

THE PERSONNEL AND PRACTICE OF MEDICINE IN TUDOR AND STUART ENGLAND

PART I. THE PROVINCES

by

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It has always been assumed that the provinces in England enjoyed no proper medical care in the sixteenth and seventeenth centuries. The smallness of the number of physicians who belonged to the exclusive College of Physicians has made it appear that the mass of the people who lived outside London relied for medical attention on quacks. We are now in a position, however, to present a more accurate picture of medical practice at that time. It has long been obvious that the term quack should be reserved to that small number of travelling mountebanks who set up their stages and gave entertainments as a means of selling their nostrums.¹ The greater part of general medical practice lay in the hands of wise country people who were sound empirical practitioners protected by the Act of 1542.² Dr. Raach has now gone farther and shows that there were large numbers of formally qualified physicians all over England.³ The recent study of four very important cases in Star Chamber,⁴ however, shows that even Raach does not go far enough for there were large numbers of apothecaries and surgeons practising medicine as well; indeed apothecaries in the provinces had gained the right to practise nearly a hundred years before the Rose Case in London guaranteed that right to London apothecaries.⁵

In making a reassessment of medical practice in this period, Raach's *Directory* is a convenient starting point for he shows how inadequate *Munk's Roll* is as a basis for any discussion about medicine outside London; for the period 1603 to 1643 Dr. Raach has found some eight hundred physicians outside London; this figure is almost ten times the number admitted by the College of Physicians to practise in London, and is thirty-two times greater than the number admitted by the College as extra-licentiates.⁶ The *Directory* also shows that these country physicians were as well educated as the extra-licentiate group; three-quarters of the eight hundred had matriculated at least, and over a quarter of them had taken an M.D. degree.⁷ A study of the University Registers would show that such figures are not peculiar to Raach's selected years, although, of course, numbers did steadily increase during these two centuries; certainly the study of medicine became more popular⁸ and there was some relaxation of strict academic requirements governing the intervals and studies between one degree and the next. Dispensations, particularly for the M.A. and M.B., at Oxford made it unnecessary to spend the full thirteen or fourteen years there to obtain an M.D.⁹ At Cambridge after 1570, similarly,

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the preliminary training in Arts could be dispensed with.¹⁰ Also it became more common to apply for University licences 'to practise medicine throughout England'. The exact nature of these licences is not clear, for at Cambridge they seemed to be a substitute for the M.B. degree whereas at Oxford they were often granted at the same time as the M.B., but there the time between the M.B. and a previous M.A. was greater;¹¹ occasionally the licence was even taken with the M.D. and nearly always the applicant was already in practice.¹² According to the Professor of Physic at Cambridge in 1635 licenses had been granted indiscriminately before his time, even to serving men and apothecaries.¹³

It is on this point of the exact background of the men in Raach that a more detailed examination is required, for however illuminating, the list of eight hundred may be misleading. Firstly it needs to be demonstrated that the holders of degrees did really practise; some men, such as Miles Beveridge and John Browne, seem to be included merely on the strength of their possessing a degree. This is particularly true of the seventy-odd physicians listed for the cities of Oxford and Cambridge, for such a figure is quite disproportionate to the population. Others, such as William Denton and Thomas Jeesop, are included as country physicians, but in fact they merely retired to the countryside after long years of practice in London.¹⁴ It is unlikely that this qualification basically alters the picture presented by Raach but it could mean that there is an over-estimation of the extent to which country physicians were formally educated. The Bishop of Exeter, for example, had a list made in 1665 of all practitioners of physic in his diocese, and there it can be seen that more than half (twenty-six out of forty-two) had no qualifications at all and at the most only eleven had degrees.¹⁵ Carew, in surveying the practice of medicine in Cornwall in 1602, summed it up by saying, 'The most professors of that science [of physic] in this country, saving only one, J. Williams, can better vouch practice for their warrant, than warrant for their practice'.¹⁶ For this very reason of course, it is difficult to find the many obscure people who were practising, but a study of local records and wills, in Devon for example, would reveal many, such as Simon Kelway,¹⁷ John Nicholls¹⁸ and John Periam¹⁹ who might well have been expert, if empirical, physicians; Kelway, for example, wrote a book in English on treatment of the plague and included recipes for other common complaints and explanations of medical weights and measures.²⁰ The second qualification that needs to be made stems from the first and is more important for it leads us from a question of personnel to that of medical practice at this period. A directory of physicians implies that the term physician is a fairly distinct type of practitioner performing a function in medicine not carried out by the subordinate apothecaries or surgeons. This of course has usually been assumed to be so until the apothecary became a general practitioner some time after the Plague, and contemporary writers, such as Bullein²¹ and Oberndoerffer,²² and eminent physicians such as Harvey,²³ all believed in such a hierarchical and differentiated professional structure. Thus there is no hint in the *Directory* that in fact some of the people listed were surgeons and apothecaries by training

who at this early date took out episcopal licences to establish, or confirm their practice. This fact is important for when such men became 'physicians' they did not practise in the same way as the true consultant-like physicians, whose prescribed treatment was actually carried out by apothecaries and surgeons. This new type of physician kept his apothecary's or surgeon's shop, run by apprentices, and did all the treatment himself. We know little about this group for they would not usually have been to University and even the Bishops' licensing records give no details of the applicants. Nevertheless it is vital to a correct understanding of medical practice to study these men, for their lack of formal education must have been a significant ingredient of that empirical tradition that became so important in general practice. That such a group could develop was largely due to the fact that there was little regulation of medical practice in England compared with the Continent, and, although little regulation then means that there is little in the way of documentation now, a review of what we do know may suggest tentative conclusions as a basis for future research.

The first attempt to regulate medical practice in this country was made by the Universities in 1421 when they petitioned Parliament because 'many un-cunning and unapproved on the foresaid science [of physic] practises'.²⁴ As a result the Privy Council was empowered to make ordinances to govern both the men of physic of the Universities and surgeons who trained under a master.²⁵ No mention was made of the apothecary because at this time he was not, outside Court circles, clearly to be differentiated from retailing grocers and mercers of small wares, for the simple reason that his few medicaments were neither exclusive to medicine in their use nor specific in medical effect.²⁶ In towns, of course, the apothecaries, and (barber) surgeons, were subject to the usual need to be apprenticed in order to gain knowledge of the craft and freedom to set up shop; but there was nothing to stop them or any other citizen from practising medicine if the demand was there, and the only restraint was that they like all citizens were responsible at law and could be sued for debt or damages if cures went wrong.²⁷ The Privy Council appears to have done nothing after the 1421 petition and no doubt many more 'uncunning' people did practise until at last, in 1512, Parliament passed 'An Act concerning Physicians and Surgeons' in order to protect the mass of the people who could not 'discern the uncunning from the cunning'.²⁸ Henceforth no one, unless he were a graduate of Oxford or Cambridge, could practise until he was licensed by the Bishop of his diocese. It is to be doubted if conditions had changed so much that this Act was really necessary; but perhaps they had in London and it was there that physicians, who had seen things better arranged elsewhere, would have influence on the Court. London certainly was uppermost in the minds of those who, in drafting the Act, first dealt with London, and seven miles thereof, before dealing with the provinces. Within six years, indeed, a College of Physicians was set up to regulate the practice of physic in London.²⁹ The capital, in fact, must be dealt with separately from the rest of the country, in part two of this article, for its differences are great; London not only had the

worst epidemics and the largest agglomeration of population, but also it was the home of the Court and large numbers of aristocracy, and hence of most of the highly educated physicians. The fact that London was the distributing centre for imported drugs, books and new ideas also meant that the other medical practitioners, surgeons, barber-surgeons, and apothecaries, were better trained in their skills and better organized in their respective companies than their provincial counterparts.

