

THE SOCIAL PROBLEM OF THE ENGLISH PHYSICIAN IN THE EARLY SEVENTEENTH CENTURY

by

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In a letter of 12 January 1656, John Stuteville wrote the following to Sir Justinian Isham: "In these degenerating times, the gentry had need to close neerer together, and make a banke and bulwarke against that Sea of Democracy which is over running them: and to keep their descents pure and untainted from that mungrill breed, which would faigne mixe with them."¹ Now Stuteville in this instance was not referring to breeds of either foreigners, Jews, Papists, or even London tradesmen. Rather, he was advising Sir Justinian against the marriage of his daughter to the son of one of the wealthiest and most prominent physicians in England, Dr Lawrence Wright. Later in his letter, Stuteville directed his barbs more specifically against the medical profession:

I know a Gentleman related to your Selfe, but a younger Brother and every way farre your inferior, who was offred a very considerable fortune with a wife, beyond either his desert or expectation: yet because it was with a Physitian's daughter, the very thought of y^e Blister-pipes did Nauseate his Stomacke. And great is the discourse at this very time about a Norfolk Baronets matching with a Doctor of Divinities daughter in Cambridge, and yet we know Divinitie is the highest, as Physicke is the lowest of Professions.²

Closely related to Stuteville's disdain for medicine were his suspicions about Dr Wright's own social origins. "I do not find", he wrote to Isham: "In your letter or by any relation can I get anything of his originall, and therefore feare he is but 'ex plebe', and allied perhaps to some neare you that may endeavor and further it. Trule S^r if hee bee soe, I leave it to your selfe to judge, whither hee bee suitable for any of them."³ Even a supporter of an Isham-Wright match, Sir Ralph Verney, had to admit that social advancement was uppermost in Dr Wright's mind: "but money is not the thing he chiefly aimes at in his sonnes marriage".⁴ Ultimately, Stuteville's advice and Miss Isham's personal preference carried the day, and the match was rejected.

Just how far Stuteville's attitude towards physicians reflected that of the gentry generally is difficult to say, yet the other instances he cited would seem to suggest that his snobbish views were by no means isolated. On the other hand, Sir Ralph Verney's

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¹ Frances Parthenope Verney, *Memoirs of the Verney family*, London, Longmans, Green, 1892-99, vol. 3, p. 199.

² *Ibid.*, p. 200.

³ *Ibid.*, p. 199.

⁴ *Ibid.*, p. 197.

support for Wright may have stemmed from his own close relationship to a physician, his uncle, Dr William Denton. There was moreover, an important extenuating fact about Dr Denton that made him more palatable as a physician and a friend to the Verneys and other English gentry families. As the youngest son and eighth child of a prominent Buckinghamshire gentle family, Denton was, above and beyond his medical qualifications, a true gentleman himself. His background and manners allowed him to move easily through the highest circles of court and society. A personal physician to Charles I, Denton's career parallels that of another prominent court physician, Sir Mathew Lister. Lister, the ninth son of a prominent landed family of Yorkshire, was, like Denton, particularly at home in the company of the highest-born ladies to whom he was often physician. Staunch Royalists, both Lister and Denton were the perfect models of the seventeenth-century version of the society physician.⁵ Yet, how typical were these men of the English physician generally, in this period?

As we shall see, Stuteville's implied criticisms of physicians as being not quite gentle enough, either in their profession or their breeding, were not without their basis. The case of the yeoman's son, William Harvey, was perhaps more typical of the social origins of the majority of English physicians. Recent research has cast serious doubt on Wallace Notestein's observation, made in 1954: "The long training required meant that recruits to medicine came largely from the well-to-do classes. John Raach has proved that more medical men came from the gentle classes than from any other, many of them, I suspect, from the small gentry. Next to the gentry the medical profession, including the apothecaries, supplied most sons to the profession."⁶ Notestein's view was shared by the distinguished American medical historian, Richard Harrison Shryock. Commenting on the prestige of a medical doctorate in the American colonies, Shryock asked, rhetorically, why more English MDs did not settle in the colonies? "In all probability", he answered, "such men rarely came over for the simple reason that they were gentry and the upper classes in general did not emigrate."⁷ Attaching great importance to their extensive liberal education, the fullest exposition of the physician as gentry argument has been made by one of Notestein's Yale colleagues, James L. Axtell. A physician in Stuart England, he wrote, was "a gentleman by education, by profession, and usually by birth as well."⁸

The recent trend among some historians to examine "the professions" as opposed to a specific profession has clouded the issue of medical origins, mobility, and status. Yet even here, the lines of the Notestein thesis, or the traditional view of physicians within society are still perceptible. Keith Wrightson, for instance, has recently observed, "that many leading merchants and professional men enjoyed close familial ties to the landed gentry: they were, to a significant extent, recruited from the younger sons of the gentry." "Careers in trade or the professions", Wrightson concluded, "thus

⁵ *Ibid.*, p. 183; William Joseph Birken, 'The Fellows of the Royal College of Physicians of London, 1603–1643: a social study', PhD diss., University of North Carolina, 1977, pp. 179–181.

⁶ Wallace Notestein, *The English people on the eve of colonization 1603–1630*, New York, Harper, 1954, p. 103.

⁷ Richard Harrison Shryock, *Medicine and society in America: 1660–1860*, Ithaca, NY, Cornell University press, 1977, p. 9.

⁸ James L. Axtell, 'Education and status in Stuart England: the London physician', *History of Education Quarterly*, 1970, 10: 148.

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constituted a kind of social oscillation for many younger sons of the landed gentry, a way of retaining or of recapturing after an interval, the place and 'port' of a gentleman by means other than the undisturbed possession of the land."⁹

While a gentry-medicine link has been implicit in much of the writing on the seventeenth century, there have been dissenting opinions. In 1964, Maurice Ashley, following Dr David Mathew, took medical social origins to an unusually low notch, noting that the yeomen and lower burges grouping "seeped" into medicine and teaching, and "coloured" the large mass of the clergy. At the same time, Ashley and Mathew suggested, the gentry put their younger sons not so much into medicine or the ministry, as into the law and foreign service.¹⁰ Similarly, Carl Bridenbaugh, using the later work of John Raach, found that English country physicians were "recruited chiefly from the families of rich yeomen and county merchants".¹¹ However, the most thoughtful critique of the gentry-medicine connexion is also the most recent and comes from the work of the economic historian, Richard Grassby.

