks.lib.cam.ac.uk/astrological-medicine/early-modern-astrology>.

⁸⁷ Barbara Howard Traister, *The Notorious Astrological Physician of London* (Chicago: University of Chicago Press, 2001), 104.

⁸⁸ Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman: Astrologer, Alchemist, and Physician* (Oxford: Clarendon Press, 2007), 148.

⁸⁹ Lauren Kassell, Michael Hawkins, Robert Ralley, and John Young, 'Richard Napier (1559–1634)', *A Critical Introduction to the Casebooks of Simon Forman and Richard Napier, 1596–1634*, <https://casebooks.lib.cam.ac.uk/reading-the-casebooks/who-were-the-practitioners/richard-napier>.

practice.”⁹⁰. Napier’s practice often revolved around treating patients with diseases of the mind. Napier’s career was regarded with more reverence by their contemporaries than Forman’s, and medical historians, because of his moral character and because his career was not connected with any scandals.⁹¹

Forman’s own training in medicine could hardly be described as traditional. His career began in 1579, in his late twenties, with an interest in astrology, not medicine. Previously he had served as a teacher, carpenter, and thresher.⁹² Forman’s development into a well-established astrological physician began with the study of medical texts such as *The Breviary of Helthe*, which served as a textbook for his informal medical training. From these medical treatises, Forman experimented with the practice of medicine. Because Forman did not belong to any guild, he was, in theory, free to practice whichever kind of medicine he pleased. Forman performed the duties of both physician and surgeon in his practice.⁹³ It is safe to say that Forman learned the trade as he went along, as we will see later, he attracted clients and renown through fashioning himself as his own most successful curer during a plague outbreak in 1592.

⁹⁰ Lauren Kassell, Michael Hawkins, Robert Ralley, and John Young, ‘Richard Napier (1559–1634)’, A Critical Introduction to the Casebooks of Simon Forman and Richard Napier, 1596–1634, <https://casebooks.lib.cam.ac.uk/reading-the-casebooks/who-were-the-practitioners/richard-napier>.

⁹¹ Forman’s professional and personal life often intermingled. He has, at times, been categorized as a lecherous man, as in his diary he recorded many instances of sexual encounters with at least fourteen women, some of whom were his patients. Expert on Forman’s career, Lauren Kassell, describes Forman as the, “Cassanova of the astrological consulting rooms and the Elizabethan Pepys, Forman has a reputation of seducing his patients and writing about it.” Not only did his unprofessionalism with female patients tarnish his reputation in the centuries after his death, but he also allegedly assisted in the murder of a nobleman, Thomas Overbury. The details of Forman’s connection to this scandal are not completely known, but he was implicated among the conspirators in 1615, four years after his death. Forman’s involvement in this scandal later affected his reputation and sparked interest in his career by antiquarians. See Lauren Kassell, *Medicine and Magic in Elizabethan London*,” 131.

⁹² Traister, *The Notorious Astrological Physician of London*, 19.

⁹³ Traister, *The Notorious Astrological Physician of London*, 32-3.

It is unclear exactly why the College singled out Simon Forman as a particularly concerning illicit practitioner. Perhaps his connection to the College has been exaggerated because there is no other irregular practitioner with the same amount of extant material related to their life and practice. In comparison, while the medical doctor Leonard Poe had significantly more encounters with the College, he is discussed far less than Forman in the historiography regarding this subject. However, Poe's continued defiance of the College's demands for him to stop practicing seemed to motivate the censors to pursue him further.

A deacon originally from Lincoln, Leonard Poe first addressed the College and requested a license to practice medicine in 1590. When asked for what reason, Poe stated that he required a license to "practise in the French disease, in fevers and in rheumatism." Poe later stated that he had already been practicing medicine in London for two years and had cured several patients with epilepsy. The College initially refused Poe a medical license as he was found to be "a completely ignorant man," but his illegal practice was overlooked because of petitions from "certain people."⁹⁴ Poe did not have a medical degree. It is later revealed in the records that the Earl of Essex and a "Mr. North" spoke on his behalf. By 1590, Poe was already in the service of the earl as a physician.⁹⁵ As a valued and trusted figure in a community with the backing of members of the nobility, it is no surprise that a person in royal service might have an easier way to gain entrance to the College.

⁹⁴ Case of Leonard Poe, 18 May 1590, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 82r.

⁹⁵ William Birken, "Poe, Leonard," British Academy, and Oxford University Press. 2004, *Oxford Dictionary of National Biography*, <http://www.oxforddnb.com/>.

In early modern London, casual transference into medical practice from other professions was not completely uncommon as it proved to be quite profitable. In fact, the occupational diversity of early modern people allowed the transference from one profession to another with little difficulty. Many of the irregular practitioners in the Annals are recorded to have other professions to supplement their income. This is supported by the number of barber-surgeons who took on additional professions. According to Pelling, at least a quarter of Company members practiced a variety of other trades including bricklaying, bookbinding, and tailoring.⁹⁶ Similarly, the College Annals show that irregular practitioners engaged in professions such as apothecaries, tailors, barbers, and ministers.⁹⁷ Outside London, in Greater England, barber-surgeons performed most of the general practice of medicine in towns and villages.⁹⁸

Apothecaries were not spared the punishments of other irregular practitioners by the College and appeared before the Censors frequently. Not surprisingly, one apothecary brought before the College censors practiced in “Newgate Market,” likely located near Cheapside and Poultry. This apothecary, Henry Dickman, sold William Draper “conserves of rose and wild plums,” which somehow caused the death of Draper.⁹⁹ It is impossible to know whether Dickman was truthful of the remedies he sold Draper.

Practitioners like the controversial Simon Forman continued to practice astrological medicine without the College’s consent until his death in 1611. Forman first began practicing

⁹⁶ Pelling, “Appearance and Reality,” 84.

⁹⁷ Royal College of Physicians Annals, Royal College of Physicians Archive, London, *passim*.

⁹⁸ Maraget Pelling, “Occupational Diversity: Barber-Surgeons and Other Trades, 1550-1640,” in *The Common Lot* (London: Longman, 1998), 209.

⁹⁹ Case of Henry Dickman, 4 September 1607, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 195v.

medicine in 1580 and he began his personal study of astrology soon after. By 1583, Forman established his practice in London where he gained a “lucrative practice, although for the most part a disreputable one.”¹⁰⁰ However, unlike the collegiate physicians, Forman treated the poor in some of the most plague-stricken areas of London. In fact, Forman gained his reputation and built his medical practice during times of plague, and gained the trust of his patients. In 1592, plague struck London and the College physicians fled with their wealthy patrons. Forman stayed behind and continued to treat sick patrons because of his tenacity to follow the will of God, in his view, to cure the poor of the city. While Forman grew his practice during this year, he himself contracted plague during the summer months. According to Forman’s own account, he was ill from the plague for more than twenty weeks and miraculously recovered. By surviving the plague himself, Forman only further solidified his reputability. As Bruce Boehrer explains, medical professionals greatly benefitted from the prevalence of venereal disease, plague, and other significant epidemics.¹⁰¹ To the College’s dismay, these deadly diseases allowed the patron/practitioner relationship to become stronger and a more powerful symbol of status and competency for the practitioner.

Plague epidemics offered practitioners like Forman special opportunities. In times of plague, most Londoners did not have the luxury to flee the city to escape disease. As Lauren Kassel explains, “the combination of bravery and charity involved in plague practice made it particularly significant as a trial of character.”¹⁰² Despite possibly questionable moral standards,

¹⁰⁰ “Forman, Simon.” British Academy, and Oxford University Press. 2004, *Oxford Dictionary of National Biography*, <http://www.oxforddnb.com/>.

¹⁰¹ Boehrer, “Early Modern Syphilis,” 213.

¹⁰² Patrick Wallis, “Plagues, Morality and the Place of Medicine in Early Modern England,” *The English Historical Review* 121, no. 490 (February 2006): 12.

the practitioner Forman and surgeon Clowes cemented their reputations within the marketplace of London. Once plague had loosened its grip on London, the College physicians returned, and thus began their decades-long pursuit of Forman and other “empirics.”¹⁰³ Forman himself addressed the timely nature of his troubles with the College and the instance of plague and how they resented his delivery of it.¹⁰⁴

Ethical responsibility to the sick in pre-modern London did not have the same connotations as it might today. The professional sector of medicine had little responsibility to treat the general public. As Patrick Wallis states, “It is tempting to judge advocates of flight harshly, and to see their explanations of their actions as tissues of excuses disguising a failure of charity and duty;” however, this assumption does not take into account the social and cultural norms of early modern medicine.¹⁰⁵ In early modern plague tracts, physicians were not expected to remain in the city during times of plague; only magistrates and clergymen were ethically bound to stay. It likely did not occur to the College physicians that they would be judged for leaving the poor to fend for themselves. They only held the obligation to care for the individual patients they had been contracted for, who were often wealthy enough to flee.¹⁰⁶

Contemporary arguments about flight during plague epidemics often only occurred as a conflict between medical practitioners and the Royal College of Physicians. The consequences of fleeing during plague included loss of face and status for the College members, as it allowed

¹⁰³ Lauren Kassell, *Medicine and Magic in Elizabethan London*, 73.

¹⁰⁴ Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji (eds.), ‘NOTE841’, *The casebooks of Simon Forman and Richard Napier, 1596–1634: a digital edition*, <https://casebooks.lib.cam.ac.uk/notes/NOTE841>, accessed 9 January 2020.

¹⁰⁵ Wallis, "Plagues, Morality and the Place of Medicine in Early Modern England," 2.

¹⁰⁶ Wallis, "Plagues, Morality and the Place of Medicine in Early Modern England," 8.

irregular practitioners to gain ground in the field of medicine. For example, irregular practitioners like Forman had much to gain from these epidemics and the lack of state provisions for such crises. Plague outbreaks offered all medical practitioners economic opportunity, as well as building rapport with patients in their particular community. In London, the practitioners' continued presence despite the presence of plague, and their willingness to aid plague victims, despite the danger, differentiated them from their competitors. In this way, the medical marketplace that existed beyond the Royal College of Physicians' reach emulated a more capitalistic structure.

Aside from personal self-fashioning and promotion through gaining patient trust, other irregular practitioners used their patrons as a powerful means of getting ahead. After being rejected by the College for several years, the former church deacon Leonard Poe continued to petition the College with letters of recommendation from the Earl of Essex, Robert Devereux, for a medical license. During this time, Robert Devereux served on the privy council of Queen Elizabeth I and was at the height of his political power. Poe admitted to the College censors that although he was literate, he was ignorant of the writings of Galen, could not read Latin or Greek, and needed a dictionary to read. In any other case, these failures to meet the College's requirements would be followed by a rejection for fellowship or a medical license. Finally in 1596, after two of Queen Elizabeth's Councilors also supplied letters of recommendation, Poe was granted permission only to treat "the French disease" and other skin ailments.¹⁰⁷ However, Poe's interaction with the College did not end in 1596. In the years following, two patients died under Poe's care, leading to two malpractice cases with the College's censors. Whether the exact

¹⁰⁷ Case of Leonard Poe, 13 July 1596, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol.119v.

cause of death for these patients were caused by Poe's treatment, or from the illness itself, cannot be determined. The College's prior knowledge of Poe only heightened their attention on his practice and their motivation to hold him accountable for the malpractice cases. Following the deaths of the two patients, the College revoked Poe's license to practice and upon his refusal to return the license, the College sent him to prison. Upon the insistence of the Queen's Councilors, Poe was released upon the condition that he confess his transgressions against the College, with which Poe complied.¹⁰⁸

Anger and grief motivated family members and spouses to bring cases of potential malpractice to the College. In 1601 Leonard Poe was "blamed for the death of nobleman Allen." When interrogated about this transgression, Poe admitted that "it was a disease he was not familiar with and had done many treatments to the best of his knowledge."¹⁰⁹ Clearly, medical ethics during this time lacked defined parameters of how a physician should approach an unfamiliar disease; perhaps it did not occur to Poe that he could be doing more harm than good. Additionally, during the previous year, the College censors became aware of an incident involving Poe where "he administered various medications including a fumigator to a town cryer whose face had subsequently swollen up so much that he could no longer speak. He suffocated then Passed away."¹¹⁰

¹⁰⁸Case of Leonard Poe, 30 November 1598, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol.135v.

