

THE PERSONNEL AND PRACTICE OF MEDICINE IN TUDOR AND STUART ENGLAND

PART II. LONDON

by

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IN reassessing medical practice in the provinces in the sixteenth and seventeenth centuries it was found that the supposedly exclusive appellation of physician, surgeon and apothecary often bore little relationship to the type of practice pursued. There was in fact much more general practice of medicine than is usually thought. In this reassessment, however, no consideration was given to London because the medical situation there was so different from that in the provinces:

... in this City [of London] ... the King and all his Councill and all the judges and Sages of the Law, and divers other men of quality and condition, live and continue, and the place is more subject unto Infection, and the Hair more pestiferous, and for that there is more necessity, that greater Care, diligence, and examination be made of those which practised here in London ... than ... in other places of the Realm. ...¹

It was this undeniable difference which had necessitated there a totally different framework for the medical profession. The usual system of licensing physicians and surgeons by the bishops, which was described in Part I,* never really operated in London. In its place Henry VIII incorporated the physicians into a college and united all barber-surgeons and surgeons into a company with exclusive power. These two bodies continued throughout the Tudor and Stuart period, and their separate governance of the two distinct branches of medical practice was so well defined and so well known that any reassessment of medical practice there may seem unnecessary if not impossible.

The realities of medical care in a crowded and growing capital, however, were very different from the narrow concept of practice which these two medical corporations tried to enforce and which medical historians have all too often accepted as fact. Despite the pretensions of the physicians it was impossible to keep medicine, surgery and pharmacy as separate activities, and a more general form of practice which combined all that was necessary did develop in London just as quickly as in the provinces. In order to understand fully the reasons for this it is necessary to look first at the late mediaeval scene, for it must be appreciated that this tendency to general practice was a natural and consistent development which was merely interrupted for a time by the pedantry of the Renaissance.

By the fourteenth century there was already a marked difference between

* *Med. Hist.*, 1962, 6, 363-82.

the medical needs of London and of the provinces. Outside London the needs of a largely rural population were simple and could safely be left to the leeches and local wise women who enjoyed some knowledge of Salernitan medicine in its anglicized version. In London on the other hand the people were divorced from the wort-cunning of the countryside and needed much more help and attention. Such medical care however was not easily available, for in London, unlike other European cities, there were very few physicians outside the households of the great. There was thus always the danger that this unsatisfied demand for medical attention would give encouragement to pretenders whose practice all too often was based on magic and sorcery. It was to avoid the consequent threat to public order and morality that the City often felt obliged to intervene in medical matters long before any attempt at regulation was made in the rest of England. In 1300 for example an inquiry was ordered into a cleric's use of putrid wolves as a remedy,² and in 1382 stern action was taken against two pretended physicians.³ The greater part of medical practice, however, naturally fell into the hands of the two medical auxiliaries of the mediaeval physicians, the barber-surgeons and the apothecaries, who quickly outgrew their original limited functions.⁴

Of these two groups the barber-surgeons were the more numerous and energetic, and they soon provided general medical care to the mass of the population. The City then found it necessary to intervene to protect the public, and as early as 1300 a surgeon was brought before the Mayor and ordered to return a patient's fee, and his right to practise again was to be decided by examination by the other London surgeons.⁵ Eight years later the City began a system of supervision of barbery and surgery by making one of the leading practitioners responsible for the whole craft.⁶ Throughout the fourteenth and fifteenth centuries this supervision of surgery was somewhat complicated by the fact that there existed in London a small group of specialist surgeons who enjoyed some academic training or military experience and resented control on the part of the less skilled barbers. The rivalry of these two groups was so intense that it soon caused the ruin of an early experiment in comprehensive medical regulation.

It has already been seen in Part I that in 1421 there was a petition to Parliament on behalf of university-trained physicians asking for proper regulation of medical practitioners; the request was granted but nothing seems to have been done nationally. In London however there was a determined attempt to implement this idea. In 1423 some physicians and surgeons successfully asked the City for power to set up a joint regulation of the practice of medicine and surgery in London.⁷ These two groups then had supervisors sworn before the City authorities⁸ and began their work of control. In 1424, for example, they set up a committee to deal with a case in which a surgeon and two barber-surgeons were accused of wrong treatment.⁹ In order to consolidate this supervision of medicine the City also swore two apothecaries to inspect all apothecary wares in London.¹⁰ At this point, however, the barbers of London sabotaged the whole scheme by successfully petitioning the Mayor for a

declaration that the authority of the physicians and surgeons did not extend to the barbers in their practice of surgery.¹¹

After this setback the system of regulation broke down and there was now little chance that medicine and surgery could be kept apart as the physicians had wanted. The physicians went their own way as learned men for whom medicine was a mere sideline to their clerical ambitions. Dr. Gilbert Kymer, the erstwhile 'Rector' of London physicians and leading figure in the 1423 scheme, was typical of his age in accepting ecclesiastical preferment and leaving London.¹² The apothecaries for their part remained an integral part of the Grocers' Company, whose privileges and independence as traders were confirmed by their charter of 1429.¹³ The barbers and the surgeons, who between them accounted for the vast majority of medical practitioners, continued as separate and competing fellowships whose rivalry made any sort of unified control of medicine and surgery impossible.

This situation however did not last very long, for the barbers were becoming better organized while the surgeons were actually declining in numbers. After the barbers had obtained a royal charter in 1462¹⁴ their power seems to have become so dominant that the surgeons within a generation had begun to cooperate with them to enforce proper control over surgery. Indeed by 1493 it could be said that the two groups had amalgamated, were it not for the fact that the surgeons continued to be enfranchised by the City authorities and not by the Barbers' guild.¹⁵ That two groups who for so long had fought each other for monopoly control of surgery should so quickly join together is rather surprising, and their sudden cessation of hostility can only be explained by the changing nature of medical practice in London.