Grassby argued that it was business, not the professions and allied careers, that attracted the bulk of seventeenth-century younger gentle sons.¹² Medicine, in particular, wrote Grassby, was an unappealing career for the gentry. Gentle contemporaries in the late seventeenth century often contrasted the "unproductiveness" of officeholders, physicians, and clergy with the productive virtues of trade and industry.¹³ The new ethos gave new status to the arch-rivals of the academic physicians, the apothecaries and surgeons. Cheaper and easier to enter than the traditional medical profession, these medical crafts began to attract increasing numbers of gentle applicants. Growing urban areas and the multiplication of disposable wealth meant prosperity for medical practitioners, at virtually every level, in the seventeenth century. The extent to which the professional, university-trained physician shared in all this prosperity was another matter. Grassby suggested that physicians did not and could not keep pace with the movement of events within their society, "The demand for physicians also surged and the status of apothecary and surgeon, although technically retailer and manual craftsman respectively, benefited from the genuine services they provided in contrast to the academic physicians who had inherited the status of the learned clerk."¹⁴

The odium of "the learned clerk" was but one of many crosses the academic, professional physician had to bear in the course of the seventeenth century. We now know, for instance, thanks to the recent work of R. S. Roberts, Margaret Pelling, Charles Webster, and Harold J. Cook, that physicians were but a very small school of fish swimming in a vast ocean of medical practice and personnel, throughout the sixteenth and seventeenth centuries.¹⁵ London was, in Cook's phrase, a veritable "medical marketplace", and no less could be said of the rest of England. Physicians

⁹ Keith Wrightson, *English society 1580–1680*, London, Hutchinson, 1982, p. 30.

¹⁰ Maurice Ashley, *Life in Stuart England*, London, Batsford, 1964, p. 50.

¹¹ Carl Bridenbaugh, *Vexed and troubled Englishmen 1590–1642*, London, Oxford University Press, 1976, p. 107.

¹² Richard Grassby, 'Social mobility and business enterprise in seventeenth-century England', in D. H. Pennington (editor), *Puritans and revolutionaries*, Oxford, Clarendon Press, 1982, p. 377.

¹³ *Ibid.*, p. 363.

¹⁴ *Ibid.*, p. 373.

faced intense competition for patients. Medical amateurism existed at every level of English society and often could be procured with little or no fee. There was no lack of apothecaries, barbers, surgeons, bonesetters, toothdrawers, midwives, gentlewomen, noblemen, poor old women, herbalists of every sort, quacks, mountebanks, leeches, astrologers, alchemists, “stokers”, and witches, who plied their healing trades throughout the land. Desperately, during this time, the physician was attempting to establish himself at the top of this mountain of medical rivals, often with little or no government support.

No less difficult was the physician’s attempt to remove the strong, clerical odour that clung to his profession. In the mid-sixteenth century, the College of Physicians denied admission to its Fellowships to anyone in holy orders, and by 1601 this ban was extended to licentiates as well.¹⁶ While excluding the clergy from the circle of its Fellows and licentiates, there was little the College could do to discourage the dual practice of medicine and the ministry, beyond the borders of its local jurisdiction in London. In the rest of the country in the seventeenth century, the dual practice flourished. While on the one hand, Anglican bishops could still license many of their ministers to practise medicine in their parishes, on the other, the “church-outing” of Puritan ministers also meant that many of these learned dissidents would also turn to medicine, as the only other viable livelihood available to them. The “moonlighting” nature of medical practice in this period, among clergymen and others, did little to aid the professional physician in his struggle for respectability, acceptance, and social status.

Many factors therefore—the relative smallness of the profession, intense and cheaper competition, lower-class and clerical associations, and a traditional part-time and amateur aspect—conspired to make the profession unattractive to the gentry and their sons. At the same time, the increasing wealth and freedom of rivals like apothecaries and surgeons made these junior branches serious competitors for gentle entrants, many of whom would have been unwilling to invest most of their lives in the painfully long and hard university training required by the professional physician. As Joan Thirsk has written of the early seventeenth century, quite unlike law, medicine’s ability to attract gentle entrants was as “ambiguous” as its status among the professions.¹⁷ To find out who, in fact, did venture upon such an arduous course in order to become a physician, it is necessary to examine more closely the social origins of professional physicians in early Stuart England.

Of sixty-seven physicians who were admitted to Candidacy in the College of Physicians between 1603 and 1643 only one, the extraordinary mystic, Dr Robert Fludd, could boast of knightly parentage. In my previous study of these sixty-seven

¹⁵ R. S. Roberts, ‘The personnel and practice of medicine in Tudor and Stuart England’, *Med. Hist.*, 1962, 6: 363–382; 1964, 7: 217–234; Margaret Pelling and Charles Webster, ‘Medical practitioners’, in Charles Webster (editor), *Health, medicine and mortality in the sixteenth century*, Cambridge University Press, 1979, pp. 165–235; Harold J. Cook, *The decline of the old medical regime in Stuart London*, Ithaca, NY, Cornell University Press 1986.

¹⁶ Sir George N. Clark, *A history of the Royal College of Physicians of London*, Oxford, Clarendon Press, 1964–66, vol. 1, pp. 97, 180.

¹⁷ Joan Thirsk, ‘Younger sons in the seventeenth century’, *History*, 1969, 54: 367.

physicians, I was able to find solid evidence for the social origins of at least fifty-seven of their number. Of this group of fifty-seven, only sixteen could have made any claim at all to gentle blood. Even among these sixteen, there remain serious questions of classification. It is likely, for instance, that at the births of both Sir Edward Alston and Francis Glisson their fathers could not be considered “gentlemen”, though subsequently both would probably have received that designation. Of the remaining gentry families in the group of sixteen, most were distinctly of the “minor” or “parish gentry” variety, families like the Wrights of Wrightsbridge, Essex, who were of such obscure gentle stock that they were thought to be plebeian by many, including the snobbish John Stuteville. In the very few instances in the College where the physician’s immediate family was a “major” or “county gentry” family, the physician, as already observed in the cases of Lister and Fludd, was always a younger son. The traditional assumption about the younger sons of the gentry and their contribution to the medical profession is therefore only partially correct. When gentry families contributed a physician to the profession, it was almost inevitably, due to the law of primogeniture, a younger son. Yet, among the Fellows of the College and, as we shall see, among early seventeenth-century physicians generally, younger sons of gentlemen were in the minority.