¹⁰⁹ Case of Leonard Poe, 25 June 1601, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 150r.

¹¹⁰ Case of Leonard Poe, 5 December 1600, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 146r.

In circumstances such as these, the College had every right to question the competence of the irregular practitioners, yet the College cared far more that these practitioners knew the writings of Galen and Greek moral philosophies. Practical training and knowledge of common diseases and their treatments were less important. The College questioned Poe's "moral authority as a learned man," rather than his competence to practice medicine.¹¹¹ Poe proved to be a problematic figure for the College censors for these reasons. The College Annals seem to highly suggest that Poe was only granted a full license to practice medicine upon continued pressure from members of King James I's Privy Council. Especially in Poe's case, the privilege of gaining a medical license could rest upon the influence of the patron.

At the beginning of his medical career, it is uncertain whether Leonard Poe had been treating members of the nobility, members of his parish, or perhaps both. There is little to no record of Poe's career, medical or otherwise, before 1590. Because of this, it is difficult to surmise the details of his early career. His official will does little to illuminate this question. However, it does reveal that at the end of his life, Poe was a wealthy man, bestowing eight thousand pounds, only a fraction of his total estate, to his eldest son, James Poe.¹¹² In comparison, at his death, William Clowes was worth roughly 300 pounds and earned up to 20 pounds per year.¹¹³ What Leonard Poe's case shows is that unqualified individuals such as a parish deacon felt compelled begin to practice medicine to aid those suffering from syphilis and other diseases, even if their knowledge in other diseases was lacking.

¹¹¹ Cook, "Good Advice and Little Medicine," 10.

¹¹² *Will of Leonard Poe, Doctor of Physic and Physician in Ordinary to His Majesty's Household of Christchurch, City of London*. PROB 11/159/397. 25 March 1631. The National Archives of the United Kingdom.

¹¹³ "Clowes, William," British Academy, and Oxford University Press. 2004. *Oxford Dictionary of National Biography*. <http://www.oxforddnb.com/>.

Leonard Poe was not the only man of the Church to appear in the Annals. In 1621, a priest, Henry Smith, caught the attention of the Royal College of Physicians after a woman he treated of an unknown illness died. Ultimately, the College charged Smith a fine of ten pounds and a prison sentence for practicing illicit medicine. Because of his status as a priest, the College censors felt it necessary to contact the Archbishop of Canterbury, George Abbot, for permission to imprison Smith.¹¹⁴ While the College held certain rights to imprison illicit practitioners, their rights could only reach so far. It is earlier stated in the Annals that Smith left his position as a priest to practice medicine. Traditionally, it would not be uncommon for a less fortunate Londoner to seek aid from the church, but it would be very unlikely for a parish deacon to be practicing medicine. Religious men like Poe, Smith, and Napier clearly gained an interest in medicine at some point in their career and chose to leave their church positions. Perhaps men like Smith and Poe took up medicine initially to supplement their incomes and quickly gained success and significant social status.

The striking difference between Smith's encounters with the College censors and Poe's is that the intervention of prominent men made the difference between a prison sentence and a medical license. In 1606, upon a recommendation from the Earl of Suffolk, Leonard Poe gained a license to practice medicine against all types of diseases.¹¹⁵ Subsequently in 1609, the College accepted Poe as a Fellow of the Royal College of Physicians. During this time Poe had already been serving as King James I's physician, earning him substantial political power and backing. It is unclear from the Annals how Poe rose to become the King's physician and how he became

¹¹⁴ Case of Henry Smith, 29 June 1621, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III fol. 46a.

¹¹⁵ Case of Leonard Poe, 1606, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 82r.

connected with his prominent noble patrons prior to 1590. But, when considering Poe's interactions with the College it seems clear that Poe's political standing prevented him from experiencing further censure and imprisonment for malpractice.

Again, one key element of Poe's career allowed him to grow his practice and rise to the rank of a King's physician: patronage. As has been explained, Leonard Poe's patron, the Earl of Essex, proved to be a crucial actor in the making of Poe's career. To rise to the status of the King or Queen's Physician, noble patronage was absolutely necessary. For the most part, medical practitioners who gained a patron already belonged to an upper-class family or attended a university such as Cambridge or Oxford. These barriers made it difficult for an average Londoner to reach high enough status to become a member or fellow of the College of Physicians. However, as Pelling concedes, "patronage was a flickering flame rather than a steady glow, and effectively the irregular's fate was in his or hers own hands."¹¹⁶ Had Poe's encounters with the College occurred before his connection with the Earl of Essex, or after the Earl fell from grace and was executed, the fate of Poe's medical career would be much more uncertain. Patrons of irregular practitioners proved to be a thorn in the College's side as they often undermined the College's authority to prosecute offenders.¹¹⁷

Another example of a patron rescuing an irregular practitioner from a prison sentence occurred in 1572. A practitioner called Thomas Penny failed the College's examination for a medical license but was caught continuing to practice. The College promptly sent him to prison. The College did not anticipate that Penny's patron, Walter Mildmay, the Chancellor of the

¹¹⁶ Pelling, *Medical Conflicts*, 312.

¹¹⁷ Pelling, *Medical Conflicts*, 315

Exchequer, would demand his release and threaten a lawsuit upon the College.¹¹⁸ The College truly displayed its anxious tendencies in the face of the powerful men of London, and dared not test their patience.

The Case of an Illicit Physician: Thomas Bonham

With the case of Doctor Thomas Bonham, the rights of the College came into question in the first decade of the seventeenth century. As a medical doctor, educated at Oxford, Bonham seemed to have the academic, moral, and practical background fitting to earn a fellowship with the College. However, in 1606, the censors refused Bonham fellowship and license to practice. Despite this, Bonham continued to practice medicine within London. For continuing to practice medicine outside of the College's explicit permission, the censors sentenced Dr. Bonham to Newgate Prison just one month after being denied fellowship.¹¹⁹ He served seven days before being released.¹²⁰ In all aspects, Bonham met all the qualifications for fellowship in the college. A graduate from Oxford, Bonham had a prestigious background and a medical doctorate, yet remained unlicensed by the college to practice medicine in London.

The imprisonment of Thomas Bonham sparked one of the most important cases for medical history in the seventeenth century. Held in the Court of Common Pleas, the case became an important standard in distinguishing the supremacy of common law to Acts of Parliament. The judge presiding over Bonham's case against the Royal College of Physicians, Chief Justice

¹¹⁸ Case of Thomas Penny, 10 January 1571/2, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume I, fol. 31v.

¹¹⁹ Harold J. Cook, "Against Common Right and Reason: The College of Physicians versus Dr. Thomas Bonham," *The American Journal of Legal History* 29, no. 4 (October 1985), 310.

¹²⁰ Edward Coke, *The Selected Writings and Speeches of Sir Edward Coke*, ed. Steve Sheppard (Indianapolis, IN: Liberty Fund, 2003), 265.

Sir Edward Coke, believed that the college acted like a monopoly on medical practice when it should have only functioned as a fraternity of learned physicians. What makes this case unique is that the college had no institutional parallel in England to compare its rights to. Chief Justice Coke determined that the imprisonment of Bonham and censure of his practice was unjust because the Censors “cannot be Judges, Ministers, and parties.” He also concluded that the College’s judgement of practitioners being unfit for licensure was not the same as committing egregious malpractice.¹²¹ He stated, “The harm which accrueth by not well executing medicine doth concern the body of man; and, therefor, it is reasonable that the offender should be punished in his body by imprisonment; but he who practice physic in London in a good manner, although he doth it without leave, yet it is not any prejudice to the body of man.”¹²² In sum, the College certainly had the right to fine and imprison practitioners guilty of malpractice, but they did not have the authority to convict those guilty of what they considered illicit practice. For a medical doctor such as Bonham, his medical practice was hardly illegitimate, nor could he have been considered a charlatan by any stretch of the imagination. Despite the decision made by Chief Justice Coke, the College continued to seek out and punish unlicensed practitioners, regardless of background.

The Bonham case also reveals the differences in expectations and training that practitioners and physicians experienced. During the trial, it was known that the College cared deeply about a medical practitioner’s “moral authority of a learned man,” and his ability to use methods of reasoning and moral philosophies. For just about every other type of practitioner, their training in medicine began with an apprenticeship with an already established and trusted

¹²¹, “Good Advice and Little Medicine,” 14.

¹²² Edward Coke, *The Selected Writings and Speeches of Sir Edward Coke*, 274-5.

practitioner. For the College physicians, it began with studying texts and methods of disputation, rather than experience through observing patients. Historian Harold Cook states that “it is sometimes hard to see what significance their education could have had for their medical practices.”¹²³ It seems that surgeons-in-training and irregular practitioners had far more practical experiences with patients prior to beginning their own career. Despite this, the College physicians believed themselves to have an intellectual authority above licensed practitioners from the Apothecaries as well as the Barber-Surgeons’ guilds.¹²⁴ This is not to say that incompetent quacks did not exist, as there is ample evidence that there were many in London, some of which will be shown in the final chapter.

The empirical knowledge of the barber-surgeons during this period greatly outweighed that of the College’s physicians. The apprenticeship system for surgeons proves this, but it can also be assumed that other irregular practitioners learned their trade in a similar, more inductive process. The term that the College used to describe some irregulars, “empirics,” was used to undermine their expertise in medicine; however, the name itself implies that they had experience and training that the College physicians lacked. This lack of empirical training could have contributed to the College’s insecurities considering their position and status within the medical marketplace.

Regarding the College’s special rights and the privileges given to the institution, Pelling concludes that although it was certainly an anxious institution, its members truly believed in the righteousness of its cause. While its sense of overarching authority may have been naïve in the

¹²³ Cook, “Good Advice and Little Medicine,” 12.

¹²⁴ Chamberland, “From Apprentice to Master,” 34.

face of an uncontrollable medical marketplace, it was the kind of authority that could be exercised face to face with those it accused.¹²⁵ The College censors became familiar with practitioners they frequently encountered, and believed themselves to be just and patient with them. It is true that the College did not impose unreasonable fines or punishments for those it convicted, and as Pelling adds, it never used corporal punishment as a deterrent against illicit practice.¹²⁶

The success of irregular practitioners in London following 1590, combined, perhaps, with the late-sixteenth-century surfeit of medical treatises on venereal disease, plague, and syphilis written by everyone but physicians to which the next chapter turns, nudged the anxious institution of the Royal College of Physicians to exact their perceived right to punish practitioners. Its failure to adequately control the medical marketplace can be encapsulated in the cases of Thomas Bonham and Simon Forman. Qualified individuals practicing medicine could not have been “illicit,” nor did they practice quack medicine. While their right to penalize practitioners for malpractice was sound, they could not operate as judges, ministers, and parties. The Royal College of Physicians did not treat practitioners such as Simon Forman and the “poacher-turned-gatekeeper” Leonard Poe, equally. Nor did they recognize some medical doctors’ competency. The only conclusion that can be made after understanding the general structure of the paths to the practice of medicine is that the “irregular practitioners” were not irregular in any sense of the term that refers to abnormality or non-normativity. As they served as the majority of those practicing medicine within the City of London, the use of the term “irregular” seems ill-fitting. These “empirics” most certainly had more practical training in

¹²⁵ Margaret Pelling, *Medical Conflicts*, 282.

¹²⁶ *Ibid.*

medicine than the College physicians, yet were viewed by them as illicit practitioners of medicine.

III. Perceptions of Venereal Disease and Print Culture

“To refraine the filthy lusts of men and women, GOD hath permitted this sickness to raigne among them, as punishment for sinne.”