By the late fifteenth century the early mediaeval distinctions between physician, surgeon and apothecary were no longer essential in a compact urban centre where manuscripts and ideas circulated easily. Rigid specialization was no longer the only way in which the fragmented knowledge of the Ancients and the Arabs could be pieced together and transmitted. Surgeons, especially those experienced in war, were practitioners whose calling made for a combining of all known techniques. They made their own plasters and ointments, invented new instruments and collected the growing number of manuscripts,¹⁶ some of which were even written in the vernacular 'for the wider knowledge of the laity'.¹⁷ Thus while the university-trained physicians were making no progress at all, there was developing in London a body of surgeons who combined medicine with surgery and who based their practice on experience rather than on academic learning.¹⁸

It was this profitable extension of their activities that took away the old hostility felt by surgeon for barber-surgeon in the days when they were competing for what little strictly surgical practice there was. The invention of printing then served to undermine further what was left of the old spirit of demarcation and monopoly, and within a few years new books, new diseases and new drugs were all to open new fields to the surgeon and barber-surgeon. In these circumstances it is not surprising that old restrictive attitudes were

superseded by constructive ideas. By 1497 the barber-surgeons had even appointed a doctor of medicine, John Smith, as 'Instructour & examiner' to supervise entry into the profession.¹⁹

It is against this setting of progress in general practice and enlightened control that the reforms of Henry VIII's reign must now be viewed. The demand for medical reform in the early sixteenth century seems to have come from a small group of university men close to the Court. Increasing contact with northern Italy made men such as Colet, Dean of St. Paul's, and Thomas Linacre, the royal physician, painfully aware of the contrast between London and Italian university cities in all matters of medical regulation. Ignoring the fact that London was not a university city with an assured supply of trained physicians to hand, these men of the New Learning had a bill introduced in 1512 which put the licensing of physicians within seven miles of London in the hands of the Bishop of London and his officers, who were to be assisted by four doctors of medicine in examining applicants. No one except a graduate of medicine was to practise without such a licence and anyone who did could be sued in the courts for a forfeiture of £5 for each month of illicit practice.²⁰

Before the bill was finally passed amendments were made so that surgeons were included and, as has been seen in Part I, bishops in the provinces were to operate the same system in their respective dioceses. Although there was nothing novel in giving the Church such a licensing power, the system set up in 1512 was badly thought out. It was not made clear whether the exemption of graduates applied to London as well as to the rest of the country. It was probably meant to do so, for the whole point of the Act as far as London was concerned was to reserve a monopoly of practice to graduates, and it is presumably for this reason that no episcopal licence was in fact ever granted for the practice of medicine in London. Secondly, the surgeons were included in this licensing system despite the fact that the Barber-Surgeons already had a charter (1462) which made them the effective licensing authority. In alarm the Barber-Surgeons therefore appealed to the King and obtained a confirmation of their charter on the very day that the licensing Act finally passed.²¹ The net result of these two conflicting grants was that the Bishop merely granted his letters testimonial to barber-surgeons who had been examined and approved by the masters of their guild. As long as this compromise worked it meant a duplication in effort (and cost to the applicant). In fact, however, the Bishops' officers were lax in granting letters testimonial, and practitioners who were incompetent were thus able to buy immunity from the discipline of the Barber-Surgeons whose job it was to maintain and improve standards.²²

More to the point of this present study was the implication of the 1512 Act that medicine and surgery were to be kept separate. The operation of the Act, however, was to show that it was easier to legislate than to enforce this obsolescent distinction on a population that needed the services of these empirical general practitioners. Between April 1516 and June 1517, for example, there were seven prosecutions brought in Exchequer for unlicensed practice of medicine. In only one of these was a verdict of guilty obtained and even here the

defence put forward gave serious concern to the monopolistic physicians; it was, the defendant argued, not justifiable to so define the practice of medicine that it included the mere use of a general knowledge of herbs.²³ The defence put forward in the other cases was similar, and the implication behind them was that surgery comprehended all forms of medical treatment and that the university physician therefore was to be regarded as a consultant for the rich, rather than as a practitioner with an exclusive right to practise medicine as an arbitrarily distinct branch of the healing art. This argument was put most clearly in the two cases of Thomas Rosse who was a surgeon²⁴ and the first known practitioner to be licensed for surgery by the Bishop.²⁵ He had enjoyed some university education at Oxford and thus was able to cite ancient authorities to corroborate his claim.²⁶ Richard Alison, another defendant, sought to justify his giving of internal remedies by arguing that the physician's concept of medicine was static and the distinctions between physic and surgery archaic; a new disease like syphilis, he said, necessitated new forms of treatment which could not be classified as pertaining exclusively either to medicine or surgery.²⁷

It is against this background of an attempted monopoly by physicians on the one hand and six failed prosecutions and vigorous arguments in favour of medical freedom on the other that the forthcoming amendment of the 1512 Act must be viewed. In 1518 letters patent²⁸ were granted to Linacre, Chambre and de Victoria, the royal physicians, and three other London physicians, giving them authority to set up 'a College in perpetuity of learned and wise men who make any practice of medicine in our City of London and suburbs and within seven miles thereof . . .'. The power of admission to the College and general supervision of medical practice were put in the hands of the President and four Censors, and they were empowered to sue for a moiety of a £5 forfeiture for every month that anyone practised medicine without their approval.²⁹

Nothing much was done to implement this plan, as the City was uncooperative³⁰ and Parliamentary confirmation was necessary to supersede the Bishop of London's statutory right to grant licences for medicine in London. As soon as Parliament met in 1523, however, this confirmation was obtained by an Act which also made it clear that the College could reject applicants for admission if they lacked the qualifications deemed necessary by the President.³¹

The London College of Physicians thus began to function in 1523 as a body largely concerned to entrench a monopoly of medical practice in the hands of the few medical graduates that lived there. That the motives of the founders were largely selfish is hardly deniable but it must be admitted that the many opponents of the College tended to exaggerate this to the exclusion of all else.³² In fact there were several reasons for the foundation of the College. The collegiate idea almost certainly came from scholars close to the Court, and men like Linacre no doubt did have a genuine desire to put an end to the superstitious and even magical practices that were in such a marked contrast to the rationalism of the Greek medical texts which they so admired. The most important factor, however, was almost certainly the interest of Wolsey, who as a practical statesman was concerned with the general lack of medical organization

in the capital. Plague had not really left the City since 1511³³ and the routine of government was frequently interrupted.³⁴ From 1517 to 1518 there was also the third outbreak of sweat,³⁵ which kept the King out of London for long periods, and much of the state correspondence to and from Wolsey at this time shows a preoccupation with disease.³⁶ Indeed Wolsey himself in 1518 had to devise measures to prevent infected persons spreading disease.³⁷

Thus the foundation of the College was part of a general but tardy attempt to deal with public health problems. The creation of an organized body of physicians was useful to the state, for it could be mobilized in times of emergency; its collective experience could be drawn on,³⁸ it could be used to investigate new problems,³⁹ and it could arrange for its members to perform urgent public or military duties.⁴⁰ This sort of action was much more prosaic than the high-flown fancies imagined by historians of the College,⁴¹ but it was the only useful function that the College ever did perform; it is indeed noticeable that opposition to the College was greatest when it did fail in this sort of duty—in the time of plague in the 1630s and 1665—and that the decline in the importance of the College coincided with the decline of this particular sort of public health problem in the eighteenth century.