For this reason, however, it is not easy to describe medical practice and personnel in the provinces without continual reference to London. Furthermore in 1523 the Act, which confirmed the College's Charter and rights in London, also said 'and where that in the Dioceses of England out of London it is not light to find always men able to sufficiently examine after the Statute [of 1512] such as shall be admitted to exercise physic in them . . . no person from henceforth [shall] be suffered to exercise or practise physic through England until such time that he be examined at London by the said President and three of the Elects' of the College.³⁰ This clearly meant that the College meant to license all physicians throughout England (except graduates of Oxford and Cambridge), instead of the Bishops who were failing to carry out their duties properly because they could not find the four physicians required by the 1512 Act to examine applicants for licences. In the case of Surgery the 'expert persons in that faculty' could be found easily in the Cathedral cities where there were barber-surgeons' guilds, and so licensing of surgeons was practicable and left as the responsibility of the diocesan authorities.

Such control by the College, however, could never be effected for it had no administrative machinery outside London. This was still true even after the Act of 1553 gave the College the right to imprison people who practised without its licence.³¹ In 1556 the President of the College wrote to the Justices of the Peace and Mayors all over England asking them to 'assist us, and all persons by us from time to time authorised, for the due execution of the said Acts . . .'.³² As this implies the College did in fact at this time try the dubious expedient of delegating authority to provincial Visitors whose job it was to see that all practitioners, except those with degrees or licences of Oxford and Cambridge, were not to practise till examined by the College.³³ Some time during the first year of Elizabeth's reign, 1558–9, two Norwich empirics were in fact prosecuted,³⁴ but such a system of delegation placed too much responsibility and freedom on a small number of physicians and in 1570 Dr. Walker of Norwich, presumably a Visitor, was fined by the College after an accusation by a local colleague that he had been wrongly licensing empirics for his own profit.³⁵ This seems to be the end of any real attempt by the College to control the provinces, perhaps for the simple reason that the defence of its rights in London itself was taking up all its energies. Nevertheless about one practitioner in thirty from the countryside still applied to the College to be enrolled as extra-licentiate, for, although it was not in any way really necessary, the acquisition of such a testimonial might well set the seal on a medical reputation slowly built up locally over the years; thus William Leverett, a physician of Newark,

who had been attending the Earl of Rutland since 1541,³⁶ applied to the College in 1559 and was licensed to practice 'per quae loca solebat ante admissionem suam'.³⁷ A statute of the College later, indeed, was to insist on four years' practice somewhere before admission.³⁸ It is difficult to be sure how many did so apply, for the *Annals* of the College seem only rarely to record the admission of extra-licentiates; there are in *Munk* two in 1559, one in 1586, one in 1608 and one in 1619; then from 1625 we find an increasing number. As the examining of extra-licentiates seems to have been done at the respective homes of the Elects the lack of evidence before 1625 is not surprising.³⁹ Usually we only learn of these extra-licentiates from the College records if there was later trouble; if, for example, like Thomas Percival and William Conway in 1606, they tried to practise in London.⁴⁰ The *Annals* are probably accurate after 1625 and we know that a hundred and sixty-four out of the total of five hundred and fifty-five entries listed by *Munk* from 1625 to 1700 were in fact extra-licentiates.⁴¹ Four-fifths of this number were admitted after 1660 and the applications were more frequent as time went by. According to *Munk* over 40 per cent of these (sixty-eight out of one hundred and sixty-four) had no University training at all; forty-five had been to University but had no medical training either before or after becoming extra-licentiates. Of those who did have academic medical training thirty-seven were M.D., one M.B. and eight Students of Medicine, but, in nineteen cases of these forty-five, these attainments came after the granting of the College's licence to practise. To complete the figure of a hundred and sixty-four there were four surgeons and one apothecary. In all, these figures mean that only 28 per cent of extra-licentiates received medical training—which is about the same as Raach's findings for all provincial practitioners. (The London members, of course, nearly all had full medical training at University.) It is doubtful then if the College had any special influence on medical men or practice outside London, and at least five of these extra-licentiates apparently felt the need to take out a Bishop's licence later.⁴² The most significant feature about the extra-licentiates, from the point of view of the origin of general practice, is that they included four surgeons and one apothecary, who had successfully applied to this august and jealous body for a licence to practise medicine. Was it just that the Elects were lax, or was it that the College did not care now that it was obvious that it could not control practice outside London?

Whatever the answer, there can be no doubt that many more apothecaries and surgeons had long been in practice. For the early part of the sixteenth century this can best be seen by the prosecutions brought under the 1512 Act, and for the later part of the period by studying the licences given by the Bishops under the same Act. The penal part of the Act had laid down that anyone practising without a licence should forfeit £5 for each month of such practice. In the absence of a police force or bureaucracy, the prosecution of offenders was left to private citizens who would be induced to lay the necessary information in the King's courts by the provision that half of the forfeiture would be given to them. The advantages to the State of such a procedure are obvious but medical practice was hardly likely to benefit when professional

informers began to interfere.⁴³ Between 1512 and 1554 there were twenty prosecutions outside London.⁴⁴ A fairly typical example is that of Nicholas Lymett, an apothecary in Exeter, who in 1545 seems to have accused everyone practising medicine in the neighbourhood.⁴⁵ Whether it was done from motives of gain, spite or rivalry in practice is not known, but the vexatious nature of the informations is obvious; all he succeeded in doing was to harass four respectable men (three were clerics), two of whom were able immediately to produce letters testimonial granted them some years earlier by the Bishop of Exeter. The third was found not guilty by a local jury and the fourth case just petered out. When in 1552 a physician from Exeter informed against the one found not guilty seven years earlier, and against a local apothecary, the Court seems not even to have bothered to order the accused to appear.⁴⁶ No case indeed ever resulted in a verdict of guilty (most never even reached the stage of a verdict being given), but this was not so much due to the innocence of the accused as to the difficulty of getting a jury together.

From the point of view of the evolution of general practice the most interesting cases are some apothecaries not yet mentioned; one from Yorkshire who was referred to both as apothecary and surgeon and was accused of practising surgery;⁴⁷ two others, from Gloucester,⁴⁸ and Canterbury⁴⁹ were accused of practising medicine, and the naming of particular patients in the information makes it look as if they were indeed practising, but they simply pleaded that what they did was to carry on an apothecary's trade. It would be going beyond the evidence to say that this would have been a loop-hole, even if the law had been applied vigorously, for the surgeons who simply denied the information also were never found guilty. We shall never know for the Act seems to have quickly become moribund and in the seventeenth century on the few occasions when someone's right to practice was questioned, he was either cited in the Bishop's Consistory Court⁵⁰ or presented to Quarter Sessions.⁵¹ The few prosecutions we have seen, however, do serve to show not only how futile the 1512 Act was in this respect, but also how there must have been a fairly widespread demand for more general medical attention which educated men such as the clerics or skilled men like the apothecaries and surgeons readily satisfied.