Of the fifty-seven Fellows of the College of Physicians whose social origins are known, *forty-one* were of non-gentle, plebeian, or clerical origin. Within this group of forty-one, eldest sons predominated. Of the ten Fellows whose social origins remain obscure or unknown, it is unlikely that further research will reveal gentle origins for any significant number of them. Careful documentation and record-keeping by the royal heralds were closely bound up with the designation of gentility, the drawing of pedigree, and the granting of family arms in the seventeenth century. The complete absence of any of these evidences or other sources of information for the remaining ten physicians would make their gentility highly improbable.

Of the forty-one physicians whose social backgrounds are known, at least thirteen came from the families of merchants or tradesmen, while two, including the great Harvey, were sons of yeomen. Combining these two groups would give at least fifteen physicians of strictly plebeian origins. Another significant proportion of the Fellows, no less than *seventeen* physicians, came from clerical families. There were no sons of bishops or deans to be found in this clerical group, although two physicians, Drs Edmund Wilson and Thomas Sheafe, were sons of Canons of Windsor. Dr Samuel Rand’s father was for a time a prebend in Durham Cathedral, as was John Foxe, the illustrious father of Simeon Foxe, many times President of the College of Physicians. Another President of the College, Sir Francis Prujean, was the eldest son of the Rev. Francis Prujean, rector of Boothby in Lincolnshire. Most of the physicians’ clerical fathers were, like the elder Prujean, rather simple parish priests with limited incomes, intimately involved with the “economic problems of the Church” that characterized the early seventeenth century.

Of the few remaining Fellows of the College whose social origins are known, there were but a handful whose fathers were either physicians themselves, lawyers or, in the unique case of Sir Theodore Turquet de Mayerne, a university professor. In conclusion, the average Fellow of the College of Physicians in the early seventeenth

century was not likely to be the younger son of a gentleman, but rather the eldest son of a plebeian or clerical family, eager to advance the family fortune and social status through the vehicle of the medical profession. In this respect again, William Harvey, the eldest son of the Kentish yeoman-trader, Thomas Harvey, was more typical of the College Fellowship than a Sir Mathew Lister or a Dr Robert Fludd.¹⁸

The question then remains, if a plebeian, non-gentle pattern prevailed among the College Fellowship, was this also true of the English physician generally, of those many physicians, for instance, who were *never* Fellows of the College of Physicians? This is perhaps more difficult to ascertain, but what evidence exists thus far points, at the very least, to a persistent minority role for the gentry, and at the most, to a continued pattern of plebeian-clerical origins among physicians, and to an even *greater* extent than this pattern existed in the College.

To date, no historian has ever undertaken a systematic social survey of early seventeenth-century English physicians. John Raach, however, has prepared a directory of 814 English physicians practising *outside* London in the period 1603–43.¹⁹ Although criticized for having ignored the important role of the non-university-educated medical practitioner, Raach's list does at least provide the names of some 635 university-educated physicians, many of whom were licensed by Anglican Church authorities. A university education, often leading to one or more medical degrees, was the identifying badge of the early seventeenth-century physician. This prevalence of university contact among physicians is a fortunate circumstance for the social historian. University records and registers often provide information unavailable elsewhere, for their matriculants and graduates. Oxford, in particular, gave careful attention to the social background of its matriculants. Excluding College of Physician Fellows, studied separately, Raach's directory contains 136 physicians for whom there is relevant social data in Joseph Foster's biographical register, *Alumni Oxonienses*.

The Oxford registers, unlike those of Cambridge, invariably give the matriculant's social rank, e.g. gentleman, or even more commonly the name and occupation of his father.²⁰ At the most liberal construction of the term, no more than forty-eight out of the 136 physicians, could be considered "gentlemen" according to the information found in the Oxford registers. This constitutes a 35 per cent gentry element, as compared with the 28 per cent gentry figure in our College of Physicians survey. If, therefore, roughly, only one out of every three physicians who attended Oxford came from the English gentry, what of the rest? Of the 136 Oxford physicians found in Raach's directory, *fully sixty-four clearly identified either themselves or their fathers as*

¹⁸ Birken, *op. cit.*, note 5 above, p. 299. Axtell took what he called a "hurried glance" at the social origins of roughly 270 Fellows and Candidates of the College between 1632 and 1688. For only half of these does William Munk's *Roll* of the College provide information. Axtell found that over fifty were the sons of gentlemen, twenty-two of medical practitioners, and twenty of clergymen. Presumably, the remaining 40 + physicians were plebeian in origin, though Axtell is silent here. The 35–40 per cent gentry figure is consistent with the findings of the present paper, but again might be considerably lower with fuller information on the 135 physicians whose origins are *not* found in Munk. Axtell *op. cit.*, note 8 above, p. 147.

¹⁹ John H. Raach, *A directory of English country physicians, 1603–1643*, London, Dawsons of Pall Mall, 1962.

²⁰ Joseph Foster, *Alumni Oxonienses: the members of the University of Oxford 1500–1714*, 4 vols., Oxford, James Parker, 1891–2.

of "plebeian" origin. By way of comparison, only 25 per cent of College Fellows were of strictly plebeian origin, as compared with 47 per cent in the Oxford group.