Thus apart from these limited public duties the real history of the College in the Tudor and Stuart period is the history of an attempt to keep surgery separate from medicine in order to enforce a monopoly of medicine. The period from 1523 to 1553 was largely spent in consolidating the power of the College, and for some time after this the authority of the Physicians was relatively sure. Towards the end of the sixteenth century, however, the enforcement of the separation of medicine and of the monopoly of the Physicians became increasingly difficult. The Civil War at last put an end to their pretensions and the practice of medicine was then virtually free. Although it is impossible in a short article to give a full description of all the changes that this entailed for the profession of medicine, it is nevertheless worthwhile to study the period from 1523 to 1553 in some detail for it can be seen how even then, in a period of consolidation, there was such opposition to the policy of the Physicians that their policy was impracticable.

In order both to separate and monopolize medicine it was from the beginning necessary for the Physicians to control the other two branches of medical practice. Thus in April 1524 they persuaded the City to make apothecaries swear not to dispense prescriptions of non-collegiate physicians.⁴² Then five months later the College went a step further and tried to get the City to take action against the illicit practice of an apothecary, a surgeon and non-collegiate physician,⁴³ against all of whom there had already been unsuccessful prosecutions brought in Exchequer under the Act of 1512.⁴⁴ Thus was it made clear that the London physicians, who did not number more than a dozen, were absolutely determined to enforce an exclusive right to treat a population of 60,000 people—most of whom could not afford a physician's fee anyway.⁴⁵

Despite their ambition, however, the Physicians seem to have been unsure of their powers under the 1523 Act and as far as is known proceedings against

unlicensed practitioners were always brought in other ways.⁴⁶ Between 1523 and 1540 four prosecutions were brought under the Act of 1512 as if the Act of 1523 did not exist. Only one of these cases, which was against a tailor,⁴⁷ can be said to be socially justified. The other three were all against surgeons or non-collegiate physicians who were general practitioners.⁴⁸ Whether the College was behind these prosecutions or not, the welfare of the people certainly was not being consulted; if the physicians did initiate the actions then a corporate monopoly was being enforced in such a way that people would be deprived of the only sort of medical advice they could afford; if the initiative came from the informers then private gain was being followed in a most vexatious manner.⁴⁹

In this period also the College made complaints to the City of the general practice of Richard Smyth who was known as a 'doctor physyk & surgeon'.⁵⁰ The fact that the Barber-Surgeons associated themselves with this move, and also complained of the similar practice of John Lyster,⁵¹ seems to indicate that the surgeons were now reverting to a restrictive attitude. It was of course only natural that they should try to enforce a monopoly of surgery if the Physicians were now denying them their former outlet of general practice.

In order to confirm the separation of medicine and surgery two Acts were passed in 1540. The first was in response to a petition of the physicians and it gave them clear control over both surgeons and apothecaries.⁵² The second Act formally united at last the barber-surgeons and the surgeons and gave the combined company effective control over surgery throughout an area of one mile radius from the City. In order to give sufficient work to the surgeons it was ordered that the barbers in the company were not to practise surgery.⁵³

With these Acts behind them the Physicians and the Barber-Surgeons' Company promptly tried to realize their respective monopolies. The College then instructed a member of the Barber-Surgeons to proceed in Exchequer against an apothecary and four surgeon-physicians who were all practising medicine.⁵⁴ At the same time the surgeons began a harsh campaign to enforce their monopoly of surgery,⁵⁵ and in 1542 Thomas Gale, a leading member of the Company, laid informations against two women for 'helyng of womens papes' and against another 'for giving water to young children to heal cankers in their mouths'. Unfortunately for the barber-surgeons, however, Gale also prosecuted a brewer, Margetson, 'for giving water to cleanse men's yeese [eyes]'.⁵⁶ It turned out that this practitioner was in royal employ and of some influence, for both City and the government itself soon took action.

There had in fact already been some concern among those in authority at the way the Physicians and Surgeons were putting their grants into effect. One of the general practitioners prosecuted by the College had petitioned the City, and the Court of Aldermen had determined to help him in the good work that he was doing.⁵⁷ Another of those prosecuted by the Physicians made an appeal to the King in which he pointed out that such actions were against the public good and were 'instigated by diverse ill-disposed persons'.⁵⁸ Consequently the King granted him and several other general practitioners the right to practise medicine and surgery anywhere in England without interference.⁵⁹

The case of Margetson, however, was much more decisive. The City had promptly protested to the Barber-Surgeons about such an unjustified arrogation of monopoly,⁶⁰ and the government brought in legislation to protect such practice of medicine or surgery by anyone that had knowledge of herbs and of certain common complaints.⁶¹ Although this Act became the subject of several legal disputes, its intention was quite clear. Separation of medicine and surgery was impracticable, except for the rich who could afford to pay separately for the services of a consultant physician, a surgeon and an apothecary; therefore it was essential for the welfare of the mass of the people that they should be able to avail themselves of the simple treatments, internal and external, which both folklore and medical handbooks offered.⁶² Thus when a priest-physician in 1545 successfully defended his practice of medicine by citing this Act it could be seen that the penal sections of the Acts of 1512 and 1523 had in effect been superseded.⁶³ The Physicians naturally tried to remedy this defect in their power, and in 1553 they did at last succeed in obtaining a new Act of Parliament which confirmed the 1523 Act and repealed the Act of 1543 in so far as it related to London.⁶⁴ Although the intentions of this Act were hotly contested later, it did go a long way in settling the authority of the College.⁶⁵