When we look at the other side of the 1512 Act, the granting of the licences, we find this development proceeding a stage further.⁵² The way in which the licensing system worked varied considerably with time, place and energy of the Bishop. Country practitioners seem to have applied more than those in the provincial cities; Bristol indeed successfully resisted the attempt by the Bishop to license the surgeons there in 1670,⁵³ but this diocese may have been an extreme case for the Bishop in 1665 could not tell the Archbishop how many practitioners of physic there were in the diocese.⁵⁴ The general impression indeed is that only those who wanted to, bothered to apply for a licence which was not difficult to obtain; letters of recommendation usually sufficed, and a group of friends could easily sign such letters for one another even though they were not all licensed themselves.⁵⁵ Such a licence, then, was not necessarily an accurate indication of medical skill, as the 1523 Act implied, but the Bishop

was fulfilling a useful function for he was the only person who could have any oversight over surgeons of the countryside. Physicians also continued to be licensed by him (whatever the 1523 Act had meant or implied, it had not repealed this part of the 1512 Act), because there was a widespread demand for this more humble type of empirical practitioner who could provide inexpensive general medical care without what today might be called fee-splitting. The Bishop's licence would be taken as proof of his honesty and respectability, which perhaps were more to the point than having read Galen. Most licences granted, nevertheless, were for the practice of surgery only, and we know of over one thousand before 1700. Thus in the diocese of Exeter between 1568 and 1640 there were granted eighty-one for surgery, twelve for medicine and surgery and thirteen for medicine. In the diocese of Canterbury from 1589 to 1642 the figures are a hundred and eight, five and thirty-six respectively. Of all these licentiates, in two of the most prosperous counties of England, only twenty-five had degrees of any sort and most of the few Doctors of Medicine among them seem to have taken out the licence because it was easier than incorporating their foreign degrees at Oxford or Cambridge. It is, however, the other people we are interested in, the forty-one without degrees who were licensed for medicine or medicine and surgery. Only a biographical study will tell us what was their training, but the few who are already identifiable show that apothecaries and surgeons were now being recognized and accepted as general practitioners: William Dove, an apothecary, was licensed at Exeter to practise medicine and surgery in 1580;⁵⁶ Charles Annoot, a surgeon of Sandwich,⁵⁷ for medicine and surgery in 1630;⁵⁸ other apothecaries were licensed for surgery (presumably the first step towards general practice): John Swayton of Faversham in 1598⁵⁹ and Anthony Salter of Exeter in 1622.⁶⁰

This trend grew stronger as new drugs began to arrive in England in great quantities,⁶¹ for it was the men in business, the apothecaries, and surgeons to a lesser extent, who handled these commodities and gained the knowledge of prescribing them. In this way the popular but amateur clerics, their wives, and other local wise people were increasingly displaced from practice; Carew in 1602 might praise Rawe Clyes, the blacksmith, and Mr. Atwell, the parson,⁶² but a success built on prescribing apples and milk would not long prevail against the apothecary armed with drugs, mineral and exotic, which practically sold themselves to a public avid to experiment and guzzle medicaments. Thus in the Archbishop's Registers we find Thomas Flay, apothecary of Exeter, licensed for medicine in 1628⁶³ and his ex-apprentice, James Collins, nine years later.⁶⁴ Between 1634 and 1637 apothecaries were similarly licensed in small towns in Berkshire, Herefordshire, Kent, Northamptonshire, Suffolk and Surrey.⁶⁵

As has been stressed before this seems to be a natural example of supply and demand in which attempts at controlling the market, as it were, by legislation had completely failed. Even laws which might be argued to have had a favourable effect in this development seem on the evidence to have exerted no influence at all. For example the 1540⁶⁶ Act which, among other things, said

physicians could practise surgery, and which therefore might have encouraged a move towards general practice, was in fact used to justify dominance over surgeons by physicians, who looked down on surgery as handicraft; furthermore surgery in the strict sense of the word, with the exception of lithotomy, was in any case so limited in its scope, both from the point of view of remedial effect and profitable income, that surgeons themselves had to treat other outward conditions, fevers and strangury, to earn a living, and many later in effect became nothing more than specialists in venereal diseases.⁶⁷ In this sort of limited general practice the surgeons in theory had a monopoly by the Act of 1512 and, because they tried to realize it in London, Parliament in 1542⁶⁸ passed the so-called 'Quacks' Charter' which let anyone 'having knowledge . . . minister in and to any outward sore . . . [and give] drinks for the stone . . . '—supposedly for the sake of charity.

Judging by the prosecutions in the countryside, however, such people had not been harassed and only one accused ever pleaded this Act in his defence.⁶⁹ The paradox then is that the legalizing of such practice for all and sundry did not affect such people one way or the other, but did give the surgeons, in particular the London ones, a legal spring-board from which they might extend this limited practice to all diseases and conditions. Thus in 1631 Butler based his defence (against a charge of unlicensed practice of medicine) on the 1542 Act, but in quoting from it left out the word 'outward' and added 'other diseases'.⁷⁰ But this was London and such legal niceties which divided judges were not even considered in the countryside, where, owing to the fewness of practitioners in relation to distances to be travelled, an alarmed patient sent for whoever was nearest at hand to treat him. That he was unlearned in the sense that he knew only little of humoral physiology was no disadvantage when compared with his specialized practical knowledge of drugs and surgery, which in effect was clinical experience. Indeed such experience was sometimes sought after by men able to afford a formal education. Thomas Edwards, who came of an armigerous family,⁷¹ went to Oxford in 1562⁷² to brush up his Latin after finishing his apprenticeship with an Exeter apothecary.⁷³ He then set up as apothecary himself and began to practise medicine about 1597, and his apprentice, Thomas Flay, also of an armigerous family,⁷⁴ was licensed to practise in 1628.⁶³ If to be an apothecary or surgeon no longer meant necessarily that one was a retailer or craftsman, then indeed there was no reason why gentlemen should not follow these callings. Thus Francis Kelway, who was the son of the Simon Kelway we have met, took out a licence as a surgeon in 1613,⁷⁵ although as a gentleman he had been to Oxford,⁷⁶ and presumably appreciated the 'French books of Physic and Surgery' which his father left him in 1623.¹⁷ Ralph Partrich, who took out a licence to practise medicine in the Diocese of Canterbury in 1626,⁷⁷ is referred to as an apothecary in 1639,⁷⁸ although according to Venn he was M.A. and a physician.⁷⁹

To try to understand this evolution properly it is not enough to rely on so many scattered shreds of evidence, for there is always the danger that such evidence is not typical and could be fitted together to make almost any picture.