---- Peter Lowe (1596)

Early modern Londoners’ perceptions of syphilis, and venereal disease in general, can be deduced from extant medical treatises, popular fiction and entertainment, and various medical practitioners’ reactions to the disease and its treatment. What is ultimately gained from these extant sources is that the lay persons’ and medical professionals’ knowledge of venereal disease differed very little. This small gap in understanding speaks to the epistemology of early modern medicine. As explained by Claudia Stein, the diseases themselves shaped the intellectual understandings of them. The particular experience of syphilis “provided no space for a radical distinction between superior ‘objective’ knowledge, owned by the medical practitioner, and the subordinated ‘subjective knowledge’ felt by the patient.”¹²⁷ To those who suffered from acquired syphilis during this period, the experience was one of excruciating symptoms and social stigmatization. As a sexually transmitted disease, syphilis naturally brought with it a negative stigma to those who carried its physical symptoms such as alopecia and disfiguring lesions. The shame and ostracization experienced by victims of syphilis significantly enhanced the negative effects of the disease, as seeking treatment and baring their marred face to the world exposed them to the judging eye of their peers and the medical practitioners from whom they sought aid. To early modern people, experts in its treatment and non-experts alike, venereal syphilis was a sure sign of punishment from God. The heaviest burden of blame for the spread of venereal diseases like syphilis fell upon the lower classes of society, especially women. Well-established

¹²⁷ Claudia Stein, “‘Getting’ the Pox” (2014).

ideas about the uncleanliness and sinful nature of women and their untrustworthiness furthered this stereotype that lasted for the whole of the period of endemic syphilis.

With the epistemology of venereal disease between lay people and professional physicians being so similar, the common perceptions of patients with venereal disease naturally transferred across socio-economic boundaries. In the medical literature by barber-surgeons William Clowes and Peter Lowe, negative perceptions of the syphilitic patient match those that were portrayed in popular entertainment such as Shakespearean plays. The cultural perceptions of syphilis as punishment for sinners informed the treatment of it, which, in turn, reinforced the negative stigmas attached to carriers of venereal disease.

The first official recorded instance of syphilis in Britain occurred in Aberdeen, Scotland, in 1497.¹²⁸ By this time, word had spread by soldiers of the infamous seminal event of syphilis: the invasion of Naples by Charles VIII of France two years earlier in 1495. The selective pressures placed on the *Treponema pallidum* bacteria in army camps and unsanitary battlefields allowed the disease to spread and evolve quickly. The soldiers suffered greatly from this new disease, and word of their experience spread fear throughout the continent of this new scourge upon humanity. The French and Italian armies were ravaged by the disease, and it became famously known as the “French disease” because it arrived with the French armies to Italy, and then throughout all of Europe.¹²⁹

The prevailing theory among early modern European people was that syphilis appeared as God’s punishment to sinners. Soon after its first appearance in Europe, syphilis received much

¹²⁸ Fabricius, *Syphilis in Shakespeare’s England*, 57.

¹²⁹ *Secrets of the Dead: The Syphilis Enigma* (Public Broadcasting Service, 2003).

attention from medical practitioners and religious figures. In 1497, Coradino Gilino remarked, “we also see that the Supreme Creator, now full of wrath, against us for our dreadful sins, punishes us with this cruelest of ills.”¹³⁰ This connection was easily made, as sexual immorality served as the primary vector for the disease to spread. However, beliefs about the origin of syphilis could vary. Ordinary people “feared that pestilential vapors, malign astrological events, and other occult causes were spreading infection through the country.”¹³¹ The miasma, or bad air, theory prevailed in the early modern period as an explanation for how diseases spread. While bad air served as a likely source of diseases such as plague and cholera, specific groups of people more often took the blame for the spread of syphilis. Because of its connection to sex and immorality, “loose” women who congregated around soldiers in Europe and sailors in port cities were the most common objects of blame.¹³² To make matters worse, the sixteenth-century version of the syphilis bacterium was extremely adaptable and had been evolving quickly from the time of Columbus’ voyage to the West Indies. It was also far more deadly than the strains of syphilis that exist today.

The Reality of Syphilis in Early Modern England

The early modern version of acquired syphilis was an incurable disease that one carried the rest of their lives after the initial infection. Victims of the disease could expect to experience three phases over their lifetime. The first stage of syphilis appeared as a painless sore and systemic inflammation. This stage occurred in the days and weeks following infection. The

¹³⁰ Quote in Qualtiere and Slight, “Contagion and Blame in Early Modern England,” 8-9.

¹³¹ Qualtiere and Slight, “Contagion and Blame in Early Modern England,” 3.

¹³² Qualtiere and. Slight, “Contagion and Blame in Early Modern England., 5.

second stage began with a wide range of symptoms, including fever, meningitis, rashes, and alopecia.¹³³ Between the second and third phases, a latent phase occurred where the disease became asymptomatic. Finally, the last stage of syphilis produced the most severe symptoms. However, not all those with syphilis reached this stage because it could take several years to several decades to manifest. The most serious of the tertiary symptoms included gummatous tumors that had a necrotic center. Gummata could cause debilitating pain and disfiguring lesions on the face and cranium. However, only 10-20 percent of cases actually manifested skeletal involvement.¹³⁴ The low rates of skeletal involvement can explain why few early modern skeletons exhibit signs of syphilis, as most victims of the disease never reached even the tertiary stage. The development of these skeletal lesions would have been extremely painful. Along with the physically visible symptoms, the third phase of the disease could cause mental deterioration through damage done to the central nervous system. These changes in mental function displayed themselves as personality changes, irresponsible behavior, and a number of psychiatric syndromes.¹³⁵

The rapid spread of the *Treponema pallidum* bacterium had simple explanations. The sixteenth century was tumultuous in terms of complete societal disruptions from the Protestant Reformation and the religious wars that came after. The “general deterioration of society, the dislocation of so many people, and the movements of warring armies were all especially

¹³³ Molly K. Zuckerman, “The ‘Poxed’ and the ‘Pure’: A Bioarchaeological Investigation of Community and Marginalization Relative to Infection with Acquired Syphilis in Post-Medieval London,” *Archeological Papers of the American Anthropological Association* 28, no. 1 (2017): 92.

¹³⁴ Zuckerman, “The ‘Poxed’ and the ‘Pure’” 92.

¹³⁵ Eric B. Ross, “Syphilis, Misogyny, and Witchcraft in 16th-Century Europe,” *Current Anthropology* 36, no. 2 (1995): 333-337, at 336-7)

conducive to the spread of disease.”¹³⁶ It is impossible to gauge the real demographic impact of venereal syphilis during this period, but its virulence and infectious nature could be seen as second only to the Bubonic plague. The bacteria’s ability to mutate allowed the disease to survive in a new environment with a population who generally avoided skin to skin contact. The *treponema pallidum* needed skin to skin contact to spread; thus to survive in its new environment in the colder climates of Europe, the bacterium mutated into its venereal form.¹³⁷ Syphilis maintained its status as a disease feared by many throughout Europe, though its virulence became less pronounced near the end of the sixteenth century. The precise reason for this apparent dip in virulence is that, because those who had survived the initial phase of syphilis were most likely in the period of latency, it must have seemed like they had been completely cured. Despite being asymptomatic, they were still infectious and spread the disease to their sexual partners unknowingly.¹³⁸

As the disease spread throughout the continent, London became the perfect place for it to thrive. With a high population density and the prevalence of prostitution in the city, syphilis became a common infection among Londoners. Numerous factors contributed to the spread of venereal disease including high poverty rates, massive migration of impoverished village people, and the proliferation of alehouses and brothels.¹³⁹ As one of Europe’s largest port cities, London supported an enormous trading economy. With the constant flow of people, sailors, traders, and soldiers, London attracted disease of all kinds. Transient, single men supported the many centers

¹³⁶ Ross, “Syphilis, Misogyny, and Witchcraft in 16th-Century Europe,” 334.

¹³⁷ *Secrets of the Dead: The Syphilis Enigma* (Public Broadcasting Service, 2003).

¹³⁸ Ross, “Syphilis, Misogyny, and Witchcraft in 16th-Century Europe,” 335.

¹³⁹ Fabricius, *Syphilis in Shakespeare’s England*, 103.

of prostitution within the city, and allowed venereal disease to be transmitted and carried throughout greater Europe.¹⁴⁰

The physical and visible symptoms of syphilis were very distinctive and symbolic in early modern Europe. The physiological symptoms invited a stigma that most victims of the disease experienced. Those with syphilis were conceptualized as the physical manifestation of contagion and immorality. They appeared to pose a risk to others, not only by the contagious nature of their affliction, but also as a risk to the moral health of their community.¹⁴¹ English physicians and surgeons perpetuated many of these negative stigmas about those with syphilis. The English surgeon William Clowes, arguably the first English venereologist, practiced at St. Bartholomew's Hospital in London during the late 16th century and had contempt for those suffering from the disease. As early as 1548, 24 percent of patients at St. Bart's were syphilitic; by the time Clowes arrived at the hospital in 1575, he claimed that at least 75 percent of patients had "the pox."¹⁴²

The type of language that writers such as Clowes used to describe those suffering with venereal disease is extremely revealing in terms of popular notions of syphilis. Clowes stated that St. Bartholomew's took in "a number of vyle creatures."¹⁴³ In his eyes, the patients were not human beings who were unfortunate enough to contract syphilis, but pitiful creatures. Such imagery of the sufferers of syphilis agreed with early modern concepts of physical defects and

¹⁴⁰ Fabricius, *Syphilis in Shakespeare's England*, 147.

¹⁴¹ Zuckerman, "The 'Poxed' and the 'Pure,' 93.

¹⁴² John J. Ross, "Shakespeare's Chancre: Did the Bard Have Syphilis?" *Clinical Infectious Diseases* 40, no. 3 (February 1, 2005): pp. 399-404, pg. 400)

¹⁴³ William Clowes, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, (London, 1579).

visible disease. During the early modern period, these physical defects were seen as “external manifestations of deeper disorder and moral decay.”¹⁴⁴

Some authors, including Clowes, believed syphilis or venereal disease to be a scourge from God to punish sinners. He believed that it was “a notable testimony of the just wrath of God against that filthy sinne.”¹⁴⁵ This assumption placed the lower classes and prostitutes to blame for its spread. In reality, people of all social classes could and did contract venereal diseases. According to historian Kevin Siena, English puritans placed the blame for the spread of syphilis on the lower classes because they frequented alehouses. Alehouse-goers were presumably gamblers, fornicators, and drunks.¹⁴⁶

Male members of the upper class and nobility contracting venereal disease contradicted much of the common stereotypes of lower-class Londoners being the sole vectors of syphilis. To explain this contradiction, medical professionals believed that it could be spread through casual contact such as sharing drinking vessels, eating utensils, shared bedding, and lavatories.¹⁴⁷ These explanations allowed members of the upper class and nobility to explain why they may have contracted syphilis when it was stigmatized as a poor person’s disease. Bruce Boehrer has argued that syphilis only became a new medical category of illness when it became a recognized challenge to the elites of society. However, he also explains that the true intended audience for medical treatises written during this period were for the people who needed them the least, the

¹⁴⁴ Weisser, “Reading Bumps on the Body in Early Modern England,” 323.

¹⁴⁵ Clowes, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, 4.

¹⁴⁶ Siena, *Venereal Disease, Hospitals and the Urban Poor*, 63.

¹⁴⁷ Siena, “Pollution, Promiscuity, and the Pox,” 566.

wealthy, who could afford collegiately trained physicians.¹⁴⁸ At least for some surgical writers like Peter Lowe, their treatises were, in fact, created for those who sought to treat themselves.

