

## Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners 1550-1640

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Margaret Pelling, author of *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998) and currently Reader in the Social History of Medicine at the University of Oxford, has produced a new volume in the Oxford Studies in Social History series, *Medical Conflicts in Early Modern London*. She continues to focus on those marginalized by the forces of history and by historians, in this case the 714 irregular practitioners referred to in the *Annals* of the Royal College of Physicians for the ninety years between 1550 and 1640. In her comprehensive examination of the *Annals* she finds a wealth of information about a city in flux, its neighbourhoods, and its denizens. She also relentlessly disparages the College for its collective suppression of medical rivals, a would-be domination of healing based not on a responsibility to safeguard the public good, but on economic, social, and sexual insecurities.

In its official capacity as the guardian of London's health and regulator of the medical profession, the College, through the offices of President and Censor, prosecuted unlicensed practitioners whose activities were brought to its attention by outside complainants, including those at court, or by the Fellows themselves. While in the majority of cases no chief plaintiff can be identified, College members, patients, and other medical providers lead the list of identifiable petitioners. Londoners viewed the College as a 'potential resource in the management of their own affairs' (p. 84), 'one recourse among many' (p. 113), but the Fellows themselves never 'claimed success in tracking down all irregulars within seven miles of the capital' (p. 97). Despite concerns for its own legitimacy as an enforcement agency and for the professional status of its members, the College was overwhelmed by the circumstances 'which made London a magnet for those providing and seeking medical care' (p. 99). Pelling concludes that the College clearly failed to

establish recognized hegemony over health-related issues among Londoners. Nonetheless, the College persisted in seeking out those who seemed to threaten its interests, particularly in those parishes where irregulars concentrated. Pelling points out, however, that a significant number of those pursued by the Fellows eventually gained entry to the College, 'poachers-turned-gamekeepers'. (p. 140)

The College's criteria for admission and licensing remained problematic and protectionist, 'lagging behind a renewed tendency to study abroad' (p. 142), and flexible only when powerful individuals intervened on a practitioner's behalf. When the very English universities the Fellows considered essential for membership in the College incorporated holders with foreign degrees, trouble ensued, although Pelling insists that there is 'little evidence of laxity on the part of the universities'. (p. 143n) Indeed, Pelling describes a Fellowship nearly identical to highly qualified irregulars and not discernibly superior to those with other kinds of occupational education. Barber-surgeons and apothecaries constitute the largest group, nearly 30 per cent, of those charged with the unlicensed practice of medicine, but 'doctor' appears as a significant category in the *Annals*.

Women and strangers were also among those accused of violating the law. Though women were underrepresented in the *Annals* and have been used by 'College apologists' as examples of ridiculous empirics (p. 189), Pelling goes to great lengths to examine female contributions to medicine in the capital, particularly during plague periods when distaff healers intruded onto the 'homosocial' Fellows' turf. (p. 191) In Chapter 6, devoted entirely to women practitioners, she discusses the small number of cases involving females in the College sample, but concludes that women were more likely to be the 'general practitioners of [their] day' (p. 206) than their male counterparts. They were resourceful, too. While women often informed on one another to the College, she finds that they more easily deflected the Fellows' summons. Additionally, Pelling assertively corrects the impression, 'dating back to the pioneering work of Alice Clark' (p. 203), that women who were paid to provide care outside the home lacked respectability. However, contemporary stereotypes about gender filled the College record and perpetuated erroneous negative attitudes about distaff healers.

Pelling lambasts the Fellows for pursuing strangers 'disproportionately to their presence in the population, [yet] another way in which the College showed itself detached from London's citizens'. (p. 336) The arrival of a Scottish contingent with James I necessitated some reconsideration of the College's requirement that its Fellows be English, but despite the 1606 substitution of Britishness as essential to membership, Scots continued to be thought of as aliens by the Fellows. Although she briefly acknowledges that attitudes toward foreigners 'fluctuated according to general economic as well as political conditions' (p. 165), the word xenophobia does not appear in Pelling's index.