Finally, the significant clerical element in the College, roughly 30 per cent, fell to about 15 per cent (twenty physicians) in the same Oxford group. Despite this disparity, there is still sufficient evidence to document what must have been almost a fraternal relationship between medicine and the ministry in the early seventeenth century. Using additional information provided by Foster's brief biographies, there may have been as many as thirty out of over 200 Oxford physicians surveyed who were also ordained ministers and at some point in their lives held a living from the Anglican Church. The close relationship between the religious and medical callings in the seventeenth century has been alluded to previously by scholars like Bridenbaugh and Sir George Clark, Pelling and Webster, but no systematic attempt has ever been made to substantiate this observation statistically. The College of Physicians, in what was almost certainly an effort to divorce the two callings to the exclusive benefit of the medical profession, decreed early in the seventeenth century that no Fellow or licentiate would be admitted to the College, who was also in holy orders. It was under this pretext that the College prosecuted two well-known Puritan ministers, Dr John Burgess and Dr Alexander Leighton, for practising medicine within the confines of London. Another Puritan physician, Dr Edmund Wilson, was forced to forego ordination as a canon of Windsor for a similar reason, in order to become a Fellow of the College.²¹ Finally, out of the 136 Oxford physicians whose social origins are known, only four had fathers who were themselves physicians.

Compared to the Oxford registers, the Cambridge registers, edited and annotated by J. A. Venn, are inconsistent and fragmentary in terms of social origins, though Venn's work is far superior to Foster's in terms of the quality of writing and scholarship generally. Though the Cambridge registers seem little concerned with a student's social background, Venn's biographies do at times give this information. Out of well over 200 physicians who attended Cambridge at some time, according to Raach's directory, the social origins of no more than fifty-three could be positively identified by using the information found in Venn. Their fathers' occupations broke down as follows: seventeen physicians were the sons of clergymen; twelve had fathers who were tradesmen or merchants; nine came from gentle families; seven were the sons of physicians; five the sons of yeomen; two had lawyers as fathers; and one was the son of a simple "husbandman".

Even though the data are fragmentary and must be used with caution they do tend once again to support the plebeian-clerical pattern previously observed among physicians' social origins. As usual, the gentry element was a distinct minority, constituting only 17 per cent of the total group. Again, significantly, the medicine-ministry connexion was very strong, much like the pattern found in the College of Physicians (where, by the way, Cambridge men predominated). In addition, at least two of the clerical fathers in the Cambridge group were also physicians, while of the more than 200 physicians found in Raach who attended Cambridge, there may have

²¹ Clark, *op. cit.*, note 16 above, p. 246; William Munk, *Roll of the Royal College of Physicians of London*, 2nd ed., 1878, vol. 1, pp. 162-163.

been as many as forty-three, who were also clergymen.²² It seemed clear that this group of clerical-physicians represented a significant proportion of the physicians surveyed and, undoubtedly, would be still larger had we complete social and life data on all our physicians. Keeping the two professions, divinity and medicine, separate in the seventeenth century must have been a very real and constant problem for the Fellows of the College of Physicians of London, dedicated to the exclusive advancement of their own profession.

While Raach's 635 physicians provide a convenient base for study, his listing is by no means exhaustive. Although it would be impossible to prove that every MD awarded in England was equivalent to one practising physician, a listing of medical doctorates alone would be a valuable supplement to Raach, who based his survey on Church medical licences, and only partially on university medical degrees. Anthony à Wood, for instance, lists a number of MDs, not to be found in Raach, in his Oxford calendar. No single authority is completely reliable, and Wood himself can be somewhat verified through the degree lists of Andrew Clark. Together, these two sources, excluding College Fellows and including foreign incorporations, yield a total of seventy-two MDs for the period 1603–42.²³ The largest number of these, thirty, lacked information on social origins to be derived from Foster. Of the forty-two MDs who are known: seventeen were the sons of gentlemen; fourteen listed themselves as plebeian; six had clerical fathers; and five were the sons of physicians. As always, there are minor problems of classification. The illustrious Sir Thomas Browne, who matriculated as a gentleman, was actually the son of a London mercer, but his father's death, and his mother's remarriage to a knight, made a gentleman out of the mercer's son at the time of his entrance. John Thorius, the son of a prominent physician, Ralph Thorius, matriculated as a "plebeian". For our survey, he has been considered the son of a physician, but it does raise the question of physician status generally. How many other "plebeians" were actually the scions of medical families?

Higher than College Fellows or Cambridge, the Oxford gentry percentages for MDs and Raach's physicians may be linked to that university's nature as more of a gentry preserve than its sister university. Still, at 40 per cent of *known* Oxford MDs, and at seventeen gentle MDs over nearly forty years, the profession could give very little opportunity to the sons of the gentry. The Cambridge picture, as usual, was particularly bleak for gentry prospects in medicine. Using the degree lists of John and J. A. Venn, fifty-four MDs were found the period, 1603–42. For only twelve of these men could social origins be derived from Venn's biographical register. These twelve did not contain a single, gentle MD. Four plebeians, four physicians' sons, three clerical offspring, and one son of an LL.D made up this small group.²⁴

²² John Venn and J. A. Venn, *Alumni Cantabrigienses: a biographical list of all known students, graduates and holders of office at the University of Cambridge, from the earliest times to 1900. Part I: From the earliest times to 1751*, 4 vols., Cambridge University Press, 1922–27.

²³ Anthony à Wood, *Athenae Oxonienses . . .*, 2nd ed., 2 vols., London, 1721; Andrew Clark (editor), *Register of the University of Oxford. Vol. II (1571–1622). Part III: Degrees*, Oxford Historical Society, 1888.

²⁴ John Venn and J. A. Venn, *The book of matriculations and degrees: a catalogue of all those who have been matriculated or been admitted to any degree in the University of Cambridge from 1544 to 1659*, Cambridge University Press, 1913.

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If there was a “gentleman’s profession” in the early seventeenth century, a true offshoot of the gentry, it was law, not medicine. “Law”, as Joan Thirsk has written of this period, “was among the most popular careers for gentlemen’s sons and offered a comfortable niche to increasing numbers.”²⁵ Of seventy-one civil lawyers admitted to Doctors Commons between 1590 and 1641, who died after 1603, fully thirty-five were the sons of either gentlemen, esquires, or knights.²⁶ Social comparisons of physicians with common lawyers are even more striking. Of all the entrants to the Inns of Court in the period 1610–39, “some 90 per cent”, according to Wilfrid Prest and Keith Wrightson, “were sons of the aristocracy and gentry, most of the rest being drawn from the highest ranks of trade and the professions.”²⁷ Virtually non-existent among the lawyers were the sons of clergymen, an element that bulked so large in the composition of the Fellows of the College of Physicians, and physicians generally.