Syphilis and venereal disease also became a very gendered issue by the end of the sixteenth century.¹⁴⁹ Lower-class and working women received the brunt of the negative discourse on the contraction and spread of syphilis. Specifically, prostitutes and wet nurses were frequently cited as common vectors. These assumptions were not completely unfounded. Because syphilis spread through sexual contact, prostitutes became the most visible and identifiable vector of the disease. However, wet-nurses also became common scapegoats. Mammalian transmission caused many cases of syphilis in infants, who later infected the mother and possibly other children in the family.¹⁵⁰

Long before the pox's emergence in England, negative ideas of female sexuality and uncleanness permeated societal beliefs about venereal disease. As Siena explains, "this association between female sexuality and disease in general formed the basis for a connection between women and pox in the popular mentality from an early date."¹⁵¹ What is more troubling about the stigma against female sexuality is that surgeons like William Clowes did not include women in his perception of the "good poor people" who needed medical guidance. According to Clowes, syphilis was entirely curable, for some. However, "lewd and idell persons" did not deserve to be cured of their disease, but should succumb to their ailment, and to the will of God.

¹⁴⁸ Boehrer, "Early Modern Syphilis," 200.

¹⁴⁹ Grell, "Conflicting Duties: Plague and the Obligations of Early Modern Physicians towards Patients and Commonwealth in England and the Netherlands," 560.

¹⁵⁰ Siena. "Pollution Promiscuity, and the Pox," 560.

¹⁵¹ Siena. "Pollution Promiscuity, and the Pox," 567.

According to Clowes, "such as are great eaters and drinkers and inordinate users of women are unfit to be cured: and their health almost is not to be looked for."¹⁵² By the time Clowes began publishing works on venereal disease, it had been well established that female prostitution and syphilis were directly connected and it became known that it was sexually transmitted. Despite the closing of the stews by Henry VIII in 1546 because of such illnesses, brothels continued to conduct business as usual.¹⁵³ Clowes stated that those men who visit brothels are not worthy of medical treatment for venereal disease.

Surgeons and medical writers like William Clowes had been on the right track to understanding the type of people who were *susceptible* for contracting a venereal disease, yet did not understand the real reasons why. The particular focus on prostitution and brothels by contemporaries was not completely unfounded. However, venereal disease did not spread within these places specifically because they were frequented by "sinners." During this time, prostitution's most common setting could be characterized as one with high rates of poverty, transient people, and social disintegration. The overcrowded slums and unsanitary conditions of the city allowed all contagious diseases to spread quickly and effectively, not just venereal disease.¹⁵⁴

Early English Syphilis and the Printed Word

Laypeople's perceptions of syphilis can be understood through a variety of means. Some historians, like Johannes Fabricius and Margaret Pelling, have suggested that popular literature

¹⁵² William Clowes, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, (London, 1579).

¹⁵³ Siena. "Pollution Promiscuity, and the Pox," 559.

¹⁵⁴ Fabricius, *Syphilis in Shakespeare's England*, 104-5.

and plays during this period can reveal some common perceptions. Portrayals in popular culture often revolved around a cautionary tale, with the victims of syphilis shown in a pitiable condition. One example of this type of character is Falstaff in William Shakespeare's *Henry IV* plays written in 1597. Falstaff appears in three plays; his condition is made known to the reader and audience in all three. Shakespeare believed syphilis to be incurable, but not untreatable. While many practitioners claimed to have been able to cure it, this feat would have been realistically impossible before the discovery of penicillin. In *Henry IV*, Falstaff admits the hopeless nature of his condition when he states:

“I can get no remedy against this consumption of the purse.

Borrowing only lingers and lingers it out,

but the disease is incurable.”¹⁵⁵

The fictional Falstaff divulges that the remedies he has tried to cure his condition were expensive, and failed to cure him. Medical treatments could cost large sums of money, as will be discussed in the next chapter. These costs could explain the hesitancy of some people to seek the help of a practitioner, as well as the possible shame they might bring to themselves if seeking treatment for venereal disease.

But how did Shakespeare's beliefs about syphilis track with medical opinion in his day? In answering this question, we confront the reality that the lay explanation for syphilis would have looked quite similar to the professional's explanation. The social milieu of the early modern period allowed for the gap between lay and professional ideas about medicine to be much

¹⁵⁵ William Shakespeare, *Henry IV*: Part II, 1.2.203-207.

smaller than is the case in our present day. To take one example, unlicensed medical practitioners of this period were part of the popular sector. These practitioners were extremely varied in terms of classical medical knowledge, popular medical ideas, and their motivations for practicing medicine. Usually, patients self-treated bumps, cysts, or pustules with topical remedies like plasters and poultices to clear these symptoms. These are methods that physicians used at the time as well. However, when a patient's self-treatment did not work they resorted to healers and practitioners that they could afford.

It seems as though patients were the most motivated to seek outside treatment when they were in intolerable pain. Historian Olivia Weisser also notes that the stigma associated with a marked body often motivated men and women to consult practitioners.¹⁵⁶ Yet, as physicians who carried the Royal College of Physicians' licensure worked primarily as private physicians to elite households, the top-ranking professionals available to those using cash alone as their means of access would have been highly skilled barber-surgeons. Surgeons, as it turns out, wrote more treatises on venereal disease than any other group throughout the sixteenth and seventeenth centuries. To explain this surprising statistic, Siena writes, "Venereological care was one of the most lucrative practices for early modern city doctors. There was no medical division of labor as physicians, surgeons, and fringe practitioners all competed to theorize about the disease and treat it."¹⁵⁷ And surgeons most often wrote in vernacular English— particularly those in the London Barber-Surgeons' Company—because the reading competency of London's surgeons varied

¹⁵⁶ Weisser, "Boils, Pushes and Wheels," 325-6.

¹⁵⁷ Siena "Pollution, Promiscuity, and the Pox," 566.

greatly (see Chapter 1). Thus, as Andrew Wear has argued, anyone who could access and read the printed medical texts could be their own physician.¹⁵⁸

Coincidentally or not, English vernacular medical texts on syphilis reached a kind of crescendo in the same decade that Shakespeare wrote Falstaff into his *Henry IV* and *Merry Wives of Windsor* plays. In the mid sixteenth century, a handful of English medical books catalogued syphilis in among the several illnesses they discussed. *The Castel of Helth* by Thomas Elyot, written in 1541, was among the first print books that mentioned syphilis to be published in English. The first medical treatise written in English by Andrew Boorde, *The Breviarie of Health* (1547), addressed the problem of syphilis in England, as well. By this time, it was well established that syphilis was venereal. Purpose-written treatises on the treatment of syphilis came later. As noted above, surgeons took the lead in advising the commonwealth on what kinds of internal treatments could help cure venereal disease. William Clowes published his first *Short and Profitable Treatise Touching the Cure of the Disease Called (Morbus Gallicus)* in 1579. In 1590, an English translation of a book by the German physician Paracelsus appeared: *An Excellent Treatise Teaching how to Cure the French-Pockes*. Another surgeon, Peter Lowe, published a similar treatise in 1596—*An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*—in which he displayed significant knowledge on internal treatments and how to administer them.

Surgeons had much to gain by writing such books. Not only did vernacular texts allow medical ideas and theories to circulate quickly, they allowed surgeons to gain a greater notoriety

¹⁵⁸ Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 45.

among their peers and the whole of the medical marketplace.¹⁵⁹ For example, Clowes wrote three vernacular medical treatises to instruct young men training to be surgeons, improve standards of surgical care, and to refute claims of incompetent practitioners.¹⁶⁰ The practitioners Clowes references were the charlatans and quacks seeking to make easy money on suffering patients.¹⁶¹ During the sixteenth century in particular, reputable practitioners and questionable charlatans promised to cure venereal disease with new and exotic treatments. This is known based upon an extensive study of medical advertisements from the latter half of the sixteenth century by historian Kevin Siena.¹⁶² As previously noted, most surgeons did not have the opportunity to attend a university and become literate in Latin or Greek. But, as part of the general practice of self-fashioning, surgeons frequently wrote unpublished manuscripts on particular medical subjects and maladies dedicated to royal and noble patrons; Peter Lowe was among those who did.¹⁶³

As the frequent writers of medical treatises, surgeons gave advice to the commonwealth on what kinds of internal treatments could help cure venereal disease. In his 1596 treatise on the “Spanish sickness,” Peter Lowe displays significant knowledge on internal treatments and how

¹⁵⁹ Chamberland, “From Apprentice to Master,” 37-38.

¹⁶⁰ Celeste Chamberland, “Between the Hall and the Market: William Clowes and Surgical Self-Fashioning in Elizabethan London,” *The Sixteenth Century Journal* 41, no. 1 (2010), 71.

¹⁶¹ While William Clowes’ prolific writing career has transformed him into a spokesman of sorts for barber-surgeons and physicians of the period, he was far from the perfect model of a medical professional. The Barber-Surgeons’ Company also held Court for surgeons who misbehaved, and Clowes appears in the court minutes several times. The Barber-Surgeons’ Court’s interest in Clowes stemmed from unsatisfied apprentices, patients, and other barber-surgeons whom Clowes reportedly insulted. See Deborah E. Harkness, “A View from the Streets: Women and Medical Work in Elizabethan London,” *Bulletin of the History of Medicine* 82, no. 1 (Spring 2008): 61.

¹⁶² Kevin P. Siena, “Poverty and the Pox: Venereal Disease in London Hospitals, 1600–1800,” *ProQuest Dissertations and Theses Global* (Doctoral Dissertation, University of Toronto, 2001), 51.

¹⁶³ Peter Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*. (1596), 2.

to administer them. He simply describes these internal medicines as “Pharmacie.”¹⁶⁴ Surgeons seemed to have different ideas about who could practice what types of medicine. Lowe states that, “The Chirurgian... if he be learned and wise, as he ought, and well furnished with the things belonging to his art, knowing not only the Chirgury, but also the principles of Physick, as well as in the Theorie and Practick, by reason that is requisite for him to ordaine both dyet and pharmacy, otherwise, he is unperfect.”¹⁶⁵ Lowe, at least, did not define his practice only in terms of surgery, but also internal medicine, to provide patients with the most effective medical aid possible. By publishing this kind of treatise during a time of increased disease incidence, Lowe placed himself firmly at the center of the developing of medical and knowledge at the cusp of the Scientific Revolution.

Certainly, surgeons intended to bolster their reputations and medical expertise by publishing these vernacular treatises; however, they seem to have had different ideas about who should be able to access medical knowledge. Unlike Clowes, Lowe’s intent for writing a medical treatise was because, “I thought it pertinent and necessary for the advancement of knowledge, and case of many afflicted by this maladie, to impart my skill herein, for the better instruction of the commonwealth.”¹⁶⁶ Yet, intriguingly, Peter Lowe compiled his *Easie, certaine, and perfect method, to cure and prevent the Spanish sickness* for Robert Devereux, the Earl of Essex, who also employed the practitioner Leonard Poe during the 1590s. Poe claimed to specialize “in the French disease, in fevers and in rheumatism,”¹⁶⁷ so it is at least possible that Lowe’s first

¹⁶⁴ Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*, 4.

¹⁶⁵ Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*, 8.

¹⁶⁶ Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*. (1596), 3.

¹⁶⁷ Case of Leonard Poe, 18 May 1590, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 82r.

intended audience for this particular treatise was an audience of two: the Earl and the man who was treating him. Of course, whether the Earl of Essex contracted syphilis remains unsubstantiated and cannot be assumed—in fact, it seems unlikely that if he had contracted “the Spanish sickness,” he would have allowed himself to be named as the individual to whom Lowe’s book was dedicated. After all, the treatments as much as the explanations for the disease offered in these works could only have augmented the stigma the syphilitic person faced.

