The Royal Touch in Early Modern England

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With The Royal Touch in Early Modern England: Politics, Medicine and Sin, Stephen Brogan offers a new understanding of the royal touch – the ability of kings and queens to miraculously heal their subjects of particular diseases in 16th and especially 17th-century England. ‘Greater numbers of people were touched for scrofula during the Restoration by both Charles II and James II, and with greater regularity, than at any other time in English history’ (p. 2). Consequently, Brogan describes the Restoration as the ‘heyday’ of the royal touch (p. 120). The importance of the royal touch in early modern England is not a new claim. To cite one more recent example, in her monograph The Magnificent Monarch: Charles II and the Ceremonies of Power (1), Anna Keay detailed the popularity of the royal touch alongside other liturgical and political developments during the Restoration; in an older text such as Marc Bloch’s 1923 study The Royal Touch: Monarchy and Miracles in France and England (2), the royal touch was seen as part and parcel of a larger set of ideas and ideals about monarchy that extended back before sacral kingship to early medieval legends about miraculous healings wrought by saints. Brogan agrees with both Keay and Bloch. New in Brogan’s volume is the claim that in England, the ceremony was most popular from 1660 to 1688. The evidence that he marshals is impressive and persuasive. However, Brogan’s volume also raises some key questions about method that touch upon the viability of his conclusions.

The first methodological question concerns defining the royal touch. In chapter one, Brogan covers the origins of the royal touch in England up through the accession of Henry VII to the throne in 1485. Like Bloch, Brogan notes earlier stories of miraculous healings as well as the sacral contours of monarchy; also like Bloch, Brogan believes that the royal touch originated in France and subsequently became part of
England’s *religio regis*. However, and quite unusually, Brogan makes a firm distinction between the royal touch as a liturgically enacted event and the *ad hoc* healings performed by earlier kings such as Edward the Confessor (p. 31). This distinction is key because it narrows what the royal touch designates in Brogan’s study: not healings as such, but the *ritual* of healing. In England, later generations looked to Edward the Confessor as the first to practice the royal touch, an assumption that remained true in the 16th and 17th centuries (e.g., pp. 46–7). Brogan also shows that beginning with Edward I, royal healings became quite popular; even when administrative records are silent on the matter, other textual witnesses indicate that English kings in the 14th and 15th centuries practiced healing domestically and, in the case of Edward I, when abroad in Scotland. Although the evidence may be sparse for royal healings between the mid-11th and early-13th centuries – Brogan notes that there is only evidence for Edward the Confessor, Henry II, and Henry III (p. 31) – does this mean that there was no conception of the royal touch or something analogous to it during this same time? In other words, if no one at the time defined the royal touch with strict reference to liturgy, why should we?

The second methodological question concerns the meaning of ‘Protestant’. The real force of Brogan’s study begins to emerge in chapter two, which discusses the Tudors. Throughout the book, Brogan operates with a strong binary between ‘Catholic’ and ‘Protestant’. Under Henry VII, a liturgy for the royal touch was composed and ‘the ceremony became an established part of English royal ritual during the sixteenth century’ (p. 45). Thus, ‘despite the fact that Protestants were supposed to shun thaumaturgic objects’, the royal touch ‘survived the Henrician and Edwardian Reformations’ (p. 51). Brogan assumes that Catholics believed in miracles while Protestants did not, but time and again the evidence marshaled indicates the exact opposite. We are told that ‘the cessation of miracles’ was a matter of Protestant ‘doctrine’ (p. 71; see also p. 170), but it is also shown that the Catholic king James II was skeptical about miracles (p. 117), just like the Anglican queen Anne and the Catholic king of France Louis XV (pp. 194–5). Furthermore, Catholics sought to debunk the royal touch as practiced by Elizabeth, but Elizabeth’s chaplain William Tooker argued that the presence of the royal miracle vindicated the Church of England and also refuted the validity of the papal excommunication (p. 59).

There are three important implications here for the study of early modern religion, especially that which British scholars often describe as ‘Protestant’. First, even if unintentionally, Brogan indicates that at both popular and official levels belief in miracles remained an important part of religious apologetic among Protestants. Second, he also shows that despite widespread assumptions about Protestantism ‘disenchanted’ the world, Catholics sometimes looked askance at miracles. One upshot of Brogan’s study is that it dissolves the presumed distinction between Catholic belief and Protestant disbelief in the supernatural. Third, some English monarchs and clergy were ambivalent about facets of traditional Catholic ritual, such as the sign of the cross (especially James I; see pp. 73–6). But if Protestants were generally less inclined towards ceremony, and if the Church of England was in fact a ‘Protestant’ church, then how is it that the royal touch – defined by Brogan as a *liturgical* event – had its greatest popularity in the (Protestant) Church of England? It simply doesn’t make sense to claim, as Brogan does, that the royal touch was ‘Protestantised’ by the Tudors and Stuarts (p. 13; see also, e.g., pp. 79, 139, and 204). Either Protestantism needs to be redefined with far greater openness to ritual, or the Church of England should not be described as Protestant.