Unlike law, the medical profession drew its members primarily from the middle ranks of English society. Most must have hoped that in joining the profession and gaining success as physicians, they would have gained a step up the social ladder into the ranks of the gentry. It was not uncommon for plebeian Fellows like William Harvey and Thomas Winston to secure arms and pedigrees during heraldic visitations, once they had secured their medical reputations. At least ten Fellows of the College of Physicians in our study received knighthoods. Despite these outward signs of social acceptance, there are hints throughout the seventeenth century that the reality of social acceptance and true status lagged behind. Social assumptions are often the most carefully hidden of a society’s values. Though they determine daily relationships, ways of thought, and ultimately the social, political, and economic direction of society, they are often not immediately apparent to the naked eye. Often the social assumptions which underlie all societies, lie beneath the surface of daily events. For instance, it is generally inferred that the arrogant behaviour assumed by the mystic Dr Robert Fludd towards the College of Physicians grew out of his personal animosity to their Galenic orthodoxy or out of his own personal eccentricity.²⁸ All this may be true, but no less important is the fact that Fludd found himself being judged and criticized by his social inferiors. As the son of a knight, and the most socially distinguished Fellow in the College during this period, Fludd may not have taken kindly to censure from a class that many in his society, including himself, may have viewed as of ambiguous gentility.

Social acceptance and status are, therefore, often elusive and not easily quantified. College Fellows, despite their knighthoods and assumed gentility, are often found socializing in the world of the London merchant, in the coffeehouse, or with their colleagues in medicine or science. How many manor-house gates were open to the physician in times of sickness, and closed at other times, is often difficult to tell. Physicians of “good” families like William Denton and Richard Napier seemed comfortable and accepted in such a world, but it was, after all, their own world. In dealing with the reality of social acceptance, and not just its outward signs, the historian is thrown back on the glimpses of daily life found in the chance remark, in the

²⁵ Thirsk, *op. cit.*, note 17 above, p. 368.

²⁶ Birken, *op. cit.*, note 5 above, p. 292.

²⁷ Wrightson, *op. cit.*, note 9 above, p. 189.

²⁸ *Dictionary of Scientific Biography*, article on Dr Robert Fludd.

letter, in the poem, in the play, in short, wherever we are allowed a view of the human dimension of the times. John Stuteville may have been a snob and a social bigot, but he is not to be discarded on that account, but merely used critically as evidence of a certain type of prejudice that was real within his society. How widespread this prejudice was must remain a matter of interpretation.

In theory, of course, however dubious their social origins or ambiguous their real status, physicians were regularly “assigned” gentle status by contemporary intellectuals like William Harrison, who wrote: “Whosoever studieth the laws of the realm, whoso abideth in the university giving his mind to his book, or professeth physic and the liberal sciences . . .” is to be considered a gentleman.²⁹ In practice, English society had need of such regular admonitions, because physicians, or intellectuals for that matter, did not fall easily into conventional gentle and non-gentle categories. In a very real sense, the physician existed not within but outside of proper English “society”, a point first made by Lawrence Stone in 1966, and later taken up by David Cressy. There is much that is especially applicable to the physician in what Cressy has to say about seventeenth-century professions generally:

Churchmen, lawyers, medical practitioners and schoolmasters were essentially possessors of skills and providers of specialist services. Gentle status was a concession to their abilities, not recognition of a common function. Gentility was a social condition, whereas the church or the law were careers. Lawrence Stone is right to place them in a semi-autonomous occupational hierarchy. Although members of gentle families frequently entered the professions, and members of the professions especially the law, could establish their families as gentle, the clergy and the professions, while technically members of the ruling minority, had a service relationship to it, reinforcing its hegemony.³⁰

An excellent illustration of the physician’s service relationship to the gentry, as well as the liabilities of that relationship for his own social status, occurs in the Shakespearean play, *All’s well that ends well*. Based on a Boccaccio story, the play is usually dated to the early years of James I’s reign. Its heroine is Helena, “a poor physicians daughter”, whose father was actually physician to kings and nobility. Among the households served by this illustrious physician, recently deceased, was that of Bertram, a young nobleman with whom Helena has fallen in love. Through guile, trickery, and the intercession of a sympathetic king, Helena eventually achieves her goal, marriage with Bertram. What Helena is less successful in achieving, however, is the love and respect of her hard-won husband whose initial reaction to Helena is little changed by play’s end: “I know her well: She had her breeding at my father’s charge. A poor physician’s daughter my wife! Disdain rather corrupt me ever!” (II. iii.)

Unlike Bertram, Shakespeare himself was unusually tolerant in his dramatic treatment of physicians, one of whose number was his own son-in-law, the physician John Hall. Other writers and playwrights were seldom as kind. As R. R. Simpson and other have noted, “Shakespeare never portrays a bad doctor, although he does on two occasions make his characters refer to the possibility of an unscrupulous

²⁹ Quoted in David Cressy, ‘Describing the social order of Elizabethan and Stuart England’, *Literature and History*, 1976, 3: 36.

³⁰ *Ibid.*, p. 37.

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physician. . . His contemporary dramatists, on the other hand, it would seem, never present a good doctor, but prefer to show them as scoundrels.”³¹ While most dramatists, like Ben Jonson, unmercifully ridiculed physicians for greed, incompetence, and a host of other sins, there was at least one other dramatist who seemed to share some of Shakespeare’s sympathy for the situation of the physician. In his play, *The lover’s melancholy*, John Ford created the character of Dr Corax, perhaps the best portrayal of a physician to be found in all of early Stuart literature.³²

Again, the physician in aristocratic Stuart England was in an ambivalent position. Often denied social status by birth, his skills, he sincerely believed, merited the rewards of social status and acceptance, but the reality of acceptance included toadying to aristocrats and kings, and playing on the vanities of society’s upper crust. Status would be conferred on him on the whim of this society, but he could not necessarily earn that status based solely on his professional accomplishments. The unspoken faith of the serious, dedicated physician must have found its voice in the court physician, Corax’s lament at court life:

To waste my time thus, drone-like, in the court
And lose so many hours as my studies
Have hoarded up, is to be like a man
That creeps both on his hands and knees too climb
A mountain’s top; where, when he is ascended,
One careless slip down tumbles him again
Into the bottom, whence he first began.
I need no prince’s favour; princes need
My art. (III. i.)