It was at this time that the organization of the College was put on a firmer footing by John Caius and proper records were begun. It is clear that the Physicians tried to clean up medical practice in 1555 and the public no doubt were well served in being rid of various craftsmen and tinkers who preyed on its needs.⁶⁶ Nevertheless it is noticeable that many of the practitioners whom the Physicians sought to inhibit were medically qualified. Some were surgeons who in cases of venereal diseases gave internal medicines like guaiacum as an adjunct to external treatment with mercury. Some were apothecaries who merely sold a poor patient a cheap medicine which was known to be useful. Others even were doctors of medicine (usually foreigners) but they were all treated alike and designated as mere quacks. As time passed the records of the College imply however that the number of real quacks grew proportionately smaller, with the result that more and more of the illicit practitioners of medicine were apothecaries and surgeons;⁶⁷ and even physicians were forced to admit that their practice was often better than that of the university-educated doctors of medicine.⁶⁸

Of these two grades of medical auxiliary the surgeon was by far the more important—as indeed would be expected from what has been learned of his progress in the fifteenth century. After the union in 1540 some of the leading surgeons like Vicary and Gale were naturally tempted to follow the Physicians' policy. They therefore tried to enforce their monopoly and began to laud the authority of book-learning, particularly as exemplified in Galen. When they came to face the problem of raising standards of practice, however, they quickly reverted to the practical tradition of de Mondeville, who had explicitly treated surgery as an integral part of medicine and had dared to attack accepted Galenic doctrine, notably over the question of suppurating wounds.⁶⁹ Thus Vicary in 1548 published a work based on de Mondeville⁷⁰ and John Hall in 1565 published a version of Lanfranc.⁷¹ Then in 1553 even the English version

of Vesalius' work reverted to the de Mondeville order of dissection.⁷² The most popular general textbook for surgeons indeed was a translation of Vigo,⁷³ which was out of date but which annoyed the physicians because it was said its author 'playeth the phisician so muche in all his workes'.⁷⁴ Even Galen, of course, could be used in this way, and the physicians were to find that the surgeons' respect for classical authority was soon made to serve the idea of general practice.⁷⁵

To what extent surgeons did continue to combine medicine with surgery is difficult to say, for fear of the College naturally made them discreet in such a practice. Nevertheless there are several all too brief references to members of the Barber-Surgeons who were in general practice and were widely known as 'practitioners in physic and surgery'. One would dearly like to know more of the activities of George Keble, who so impressed his contemporaries,⁷⁶ and of Edward Duffield⁷⁷ and Thomas Knell.⁷⁸ If the careers of these men (and of those who preceded them, like Thomas Rosse and Richard Smyth) could be traced one would learn far more of what was really happening in medical practice in London than is possible from all the biographies in Munk! How good and conscientious their practice could be can be seen from John Hall's commonplace book,⁷⁹ and it is to be noted that the forward-looking physicians of that time, who incidentally were often *not* members of the College, gave such surgeons every encouragement.⁸⁰

The surgeons themselves did everything they could to strengthen their claim to prescribe. In 1566 Thomas Hall, the brother of John, was given a grant to study medicine at Oxford, 'thereby herhafter to perfect his other brethren'.⁸¹ In 1571 they backed up one of their members who refused to give the College a recognizance not to practise medicine again. A public inquiry was held and the Bishop of London supported the surgeons' claims, presumably on grounds of public utility, but in the end a forcible intervention by Caius won the day for the College.⁸²

Despite this setback the pressure by surgeons was in no way relaxed, and the fact that new remedies associated with the name of Paracelsus were taken up by these surgeons and not the physicians and apothecaries provided an additional stimulus to general practice. The Physicians thereupon began to use their powers of discipline much more harshly in the 1590s.⁸³ A factor contributing to this severity was the increasing use of urinoscopy by surgeons, for any system which provided a short-cut through the philosophical complexities of humoral diagnosis was bound to undermine the position of the academic physician. Thus for the first time the College of Physicians in 1601 decided that its members should cast doubt on this time-honoured method of diagnosis by refusing to rely on it alone,⁸⁴—an interesting example of the way in which personnel affected the actual practice of medicine.

The tendency for surgeons to practise medicine, however, was hardly likely to be reversed by such stratagems, for at this very time they were being impelled by a new form of economic pressure. There had never been enough pure surgery to support the surgeons and they had usually made ends meet by continuing to practise barbery. This of course was in contravention of the Act of 1540 but little notice was taken of this⁸⁵ until an informer realized that there

was money to be made by invoking the penal sections of that Act. Thus in 1596 four leading surgeons were prosecuted in Exchequer⁸⁶ and were obliged to pay a composition to prevent the case going forward.⁸⁷ Over the next twenty years eighty-eight cases were brought, and in 1604 alone thirty-eight surgeons were prosecuted.⁸⁸ It is not surprising that in these circumstances the younger surgeons became much more aggressive in their demand for freedom to practise, and their leading spokesman, John Woodall, used his knowledge of the surgeon's experience of general practice at sea to present a new and attractive argument: '... no Doctors will serve in his [Majesty's] Nauye and therefore ther is a necessitye of their [the surgeons] being licensed to practize phisicke. . . .'⁸⁹

This was a danger signal for the Physicians, for those in authority might well listen to such a patriotic argument, where before the College had always been able to rely on official support for its policy. Thus in 1627 at a time when it seemed that the surgeons might obtain new charter rights the College began to grant licences to surgeons to practise medicine as far as was required in surgical cases.⁹⁰ The surgeons for their part also became more amenable when in 1629 they failed to gain any real extension of their power.⁹¹ There may indeed have been voices on both sides counselling compromise. Dr. Bonham, who had fought a notable battle with the College in the first decade of the century, had become a member of the Barber-Surgeons and practised medicine and surgery in conjunction with surgeons in what can only be called a group practice.⁹² The Physicians left him in peace and Bonham seems to have been content with this compromise. Other physicians who, unlike Bonham, were members of the College then joined the Barber-Surgeons and continued this practice of co-operation. Dr. Alexander Read, for example, in return for a fee would give a prescription to cover the surgeon in his own treatment of his patient.⁹³ This practice, together with the defection of some surgeons to the College in 1627, had the effect of blurring the issue and certainly sapped the surgeons' determination to win a clear right to practise medicine in all its forms.