Most of the book is dedicated to the Stuarts. Chapter three offers an overview of the years 1603–1688; chapter four looks at the ritual process between 1660 and 1688, and chapter five looks at the development of skepticism and ambivalence during these same years. Charles I emerges as a stronger supporter of the royal touch, despite his father’s ambivalence, and Charles II and James II followed in their own father’s footsteps. The half-century between the Restoration and the death of Anne also saw the greatest popularity for the cult of King Charles the Martyr; it may be that Charles I’s death was most important for the growth of the royal touch. Throughout these chapters, Brogan attends to a wide variety of literature, ranging from popular ballads to medical treatises (on which, more below), and from liturgical texts to sermons and apologetics. English culture does appear to have been increasingly saturated with interest in the royal touch as the 17th century wore on. A further strength of Brogan’s study is his inclusion of multiple charts detailing matters as diverse as Charles I’s expenditure on angels (p. 86), the number of people healed during the reign of Charles
II (pp. 100–1), and the relationship between the healing calendar and the number of people who participated in the service between 1667 and 1714 (pp. 127, 129). Over the course of the 17th century, administrative records became increasingly detailed, and this enables Brogan to tell a more detailed story than that told for earlier centuries. There is an immense amount of data here, clearly detailed and helpfully synthesized. It really does appear that Brogan is correct: the royal touch had its heyday in the first Anglican centuries.

In a departure from more recent studies such as Keay’s, Brogan attends to medical theories and literature. Part of this is due to his interest in a ‘bottom up’ analysis of the royal touch as a central facet of the religious and political cultures of early modern England (p. 11). He offers a helpful overview of current research on scrofula, the disease that royal touch was said to cure; scrofula is now believed to have been transmitted by drinking unpasteurized milk (pp. 17ff.). Part of his argument is that medical literature cannot be separated from politics and religion during the centuries under analysis. Given that some of the major records on the royal touch were written by medical figures such as Charles II’s surgeon-in-ordinary John Browne (pp. 157ff.), it would appear that belief in the royal touch was maintained by both the educated and the uneducated. Medicine and religion were thoroughly intertwined during these centuries; each could be used in support of the other’s claims. Medical records of healings by the king only vindicated the claim that the English monarch had the ability to heal. Perhaps surprisingly, doctors do not appear to have been especially inclined towards skepticism. Hence medicine could also support political order. Brogan is undoubtedly correct in arguing that the mystique of monarchy was enhanced by the fact that monarchs never caught scrofula (p. 18), even though they laid their hands upon their diseased subjects. Brogan notes that evidence for healing is not always possible to come by, which raises the question of whether or not people were really healed. If they weren’t healed – and some clearly were not, as they sought the royal touch multiple times – then why was the royal touch considered both a viable option and miraculous? Perhaps part of the answer is due to the circulation of stories about the royal touch working. With miracles a subject of interest to early modern medical practitioners, it again appears that there is no reason to link England with a Protestantism defined by belief in the cessation of miracles.

Chapter six, the concluding chapter, follows the story from 1689 until 1750 and looks at continued debates between belief and skepticism, and the cessation of the royal touch. But as Brogan notes, a simple political shift also took place in 1714 with the death of queen Anne and the accession of George I: the Hanoverians did not practice the royal touch, perhaps because Hanover lacked a tradition of sacral monarchy (pp. 203–4). The same was true of William III, who practiced the royal touch but once – and then unsympathetically (although later records claimed that the touch was efficacious); the Netherlands also had no history of sacral monarchy (p. 187). Having originally been a sign of healing, the royal touch became a sign of division. After the Glorious Revolution, James II continued to administer the royal touch while in exile and Jacobites were enthusiastic about the practice. In the long term, the royal touch became bound to beliefs and arguments that were tied to Catholicism, political exile, and ultimately political failure. And yet, quite remarkably, liturgies for the royal touch were printed in the Book of Common Prayer through the mid-18th century. Far from dying out due to ideology or skepticism, the royal touch in England appears to have died through royal neglect.

*The Royal Touch in Early Modern England: Politics, Medicine and Sin* offers a compelling revision of popular religious belief and practice in early modern England. Looking back to the developments of earlier centuries, Stephen Brogan successfully charts the *longue durée* of royal miracles, particularly those attached to liturgy and known as the royal touch. In the process, he shows that the history of popular religion and belief is just as important as high politics, and that medical literature can and does have important implications for the study of English political culture. Perhaps most importantly, Brogan’s *Royal Touch* offers sound reasons for questioning and revising contemporary assumptions about the influence of Protestantism upon the purported disenchantment of the world. When it came to the miraculous, Protestants and Catholics do not appear to have really been all that different from each other. Perhaps this is why a ceremony with roots in medieval Catholicism experienced its greatest level of popularity in ‘post-Reformation’ Anglicanism.
Notes


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