Ironically, Ford’s play also contains some of the most vitriolic anti-medical abuse, heaped upon the head of the unfortunate Corax by the courtier, Rhetias:

Thou art in thy religion an atheist, in thy condition a curre, in they dyet an epicure, in thy lust a goate, in thy sleepe a hogge; thou tak’st upon thee the habit of a grave phisitian, but art indeed an imposterous emperike. Physicians are the bodies cobblers, rather the botchers of mens bodies; as the one patches out tattered clothes, so the other solders our diseased flesh . . . (I. ii.)

Harsh indeed, but no worse than John Earle’s stinging portrayal of “mere dull physicians”, first published in 1628 and often reprinted in its time. Earle’s “character” employed many of the devices commonly used against physicians in the Caroline age, and is worth quoting at length:

³¹ R. R. Simpson, *Shakespeare and medicine*, Edinburgh, E. & S. Livingstone, 1959, p. 78; Herbert Silvette, *The doctor on the stage: medicine and medical men in seventeenth-century England*, ed. by Francelia Butler, Knoxville, University of Tennessee Press, 1976, p. 258.

³² Macleod Yearsley, *Doctors in Elizabethan drama* London, John Bale, Sons & Danielsson, 1933, p. 35. It is impossible not to speculate on Ford’s inspiration for the character of Dr Corax (the Greek word for raven or crow). Although there was, in fact, a rather notorious physician, Dr John Raven, practising in London during this period, a more likely model would seem to have been Dr William Harvey. Well-known as a court physician, Harvey has been described by Aubrey in these years as possessing hair as black as that of a raven, with a small dark eye, and small in stature. With his sombre academic gown, his natural gravity and dignity, his intelligence and studiousness, Harvey may well have served, at least in part, as the raven-like original of Dr Corax, a wise and sensitive physician chafing at court life.

... Hee is distinguisht from an Emperick by a round velvet cap, and Doctors gowne, yet no man takes degrees more superfluously, for he is Doctor howsoever. He is sworne to Galen and Hypocrates, as University men to their statues, though they never saw them, ... The best Cure he ha's done is upon his own purse, which from a lean sicknesse he hath made lusty, and in flesh. His learning consists much in reckoning up the hard names of diseases, ... He is indeed only languag'd in diseases, and speakes Greeke many times when he knows not. If he have been but a by-stander at some desperate recovery, he is slandered with it, though he be guiltlesse; and this breeds his reputation, and that his Practice; for his skill is meerly opinion. Of al odors he likes best the smel of Urine, and holds Vespations rule, that no gaine is unsavoury ... If he see you himselfe, his presence is the worst visitation: for if he cannot heale your sicknes, he will be sure to helpe it ... Noblemen use him for a director of their stomacks, and Ladies for wantonnesse, especially if hee bee a proper man ... If he have leasure to be idle (that is to study) he ha's a smatch at Alcumy, and is sick of the Philosophers stone, a disease incurable, but by an abundant Phlebotomy of the purse. His two maine opposites are a Mountebanke and a good Woman, and he never shewes his learning so much as in an invective against them, and their boxes. In conclusion he is a sucking consumption, and a very brother to the wormes, for they are both ingendred out of mans corruption.³³

Were such criticisms of physicians valid, or even justified? Needless to say, a case could be made on either side of the question. Whatever the validity, it seems clear that prejudice against physicians, taking many forms, was rife in early Stuart society, and assumed particular virulence the closer one got to the royal court. In a previous essay on the political relationship between the College of Physicians and court of Charles I, it was argued that a growing rift could be observed between College and Court in the years after 1625 and that this divorce, the College's sense of alienation from the Court, must have played at least some role in the College's strong and immediate support of the Parliamentary cause in the English Civil War.³⁴

Chief among the Stuart literary calumnies against physicians, was that of greed and the accumulation of great wealth through the exploitation of human sickness and misery. Such impressions were not entirely false. Searches among London poor rate schedules and tax listings, for instance, reveal physicians fully sharing in the prosperity of a rapidly-growing city. Also sharing this prosperity, however, were medical personnel and practitioners, many of whom were rivals or even enemies of the professional physician. Barber-surgeons like William Mullins and apothecaries like Dr John Bugge and Gideon Delaune were among the wealthiest inhabitants of London, as was "Dr" William Butler, considered a quack by many in the College of Physicians. Dr Peter Chamberlen, the celebrated man-midwife (and political radical) of the seventeenth century, and an uneasy Fellow of the College of Physicians, was also one of the wealthiest medical men in London. At the same time, at least three Fellows of the College of Physicians, Drs Thomas Grent, Paul Delaune (Gideon Delaune's brother), and Helkiah Croke, seem to have left their families in straitened circumstances at their deaths. Often, the practice of medicine did not bring in as much wealth as a shrewd marriage. Sir Francis Prujean, wrote Pepys, "died very rich and had, for the last

³³ John Earle, *Micro-cosmographie*, ed. by Edward Arber, London, A. Constable, 1904, pp. 25–26.

³⁴ William Joseph Birken, 'The Royal College of Physicians of London and its support of the parliamentary cause in the English Civil War', *J. British Studies*, 1983, 23: 50. Needless to say (since I have already written an article on the subject), although in remarkable agreement with Harold Cook on physician origins and status, I strongly disagree with his conclusion that the centralizing, authoritarian Stuart monarchy was the natural ally of the authoritarian, professional physician. There were probably few men in England with less sympathy for the endeavour of the professional physician than Charles I and his courtiers, and the College of Physicians knew it, and acted accordingly by supporting Parliament.

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years, lived very handsomely, his lady bringing him to it.”³⁵ Finally, while the wealth of a few physicians was legendary, as in the cases of Sir Theodore Turquet de Mayerne and Sir Simon Baskerville (Sir Simon “the Rich”), wealth, as any successful merchant knew, did not equal social status. “. . . But money is not the thing he chiefly aims at in his sonnes marriage”, observed wise Sir Ralph Verney of the wealthy Dr Wright.