Thus although most surgeons did increasingly turn to general practice they were never prepared to make a frontal attack on the Physicians when they periodically tried to enforce separation. Such a frontal attack did nevertheless take place, but it was the humble retailing apothecary and not the ambitious surgeon who directed it. The apothecary in London had always stood at the edge of medical practice,⁹⁴ but his progress from retailing drugs to prescribing them was slow. Throughout the sixteenth century London apothecaries showed far less interest in new ideas than the surgeons. The reason for this was that apothecaries were directly dependent on the physicians and on the customers—and both were conservative. Few exotic drugs actually reached England in this period and there was no English handbook to help them until 1577.⁹⁵ Similarly Paracelsian medicine hardly touched the apothecary, for the main value of the mineral drugs was in the treatment of venereal diseases or skin complaints and in this field the surgeon was dominant and he made his own preparations. Of course there was always the exceptional man who did see the advantage of an apothecary's shop as a firm base on which a good medical practice could be

built. Roger Gwyn, for example, who was the apothecary to both St. Thomas's and St. Bartholomew's hospital,⁹⁶ found himself in trouble with the College for practising medicine.⁹⁷

The turning point in the development of the apothecary was the opening up of trade with the East in 1600 and with South America in 1604. The amount of exotic drugs imported rose very quickly and this gave the apothecary a new importance. Resignation in the face of disease and distrust of foreign medicaments were slowly being replaced by a general feeling that God in his mercy had given a remedy for every disease and therefore anything was worth trying. There was undoubtedly a marked improvement in the profitability of the apothecaries' trade, and many more apprentices than before were attracted into this promising profession. The apothecary thus gradually became more independent in his outlook and he even began to feel superior to the academic physicians, who were increasingly losing practical touch with the growing number of drugs.⁹⁸

The Physicians indeed were beginning to realize that they were fast losing their grip on medical practice in London,⁹⁹ but in 1614 they suddenly saw an opportunity to regain control. Some apothecaries were no longer content with their subordinate position within the Company of Grocers and so petitioned the King for separation.¹⁰⁰ The Physicians then suggested a bargain whereby the Royal Physicians helped the apothecaries to obtain both separation and a monopoly of the sale of medicaments, and the apothecaries for their part promised to stop dispensing for the many surgeons and non-collegiate physicians practising in London. Like the surgeons in 1540 the apothecaries were prepared to accept such a limitation of their freedom in return for the ever-alluring prospect of monopoly.

The first step in this scheme was successfully taken in 1617 when the apothecaries were set up as an independent company and the College given wider powers of discipline.¹⁰¹ The realities of the medical situation in London, however, had not changed, and there was even less hope than in the sixteenth century that some forty physicians could cater for the needs of a population which now numbered three hundred thousand.¹⁰² The College could not stop the general practice of medicine by illicit practitioners, and the Apothecaries consequently found, as the surgeons had before them, that they could not enforce a monopoly of their particular branch of medicine. Non-collegiate physicians, if deprived of the apothecaries' help, started to make up their own medicines. Even worse was the fact that some members of the College itself began to practise medicine generally and do their own dispensing, in order to protect themselves against the illicit competition that the College failed to restrain.¹⁰³ Furthermore, the Apothecaries had to face the opposition of the Grocers, who continued to sell not only spices but even dangerous medicaments like mercury.¹⁰⁴

Thus it is no surprise to find that by the 1620s apothecaries were beginning to oppose the College. It is important to note that, unlike the surgeons, they did not claim the right to practise but rather claimed complete freedom of action. This demand came largely from the richer and more enterprising apothecaries,

who insisted on their rights as citizens of London. They resented the way in which the College, by virtue of the Acts of 1540 and 1553, was able to interfere with their trade to an extent that no other City company had to endure. These men, led by Edward Cooke, wanted the economic freedom that Magna Carta was supposed to have granted.¹⁰⁵ This mixture of economic and political theory was a far stronger battle-cry than a mere demand to practise medicine. Naturally the majority of apothecaries were not interested in wholesaling and manufacturing drugs, and for them the practice of medicine would be a welcome and profitable extension of their activities. These apothecaries however were, almost by definition, not rich enough to bear the considerable financial sacrifice that opposition to the College might bring; Job Weale, one of the leaders, for example, lost £700 over a period of three to four years.¹⁰⁶ Furthermore, these would-be medical practitioners in the Society of Apothecaries were not influential, and indeed they were sometimes deprived of their normal privileges of seniority if they devoted themselves wholly to the practice of physic.¹⁰⁷

Thus it was that the Physicians tended to concentrate their attention on apothecaries like Dr. Edward Odling¹⁰⁸ and Dr. John Buggs¹⁰⁹ who were trying to set up as regular physicians. The real threat to the privileges of the College, however, came from apothecaries who did not want to give up their retail trade and become physicians at all, but who did want to practise medicine generally as a natural extension of shop practice. When battle was at last joined in 1634 it did seem that the Physicians would ultimately win,¹⁰¹ but the outbreak of civil war soon put an end to all hopes of saving their powers of monopoly and extra-judicial discipline. At a time when all authority became suspect the physicians hardly dared to assert themselves, and the practice of medicine thus became free for the first time since 1512. General practice by men like Nicholas Culpeper¹¹¹ and George Thomson¹¹² then not only became the normal form of practice but also the testing ground of new ideas.

After the Restoration the Physicians naturally expected that their former authority would be restored. The King, indeed, did grant a new charter, but Parliament did not pass the bill of confirmation because of the opposition of the Apothecaries (and of the surgeons to a lesser extent).¹¹³ There then ensued a pamphlet warfare between the Physicians and the Apothecaries,¹¹⁴ and this was prolonged into the eighteenth century by the physicians' attempt to undermine their rivals' trade by means of a public dispensary which gave medicines at cost.¹¹⁵ Charity such as this, however, was not likely either to last or to solve the underlying problem of how to give the people the general medical care they needed.¹¹⁶ It was no longer merely a question of helping the poor, for there was now a numerous middle class which not only expected adequate medical care but was also able to pay for it, provided that the fees demanded were not exorbitant. Thus many members of the College were opposed to the Dispensary and continued to act as specialist consultants to the apothecaries who were practising medicine. It is no coincidence that Sir Richard Blackmore, their leader, criticized Garth and his friends not only for their restrictionist attitude in medicine but also for their failure to provide a middle-class literature.¹¹⁷

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However interesting the literary ramifications of these disputes, they do not justify a detailed study here for they were not nearly as important as they seem in the evolution of general practice. The very fact that the proud physicians, armed as they still were with extensive statutory rights, were obliged to stoop to such stratagems and abuse is proof enough that the battle had long since been lost. The London public had become dependent on the apothecary for the simple reason that his services were relatively cheap and efficient, and he could be relied upon to prescribe, dispense and even dress wounds and do bleeding without calling in physicians and surgeons. He could be consulted in his shop and the required medicine would be handed over the counter there and then or delivered by the apprentice. If the patient needed attention in the home the apothecary was always prepared to visit and give advice, and for this service there would be no special fee, although of course the prices of the medicines would have to cover his extra expenses.