It is commonly believed that mercury had been used as the primary treatment of syphilis; this arose from the treatment methods of the German physician Paracelsus. Often, patients received mercury treatments to promote salivation. This treatment struck fear and anxiety into patients as it caused significant pain and damage to the mouth and nose. Salivation treatment only further stigmatized patients. However, numerous “cures” existed and were recommended by surgeons and physicians. The 1590 treatise, *An Excellent Treatise Teaching how to Cure the French-Pockes*, originally written in German by Paracelsus, provided numerous suggestions. One of these included ridding the body of the pox through sweating. Paracelsus states of this cure that “for some it was good, for others hurtful.”¹⁶⁸ One way to provoke sweat in a patient, Paracelsus suggests, is to prepare mercury with wine and “give it to the patient in the morning and cover him reasonably (not too warm).”¹⁶⁹ Clearly, some of these treatments could be harmful. Paracelsus also suggested using purgatives and laxatives, which were often used by the irregular practitioners, as documented in the Royal College of Physicians’ records. Peter Lowe’s *Easie, certaine, and perfect method, to cure and prevent the Spanish sickness* shows that

¹⁶⁸ Paracelsus, translated by John Hester, *An Excellent Treatise Teaching how to Cure the French-Pockes with all other diseases arising and growing thereof, and in a manner of all other sicknesses*. (1590), 19.

¹⁶⁹ *Ibid.*

surgeons like Lowe and Clowes adopted mercurial treatments into the Galenic tradition of medical treatment. He writes of ways to ensure control over the vapors in the body as well as evil humors. He also describes mercury, or “quicksilver,” to be cold and moist.¹⁷⁰ However, neither surgeon fully subscribed to the beliefs of Paracelsus.

Side-effects of the treatments for syphilis were not often recorded or described by early modern physicians themselves. Luckily, one English surgeon, Joseph Binns, kept records of some of his patients and their maladies in casebooks. Some of the side effects of mercury treatments included sore mouth and throat, putrid breath, ulceration, copious saliva production, nausea, and bowel disruptions.¹⁷¹ Some of these symptoms took many treatments to manifest. One of the most terrible and striking examples of the effects of mercury treatment was recorded by Binns in 1639 of a female patient, Joan Carter:

Who hath the lower mandible corrupt (and the teeth fallen forth) all the chin from the one cheek to the other, her cheeks and chin much swollen and hard, she was fluxed by Kixton the Quack 3 years ago, and she continued spitting at times ever since, and at that time where her cheeks were ulcerated for want of looking to they grew so hard cicatrized that she could not well open her jaws so he cut them and after that she had a contraction of some branches of sinews down her neck, that she could neither open well her mouth nor lift her head up much.¹⁷²

It can be deduced from this entry that Carter received mercury treatment to force copious salivation with the purpose of re-aligning the humors of her body. The devastating results can only be concluded to be those of repeated mercurial treatments. What is particularly revealing about Binn’s documentation of this event is the identification of an individual that he believed to

¹⁷⁰ Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*. (1596).

¹⁷¹ Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (New York, NY: Routledge, 1987), 88-90.

¹⁷² British Library, Sloane MS 153, quoted in, Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (New York, NY: Routledge, 1987), 90.

be a “quack.” The entry seems to suggest that Binns already had knowledge of this irregular practitioner and had reason to believe they practiced illicit medicine. It also suggests that the degree of facial and skeletal destruction caused by the treatments were particularly noteworthy and terrible to Binns. Perhaps most reputable practitioners did not use mercury to such extents very often.

Amazingly, as is recorded by Binns, of the 133 patients he treated that showed signs of gonorrhea or syphilis, 60 recovered from their ailment and 15 showed no further signs of disease.¹⁷³ It is difficult to determine whether these patients truly had syphilis, or were truly cured. Often, venereal diseases such as gonorrhea were diagnosed as syphilis because of their similar symptoms. Also, because there is a latent stage of syphilis where the diseased person may not experience symptoms for many years, these patients may not have been fully cured. In her study of Binns’ casebooks, historian Lucinda Beiers emphasizes that Binns was an ordinary surgeon. His career was conventional. His casebooks show the commonality of these treatments and their effects on patients.¹⁷⁴ It is difficult to conceive the idea that many people with syphilis suffered these treatments with terrifying results. However, as painful and scarring as mercury treatment was, the experience of acquired syphilis could have been much worse in comparison depending on the particular stage.

While these treatments may seem grisly and grotesque, to medical practitioners like William Clowes, it only made sense that the best cure for syphilis was the most physically and mentally punishing.¹⁷⁵ Clowes would have subscribed to the idea that the suffers of syphilis

¹⁷³ Beier, *Sufferers and Healers*, 91.

¹⁷⁴ *Ibid.*

¹⁷⁵ Qualtiere and Slights, “Contagion and Blame in Early Modern England,” 8.

earned the painful and scarring treatments. Likewise, surgeon Peter Lowe states that the disease arose, “to refrain the filthy lusts of men and women, GOD hath permitted this sickness to raigne among them, as punishment for sinne.”¹⁷⁶ Nor did all medical practitioners of this period believe in the healing powers of mercury. Another German physician, Joseph Grünpeck advised that one should avoid diseased persons at all cost and preached the importance of personal cleanliness. In essence, Grünpeck believed that the only certain way to prevent contracting syphilis was to avoid contact with others, diseased or not. Despite the difference in medical treatments advised by practitioners, what remains is the consistent belief that syphilis was a punishment sent by God for sinful behavior.¹⁷⁷

Stigmatizing the Syphilitic in Print and Culture

Public health in early modern London was limited. For those who could afford medical treatment by collegiate physicians or highly experienced practitioners, they had many options in the medical marketplace. For the poorest of society afflicted with venereal disease, hospitals might have been their last chance of survival. The earliest record of patients suffering from venereal disease at St. Bartholomew’s and St. Thomas’s Hospitals date from 1549 and 1556 respectively.¹⁷⁸ These patients would demographically be the poorest and most poverty-stricken Londoners. The gender distribution of venereal disease is uncertain for the hospitals during this period. To put further shame onto their ailment, they became known as the “foul” and were housed in “foul wards.” Separated from society like those with leprosy, the patients at St. Bart’s

¹⁷⁶ Lowe, *An easie, certaine, and perfect method, to cure and prevent the Spanish sickness*, 4.

¹⁷⁷ Boehrer, “Early Modern Syphilis,” 200.

¹⁷⁸ Siena, *Venereal Disease, Hospitals and the Urban Poor*, 63.

epitomized the stigma of syphilis that was perpetuated in medical literature. In fact, syphilitic patients were contained in former leper hospitals in Southwark. Kevin Siena argues that because of Southwark's already negative reputation as a place of sin and vice, it became the perfect place to house foul patients.¹⁷⁹ Many female nurses and practitioners worked in these hospitals to care for the diseased poor. One of these institutions, or pesthouses, for lepers was run by a woman, a matron called Mrs. Bakone. Female practitioners and nurses were generally associated with charitable operations like pest and poorhouses.¹⁸⁰

Again, most Londoners did not have access to the professional sector of health care and would not be aided by members of the Royal College of Physicians. Much of the treatment impoverished patients of venereal disease received came from self-treatment or from public hospitals such as St. Bartholomew's and St. Thomas's. Because of the high incidence of venereal disease in the late sixteenth century, the two hospitals had to quickly create space for venereal patients in former leper wards.¹⁸¹ This suggests that syphilis and other related venereal diseases became heavily prevalent around the turn of the seventeenth century. It also suggests that it had spread outward throughout the whole of London, rather than remain confined to particular areas of the city. The significance of the former leper wards becoming venereal wards cannot be ignored when considering the stigma both diseases carried. Early beliefs about syphilis suggested that they were the same disease. But writers of the disease such as William Clowes did their part to stigmatize patients, as well.

¹⁷⁹ Siena, *Venereal Disease, Hospitals and the Urban Poor*," 68.

¹⁸⁰ Harkness, "A View from the Streets," 73.

¹⁸¹ Siena, *Venereal Disease, Hospitals and the Urban Poor*:

The puritan surgeon Clowes believed that some of those afflicted with syphilis were more at fault for contracting and spreading the disease than others and did not necessarily deserve to be cured. He wrote about the “lewd and idell persons, both men and women, about the citye of London, and the great number of lewd alehouses, which are the very nests and harbourers of such filthy creatures,” that perpetuated the spread of disease. These people, “By meanes of which disordered persons, some other of better disposition are many tymes infected,” he believed, did not deserve to be cured.¹⁸² This is an usual perspective for a surgeon employed at St. Bartholomew’s Hospital, which served the urban poor. One might expect that someone in Clowes’ position would have more sympathy for the patients they treated.

Clowes was not alone in the belief that women carried such diseases like syphilis; the astrological physician Simon Forman also held these assumptions. While Forman mostly treated women, he held the assumption that all women were untrustworthy. Even if a female patient relayed her sexual history honestly, Forman felt the need to verify these facts through astrology.¹⁸³ By establishing this “trust” with his female patients, Forman treated them for their ailments ranging from infertility to venereal disease. Often, Forman treated the same woman multiple times, suggesting they held trust in him as well. But his belief that all women were inherently dishonest verged upon a suspicion that they were inherently prone to sexual vice.¹⁸⁴

¹⁸² William Clowes, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, (London, 1579).

¹⁸³ Kassell, *Medicine and Magic in Elizabethan London*, 166.

¹⁸⁴ Thus, all of Forman’s casebooks must be considered in that they are but one side of the story. Given that Forman believed that all women were inherently dishonest, his accounts are biased because of his negative view of female patients. No written account of these consultations exists from Forman’s patients’ point of view. See Kassell, *Medicine and Magic in Elizabethan London*, 170.

In any case, the suspicion that all victims of syphilis were prone to sexual vice may have haunted them all the way to the grave. Molly K. Zuckerman, an anthropologist, writes prolifically about pre-modern syphilis and has studied whether, even in death, victims of syphilis were marginalized in their communities from the late seventeenth to the early nineteenth centuries. Because it was theorized that it was most likely for those of a lower social and economic class to contract syphilis, she studied the burial grounds of four church yards from lower-class parishes.¹⁸⁵ She suggests that community inclusion or exclusion could be determined by non-normative burials. While she did find several skeletons with evidence of acquired syphilis, she determined that there was no evidence that the individuals were “marked as deviant, or symbolically excluded from their communities through non-normative mortuary context.”¹⁸⁶ However, Zuckerman also concludes that the results do not imply that the poxed individuals were not marked as deviant in life. She suggests that because these parishes were poor, perhaps, “expediency and efficiency (of burials), rather than societal pressures, religious mores, and the symbolic inclusivity of communities trumped any cultural inclination towards making the chronically diseased as marginal in the afterlife.”¹⁸⁷ What Zuckerman’s study shows is that while often those with physical symptoms of syphilis were stigmatized, in death they may have been forgiven for the perceived sins against their community.

For wealthier Londoners, there may have been other options for avoiding disgrace in death. Well to-do families had the ability to bribe officers who recorded deaths for the Bills of Mortality to register a different cause of death than syphilis. When a member of Parliament,

¹⁸⁵ Zuckerman, “The ‘Poxed’ and the ‘Pure.’”

¹⁸⁶ *Ibid.*, 97.

¹⁸⁷ *Ibid.*, 99.

Samuel Pepys, discovered his brother was dying of the pox in 1664, he threatened his doctor that there would be severe consequences if he dared to speak of it.¹⁸⁸ These recorded incidents of bribery and threats in the seventeenth century show that there was a significant impact on a person or even an entire family's reputation if it was evident that the "French pox" was the recorded cause of death.

As the next chapter shows in greater depth, the medical marketplace of early modern London was thriving with independent medical practitioners and "unscrupulous quacks." These untrained practitioners could glean substantial financial gain from procuring treatments to desperate sufferers of disease. What is not surprising is that patients sought treatment in any form to rid themselves of a shameful disease. Some of these treatments did more harm than good. Infamously, as we have seen, mercury treatments were commonly used by medical practitioners, quacks or otherwise. Large quantities of mercury were ingested, spread directly onto sores, and used in full body fumigations.¹⁸⁹ For those who could afford it, medical practitioners and formal physicians provided services to diagnose and treat any number of illnesses. Patients with syphilis became perpetual clients of practitioners due to the voracious nature of the disease.¹⁹⁰ Practitioners such as Richard Napier and Simon Forman built their reputations upon repeated visits from these chronic patients. In the case of syphilis, the added cultural perception that it marked those who carried it as sinners left patients little choice but to consult irregular

¹⁸⁸ Siena, *Venereal Disease, Hospitals and the Urban Poor*, 32.