The Personnel and Practice of Medicine in Tudor and Stuart England

Rather it is necessary to take one limited region with its small number of practitioners and try to see their relations one with the other and with the population they served. Exeter, which has already appeared incidentally, can be taken as a fairly typical prosperous provincial town which, as the centre for bishop and assize, had close links with a wide area of countryside. At the beginning of the seventeenth century the population of some 9,000⁸⁰ relied for its medical care on the usual physicians, surgeons and apothecaries, over whom as we have seen there was no real control.⁸¹ The city authorities had two men calling themselves surgeons and toothdrawers whipped in 1562, but this was because they were vagrants and not because they pretended to medical practice.⁸² There were four physicians definitely in practice: Thomas Edwards, John Woolton, John Norris and Richard Dewe; a few others, such as John Lant and Clement Wescombe, are listed in Raach's book.⁸³ About surgeons there, very little is known, but there were four who had been admitted to the freedom in the previous thirty years, and the more numerous barbers must have contained some who did minor surgery even if it was only the seasonal bleeding that even the healthy thought necessary.⁸⁴ Of the apothecaries we know more, for they were an expanding group; nine had been freed in the last thirty years of the sixteenth century, compared with four in the previous forty years.⁸⁴ Of these, six were in practice at the turn of the century. By studying the local records and the wills of these men much can be deduced about medical practice, but luckily the whole medical scene is brought to life by a series of cases which began in Star Chamber on 10 May 1604 when Thomas Edwards, physician, accused a colleague, John Woolton, of libel.⁸⁵ The first point of interest is the difference in background between the two parties. The defendant, Woolton, then about forty years old, was the son of a former Bishop of Exeter and had received a formal education at Oxford spread over eleven years; he took his M.A. degree in 1588 and five years later was licensed to practise medicine; six years after this he supplicated M.D.⁸⁶ Edwards, although a gentleman,⁷¹ had been apprenticed in about 1553⁸⁷ to William Trivett, an apothecary of Exeter, who was important enough locally to become mayor in 1573.⁸⁸ Edwards learnt much of his trade, as was usual, in accompanying the physician, a Francis Prampergo,⁸⁹ on his visits and in administering the drugs he prescribed to the patients. According to Edwards, Prampergo considered him 'a sufficient scholar . . . to be employed in the practice of physic'.⁹⁰ It has been seen earlier that Edwards then went to Oxford for a short time, and on his return to Exeter he became the apothecary to a Dr. Fraunce,⁹¹ and opened his own shop, which he still had, with apprentices to run it, when this litigation began.⁹² This business must have been successful for he entered the rather tight Exeter oligarchy and became Sheriff in 1600;⁹³ it is interesting to see that this apothecary was rated in the Subsidy of 1602 as highly as the two physicians who were rated, put together.⁹⁴ This apothecary, however, had recently begun to practise physic and in so doing had crossed the path of Dr. John Woolton who was the leading physician there.

Such situations were probably common all over England, for there was, as

has been seen, no effective barrier to such a development. In this case the legal action was because Woolton wrote Edwards a letter, about Christmas 1603, which was remarkable for its vicious and obscene language.⁹⁵ In general it attacked Edwards's reputation from every conceivable angle; in particular it accused him of dishonesty in his dealings with a local stationer over books, and with a London grocer over drugs sent down to Exeter.⁹⁶ There are dark hints about Edwards's skill and honesty as an apothecary; '... is not a dram or two of opium an excellent medicine to provoke heavenly sleep'.⁹⁷ The simple point behind all this is that Edwards, an apothecary, was practising physic: 'Mr Trivett your master taught you not to go beyond your mortar and pestle . . . [and so] . . . you ought not to minister so much as a clyster or open a vein . . . without licence of a physician'.⁹⁸ He backed up this righteous indignation by criticizing Edwards for excessively bleeding and purging Sir William Courtenay, junior. Woolton may have sincerely believed this, but he was an interested party as he had lost Sir William, as a patient, to Edwards, who, apparently, was building a remarkably successful practice amongst the Devonshire gentry; Henry Elliot, the defendant apothecary, spoke of Edwards 'taking boldness and encouragement by his wealth and friends . . .'.⁹⁹ Part of this success may well have been due to his use of mineral remedies, for Woolton rebuked him for employing 'Stibium, Mercury crude, precipitate [and] sublimate, Turbith Mineral, Borax Crystalline, Ratsbane, Vitriol, Brimstone, Aqua Fortis';¹⁰⁰ and later in the case Woolton tried to get testimony of the danger of these drugs and Edwards's 'desperate practice'.¹⁰¹ Indeed this rivalry was as much one between the old and new, as between a physician and an apothecary as such; Woolton ended his letter by telling Edwards to burn his prescriptions and make salt of the ashes 'which you (I know) can do (being a perfect Paracelsian)'.¹⁰⁰

Such a vicious depreciation of professional skill and honesty, written as a private letter, would hardly be actionable then or today; however, as it could, and did, lead to a danger of a breach of the peace, Star Chamber was prepared to deal with it as criminal libel. Edwards gave his complaint stronger legal basis by accusing Woolton of publishing the libel among other medical men and the local gentry,¹⁰² and so joined as defendants, amongst others, John Norris another practitioner in physic in Exeter,¹⁰³ Mary his wife, John Combe, their servant at the vital time but later described as apothecary,¹⁰⁴ and Henry Elliot, apothecary.⁸⁵

Woolton's defence was that the letter was meant to be a private and friendly warning; the criticism was justified because Edwards had no skill and merely copied prescriptions sent to him when acting as an apothecary; the publication was begun by Edwards himself when he read it aloud to the messenger who delivered it, and showed it to another apothecary.¹⁰⁵ In the interrogatories he put to witnesses, Woolton also tried to discredit Edwards by attacking his treatment of Sir William Courtenay. It appears that Sir William had been ill in Taunton some time in 1603 and Edwards had treated him there. Sir William later rode to Cullompton to take the advice of Simon Kelway, physician, but on finding that he was away came on to Exeter. Edwards treated him again

but suddenly rode off to Tavistock to treat one of the Earl of Bath's household.¹⁰⁶ Thus deserted, Sir William called in Woolton and Norris, who diagnosed consumption and advised him to move outside Exeter to a friend's house where the air would be better and where he could have 'kitchen physic'¹⁰⁷ made to strengthen him enough to take other medicine, which Norris did later give him.¹⁰⁸ Woolton maintained that Sir William's illness had been aggravated by Edwards's treatment which, he said, involved the letting of a hundred ounces of blood in twelve months and the administering in the last fourteen days of 'eight strong purgations, one vomit . . .' and other desperate practices.¹⁰¹ Sir William was progressing under Woolton's milder regime when Edwards returned and was admitted again as medical adviser. Woolton refused to continue but Norris did co-operate with Edwards.¹⁰⁹ Norris thought Sir William was suffering from a cotidian ague followed by an imposition between the ribs and pleura, which was not amenable to bleeding; he consented to bleeding the patient, however, because Edwards was insistent that it was a phlegmon in its early stages which was amenable to bleeding.¹¹⁰ It was at this point that the libellous letter was written by Woolton who was furious at losing so important a patient to an upstart. There is evidence that this was not the first time this had happened.¹¹¹ Certainly both Woolton and Edwards were now in a dangerous mood, and according to Thomas Baskerville, the apprentice of Thomas Flay, Edwards had gone out armed with a rapier and came near to using it when Woolton, whom he met on the road, shouted at him to '. . . go home to his pestle and mortar'.¹¹² The fact that Sir William died in 1605¹¹³ gave Woolton encouragement in his belief that Edwards's methods were so dangerous 'that many of them [patients] either miserably perished or [have] been greatly endangered of their lives'; and so in later interrogatories he tried to get evidence of this.¹⁰¹