Discussion of this sort of general practice by the apothecary has tended, both then and ever since, to centre on the question of the standard of knowledge and care, but this is largely irrelevant because modern scientific criteria must not be used to condemn the polypharmacy of the apothecary any more than the humoral theories of the physician. The important, though perhaps regrettable, fact was that since Coke's judgements in the early part of the century¹¹⁸ medical practice had increasingly become a free economic activity like any other. The market now directed the personnel and practice of medicine. Thus when the College made a last despairing attempt to stop the apothecary by suing William Rose under the Act of 1523, the House of Lords gave the verdict to the apothecary, because it could no longer be denied that the Physicians' concept of what constituted medical practice did not serve the needs of the mass of the people.¹¹⁹

General practice had at last arrived legally, and the Physicians thenceforth never really challenged this fact. The College carried on like any other close corporation of the eighteenth century but its energies were now devoted to denying the full rights of admission to the increasing number of Scottish physicians whose medical degrees and general practice were equally disdained. The apothecary and the surgeon, who tended to resemble each other more and more in training and practice, provided most of London's population with its medical care, and this fact was at last recognized in the early nineteenth century when a reformed College of Surgeons and the Society of Apothecaries were given powers of examination.

It is an irony of medical history that ten years after the Rose Case the first person to use the term 'general Practitioners' was John Bellers.¹²⁰ This writer not only held no brief for the monopolistic medical corporations but also rejected the assumption that general medical care for the people should be a mere marketable commodity to be measured and priced by the dose. His appeal to the national interest, however, had to wait for more than two hundred years before it was realistically considered, and even now the implications for general practice which are posed by the National Health Service have still to be worked out.

This article is a résumé of a full-length study of London medical practice which has just been completed and which was made possible by a Wellcome Research Fellowship in the Faculty of the History of Medicine and Pharmacy of the London Society of Apothecaries. Acknowledgment is made for permission to quote from the records of the City of London and the Guildhall Library, the Public Record Office and the Royal College of Physicians.

NOTES AND REFERENCES

Abbreviations:

City of London	C.L.B.	Calendar of Letter Books
	Jour.	Journal
	L.B.	Letter Books
	Rep.	Repertory
Guildhall Library	B/S.	Barber-Surgeons' Company
	S.A.	Society of Apothecaries
Public Record Office	Excheq. K.R.	Exchequer, King's Remembrancer Memoranda
	Mem. Rolls	Rolls
	A.P.C.	Acts of the Privy Council
	C.S.P.D.	Calendar of State Papers Domestic
Royal College of Physicians	R.C.P.	[The page references to the Annals, 1518-72, are from <i>Annalium Collegii . . . Johanne praesidente & auctore . . .</i> , printed in <i>The works of John Caius . . .</i> , ed. E. S. Roberts, Cambridge University Press, 1912.]
—	L. & P.	Letters and Papers of the Reign of Henry VIII, 2nd ed., 1920.

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2. *Calendar of early Mayor's Court Rolls . . .*, ed., A. H. Thomas, Cambridge University Press, 1924, p. 5.
3. C.L.B., H, p. 184.
4. See for example the case in 1354 of a spicer (apothecary) practising surgery, in Riley, H. T., *Memorials of London and London Life . . ., 1276-1419*, London, Longmans, 1868, pp. 273-4.
5. *Calendar of early Mayor's Court Rolls*, p. 81.
6. C.L.B., C, p. 165.
7. L.B., K, ff. 6^d-7^d, quoted with some mistakes in South, J. F., *Memorials of the Craft of Surgery in England*, ed. D'Arcy Power, London, Cassell, 1886, pp. 299-305.
8. C.L.B., K, pp. 14-15.
9. *Calendar of Plea and Memoranda Rolls, 1413-1437*, ed. A. H. Thomas, Cambridge University Press, 1943, pp. 114-15.
10. Jour., 2, f. 18.
11. L.B., K, f. 27^d, quoted in Young, S., *Annals of the Barber-Surgeons . . .*, London, Blades, 1890, p. 43.
12. EMDEN, A. B., *A Biographical Register of the University of Oxford to A.D. 1500*, 3 vols., Oxford, Clarendon Press, 1957-9, pp. 1068-9.
13. Printed in Heath, J. B., *Some Account of the Worshipful Company of Grocers . . .*, London, privately published, 1869, pp. 410-12.
14. B/S., MS. 5242. This is printed and translated in Young, *op. cit.*, pp. 52-8.
15. Jour., 10, ff. 27-28^d, quoted in Young, *op. cit.*, pp. 66-8.