¹⁸⁹ Qualtiere and Slights, "Contagion and Blame in Early Modern England," 7.

¹⁹⁰ Siena, "Poverty and the Pox: Venereal Disease in London Hospitals, 1600–1800," 51.

practitioners, despite questionable reputations and “cures” that caused more physical pain and suffering.

IV. Epistemological Conflicts: The Royal College of Physicians, Irregular Practitioners, and Venereal Disease

Operating just outside the thriving medical marketplace of late sixteenth century London, the Royal College of Physicians emerged as an over-reaching institution that unsuccessfully attempted to stifle the practice of a wide range of medical practitioners and members of the Barber-Surgeons' Company. As illustrated in the influential case of Dr. Thomas Bonham, the College struggled to assert itself as a legitimate watchdog over medical practice in the vicinity of London. While the College had some ability to regulate the medical marketplace from its creation in 1518, and the right to imprison offenders since 1553, a severe increase in such prosecutions and censorial cases occurred between 1590 and 1615. As historian Margaret Pelling originally realized in her examination of the RCP Annals, the College imposed the highest amount of prison sentences and guilty verdicts for irregulars in the decade of 1600-1610.¹⁹¹ While I agree with Pelling, it seems to me that the true height of the College's censorial fervor occurred between 1590-1600. I would argue that the convergence of plague outbreaks within London and the endemization of syphilis triggered this rise in censorial business as it stoked the College's anxiety to establish their credibility and authority within the medical marketplace.

The events of a major plague outbreak within the city in 1592 and the growing problem of how to deal with the exponential spread of syphilis spurred the College to try to control the marketplace between the late 1580s and the early 1610s. Through the records of the Royal College of Physicians' censorial measures, it is clear that their efforts to control irregular practitioners did little to affect the medical marketplace by any significant measure. As I have illustrated in the previous pair of chapters, high rates of diseases such as plague and syphilis

¹⁹¹ Pelling, *Medical Conflicts*, 302.

allowed the medical marketplace to grow. The irregular practitioners who operated within it took these periods of high disease prevalence as opportunities to self-fashion and to grow their practices. In response to this time of rampant endemic disease within the City of London, the Royal College of Physicians increased their censorial actions against irregular practitioners because of the competition for recognition they faced, and the intellectual superiority they felt they had, over these practitioners, barber-surgeons, and apothecaries.

Around 1590, censorial cases against practitioners treating venereal disease increased. Whether the records describe the illness as the “French pox,” “syphilis,” or the “French disease,” these all can be placed under the category of possible true syphilis diagnoses. Between 1589-1610, 8 cases of practitioners treating venereal disease appeared in the College Annals. In comparison, during the period between 1610-1630, only 4 cases appeared. To make this difference even more drastic, there were no cases of a practitioner treating venereal disease between the years 1615 and 1630. The first case after this period occurs in February of 1630.¹⁹² One possible exception to this trend occurred in 1616 when a surgeon’s apprentice claimed to treat a married couple of their “pox.”¹⁹³ This entry is ambiguous as to whether the apprentice referred to smallpox or the “French pox.” Both afflictions appear in the Annals, so the definite meaning cannot be determined, and the context of the case does not reveal more.

During this period in English history, many migrants from other parts of England and immigrants from across Europe came to London to start a new life for themselves. The rural

¹⁹² Case of Dickman, 5 February 1629/30, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol, 95a.

¹⁹³ Case of Thomas King, 4 October 1615, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol, 26r.

economy of England stagnated and later declined during and immediately after the 1590s, pushing many to turn to possible avenues of income in cities.¹⁹⁴ As was mentioned in the previous chapter, this movement of peoples allowed diseases to spread more quickly. In addition, the new residents of London sought economic stability. Simon Forman migrated to London in search of economic opportunity in the late 1580s and began his lucrative business shortly after. There is more than one case in the College Annals describing a “foreigner” treating patients without a College licensure.¹⁹⁵ There were likely many more like Forman and the “foreigners” identified by the College who came to London during the decades of economic hardship.

As has been suggested in Chapter 1, plague outbreaks allowed practitioners like Simon Forman special opportunities to self-fashion within the medical marketplace, further prompting the attention of the College. At least four plague outbreaks occurred between 1590 and 1610. These plague outbreaks are traceable through the College Annals as well as official records of plague burials.¹⁹⁶ It is difficult to compare the severities of these smaller outbreaks, but the College certainly feared plague and its spread. One particular case against a surgeon shows this quite plainly. In 1609 during one of these outbreaks, the College called upon a surgeon only referenced as “William” to appear before the censors, but the College gave William leniency because he claimed that plague had been present in his household.¹⁹⁷ He was not called upon

¹⁹⁴ Kenneth O. Morgan, *The Oxford History of Britain* (Oxford: Oxford University Press USA – OSO), 328.

¹⁹⁵ Case of Harman, 5 February 1590/1, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 88a and Case of Place, 13 May 1608 Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 200v.

¹⁹⁶ Pelling, *Medical Conflicts*, 46.

¹⁹⁷ Case of William, 11 August 1609, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol. 3v.

further, nor was he asked to confirm this claim. This is the last mention of an irregular practitioner's treating plague in the College Annals until a much larger outbreak in 1625.

The practices of Simon Forman and other irregulars shaped the patterns of the censorial business of the College. One fascinating part about the College physicians' fleeing in times of plague is that, upon their return, irregular practitioners appear in the Annals more frequently than before the outbreak. In essence, the College seized its right to punish illicit practitioners following plague epidemics because they gained success and economic benefit in the absence of the College physicians. In November of 1592, after a particularly widespread plague epidemic in London, the College censors discussed the irregular practitioners and unscrupulous quacks and resolved to summon them all to the next hearing; Forman was listed among them.¹⁹⁸ In the following year, the College began a campaign against the surgeons of London for treating plague and syphilis in their stead. This is a very poignant time for the College to do so, as it is immediately following the biggest plague outbreak in years. It seems as though the "anxious institution" sought to reclaim their status after the irregulars and surgeons gained popularity and esteem during the outbreak.

As we have seen, barber-surgeons usually paid no mind to the distinctions of internal and external medicine that the College defined. In 1596, after several surgeons were imprisoned for medical practice, the College "wrote to the surgeons of London stating that they should refrain completely from the practice of medicine."¹⁹⁹ In her deposition to the College censors, a "Mrs.

¹⁹⁸ 6 November 1592, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II.

¹⁹⁹ A Copy of the Letter to the Society of Surgeons of London, 7 November 1596, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 115b.

Bryers” mentioned that she practiced on the authority of “other surgeons.”²⁰⁰ By prescribing purgatives like senna, Bryers treated syphilis through internal medicine. Occasionally, the College only gave a strong warning to surgeons for practicing internal medicine. But, also, part of the essential curriculum for any surgeon’s training included attending lectures four times per year that were given by members of the Royal College of Physicians in collaboration with the Barber-Surgeons’ Company. By controlling the content of these physic lectures, the College attempted to reinforce the boundaries drawn between internal and external medicine, as well as the express privileges of the College physicians. In these lectures, the speaking physician warned surgeons-in-training not to venture into the realm of physic; it could only be performed by university-trained physicians. However, this attempt to control surgeons’ practice was made in vain. While the College attempted to restrict the surgeons’ use of internal remedies, they could not prevent them from doing so entirely.²⁰¹ The Barber-Surgeons’ Company itself did not punish its surgeons for treating disease with internal medicines. It was, in fact, expected that surgeons might do so.²⁰² The Barber-Surgeons’ Company had a regulating force of its own to punish bad-behaving surgeons and apprentices; however, this did not include surgeons’ usurping the territory of collegiate physicians in any capacity.

As I have discussed, the College’s motivations for seeking out irregular practitioners largely was based upon an insistence to maintain their intellectual superiority as well as control

²⁰⁰ Case of Mrs. Bryers, 8 September 1615, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol. 21v.

²⁰¹ Chamberland, “From Apprentice to Master,” 33.

²⁰² Case of Ralph Barret, 18 March 1603/4, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol. 171v. The Barber-Surgeons Company promotes the use of internal medicine among its surgeons.

over the marketplace. In particular, the College physicians believed themselves to have complete superiority, intellectually and otherwise, over female irregular practitioners. Women became a source of anxiety for the College as they saw women to be unfit for medical practice, aside from licensed midwifery. They had little control over the medical practice of women, other than when cases of malpractice or disputes came to them directly from former patients or disgruntled family members of patients. Otherwise, the College had no method of seeking out female practitioners efficiently. Moreover, their censorial actions and beliefs did not apply to ecclesiastically licensed midwives, as no documented licensed midwife appears in the Annals for the period of 1590 to 1630. The College's treatment of female practitioners varied in terms of severity, as well as the types of medicine the women practiced, which more often than not included venereal disease remedies.

The Stakes of Conflict: The Royal College of Physicians vs. Irregular Practitioners and Surgeons

In the 1590s, the College fully stepped into the role its members perceived for it as monitor of the medical marketplace. The College's own particular way of self-fashioning and establishing physicians' status and appearance within the marketplace included imposing their intellectual superiority over irregular practitioners. As discussed in Chapter 1, the College physicians had much theoretical training in medicine, but little practical training. The College's sense of security in their outward image to the medical marketplace remained threatened by their intellectual "inferiors." The real purpose for the College's persecution of irregulars was to establish themselves as a justified institution with real power and authority. Within the cases described in this thesis, nowhere do the College censors suggest how they will handle the growing rate of disease within the City of London. Their actions suggest that rather than trying to control the medical marketplace, the College physicians wanted to establish themselves, much

like the self-fashioning practitioners and surgeons. Their response to the rise in venereal disease and plague outbreaks between the 1590s and 1610s highlights this issue.

Animosity between the College and other medical professionals grew steadily in times of high disease rates due to the competition and opposition the College faced. Historian Margaret Pelling rightfully describes the College as an “anxious institution,” bent on punishing those challenging their place as London’s medical elite.²⁰³ At the same time, the virulent nature of syphilis during this period forced irregular practitioners and barber-surgeons to experiment with cures and learn more about the disease itself. While the College focused itself solely on Galenic-based medicine, surgeons experimented and adopted elements of Paracelsian treatments, and practitioners like Forman turned to astrological medicine.²⁰⁴ In the face of a horrific disease like syphilis, following traditional medical theory was less important than finding an effective method to help the suffering victims of venereal disease. It also did not help the College’s position within the marketplace when its physicians fled the City of London with their frightened patrons during plague outbreaks.

The College began to encounter women treating venereal disease during this period of high virulence for plague and syphilis. In 1615, Jane Waterworth treated another woman, Elizabeth Sowman, for what she had diagnosed as venereal syphilis. The problem in this dispute came from the lack of payment Waterworth received upon administering the purgatives senna and wild saffron. However, instead of insuring that Waterworth received her payment, the College gave Waterworth a stern warning not to continue practicing medicine because they saw

²⁰³ Pelling, *Medical Conflicts*, 25.

²⁰⁴ Pelling, “Appearance and Reality,” 101.

her as a “poor little woman,” who had no business treating patients.²⁰⁵ In a separate case against the female practitioner called Mrs. Bryers, she came before the College censors in 1609 and was fined £5 and sent to prison. Upon her second offense in 1615, the College censors demanded Bryers pay fines of ten shillings to the College, five shillings to the Marshall’s servant, and five shillings to the Beadle. Mrs. Bryers also treated venereal disease in the same year as Waterworth and they were tried on the same day. She claimed that she used the ointments and plasters “on her own authority, and that of other surgeons.”²⁰⁶ The College looked upon Mrs. Bryers with contempt as they described her as “an aged quack, with a long face.”²⁰⁷ The connection between women and venereal disease discussed in the previous chapter places this reaction from the College in conversation with the surgeons writing medical treatises, and serves as an adequate example of attitudes towards female practitioners. The disrespect and dismissive attitude shown towards Mrs. Bryers is uncharacteristic of encounters of the censors with male practitioners. Even though the College treated most irregulars with a measure of condescension, they did give respect, and even leniency, to some male surgeons who came under their scrutiny.