It is remarkable, however, that he did not call any other physician as witness, unless of course there were no others actually practising there. The answers he received from the apothecaries were most unhelpful; only one, Humphrey Bidgood, was not openly hostile and the others, such as Bernard Pearse, fully approved of Edwards's methods.¹¹⁴ Anthony Salter, for example, said that Edwards practised well and certainly had never harmed anyone with the drugs named in the libel.¹¹⁵ Thomas Flay, Edwards's ex-apprentice, said he sometimes worked with Edwards as apothecary and had seen that he acted no differently from any other physician; indeed his use of mercury was most successful in the treatment of ulcers, sores and cancers, and his use of opium was normal.¹¹⁶ Sir Hugh Pollard was then the first of many of the local gentry who testified to the value of Edwards's cures, and Sir Michael Champernoun said that Edwards was careful and honest and highly valued by many of the noble families of the West.¹¹⁷ The best Woolton could do in effect was to find a few witnesses who thought Edwards was not a good physician. The nearest to medical evidence that he could get was hearsay evidence that Simon Kelway, 'practitioner in physic and surgery' of Cullompton, had been heard to say that Edwards was a 'bloody apothecary, and had taken from divers persons more

blood than any man of knowledge would have done'.¹¹⁸ Woolton then at a later stage (the case dragged on for at least three years) began to attack Edwards's right to practise physic, but the Dean of Exeter testified that he and his family always employed Edwards's services and that he, as Custos Spiritualis, had given Edwards a diocesan licence to practise physic¹¹⁹ on the recommendation of Richard Dewe, another Exeter 'physician of good practice'.¹²⁰

When Edwards then put in evidence to show that he also possessed a licence from the College of Physicians in London, dated 17/7/1598,¹²¹ Woolton of course realized he was in an even more difficult position. Nevertheless he showed fight by trying to prove that the licence of the College was not lawfully granted.¹²² Dr. Baronsdale, however, as President of the College, damned any hopes here by admitting that he knew Edwards was an apothecary and justified the granting of the licence, for he 'can read, write, and in some sort understand the Latin tongue'.¹²³ Edwards had been properly and impartially examined in English (!) by the three Elects,¹²⁴ who were all legally elected, and they had found Edwards 'sufficiently learned to practise the Art and Faculty of Physic'. Dr. Baronsdale strongly denied any suggestion of bribery and said Edwards merely paid the usual fees of £1 to the President and 10s. each to the Elects. He equally denied the use of undue influence and said that Edwards only had the usual letter of introduction, in this case from Dr. Smith (the Elect or the other?).

At this point the case drew to a close at last after three and a half years of complicated procedure, of bills of complaint, answers of defendants, restatements, the endless interrogatories put to fifty-two witnesses and heard before commissions appointed by the Crown. Thus on 27 November 1607¹²⁵ Lord Coke began sentence; Woolton was guilty of libel, for such a letter was 'a great motive to revenge, and tends to the breaking of the peace'. Furthermore it was found that Woolton had published the letters to discredit Edwards, and so had the other defendants who also then were guilty. The pleas of justification were dismissed; 'no one witness accused or touched him [Edwards] with blemish in any kind', and indeed 'to be an apothecary and then a physician is no disparagement, but a mean to prove the better physician as an Attorney or Clerk may after prove the better judge'. In view of his degree Woolton was spared corporal punishment, but was fined £500 and was to pay £170 damages to Edwards. The others, John Norris and his wife, John Combe and Henry Elliot were similarly judged for publication and so ordered to pay a £40 fine and £10 damages to Edwards. Woolton was to stand in the market place at the next Assize in Exeter with the twelve feet of interrogatories round his neck, and was to be imprisoned till then and bound over thereafter. If this seems a harsh sentence it must be remembered that libel could be a hanging matter.

Thus ended what must have been a 'cause célèbre' for the apothecaries of the West: the apothecary had won the right to practise. The significance of the struggle had not been lost on Henry Elliot, the guilty defendant apothecary, for he had said long before the verdict that he did not care if he and Woolton lost because in that event 'he would then become a physician'.¹²⁶ Edwards

seems to have devoted himself entirely to his practice and in 1608 successfully asked the Council of Exeter to be dismissed of that body, in return for which favour he promised free medical advice to the poor of the city.¹²⁷ The case must have given encouragement to other general practitioners, and it cannot be a coincidence that his ex-apprentice, Thomas Flay,⁶³ and his son-in-law, James Collins,⁶⁴ were licensed to practise medicine in 1628 and 1637 respectively. Perhaps it was Flay's gaining a licence from the Archbishop that set a precedent for the sudden crop of apothecaries licensed in the 1630s by Laud; this would make sense of an otherwise pointless remark by Winterton in 1635, for when he was advising the College on the need for action against apothecaries he suggested approaching the Archbishop.¹²⁸

The hostility between physicians of the old sort and apothecary-physicians should not, however, be over-estimated. There must have been such personal clashes but in this particular case Woolton's anger was aggravated by Edwards being a Paracelsian. In so far as the rise of the apothecary-physician at this early date was a direct response to demand, there is no reason why there should not have been enough scope for all of them. Indeed there is some evidence that apothecaries were only licensed where and when there was a need made out; thus John Pemberton, apothecary, of Liverpool was licensed in 1663 to practise Medicine 'when necessary and when no Doctor or Bachelor of Medicine be resident there'.¹²⁹ Furthermore it should not be assumed that this rise of the apothecary-physician continued in that form, for the apothecary-surgeon of the late seventeenth-century countryside may have developed, not from apothecaries, as much as from surgeons, especially Naval surgeons, who, on retiring from the Navy would find it easier to set up in the countryside than in towns. The town apothecary himself made a very good living from his mixed practice, but for this very reason may not have perpetuated this type of practice, for he could see that a degree was still the key to fashionable practice and so he would send his son to University to receive a formal education in addition to what he himself might teach the boy. Thus three of the Exeter apothecaries we have met, Salter,¹¹⁵ Bidgood¹³⁰ and Baskerville, senior,¹¹² each had a son who became M.D. In London the situation was different, for there the College of Physicians was trying to maintain a rigorous control over apothecaries and a monopoly of practice even against formally qualified physicians. In Exeter, on the other hand, there was close and friendly contact between almost all the apothecaries and physicians. Henry Elliot was an overseer of John Norris' will made in 1610;¹⁰³ Thomas Edwards was a witness to the will of Francis Bryna M.D. in 1597;¹³¹ Simon Kelway in 1623 left £10 to Anthony Salter;¹⁷ Dr. Peter Muden in 1633 left all his 'pharmaceutical books to Humphrey Bidgood';¹³² Richard Spicer's sister married Thomas Flay.¹³³ There is an indication, difficult to prove, that some apothecaries were set up in business by means of loans from physicians, probably after being their servant apothecary; thus Edwards owed Bryna £400;¹³¹ Humphrey Bidgood owed Muden £200;¹³² Baskerville, senior, owed Richard Dewe £60.¹¹²