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16. For examples of their ingenuity and learning see Talbot, C. H., and Hammond, B. A., *A Biographical Register of Physicians and Surgeons in England up to 1518*, London, Wellcome Medical History Library (in the press). Even in the fourteenth century a surgeon such as John Arderne was able to quote twenty-one different authors in his writings (Power, D'A., *The lesser writings of John Arderne*, XVIIth International Congress of Medicine, London, 1913, section XXIII (History of Medicine), London, O.U.P., 1914, p. 131).
17. BENNETT, H. S., Science and information in English writings of the fifteenth century, *Mod. Lang. Rev.*, 1944, 39, 3.
18. See Talbot and Hammond, *op. cit.* See especially the example of William Hobbs, who was physician and surgeon to Edward IV.
19. B/S., Surgeons' Ordinance Book, ff. 36–8.
20. House of Lords Copy, 3 Henry VIII, c. 11.
21. For the date see *Lords Journal*, I, 15. For the confirmation see L. & P., I, pt. I, 32, and B/S. MS. 5244 which is quoted in Young, *op. cit.*, p. 76.
22. See the evidence for this in B/S., Court Minutes, 1550–1586, f. 29^d.
23. Excheq. K.R. Mem. Rolls, 295, Trinity, rot. 17^d, 25^d, 29^d.
24. He was warden of the surgeons' fellowship in 1517, L.B., N, f. 44^d.
25. That is in February 1513, Excheq. K.R. Mem. Rolls, 295, Easter, rot. 8.
26. *Ibid.*, rot. 8, 20. He cited Avicenna, Gilbertus Anglicus and Peter Argellata.
27. *Ibid.*, Hilary, rot. 21. Of the remaining cases in question one was against Henry Rider, the empirical practitioner who had already been found guilty once, *ibid.*, 296, Trinity, rot. 70. Another was against Thomas Walshe (*ibid.*, Easter, 295 rot. 10), a surgeon who had been licensed for surgery in 1514, *Register Fitzjames*, f. 52. The last case was against William Browne, who was said to practise 'physic and surgery as a surgeon', *ibid.*, Easter, rot. 11^d.
28. L. & P., II, pt. II, 4450.
29. This charter is printed in full in *Statutes of the Realm*, 14 & 15 Henry VIII, c. 5.
30. Rep., 4, f. 136. Sir Thomas More's letter in this respect was not taken notice of by the City until an Act of Parliament (1523) had confirmed the charter, L.B., H, f. 236.
31. *Statutes of the Realm*, 14 & 15 Henry VIII, c. 5.
32. See for example the argument of Barker in 1656, Shower, B., *Reports of Cases . . .*, 2 parts, London, D. Browne . . ., 1708–20, pt. II, p. 166.
33. CREIGHTON, C., *A History of Epidemics in Britain . . .*, 2 vols., Cambridge University Press, 1891–4, vol. I, pp. 288–92.
34. See the notable example in 1516, *ibid.*, p. 290.
35. *Ibid.*, pp. 246, 290.
36. L. & P., II, pt. II, 4058–61.
37. *Ibid.*, 4125.
38. See for examples of this, A.P.C., 1577–1578, pp. 387–8; *ibid.*, 1629–1630, 992, 1000.
39. Tobacco-smoking is a good example: C.S.P.D., 1619–1623, p. 107; A.P.C., 1628–1629, 483.
40. A.P.C., 1627–1628, p. 182; *Hist. MSS. Com., Salisbury*, vol. II, p. 55.
41. See, for example, Freind, J., *The History of Physick . . .*, 2nd ed., 2 parts, London, J. Walthon, 1725, pt. II, p. 414; Johnson, J. N., *The Life of Thomas Linacre . . .*, London, R. Lumley, 1835, pp. 278–9.
42. L.B., H, f. 263–263^d.

43. Rep., 4, f. 201–201^d.
44. Excheq. K.R. Mem. Rolls, 294, Michaelmas, rot. 6; 295, Easter, rot. 8; 295, Trinity, rot. 2^d; 295, Michaelmas, rot. 20; 300, Hilary, rot. 13.
45. Even by 1538 there were only 14 Physicians, Jour., 14, f. 100^d.
46. The College did intend to proceed against an apothecary in 1526, R.C.P., Annals, 1518–1572, p. 9, but this appears not to have come to anything.
47. Excheq. K.R. Mem. Rolls., 308, Easter, rot. 16.
48. *Ibid.*, 300, Hilary, rot. 13, 24; 311, Easter, rot. 56.
49. The vexatious nature of many informations can more easily be seen from the case of Thomas Rogers, a surgeon, who was found guilty of illicit practice of surgery in 1530 and who then decided to recoup his forfeiture by citing twelve colleagues, four of whom were immediately able to produce their licences! *Ibid.*, 309, Michaelmas, rot. 10; 310, Michaelmas, rot. 41–51, 93.
50. Rep., 9, ff. 177, 189, 234, 236; 10 f. 66^d.
51. Rep., 10, f. 64.
52. *Statutes of the Realm*, 32 Henry VIII, c. 40.
53. *Ibid.*, 32 Henry VIII, c. 42.
54. Excheq. K.R. Mem. Rolls, 320, Trinity, rot. 12–16. For the employment of Orwell Wylde by the College see R.C.P., Annals, 1518–1572, p. 13.
55. *The practyse of syrurgyons of Mountpyller . . . and of other that neuer came there*, London, R. Bankes, 1540, sig. A ii^v.
56. L. & P., xvii, 1255.
57. Rep., 10, ff. 237, 238^d.
58. Excheq. K.R. Mem. Rolls, 320, Hilary, rot. 45.
59. L. & P., xvii, 443 (4); see also *ibid.*, 1012 (37); xviii, pt. I, 623 (19).
60. Rep., 10, f. 240^d.
61. *Statutes of the Realm*, 34 & 35 Henry VIII, c. 8. This Act has been the basis of the modern herbalists' right to sell herbs and simple mixtures, but it has been superseded by the more detailed provisions of the Pharmacy and Medicines Act of 1941. I am grateful to Mr. L. G. Matthews for drawing my attention to this point.
62. It was a sore point with the College of Physicians that medical books were widely read—and even written—by laymen. Most of these, like the folk-lore traditions, were derived directly from Salernitan precepts. For a good example, see Elyot, T., *The castell of helthe . . .*, London, T. Berthelet, 1536.
63. Excheq. K.R. Mem. Rolls, 324, Michaelmas, rot. 53. There were a few more prosecutions under the 1512 Act but they were negligible in importance. The 1523 Act, however, was later revived (see below).
64. *Statutes of the Realm*, 1 Mary, c. 9.
65. Notably by Edmund Gardiner the Paracelsian and author of *The trial of tabacco*, and by George Butler, a surgeon.
66. R.C.P., Annals, 1518–1572, p. 22.
67. The Annals only deal with practitioners who had the misfortune to attract attention. There were many of course who avoided the discipline of the College. There were, for example, said to be about sixty women practising in London in 1562 (Valleriola, P., *The office of a chirurgeon . . .*, printed in Gale, T., *Certaine workes of Galens called Methodus medendi . . .*, London, H. Denham, 1566, p. 102), but the vast majority of these never appeared before the Censors.