Chapter 7 investigates the contractual nature of early modern medicine and, in spite of the *Annals'* general depiction of submissive sufferers, Pelling finds active patients more characteristic of the patient-practitioner relationship outside of the College. Even within the *Annals* she uncovered named patients who initiated complaints against their doctors, confirmation that the role of contractual medicine appears 'central rather than peripheral'. (p. 247) As a quasi-court, the College dealt not only with cases against unlicensed medicos but also with conflicts brought to it by hostile patients and practitioners. Pelling includes a chart illustrating the cost of medical contracts for most of her period, but argues that nothing in the College's records precluded poorer patients and practitioners from making health contracts. Despite the apparent ubiquity of contractual medicine, English physicians 'participated [in it] ... [but] ultimately came to oppose it'. (p. 268) The College's Fellows in particular found contractual medicine suggestive of the sort of commerce engaged in by tradesmen and therefore, according to Pelling, incompatible with what was expected of the professional elite.

Pelling also devotes considerable space to the influence of patronage on iatric matters. Chapter 8 recreates many of the confrontational scenes when the College attempted to emphasize its authority over irregulars, judging both their character and iatric conduct worthy of formal condemnation. However, although the Fellows imitated 'the modes of authority closest to the crown' (p. 276), nearly half of the actions they took were 'inconclusive'. (p. 299) How did the irregulars fight back when they were charged? Sometimes they

denied practising medicine and sometimes they brought in important patrons to intervene with the Fellows on their behest. Paradoxically, the College's authority depended upon those titans 'most likely, in practice to undermine it' (p. 315), so the Fellows were careful to compliment the men of high rank who interceded for an irregular, all the while reiterating the requirements of the law they were charged with enforcing.

Though she primarily concentrates on those practitioners outside of the establishment, Pelling disparages the College or CPL (not 'Royal' for her period, she insists), and condemns its 'self-conscious humanist intellectual' Fellows. (p. 11) Chapters 1 and 2 are exclusively devoted to the anxious institution and its repressive activity under 53 different Censors. Pelling labels the Fellows inept in their 'perversely' intermittent exercise of authority (p. 42), parochial in outlook, and morally bankrupt for refusing to deal with plague and sexually transmitted diseases. She also finds them 'parasitic' (p. 55), routinely eschewing public offices, avoiding any meaningful philanthropy, and, despite their own 'middling' status, assiduous in their 'disparagement of the lower middling sort and its institutions'. (pp. 148, 336) In Chapter 8 she compares the College to Star Chamber, quite an incendiary indictment, given how publicly reviled that court became in its later years, a popular byword for unfair judicial proceedings. By frightening opponents into submission, then gaining 'credit for clemency once submission was obtained, the College, as with Star Chamber' exaggerated the pattern of authoritarian behaviour. (pp. 306, 311) Although she tempers her denunciation somewhat by claiming that this comparison also has to do with the failures that these courts shared (p. 299n), the implications of her judgment linger. The College must have been a fearsome institution indeed to warrant coupling to the dreaded Star Chamber, abolished for its excesses in 1641, unlike the College, which bumbled on through the centuries.

I wanted to enjoy this book, I really did. I wanted to revel in it, in part because Margaret Pelling is the doyenne of the social history of English medicine and in part because the completed tome was so long in coming, anticipated eagerly by specialists in the field. Pelling has devoted the better part of twenty years sifting through primary and secondary sources germane to various aspects of early modern medicine, struggling with the vicissitudes of diminishing funding and accelerating technologies, both of which threatened to derail her project. Attempting to fill the void in the evolution of medicine in the capital before 1640, Pelling has combed the *College Annals* so thoroughly that one cannot imagine there being any specific details left to consider. If the reporting of primary research can be said to be painstakingly meticulous, this is it. Furthermore, she has compiled a biographical index of medical practitioners in London and East Anglia for the period 1500-1640, not yet computerized, and a database of seventeen tables, attributed to Frances White, to be made available on the Internet. These contributions alone merit praise and thanks from future researchers.