The point simply, then, is that it is necessary to get behind 'official' titles in

administrative records in order to see how these men really did practise, for not only are the appellations misleading but also they were interchangeable! Thomas Edwards, indeed, having with such difficulty made the grade as a physician by 1607, called himself 'surgeon' when his daughter applied for a licence to marry in 1623!¹³⁴ John Newton was styled physician when he died in 1646¹³⁵ but had been licensed by the Bishop in 1628 to practise surgery.¹³⁶ This confusion probably became more and more common, and more complicated, when towards the end of the century the term 'Dr.' began to be prefixed to the names of medical practitioners; Winterton said as early as 1635 that apothecaries and serving-men 'have been presently made Doctors by the breath of the people, and Doctors indeed undervalued'.¹³⁷ Thus Torrington Churchwardens referred to Dr. Bradford and Dr. Potter,¹³⁸ who were in fact, respectively, a surgeon¹³⁹ and an apothecary who also was called surgeon in testamentary documents.¹⁴⁰ The term physician also may be misleading; in the inventory attached to the 1637 will of John Periam, 'physician', of Plymouth, we see that his practice was carried on in a 'shop' with wares worth £20 in it.¹⁹ Similarly John Nicholls, 'Professor of Physic', of East Stonehouse near Plymouth, had drugs worth £33 10s. in the inventory of his goods.¹⁸ Thus it seems that 'physicians' even in towns dispensed at least for themselves, and so had a much more humble practice than their appellation would seemingly indicate.

Such confusion in appellation and type of practice is only natural if, as has been postulated, there was widespread general practice, for general practice almost by definition is bound to vary considerably from area to area. The only firm conclusion that emerges is that we do not know enough yet to generalize confidently about the personnel and practice in the provinces; however, the evidence suggests that London and legislation were negligible factors, and that, as long as the lack of scientific knowledge precluded real and worthwhile specialization, the need of the majority of the people was for general practitioners rather than the artificially segregated grades that were imposed on London. A powerful stimulus to such general practice came in the latter part of the seventeenth century when England's maritime supremacy endowed the nation with a supply of highly experienced ex-Naval surgeons of whom James Yonge, whose *Journal* has just been published, is the most famous but not really the exception.¹⁴¹ It is also obvious that a proper understanding of the subject will only come by means of intense studies of local wills, parish registers and municipal records which will give a microcosm of medical practice rather than the distorted general view based on central records of licences and wills of the rich. The importance of the subject will justify the labour, for what we are trying to explain in this period is in effect the origin of that provincial general practitioner who in the nineteenth century at last asserted himself against London and demanded for the first time that there should be legislation designed to create a real and nation-wide profession to replace the ineffectual laws and Colleges.

The Personnel and Practice of Medicine in Tudor and Stuart England

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Devon County Record Office.
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NOTES

1. See for examples, POYNTER, F. N. L., ed., *The Evolution of Medical Practice in Britain*, London, Pitman, 1961, p. 129.
2. *Statutes of the Realm*, 32, Henry VIII, c. 42, wrongly called the Quack's Charter.
3. RAACH, J. H., *A Directory of English Country Physicians 1603-43*, London, Dawsons, 1962.
4. See below for full discussion of cases and note 85 for references.
5. POYNTER, *op. cit.*, pp. 10, 134-5.
6. MUNK, W., *The Roll of the Royal College of Physicians*, 2nd edition, London, R.C.P., 1878, vol. 1.
7. RAACH, *op. cit.*, p. 14.
8. A good example of this, and an indication of one of the reasons for it, is Percival Willoughby, who in 1620 implored his family to let him study medicine, for 'he did not doubt but the profession of physic would make him more happy than his two eldest brothers and by the help of that practice, he believed he should never stand in need of them, but questioned not that they would stand in need of him'. *Hist. Mss. Com., Rep. Middleton Mss.*, pp. 609-10.
9. CLARK, A., *Registers of the University of Oxford*, 2 vols., Oxford, U.P., 1885-9, vol. II, part I, pp. 123-7.
10. ROLLESTON, SIR HUMPHRY DAVY, *The Cambridge Medical School*, Cambridge, U.P., 1932, p. 10.
11. RAACH, J. H., English medical licensing in the early seventeenth century, *Yale J. Biol. Med.*, 1944, 16, 286.
12. CLARK, *loc. cit.*
13. GOODALL, C., *The Royal College of Physicians . . . an Historical Account of the College's proceedings against Empiricals . . .*, London, for W. Kettilby, 1684, p. 443.
14. I owe this point to Sir George Clark.
15. Lambeth Palace Library, *Tenison Mss.*, vol. DCXXXIX, ff. 306d-7.
16. CAREW, R., *The Survey of Cornwall*, edited by Halliday, F. E., London, A. Melrose, 1953, p. 131.
17. Principal Probate Registry, Prerogative Court of Canterbury, Swann 63 (1623).
18. Devon County Record Office, *Exeter Diocesan Records*, Consistory Court, Bundle 190 (1635).
19. *Ibid.*, entered in Moger List of Wills under name for 1638.
20. *A Defensative against the Plague: . . .*, London, John Windet, 1593.
21. BULLEIN, W., *Bullein's bulwarks of defence against all sickness . . .*, London, J. Kyngston, 1562, f. 49.

22. OBERNDOERFFER, J., *The Anatomy of the True Physician* . . . (trans. F. H.), London, A. Johnson, 1602, pp. 29–31. Many attacks on apothecaries and surgeons, like this one, were grounded on a dislike of Paracelsian remedies; the two naturally went together as his popularizing of new medicaments did open the way for new practitioners.
23. See his evidence on the need to subordinate apothecaries, Guildhall, London Society of Apothecaries Mss., 8286, f.8 of the process.
24. RAACH, *Directory*, *op. cit.*, pp. 7–8, quotes the petition in full.
25. *Ibid.*, pp. 9, 16.
26. TREASE, PROFESSOR G. E., *Nott. Med. Stud.*, 1959, 3, 19–52, has shown that the spicer-apothecary was fairly distinct as early as the reign of Henry III, but it seems that as time went by and as sugar and spices became less rare, he lost some of his trade to others, mainly grocers, and so diversified his own interests.
27. See for an example of this in 1482, *Southampton City Records, Town Court Book*, entries for 22 May and 6 September, 22 Edward IV.
28. *Statutes of the Realm*, 3 Henry VIII, c. II.
29. MUNK, *op. cit.*, pp. 2–7, prints the Letters Patent of 23 September 1518 in full.
30. *Statutes of the Realm*, 14 and 15, Henry VIII, c. 5.
31. *Ibid.*, 1 Mary, c. 9.
32. GOODALL, *op. cit.*, pp. 309–10.
33. *Ibid.*, pp. 310, 313.
34. *Ibid.*, p. 313.
35. *Ibid.*, p. 314; MUNK, *op. cit.*, pp. 55, 66.
36. *Hist. Mss. Com., Rep. Rutland Mss.*, vol. IV, p. 313.
37. MUNK, *op. cit.*, p. 58.
38. *Ibid.*, p. 329.
39. Public Record Office, *Star Chamber*, 8/130/12, f.62d.
40. MUNK, *op. cit.*, p. 122.
41. This calculation from Munk ignores the fact that a few extra-licentiates, such as John Bastwick, did later practise in London as full members of the College. Similarly ignored is the fact that a few Honorary Fellows, such as John Bidgood, and a few Licentiates, such as Thomas Lenthall, had their practice outside London.
42. Where original references for Bishops' licences are not given, the quotation is from the Wellcome Library List which is being reorganized.
43. ELTON, G. R., *Star Chamber Stories*, London, Methuen, 1958, pp. 78–80; the rest of the essay 'Informing for Profit' shows the futility of penal statutes that relied on informers. The informer concerned there pursued people who had broken various economic regulations, but he did once try his hand at denouncing unlicensed surgeons: P.R.O., *Exchequer King's Remembrancer Memoranda Rolls*, 322, Trinity, m. 32–5.
44. *Exchequer K. R. Mem. Rolls.*, 3 Henry VIII–1 Mary.
45. *Ibid.*, 323, Trinity, m. 10–13.
46. *Ibid.*, 330, Easter, m. 54 and 55.
47. *Ibid.*, 297, Hilary, m. I and dorse of unnumbered membrane after 7.
48. *Ibid.*, 304, Trinity, m. 3d.
49. *Ibid.*, 298, Hilary, m. 18.
50. RAACH, *Yale J. Biol. Med.*, *op. cit.*, 281, gives an example from Gloucester in 1612–24 period; E.D.R., Consistory Court, Bundle 113 has 1698 example.