In the earlier years of the College’s censorial business, the cases of Leonard Poe and Simon Forman illustrate the incessant pressure upon irregular practitioners to stop practicing illicit medicine. An unusual aspect of Poe’s case is that Poe himself approached the College for a license, permission, to treat venereal disease and rheumatisms. Although his intentions were

²⁰⁵ Case of Jane Waterworth, 8 September 1615, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol, 21v.

²⁰⁶ Case of Mrs. Bryers, 8 September 1615, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol, 21v.

²⁰⁷ Case of Mrs. Bryers, 8 September 1615, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume III, fol, 21v.

honorable, Poe might have regretted this decision; the College pursued him for more than 10 years following this initial encounter. Similarly, the College censors did not stop attempting to restrain Forman from practicing astrological medicine until 1607; his first encounter with them occurred between 1594 and 1595. It is certain that both of these practitioners treated and were surrounded by others who treated syphilis. Poe's own patron, Robert Devereux, had a particular interest in syphilis, its causes, and treatments.²⁰⁸ Unfortunately, Poe did not leave behind any casebooks or treatises describing his experience treating patients, leaving his specific encounters with syphilis somewhat of a mystery.

It is possible that Leonard Poe served a parish with a high incidence of venereal disease for a multitude of reasons. The first of these reasons is that venereal disease within the City of London already reached endemic status by the 1590s. Around the time of his death in 1631, Poe belonged to the St. Katherine Cree parish in the ward of Aldgate.²⁰⁹ In the middle of London, Aldgate would not have been a typical candidate for a high presence of venereal disease. A community's proximity to a port or docks often proved to be an important factor in the diseases present. However, through her topographical study of medical practitioners in London, Margaret Pelling found that St. Katherine's by the Tower, in Aldgate, had several established brothels even after the closing of the stews by Henry VIII in 1546. Often, parishes with a higher number of brothels or stews had a higher presence of barber-surgeons and irregular practitioners. Pelling further articulates that this is no coincidence; the rise of venereal disease in the sixteenth century drew practitioners to these high-incidence areas.²¹⁰ Typically, parishes near docks held more

²⁰⁸ See Chapter 2, section 2: *Early English Syphilis and the Printed Word*.

²⁰⁹ Margaret Pelling and Frances White. "POE, Leonard," in *Physicians and Irregular Medical Practitioners in London 1550-1640 Database*, (London: Centre for Metropolitan History, 2004), *British History Online*.

²¹⁰ Pelling, "Appearance and Reality," 87.

brothels and alehouses than inland parishes due to the transient nature of its inhabitants and frequent visitors. However, London did not follow this trend like other English cities because of the high rates of population growth and immigration.²¹¹ The socio-cultural milieu of London and the virgin soil effect provided venereal bacteria new and vulnerable hosts who had no previous exposure to protect them.²¹²

A month prior to Leonard Poe's initial appearance in the College's records, another irregular practitioner, only described as "Harman," was called before the College censors for treating "the French disease." He too was forbidden from practicing medicine henceforth.²¹³ From the mid-1590s on, the occurrence of venereal disease only increases in the College records until the 1610s. However, it is unclear what members of the College intended to do about the rise of venereal syphilis at the end of the sixteenth century. If laypeople such as Harmon and Poe could not attempt to cure or even treat the highly deadly and contagious disease, who could? More importantly, who could, and who would treat the less fortunate of society who could not afford a collegiately trained physician? Leonard Poe's experience with the college and rise to become a physician to the King of England was hardly a typical case. Many of the irregular practitioners disappeared from extant records as quickly as they appeared, leaving much to question about their subsequent medical practice. This is particularly true for the female practitioners as their own voice cannot be heard. It can be assumed that most continued to practice medicine despite being reprimanded by the College. The high rate of practitioners with

²¹¹ Qualtiere and Slights, "Contagion and Blame in Early Modern England," 5.

²¹² The virgin soil effect refers to the impact of a particular disease in a previously unexposed population.

²¹³ Case of Harman, 5 February 1590/1, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II fol. 88a.

multiple entries in the Annals suggests that the fines and threat of imprisonment did not deter them.²¹⁴

One surprise in the College Annals is that no apothecaries appear as defendants in cases involving venereal disease, despite the fact that they frequently appeared as defendants in the Annals for treating any number of other afflictions. Moreover, they were often reprimanded for prescribing, producing, and selling the purgative treatments that would have been used to treat the symptoms of syphilis.²¹⁵ Perhaps patients did not seek out an apothecary if suffering from venereal disease because of its severity, rather preferring the expertise of a surgeon.

The rise of syphilis prompted ambitious practitioners to attempt to treat the disease, qualified or not. As Justice Coke concluded in the case of Dr. Thomas Bonham, the College did have the right to seek out and punish practitioners accused of malpractice. However, the College did not treat all cases of malpractice equally. The high number of patients who died under Leonard Poe's care could be indicative of his lack of a formal apprenticeship training in medicine, improper advice from medical manuals and treatises, or the unfortunate patient had a disease that had already progressed too far. It is clear from the medical treatises from this period that some treatments could do more harm than good. Mercury treatments for syphilis and toxic ingredients used in some poultices can explain the poor health of patients in the sixteenth century. However, failure to cure a patient because of the advanced stage of an illness could also prompt a malpractice suit, even if the patient's death had little to do with the individual

²¹⁴ Cases of Forman and Buck, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II-III.

²¹⁵ Some examples of practitioners using purgative treatments appear in the cases of apothecary Gilbert Johnson, female practitioners Alice Minsterley and Margery Shard in Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume I-III.

practitioner or the medical treatments administered. Despite these variables, medical malpractice did occur frequently. In these cases of severe medical malpractice, the College censors had every right to question the competency of any practitioner, licensed or not.

Despite the threat of being accused of charlatanism or quackery, practitioners of medicine who did not have a license still sought to help those suffering from venereal disease. In 1608, Richard Napier received a patient called Anne Emerson who feared she had contracted “the French disease.” She appears again in Napier’s casebook in 1613, inquiring about the status of her disease and whether she had been cured of syphilis. Her only recorded symptoms of the disease were mouth sores, suggesting that her condition had not advanced into the more severe phase of the disease.²¹⁶ Napier recorded nine consultations in total with Emerson between 1606 and 1613. On a similar occasion, Simon Forman consulted with a young woman, Mary Johnson, whom he predicted “has the French disease & is in danger of Death 7 weekes henc.”²¹⁷ This is the only entry regarding Mary Johnson, which suggests that she sought treatment elsewhere or perhaps perished, given the severity of her condition that Forman implies. The advanced stages of syphilis left the patient with a greatly weakened immune system. Often, syphilitics died from diseases such as pneumonia because their bodies could not fight both diseases. If Forman felt that Mary Johnson’s condition was so advanced that she was in danger of death, she likely was susceptible to any number of common illnesses.

²¹⁶ Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji (eds.), ‘CASE34565’, *The casebooks of Simon Forman and Richard Napier, 1596–1634: a digital edition*, <https://casebooks.lib.cam.ac.uk/cases/CASE34565>.

²¹⁷ Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji (eds.), ‘CASE18807’, *The casebooks of Simon Forman and Richard Napier, 1596–1634: a digital edition*, <https://casebooks.lib.cam.ac.uk/cases/CASE18807>.

The College also proved to be very inconsistent with how they treated surgeons practicing internal medicine. In 1603, a surgeon only named as “Piat” appeared in front of the College censors for practicing only for “pox and scurvy.” The College discovered that Piat was virtually a pauper and determined him to be a “moderate and honest man as far as his other activities were concerned.”²¹⁸ In this case, the College censors decided to pardon him and leave him with only a warning not to practice medicine again. This case makes it unclear as to the type of surgeon that the College concerned itself with. As I have shown in Chapter 2, the College physicians had no intention to help treat patients in poverty. Perhaps they felt pity for Piat and those he treated. Or perhaps they felt that Piat’s practice did not threaten theirs; in other words, his poverty would prevent him from the same self-fashioning that other irregular practitioners engaged in.

Given the beliefs and knowledge of syphilis by members of the Barber-Surgeons’ Company, it is not difficult to understand why the semantics of internal and external medicine mattered little to actually practicing medicine and treating patients. As a surgeon at St. Bartholomew’s, William Clowes treated the worst cases and saw the most despicable conditions in the “foul wards.” During his tenure at St. Bartholomew’s, Clowes developed a sense of urgency and an apocalyptic attitude towards the growing problem of venereal disease. His fears and anxieties of the disease were not unfounded when considering the “loathsome sights and smells inevitably associated with his practice.”²¹⁹ It is certain that he saw the horrors of the disease and the pitiable conditions the patients lived in. Surgeons and irregular practitioners

²¹⁸ Case of Piat, April 18 1603, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol. 172r.

²¹⁹ Pelling, “Appearance and Reality,” 100.

treating venereal disease were bound to have a different and more realistic view of what was necessary to treat the common people of London.

Despite the harsh reality of plague outbreaks and endemic syphilis rising in the late Elizabethan period, the Royal College of Physicians felt that they had cause in pursuing practitioners and surgeons for practicing internal medicine. They had a right to do so in the case of surgeons guilty of malpractice. Indeed, there were some surgeons who misdiagnosed and mistreated patients. In February of 1601, the College received a complaint from a patient called Samuel Peke against surgeon Thomas Watson. Watson had confidently diagnosed Peke with the “French pox” and prescribed a treatment of purgatives. Peke brought this up as a case of malpractice to the College censors because the real cause of his troubles was a fish bone stuck in his throat.²²⁰ While this case stands out as bizarre, the College must have seen this case as proof that surgeons and illicit practitioners had no business treating venereal disease or internal medicine. Following the accusation against him, Watson received a fine of 40 shillings and a prison sentence for “bad practice and Accused of practicing with no license.”²²¹ The College categorized the event leading to his arrest as illicit practice; it used the categorization “practicing with no license” rather than “malpractice,” which the College also used as a classification for cases. One would assume that the true crime committed would have been malpractice and the College should have been more concerned about the possible harm that Watson could inflict on other patients. Watson’s encounter with the College occurred years before the trial of Dr.

²²⁰ Case of Thomas Watson, February 8 1600/1, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol. 143r.

²²¹ Ibid.

Thomas Bonham, which concluded that the College only had the right to prosecute practitioners for malpractice.

Physicians' Self-Fashioning and Its Limitations

Yet the College's earlier preference for charging with illicit practice those whom they could have accused of malpractice takes us to the heart of the matter. The typical censorial process with the irregular practitioner suggests that the College intended these confrontations to end in their favor, even if the irregular proved to be competent in their actual practice. The experience of an irregular practitioner encountering the College censors could be an intimidating, even humiliating one. If the practitioner decided to heed the College's call to attend a hearing, they were subjected to a number of humbling experiences. First, when being addressed by the Fellows, if the practitioner did not understand Latin, they would not understand the charges laid against them. To condescend to the practitioner, the Fellows might have conceded to speak in the vernacular English.²²² Most of the overly condescending or negative language used to describe the irregular, such as in the case of the "aged quack" Mrs. Bryers, did not occur in their presence. These are notes added in the Annals after a decision had been made. Even for literate, medical doctors, the examinations provided by the College proved difficult and convoluted. Pelling explains that the examinations proved difficult because the correct answers were not universal truths, but were "framed as to style and content in a manner peculiar to the College."²²³ In this way, the process of examination and intimidation used by the College solidified the College's sense of intellectual superiority over the irregulars. However, this did not prove so effective in

²²² Pelling, *Medical Conflicts*, 282.

²²³ Pelling, *Medical Conflicts*, 283.

cases where the irregular had a powerful patron, or they had formal training in collegiate medicine such as Thomas Bonham and the practitioner called Penny, who was described in the first chapter.