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68. COTTA, J., *A short discoverie of the unobserved dangers of severall sorts of ignorant and unconsiderate practisers of physicke . . .*, London, W. Jones and R. Boyle, 1612, pp. 42, 45.
69. ALLBUTT, T. C., *The Historical Relations of Medicine and Surgery . . .*, London, Macmillan, 1905, pp. 29, 40, traces this school of thought back through Lanfranc to Theodoric.
70. This work is known only in its (second?) edition of 1577; Vicary, T., *A profitable treatise of the anatomie of mans bodie . . .*, London, H. Hanforde, 1577.
71. HALL, J., *A most excellent and learned woorke of chirurgerie . . .*, London, T. Marshe, 1565.
72. *Compendiosa totius anatomiae delineato . . .*, trans. N. Udall, London, T. Geminus, 1553; see Larkey, S. V., *The Vesalian Compendium . . .*, *The Library*, 4th ser., 1932-3, 13, 367-94.
73. *The most excellent worke of chirurgerie . . .*, by Master John Vigor . . ., trans. B. Traheron, London, R. Whytchurche, 1543.
74. Hall, J., sig. N. iiii.
75. See particularly Gale, T., *Certaine workes of Galens called Methodus medendi . . .*, pp. 23-33.
76. Notably Thomas Hill (*A brief epitomye of the whole art of physiognomie . . .*, London, J. Wayland, 1556, dedication) and William Clowes (*A profitable and necessarie booke of obseruations . . .*, London, T. Dawson, 1596, p. 182).
77. B/S., Court Minutes, 1550-1586, f. 70.
78. *Ibid.*, f. 86.
79. POWER, D'A., John Halle and sixteenth century consultations, *Proc. roy. Soc. Med.* (Hist. Sect.), 1918, 11, 55-64.
80. Robert Recorde, William Turner and William Cuningham all had contacts with the Barber-Surgeons. Julio Borgarucci was Reader of Anatomies for the Surgeons, B/S., Court Minutes, 1566-1603, f. 20^d, and there is an indication that pressure was being brought to bear on him by the Physicians to break this association as he was a member of the College, Lansdowne, MSS. 21, 60 (not in Munk).
81. B/S., Court Minutes, 1566-1603, f. 14. He was made anatomy lecturer for ten years in 1577, *ibid.*, f. 36^d.
82. R.C.P., Annals, 1518-1572, pp. 66, 70.
83. See, for examples, R.C.P., Annals, 1581-1608, ff. 114^d, 115^d, 150-156^d.
84. R.C.P., Contemporary Copy of the Annals, 1647-1682, pp. 235-6.
85. See however a 1583 reference, B/S., Court Minutes, 1550-1586, f. 122.
86. Excheq. K.R. Mem. Rolls, 411, Michaelmas, rot. 380-3, 509.
87. B/S., Court Minutes, 1566-1603, ff. 62, 63.
88. Excheq., K.R. Mem. Rolls, 427, passim.
89. R.C.P., Annals, 1608-1647, f. 156.
90. MUNK, vol. 1, pp. 188, 193; R.C.P., Annals, 1608-1647, f. 70.
91. Patent Roll, 5 Charles I, pt. XVII, 1. In the Barber-Surgeons' records this charter is MS. 5247.
92. See, for example, R.C.P., Annals, 1608-1647, f. 17. For his admission to the Barber-Surgeons see B/S., Admissions to Freedom, 1522-1664, f. 47.
93. R.C.P., Annals, 1608-1647, ff. 129^d, 136^d, 137^d, 192^d. In another case the physician took 10s. for his covering prescription while the surgeon was able to charge the patient £2 for his treatment, *ibid.*, f. 203. For other physicians

- joining the Barber-Surgeons, see Andrewes and Fludd, B/S., Court Minutes, 1621-1651, pp. 123, 171.
94. See above footnotes 4 and 43.
95. ROBERTS, R. S., 'The early history of the import of drugs into England', printed in *The Evolution of Pharmacy in Britain*, ed. F. N. L. Poynter, London, Pitman, 1965 (in press).
96. St. Thomas's, Court Minute Book, 1580-1608, f. 9; St. Bartholomew's, Ledger, vol. 1, ff. 371, 567.
97. R.C.P., Annals, 1581-1608, f. 40^d.
98. S.A., Star Chamber proceedings (MS. 8286), ff. 7, 24.
99. R.C.P., Annals, 1608-1647, ff. 12^d, 17.
100. WALL, C., CAMERON, H. C., UNDERWOOD, E. A., *A History of the Worshipful Society of Apothecaries of London*, London, O.U.P., 1963, vol. 1, p. 11.
101. *Ibid.*, p. 17; Goodall, pp. 37-61.
102. For the various estimates of the population of London, see Brett-James, N. G., *The Growth of Stuart London*, London, Allen & Unwin, 1935, pp. 496-515. For the membership of the College, see R.C.P., Annals, 1608-1647, ff. 79^d, 159^d.
103. R.C.P., Annals, 1608-1647, f. 150^d; S.A., Record Book, f. 28^d.
104. S.A., Record Book, f. 37^d.
105. S.A., Star Chamber proceedings (MS. 8286), f. 2.
106. *Ibid.*, f. 22.
107. S.A., Court Minutes, 1617-1651, f. 395^d.
108. R.C.P., Annals, 1608-1647, ff. 77^d, 80, 129.
109. WALL, CAMERON and UNDERWOOD, *op. cit.*, vol. 1, pp. 245-54, 304-11.
110. See notably the order of the Privy Council in favour of the College in 1640, C.S.P.D., 1639-1640, p. 414.
111. POYNTER, F. N. L., Nicholas Culpeper and his books, *J. Hist. Med.*, 1962, 17, 152-67.
112. Thomson is an undeservedly neglected practitioner whose career has been described in part in Thomas, Sir H., 'The Society of Chymical Physitians . . .', printed in *Science, Medicine, and History Essays . . . Written in Honour of Charles Singer*, ed. E. A. Underwood, 2 vols., London, O.U.P., 1953, vol. II, pp. 56-81.
113. *Commons Journal*, 8, 546, 548-9; T.M., *A letter concerning the present state of physick . . .*, London, J. Martyn and J. Allestry, 1665, p. 5.
114. For an outline of this, see Roberts, R. S., Jonathan Goddard . . ., *Med. Hist.*, 1964, 8, 190-1.
115. ROSENBERG, A., The London dispensary for the sick-poor, *J. Hist. Med.*, 1959, 14, 41-56.
116. P[AXTON], P., *The grounds of physick examin'd . . .*, London, R. Wilkin, 1703, p. 6, quoted in Rosenberg, 56.
117. See Krapp, R. M., Class analysis of a literary controversy . . ., *Science and Society*, 1946, 10, 80-92.
118. See the example quoted in Part I (p. 374). For his judgement in the Bonham case see Coke, E., *Reports*, 4th ed., 13 parts, London, R. Gosling, 1738, pt. VIII, ff. 116-21.
119. *Lords Journal*, 17, 482. See also *The case of the College of Physicians . . .*, London, 1704.
120. BELLERS, J., *An essay towards the improvement of physick . . .*, London, J. Sowle, 1714, p. 10.