The Personnel and Practice of Medicine in Tudor and Stuart England

51. FURLEY, J. S., *Quarter Sessions Government in Hampshire in the Seventeenth Century*, Winchester, Warren, 1937, p. 80.
52. This study is provisional as there are many lacunae in the records, but some of them may be filled now that Diocesan Records are being reorganized. The material used here is drawn mainly from Exeter from 1568 onwards, Canterbury from 1589, and the Registers of the Archbishop of Canterbury who began to grant licences for the whole Province in 1580; there seems to be no specific legislative authority to do this, but naturally the Primate felt that he could do what his subordinates did, and in the same way, as successor to the Roman authorities, he later created 'Lambeth M.D.'s'.
53. LATIMER, J., *The Annals of Bristol in the Seventeenth Century*, Bristol, W. George, 1900, p. 357; the very claim to license is here called 'obsolete'.
54. *Tenison Mss., op. cit.*, f. 315.
55. BLOOM, J. H. and JAMES, R. R., *Medical Practitioners in the Diocese of London . . .*, Cambridge, U.P., 1935, p. 69 and passim for Robert Seaman and his friends.
56. Wellcome List, f. 335, quoting the Bishop of Exeter's Register of Episcopal Acts.
57. COWPER, J. M., *Canterbury Marriage Licences*, 6 Series, Canterbury, privately, 1892-1906, S. II, col. 23.
58. RAACH, *Directory, op. cit.*, p. 23.
59. COWPER, *op. cit.*, S. I, col. 402; Wellcome List, f. 220.
60. Wellcome List, f. 343.
61. Original material to be published shortly.
62. CAREW, *op. cit.*, p. 132.
63. *L.P.L., Register Abbot*, II, f. 233d. See below also.
64. *Ibid., Laud*, f. 277. He was also the son-in-law of Thomas Edwards, another apothecary-physician; R.B.M., *Devon & Cornwall Notes & Queries*, 1924-5, 13, 239.
65. *Register Laud*, ff. 196d-282.
66. *Statutes of the Realm*, 32, Henry VIII, c. 40.
67. CAMPBELL, R., *The London Tradesman*, London, T. Gardner, 1747, pp. 52-3.
68. *Statutes of the Realm*, 32, Henry VIII, c. 42.
69. *Exchequer K. R. Mem. Rolls.*, 324, Easter, m. 72.
70. *Reports of Sir George Croke*, revised by SIR HAREBOTTLE GRIMSTON, 2nd edition, 3 parts, London, A. Roper, 1669, part III, pp. 256 and 257.
71. VIVIAN, J. L., *Visitations of Devon*, Exeter, privately, 1895, p. 328.
72. FOSTER, J., *Alumni Oxienses, 1500-1714*, 4 vols., London, Parker, 1891, vol. II, p. 450.
73. *Star Chamber*, 8/130/14, f. 2.
74. VIVIAN, *op. cit.*, p. 343.
75. E.D.R., *Reg. Episc. Acts*, 1610-29, f. 113.
76. He matriculated in 1598: Foster, *op. cit.*, vol. II, p. 840.
77. Dean and Chapter of Canterbury, *Liber Licentium*, quoted in RAACH, *op. cit.*, pp. 72.
78. COWPER, *op. cit.*, S. II, col. 344.
79. VENN, J., and J. A., *Alumni Canterbrigiensis*, Part I . . . up to 1714, 4 vols., Cambridge, U.P., 1922-7, vol. III, p. 316.
80. MACCAFFREY, W. T., *Exeter, 1540-1640*, Cambridge (Mass.), Harvard U.P., 1958, pp. 11-13.

81. We know hardly anything of the Barber-Surgeons' guild, and can only guess that the apothecaries were in the Tailors' guild; in any case the guilds were relatively unimportant there.
82. MACCAFFREY, *op. cit.*, p. 94.
83. RAACH, *Directory, op. cit.*, pp. 99–100, has thirteen entries for Exeter; judging by the size of the population, I think certainly less than half would practise at one time.
84. These figures are drawn from Book 55 of the *Exeter City Muniments*.
85. *Star Chamber*, 8/130/12; Edwards v. Woolton and Norris, physicians, and eight other local people; *Ibid.*, 8/130/13: Edwards v. Elliot, an apothecary, and a gentleman; *Ibid.*, 8/130/14; Elliot v. Edwards; *Ibid.*, 8/14/4; Attorney-General v. Waller (the gentleman above). No attempt is made to describe these cases separately or chronologically; nor will all the defendants be dealt with, for they were only charged with publication and, in any case, nearly all disappear from the cases which were really one quarrel between two physicians.
86. FOSTER, *op. cit.*, vol. IV, p. 1669.
87. *Star Chamber*, 8/14/4, f.57; he died in 1624; RAYNALL-UPHAM, W.U., and SOPER, H. T., Registers of Exeter Cathedral, Exeter, Devon and Cornwall Rec. Soc., 1910, p. 59.
88. IZACKE, R., *Remarkable Antiquities of the City of Exeter*, London, R. Reynolds, 1681, p. 134.
89. Prampergo, a Spaniard, was freed in 1566: E.C.M., *Mayor's Court Book*, f. 121d.
90. *Star Chamber*, 8/130/14, f.2. It must be remembered that the apothecary was not the equivalent of the later dispensing chemist, for he, or his apprentice, went to patients to administer the prescribed treatment. When Dr. Wright in 1648 could not answer a call, he sent the apothecary, not a colleague, to the patient: *Hist. Mss. Com., Rep. Montague*, p. 164.
91. *Star Chamber*, 8/130/12, f.24. The Dr. Fraunce is probably Francis Bryna, M.D., another Spaniard, who was admitted the freedom of Exeter in 1580–1, E.C.M., Book 55, f. 175.
92. *Star Chamber, op. cit.*, ff. 37, 55.
93. IZACKE, *op. cit.*, p. 53.
94. HOSKINS, W. G., *Exeter in the Seventeenth Century; Tax and Rate Assessments*, Torquay, Devon and Cornwall Rec. Soc., 1957, pp. 3–4; the two physicians were John Norris and Richard Dewe.
95. *Star Chamber, op. cit.*, ff. 24, 96. This is the plaintiff's version of the letter, but it was never really challenged by the defendant.
96. *Ibid.*, ff. 1^a, 2, 3, 24 and 25. The books cost £40 and seem to have been medical treatises bought to launch Edwards on his practice. The stationer was named as a defendant for publication of the libel, but he, like Elliot, said this was merely an attempt by Edwards to settle old scores: *Ibid.*, 8/130/13, ff. 1 and 3; 8/130/14, f.5.
97. *Ibid.*, 8/130/12, f.24.
98. *Ibid.*
99. *Ibid.*, 8/130/14, f.5.
100. *Ibid.*, 8/130/12, f.24.
101. *Ibid.*, f.25^c.
102. The gentry were especially important as patients because of the size of their households which were usually treated by the family physician.