Caught in a difficult social situation, the professional physician doggedly clung to his professional values, and consistently refused to be overawed by title and rank alone in the relatively restricted world of his own professional relationships and affairs. In 1621, for instance, Dr Thomas Ridgley and Dr Theodore Diodati appeared before the College of Physicians on a minor legal infraction. Ridgley, related to the Ridgleys of Staffordshire, an old and prominent gentry family, “stood much upon his gentrye and knew none of us better.” Diodati, for his part, was no less arrogant. The son of an internationally famous Genevan theologian, Diodati said, “he was as good a man as the President.” The College was not impressed. Dedication to professional behaviour was always paramount in eyes of the Fellows, and the Censors of the College “considered that an example ought to be made of them [Ridgley and Diodati].” The recalcitrant physicians soon came round and were more respectful.³⁶

While professional skill and learning were always preferred to social status, or the unwanted meddling of powerful courtiers, nothing could be more welcome to the College than a skilled and educated physician, ready to accept professional authority and standards, who was also a bona fide gentleman. Such was the case with Dr John Bastwick, “this worthy man. . . , born of noble stock, well versed in the best learning”, who was licensed by the College in 1625.³⁷ All too aware of its social Achilles heel, the College was eager to recruit gentlemen like Bastwick in order to add lustre to itself and bolster the social side of the profession. Ultimately, however, such recruitment efforts failed, as surveys of medical social origins make all too clear. What Jeanne Peterson has observed of the mid-Victorian physician might also be said of seventeenth-century physicians: “Medical men were caught in a dilemma of circularity. Their social origins gave them no claim to gentlemanly status; their professional activities were inimical to such claims; and the inferior status of the profession discouraged sons of gentlemen from entering and thus raising the social standing of the whole group.”³⁸

Denied social status, the medical profession was also denied one of the benefits and privileges of gentility, political participation at the centres of power. Although physicians were some of the best-educated secular men in England, and broad in the range of their interests, they were seldom seen exercising their talents in government. Sir Henry Wotton was shocked in 1626 at seeing a mere physician, Samuel Turner, begin the Parliamentary attack on the Duke of Buckingham: “Not that the Commons now should shift and winnow the actions even of the highest of the nobility; not that an obscure physician then amongst them (where that profession is very rarely) should give the first onset on so eminent a personage; not that such a popular pursuit once begun

³⁵ Birken, *op. cit.*, note 5 above, pp. 339, 353.

³⁶ London, Royal College of Physicians, *Annals*, Book III, p. 149. (Reference is to the typescript translation in the library of the College, and is quoted with the kind permission of the Registrar.)

³⁷ *Ibid.*, pp. 192–193.

³⁸ M. Jeanne Peterson, *The medical profession in mid-Victorian London*, Berkeley, University of California Press, 1978, p. 179.

by one, and seconded by a few other should quickly kindle a great party.”³⁹ Hampered by problems of social acceptance and undervaluation, it is perhaps not surprising that the College of Physicians joined the Parliamentary cause, with alacrity, in 1643. Later, with the creation of the English Republic in 1649, physicians, once the “invisible men” of the early Stuarts, suddenly become ubiquitous in government service. So widespread were physicians and their activities in this period, that it has prompted G. E. Aylmer to observe, “a more than random association between medicine and the puritan-parliamentarian-republican cause, the reasons for which we can only surmise.”⁴⁰ With little to lose and much to gain, the medical profession was fertile ground for revolutionary action, perhaps the only practical solution to the social problem of the English physician in the early seventeenth century.

As we have seen, this social problem had many aspects. Many physicians were plebeian or non-gentle in origin, and the profession itself, in working with the human body in some of its least pleasant aspects, often offended gentle tastes. As John Lyly advised gentlemen in the late sixteenth century: “Let thy practise be lawe, for the practise of phisicke is too base for so fyne a stomacke as thine.”⁴¹ The profession, which required many long years of academic study and work, was not one to which most gentlemen’s sons would turn eagerly. The rewards of the profession, though comfortable, were not guaranteed, like the monthly rent. Success required constant effort, and there was serious competition from apothecaries and surgeons, many of whom made just as much money as physicians with far less training and education. Physicians existed in a sea of medical practitioners, licensed and unlicensed, and many Englishmen, both the very rich and the very poor, would sooner trust an old woman herbalist, charging little or no fee, than the pompous physicians sporting Latin or Greek whose high fees would kill a patient before the disease.⁴² Then too, many gentlewomen already practised medicine as part of their noble obligations, and the skill and unselfishness of these ladies were generally acknowledged by society.⁴³

Physicians were maligned on the one hand as atheists (which prompted Dr Thomas Browne to write his famous book) and on the other as papists or crypto-papists. Increasingly, in the 1630s, the profession became a refuge for Puritans, though it had never lacked for such individuals. It was in this period, too, that an apothecary, George Haughton, prosecuted by physicians, cried out to a court, “to the mercy of a coward, or a Puritan, or the Colledg of Phisicions good lord deliver us.”⁴⁴ The gravity, sombre dress, and self-righteous manner of the physician were, as in the case of the Puritan, easy marks for the satirist if not outright objects of hostility, as in the case of Haughton. Beyond charges of hypocrisy, there was a widespread feeling that the

³⁹ Sir Henry Wotton, *Life and letters*, ed. by Logan Pearsall Smith, 2 vols., Oxford, Clarendon Press, 1907, vol. 2, p. 294. Many physicians had also supported the suggestion of the Commons that Buckingham had speeded James I’s death in 1625, while the College of Physicians seemed to despise Buckingham’s astrologer, Dr John Lambe, as much as the London mob that finally killed him.

⁴⁰ G. E. Aylmer, *The state’s servants: the civil service of the English Republic 1649–1660*, London, Routledge & Kegan Paul, 1973, pp. 276–277.

⁴¹ Quoted in Silvette, *op. cit.*, note 31 above, p. 259.

⁴² Earle, *op. cit.*, note 33 above, p. 26.

⁴³ J. T. Cliffe, *The Puritan gentry*, London, Routledge & Kegan Paul, 1984, p. 122.