Strangely, the College seemed to give out more lenient punishments and warnings to women practicing medicine compared to men. Female practitioners received fines rather than prison sentences more often than males.²²⁴ It is difficult to make sweeping conclusions about these findings because the College found far less women to prosecute than men. This leniency is strange because of the number of women who “exploited the relatively recent economic niche” of treating venereal disease by using highly powerful medicines such as mercury, antimony, and sarsaparilla.²²⁵ As most patients with venereal disease did not want to openly out themselves as having such a condition, it is also less likely that they would complain to the College about a female or male practitioner for malpractice. I would assume this to be particularly true for female patients.

The Royal College’s right to imprison irregular practitioners was frequently challenged, such as in the case of Dr. Thomas Bonham. Most commonly, the College imprisoned its offenders in the conveniently placed Wood Street Compter or Counter, a debtor’s prison, or the infamous Newgate Prison. Both male and female offenders could be housed at Newgate, but the conditions at Wood Street were far more favorable.²²⁶ It is unclear how long the medical offenders served in these prisons on average, and it is only occasionally stated where these

²²⁴ Pelling, *Medical Conflicts*, 303.

²²⁵ Pelling, *Medical Conflicts*, 213.

²²⁶ Pelling, *Medical Conflicts*, 311.

prisoners were held. The College did not set fixed terms of imprisonment, as was the common contemporary practice.²²⁷ The prison records for this period do not survive from either prison, so the Annals are the only source of information for the imprisonment of illicit practitioners convicted by the College. The College often sentenced qualified surgeons for practicing internal medicine without a license.

The College did not shy away from exercising its appointed rights to punish practitioners to the fullest degree; however, these punishments usually did not increase in severity upon repeated transgressions. This consistency allowed practitioners to know the type of punishment they would receive for re-offense, a fact which did not help the College's censorial purpose. For example, irregular practitioner Paul Buck had several encounters with the College censors, the first ending in a fine of 5 pounds and a prison sentence. Six encounters later, with multiple accusations of malpractice and illicit practice, the College fined Buck 10 pounds and held him in prison until he could pay the fine.²²⁸

The fines that irregular practitioners received from the College did not deter them from continuing their practice because in comparison to what these irregular practitioners charged for a medical service, the fines were not so steep. One of the most frequent treatments given by practitioners for any number of illnesses were purgatives. In 1594, a practitioner called Forrester charged a man called Mr. Burton £3 and 10 shillings for three consecutive purgative treatments. For this offense, and for unsuccessfully treating a broken tibia, Forrester was fined £10. It is not stated exactly how much the patient paid Forrester to treat his broken tibia, but he stated that it

²²⁷ Pelling, *Medical Conflicts*, 295.

²²⁸ Case of Paul Buck, 1589-1607, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume II, fol. 73v.

“was a large sum of money.”²²⁹ The College fined Forrester around three times the cost of the purgative treatments he gave to his patient, and sent him to prison for an unstated amount of time. These purgative treatments were most likely treatments that Forrester administered on a regular basis, as many medical treatises suggested purgatives as a cure for a number of illnesses. In this example, the fines for illicit practice do not seem extreme enough to deter all practitioners from their illicit actions. However, some practitioners were given a prison sentence on top of the small fine. A common fine given to an illicit practitioner was £4-10; a particularly steep fine could reach up to £20. For further comparison, a typical apothecary might spend anywhere between £200-400 to purchase and furnish a shop within the City of London.²³⁰ As common defendants in the College’s penal system, apothecaries could perhaps afford a small fine to continue a lucrative practice.

As previously stated, apothecaries carried out their business in the wealthiest areas of London. And as I have found, no apothecaries were brought before the College censors for treating venereal disease. It is likely that the wealthier, market-based areas of London had lower instances of venereal disease than the ward Poe resided in. The specific location of irregular practitioners and surgeons have been shown to be important factors for how often they may have encountered syphilis.²³¹ At the time of his first confrontation with the College censors, Simon Forman resided in the ward of Billingsgate, on the west side of the Tower of London.²³² This

²²⁹ Forrester Case, 18 July 1594, Royal College of Physicians Archive, London, Royal College of Physicians Annals, Volume I, fol. 107.

²³⁰ Wallis, “Consumption, Retailing, and Medicine in Early-Modern London,” 32.

²³¹ Pelling, “Appearance and Reality,” 87.

²³² Margaret Pelling and Frances White. "FORMAN, Simon," in *Physicians and Irregular Medical Practitioners in London 1550-1640 Database*, (London: Centre for Metropolitan History, 2004), *British History Online*, <http://www.british-history.ac.uk/no-series/london-physicians/1550-1640/forman-simon>.

would not have been far from the practice of Leonard Poe before his position as a royal physician. Given these findings, it is likely that while syphilis was endemic throughout London, it was more prevalent in the same areas that irregular practitioners and surgeons chose to establish themselves.

Perhaps the Royal College of Physicians did not have a great understanding of the medical marketplace in terms of what patients were willing to pay for particular treatments, or of the variable wealth of irregular practitioners. Unlike College members, who would have been born into a fairly wealthy status, irregular practitioners and even members of the Barber-Surgeons Company varied greatly in terms of social and economic status. This being said, a small number of irregular practitioners likely were deterred by the fines placed upon them, and stopped practicing. This could also be suggested by the number of practitioners who only appear in the Annals once. It is also difficult to understand the College physicians' thoughts and understanding of venereal disease during this period, as none of the medical treatises about it are written by College physicians. Nor have they left a substantial paper trail behind on such subjects, apart from what record we have in the College Annals.

The exception to the rule of the rise in censorial cases following the 1590s is the steady decline of them after Dr. Thomas Bonham's case and the decision rendered by Chief Justice Coke in 1610. There are a few reasons why this might be. As historian Margaret Pelling originally realized, the College imposed the highest amount of prison sentences and guilty verdicts for irregulars in the decade of 1600-1610. She argues that the decline in guilty verdicts in the following decade can partially be attributed to the backlash following the Bonham case.²³³

²³³ Pelling, *Medical Conflicts*, 302.

However, Dr. Bonham's case did not completely halt the College's censorial behavior. Another possible reason could be that many of those who first contracted syphilis during the 1590s entered the latent phase of the disease described in Chapter 2. Finally, this decline in censorial cases could also be attributed to the lack of a major plague outbreak after 1609 until 1625.

The major spike in the Royal College of Physician's censorial business beginning in the 1590s until around 1615 can be attributed to the endemization of syphilis and seasonal plague outbreaks occurring at a time when many new migrants came to London. The high numbers of irregular practitioners treating venereal disease during plague epidemics and asserting, thereby, claims to credible practice shows the importance of the diseases themselves in the conflicts within the medical marketplace. The two diseases prompted practitioners to treat more patients, write medical treatises, and defy the Royal College of Physicians.

Conclusion

Whether they diagnosed it as such or not, a large number of practitioners treated syphilis on a regular basis in the last decade of Elizabeth's reign and the first decade of James I's reign. For when physicians left town, and plague and venereal disease stayed, new opportunities to court clientele and to self-fashion emerged for all sorts of medical men and women. In addition, when physicians returned from plague departures, they had self-fashioning of their own to do: their College was still an institution on the make, still establishing its role, and they had the credibility of theoretical medicine to defend in the face of "empirics" at work. In this way, the prevalence of epidemic plague and endemic syphilis helped determine the level of censorial business conducted by the College between 1590-1615. This case study exemplifies how diseases themselves were active agents in the medical marketplace and affected medical practice at every level.

Chapters 1 and 2 of this thesis have set the scene for understanding why the confrontations between irregular practitioners and the College censors occurred when syphilis was reaching its endemic peak in England at the end of the sixteenth century. Chapter 1 outlines the possible paths to the practice of medicine on the surface level. Based upon the cumulative knowledge of how medical practitioners came to be such, it is clear that the Collegiate physicians had the least amount of practical training of patients. Chapter 2 illustrates the common and professional perceptions of syphilis and its treatment. A conclusion that I have made based upon these perceptions is that the lay persons' and the professionals' perception of syphilis differed little. Chapter 3 argues that the records of the Royal College of Physicians from 1590 through 1615 reveal the traces of new entrants' having entered the medical marketplace and of patients' scramble to find cures that worked. What the combination of these chapters shows is that plague

and syphilis as actors played a significant role in the development of medical knowledge, but not in the way that is normally understood.

The epistemology of medicine during the early modern period is illustrated in this struggle for recognition and authority within the medical marketplace. I have argued that the purpose of publishing medical treatises and the writing of casebooks was less about spreading medical knowledge to the public than about the individual practitioner's or surgeon's establishing themselves within the medical marketplace as credible. In other words, they used these treatises as a form of self-fashioning without self-consciously intending them to further the discourse on medical knowledge during this time.²³⁴ The epistemological development of medical knowledge occurring in the early modern period played out the way it did because of these self-fashioning practitioners.

Syphilis, as an endemic disease, affected English people of all socio-economic backgrounds. The harmful stigma and visible symptoms that it carried created a unique discourse within the marketplace about its origin and cause. A disease bacterium does not have the ability to discriminate or selectively infect a particular group of people. However, English surgeons such as William Clowes and practitioners like Simon Forman bolstered negative perceptions of female sexuality and the poor. They believed that though a disease could not be selective, God certainly could be, and he could punish those sinners accordingly with a disease such as syphilis. The medical treatises written in the latter half of the sixteenth century portray the sufferers of syphilis as sinners who deserved their fate. Clowes went so far as to assert that they did not

²³⁴ Steven Shapin, *The Scientific Revolution* (Chicago: University of Chicago Press, 1996), 12.

deserve to be cured.²³⁵ The only instance of what perhaps can be supposed as sympathy for a patient appears in the words of the medical practitioner Joseph Binns as he described the horrific effects of mercury treatment on a young woman done by an unskilled quack.

The Royal College of Physicians' Annals reveal that, at a time when venereal disease became endemic to densely populated cities like London, practitioners and surgeons attempted to treat the disease without the express permission to practice internal medicine. The pressures placed on medical practitioners to treat the disease became heightened at the end of the sixteenth century. The distinction between internal and external medicine was one that only the College clearly defined and enforced. The medical marketplace provided career opportunities for people of every social class, and offered women the opportunity to gain status and respect through medical expertise. Medical professionals had some defined paths to the practice of medicine such as the apprenticeship system for the Barber-Surgeons' Company and Society of Apothecaries, but most practitioners did not belong to a guild.

The last decade of the sixteenth century marked the beginning of the biggest effort by the Royal College of Physicians to establish themselves as a governing body for the irregular practitioners in London. The records they left behind revealed much more than simple disputes between irregular practitioners and elite medicine. The College Annals tell not a story of power achieved, but one of an insecure institution that proved unable to control their image and status within the medical marketplace. The ebbs and flows of seasonal plague epidemics within the City of London exposed this insecurity by necessitating increased efforts to stifle the medical practice of irregulars, male and female. An event that further embodied this anxiety was the case

²³⁵ William Clowes, *A short and profitable treatise touching the cure of the disease called (Morbus Gallicus)*, (London, 1579).

of Dr. Thomas Bonham, which set the boundaries for the College as to which practitioners they could and could not discipline. The College censors' only real power over irregulars had always been monitoring and punishing malpractice, not irregular or "illicit" practice, despite the College's pretensions to root out unlicensed internal medicine. According to Chief Justice Edward Coke, the practice of doctors with university degrees such as Bonham was equally valid, even without a licensure from the College. The case of Dr. Thomas Bonham was one of several occurrences that signaled a shift in the College's ability to censure irregular practitioners. As Justice Coke determined that the language of the charter that created the College gave it no such right to imprison practitioners for being unlicensed, the anxious institution became more insecure of their place within the medical marketplace.²³⁶

²³⁶ Edward Coke, *The Selected Writings and Speeches of Sir Edward Coke*, ed. Steve Sheppard (Indianapolis, IN: Liberty Fund, 2003), 264.

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