And yet, reading *Medical Conflicts in Early Modern London* gave me little joy, certainly not in the way that one might expect to be thrilled by a most comprehensive examination in one's own area of interest. It is not a book one could assign to a class because it lacks prudent balance and narrative style. In attempting to redress what she regards as the worshipful attitude of earlier authors writing about the College, Pelling goes too far in the other direction and produces a Manichean polemic that represents as good only those who practised medicine outside of that counterfeit institution. She upbraids Harold Cook for titling his 1986 work on the College *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press), since that implies the institution and its Fellows had reached respected heights before 1630 from which to fall. Moreover, except for a pithy and focused concluding chapter, Pelling's writing is dry, long-winded, and unengaging when it should be lively and magnetic, particularly since she has such an axe to grind with collegiate physicians. The tone is grimly sour, not just when barbs are directed at the College, but throughout the text and in its bibliographic asides. She also cavils at Cook for coining the term medical marketplace, a concept that has galvanized much historical research into English medicine but is too capitalistic and 'now overdue for revision'. (p. 343) She disparages Andrew Wear for 'leaving the core of socio-economic assumptions intact' despite his demonstrating the importance of religious influences on early modern medicine. (p. 343) Even the late, exuberant Roy Porter comes in for criticism because she avers that he 'maintained this tendency [to] see pre-modern physicians and quacks as one and the same' (p. 13n), while for Pelling the quacks – antecedents of today's general practitioners – clearly had it all over the collegiate

physicians. The great irony of Pelling's research is not lost on her – that she derives most of her exhaustive mountain of information on unlicensed practitioners from the records of their principal antagonist – but the conclusions of her research design perhaps prove inevitable. By drawing on the archive of an institution charged with prosecuting the very irregulars Pelling esteems, she discerns only adversarial repression and professional frailty on the part of the College.

Too many self-referential citations put me off as well. Apart from the *Annals*, Pelling is most likely to cite herself, mentioning her published and unpublished pieces on nearly every page. Having built an impressive oeuvre of articles written while compiling *Medical Conflicts*, Pelling feels the need to assure her readers that the book's chapters are fresh and not recycled bits from the past two decades. There were few omissions in Pelling's lengthy bibliography, which includes 22 of her own entries, but I found these noteworthy: Brian Nance's 2001 study of Mayerne's casebooks, *Turquet de Mayerne as Baroque Physician* (Amsterdam: Rodopi), published under the auspices of the Wellcome Library; and two early, influential articles in *Ambix*, Allen Debus's piece on the Paracelsian compromise in Elizabethan England and Pyrali Rattansi's seminal article on Paracelsus and the Puritan Revolution.<sup>(1)</sup> Pelling bemoans the absence of a thorough examination of Mayerne's manuscripts and has so little to say, and that almost all in footnotes, about the theoretical split among the College Fellows. The internal rift between traditional Oxbridge Galenists and the growing number of Fellows continentally-trained in the curriculum of Paracelsus and van Helmont was surely as debilitating to the institution as the jurisdictional challenge presented externally by surgeons, apothecaries, and irregulars. And, happily, Kevin Siena's forthcoming *Venerial Disease, Hospitals and the Urban Poor* (Woodbridge: Boydell Press/Rochester University Press, 2004) will fill the void in scholarship that Pelling laments about venereal disease in early modern England.

Acting like a defence attorney for the irregulars, Pelling has set out to prove them innocent of any charges of impropriety and has cast the College as the villainous, hypocritical prosecution, guilty itself of illegitimate shenanigans and cruel injustices. Courtroom dramas, past and present, usually compel our attention, but even though Pelling fashions an adversarial ambiance for her readers, the telling of her story remains one-sided, tiresome, and uninviting. Perhaps, given persistent assumptions about past learned physicians that nurture popular prejudices against research-oriented consultants today, or vice-versa, her challenge to the College's hegemony over medicine will find an appreciative audience. But Pelling's bleak view of the College is just one of many possible; we still await a complete and balanced institutional history. So, the challenge of retrieving an accurate picture of medicine in the Tudor and Stuart centuries goes on, with a new generation of historians eager to find fresh truths and test their own hypotheses.

## Notes

1. A. G. Debus, 'The Paracelsian compromise in Elizabethan England', *Ambix*, 8 (1960), 71-97; P. M. Rattansi, 'Paracelsus and the Puritan Revolution', *Ambix*, 11 (1963), 24-32.[Back to \(1\)](#)

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