⁴⁴ Quoted in Cecil Wall and H. Charles Cameron, *A history of the Worshipful Society of Apothecaries. I: 1617–1815*, ed. by E. Ashworth Underwood, London, The Society, 1963, p. 301.

profession was untrustworthy. Dr Lopez, Elizabeth I's physician, executed for alleged conspiracy to poison the queen, was not forgotten in the Stuart Age. This image of untrustworthiness was not helped by physicians like George Bate, Peter Chamberlen, or William Stanes, all of whom suggested that they had speeded Oliver Cromwell's death. Meanwhile, the political somersaults of Drs Bate, Mayerne, and Hamey were considered endemic to the profession.⁴⁵

When Englishmen did overcome their biases and suspicions long enough to seek professional medical care, they would often turn to a foreign physician sooner than one of their own nationality. The English, wrote Fynes Moryson, "prefer strangers as well phisitians as other like professors than theire owne countrymen as more learned and skillful then they are."⁴⁶ Many English physicians bitterly complained about foreign physicians and foreign degrees, and with good reason. Foreign physicians were added to an already painfully small professional group, thus reducing the opportunities for Englishmen to enter the profession, even if they had wanted to. Only so much disposable wealth and urbanization could sustain the profession. There were, in fact, few career openings in the profession for the younger sons of gentlemen.

Many of the problems and prejudices that beset the English physician in the early seventeenth century can also be found in other ages as well. At least one English physician made this observation of his fellow-physicians in 1799: "So many gentlemen of great figure and independent fortune embrace the profession of law, that it is natural to infer that greater liberality exists in its government . . . Physicians in this country are almost universally taken from the middle ranks of men. They cannot therefore be expected to conduct themselves, as a body, in the same liberal manner as the members of the profession which contains a number of persons of high birth and large hereditary fortunes."⁴⁷ In short, physicians, unlike lawyers, were *not* gentlemen. The plebeian taint of the English medical profession continued to plague physicians well into the twentieth century. In 1934, an acute social observer, George Orwell, wrote: "Small boys [of the upper middle class] used to count plum stones on their plates and foretell their destiny by chanting 'Army, Navy, Church, Medicine, Law'; and even of these 'Medicine' was faintly inferior to the others and only put in for the sake of symmetry."⁴⁸

What then was the crux of the social problem of the medical profession? Why has it so often appeared as a troubled, or weak profession, especially so in the early seventeenth century? In the final analysis, the problem may be one of values. Lawrence Stone has written of the conflict of values in the period 1500–1700. According to Stone, English social theory was fundamentally hierarchical and conservative. Harmony, both in the universe and in civil society, could only be maintained if all men and things maintained their divinely-assigned place and function in a Great Chain of Being. Against this orthodoxy, developed newer and more egalitarian thinking that wished to break down barriers and distinctions between social groups. Out of this conflict of values emerged a uniquely English compromise that carried the day: hierarchy of birth would be preserved, while modern needs would be met by re-educating traditional

⁴⁵ Birken, *op. cit.*, note 5 above, p. 309.

⁴⁶ Quoted in Carlo M. Cipolla, *Clocks and culture 1300–1700*, New York, W. W. Norton, 1978, pp. 65–66.

⁴⁷ Quoted in Bernice Hamilton, 'The medical professions in the eighteenth century', *Econ. Hist. Rev.*, 1951, 4: 148.

⁴⁸ George Orwell, *The road to Wigan Pier*, New York, Harcourt Brace Jovanovich, 1958, p. 123.

social groups to new functions. On this battleground of values, the early Renaissance humanists, wrote Stone, clung to an increasingly unpopular and minority position, hierarchy should be preserved, but it should be thrown open to talent.⁴⁹ The London College of Physicians and the academic physician generally were, if nothing else, the children of the Renaissance, the devoted disciples of the humanists, of men like Thomas Linacre, who had helped found the College of Physicians in 1518. Unable to accept the values of a society so different from his professional values, the physician was left in a tenuous social position.

Despite the sanguine observation of Keith Wrightson that a kind of social “oscillation” would bring professionals back into the gentry within a generation, such movement seemed insignificant among the Fellows of the College of Physicians in the early seventeenth century. Since physicians not infrequently remained bachelors, there were few heirs to establish in gentility, even if this had been possible. As John Ford’s character, Rhetias, ruefully remarked of physicians: “Some of ye are the head of your art, and the horns too—but they come by nature. Thou livest single for no other end but that thou fearest to be a cuckold.” (*The lover’s melancholy*, I. ii.). Long cloistering in universities often meant no marriage or late marriage. Not surprisingly, childlessness was common. Families were often small. Marriages, when they occurred, usually were made for professional, not social advancement. The frequency with which junior physicians married the daughters of senior Fellows in the College was remarkable. Again, William Harvey’s marriage to the daughter of Dr Lancelot Browne represented common practice among physicians. Among the other College families joined by marriage were: Argent-Delaune; Delaune-Chamberlen; Poe-Grent; Poe-Bastwick; Meverall-Ent; Micklethwaite-Clarke; and Lister-Williams. Of the very few sons produced by the Fellows of the College, even less were found oscillating their way back into the ranks of the gentry. A number followed their fathers, at least initially, into the medical profession.⁵⁰

Finally, although a few Fellows, like Drs Bate and Hamey, seem to have withdrawn to the country in a semi-gentle state towards the end of their lives, most Fellows lived, worked, and died in their City of London parishes. So many physicians clustered in and about the towns and cities of England, particularly the older towns which had long medical traditions, that it is tempting to refer to medicine as the “urban profession”. In short, whatever the flow of the gentry from the land to the law and back to the land again, there is little evidence that such symbiotic relationship existed between the medical profession and the gentle classes of England. Drawn primarily from the “middling sort of people” in English society, but girding itself with humanist values that transformed merit into a pseudo-gentility, the medical profession in early seventeenth-century England was forced to march to its own drummer. Going its own way, with values at variance with those of its society, the profession found itself derided and ridiculed, the object of deep-seated social snobbery. Yet, despite its many enemies and critics, the upholding of rigorous professional standards seldom wavered, and this remains perhaps the most fitting testimony that can be offered to the pride and courage of this small, but faithful band of dedicated physicians.

⁴⁹ Lawrence Stone, ‘Social mobility in England 1500–1700’, *Past and Present*, April 1966, pp. 38–39.

⁵⁰ Birken, *op. cit.*, note 5 above, pp. 379, 383–385.