The Personnel and Practice of Medicine in Tudor and Stuart England

103. Probably the one in FOSTER, *op. cit.*, vol. III, p. 1076; he took his M.B. in 1587 and called himself a Dr. of Physic in his will: P.C.C., Fenner 60.
104. *Star Chamber*, 8/130/12, ff. 24 and 29.
105. *Ibid.*, ff. 12 and 21.
106. *Ibid.*, ff. 40 and 41. The Earl of Bath had married in 1583 into the Earl of Bedford's family, the most important family in the West; JENKINS, A., *A History of Exeter*, 2nd edition, Exeter, W. Norton, 1841, p. 125.
107. *Star Chamber*, *op. cit.*, f. 19. After being bled for a fever in 1599, Sir William Cornwallis lived on 'broths, barley, cream and sometimes a little jelly', *Hist. Mss. Com., Rep. Salisbury*, vol. IX, p. 162.
108. *Star Chamber*, *op. cit.*, f. 20.
109. *Ibid.*, f. 41.
110. *Ibid.*, f. 20.
111. *Ibid.*, f. 37.
112. *Ibid.*, f. 56. This boy was the son of Thomas Baskerville, sen., apothecary of Exeter, who died in 1596: E.C.M., Orphans' Court Book, entry 62. The boy's brother was Sir Simon Baskerville the 'Rich', the London physician: MUNK, *op. cit.*, pp. 158 and 159.
113. CLEAVELAND, E., *Genealogical History of the Family of Courtenay*, Exeter, E. Farley, 1735, p. 299.
114. *Star Chamber*, *op. cit.*, ff. 39 and 40.
115. *Ibid.*, f. 55. This apothecary was the one licensed to practise surgery in 1622. His will, P.C.C. Pell 346, shows that his son of the same name was M.D.; FOSTER, *op. cit.*, vol. IV, p. 1303.
116. *Star Chamber*, *op. cit.*, f. 37.
117. *Ibid.*, ff. 61 and 91; the gentry generally, ff. 68–82.
118. *Ibid.*, ff. 51 and 52.
119. *Ibid.*, f. 86. There is no record of this licence but it must have been granted in the long interval between the departure of Bishop Babington on 4/10/1597 and the arrival of Bishop Cotton on 16/5/1599: OLIVER, G., *Lives of the Bishops of Exeter*, Exeter, W. Roberts, 1861, pp. 142–4.
120. FOSTER, *op. cit.*, vol. I, p. 399, M.B. and licence to practise medicine in 1570 at Oxford; MUNK, *op. cit.*, p. 85, extra-licenciate of the College; RAYNALL-UPHAM and SOPER, *op. cit.*, p. 57, died in 1603.
121. *Star Chamber*, 8/130/14, f. 2. Not in MUNK.
122. *Ibid.*, 8/130/12, f. 94.
123. *Ibid.*, f. 61. He was President from 1589 to 1600, MUNK, *op. cit.*, pp. 71 and 72.
124. Drs. Gilbert, Marbeck and Smith (the Oxford one), MUNK, *op. cit.*, pp. 67, 68, 75–80.
125. HAWARDE, J., *Les Reportes del Cases in Camera Stellata, 1593–1609*, edited BAILDON, W. P., privately, 1894, pp. 343–6. Sir Edward Coke's *Reports*, 13 parts, 4th edition, London, R. Gosling, 1738, part XII, p. 35. The date of 1609 given in *Hist. Mss. Com., 3rd. Rep.*, Appendix (Northumberland Mss.), p. 57, is wrong. Owing to the loss of the Order Books of Star Chamber, we do not usually know the result of cases, but here we are very lucky to have two contemporary reports.
126. *Star Chamber*, *op. cit.*, f. 46. Whether he did or not we do not know.
127. HARTE, W. J., *Gleanings from the Mss. of Richard Isacke's Antiquities of the City of Exeter*, Exeter, A. Wheaton, 1929, p. 6.

R. S. Roberts

128. GOODALL, *op. cit.*, pp. 444 and 445.
129. Chester Diocesan Records, Register of Marriage Licences, entry for 8/9/1663.
130. MUNK, *op. cit.*, p. 348.
131. P.C.C., Cobham, 73.
132. *Ibid.*, GOARE, 130.
133. *Ibid.*, Coventry, 54.
134. VIVIAN, J. L., *Marriage Licences of the Diocese of Exeter*, Exeter, privately, 1887, p. 79.
135. SKINNER, A. J. P., *Registers of Colyton*, 2 vols., Exeter, Devon and Cornwall Rec. Soc., 1912-28, vol. II, p. 653.
136. E.D.R., *Reg. Episc. Acts*, 1627-41, f. 99.
137. GOODALL, *op. cit.*, p. 443. It seems clear that it was not the practitioners but the patients who initiated this use of 'Dr.', as indeed it was from the patients that came the demand for general practice; William Gray of Doncaster in 1652 deposed that 'he is no physician qualified according to the laws of the land, but is a surgeon and has served his father, and has been bred in the art of surgery under his father, and that he gives physic to divers that do desire him, and that he thinks it lawful for him so to do, but that he does not assume to himself the name of a doctor of physic, though some people do give him that title', RAINE, J., ed., *Depositions from the Castle of York*, Surtees Soc., 1861, vol. XL, p. 225.
138. ALEXANDER, J. J., and HOOPER, W. R., *The History of Great Torrington . . .*, Sutton, Advance Studio, 1948, p. 133.
139. E. D. R., Consistory Court, Bundle 47 (1718).
140. *Ibid.*, Bundle 55 (1732).
141. POYNTER, F. N. L., ed., *The Journal of James Yonge [1646-1721]*, Plymouth Surgeon, London, Longmans, 1962.

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THOMAS BEVILL PEACOCK'S LIBRARY

The Library,
Institute of Diseases of the Chest,
Brompton,
London S.W.3

WITH reference to Dr. Ian Porter's interesting paper on Thomas Bevill Peacock published in the July 1962 issue of *Medical History*, your readers may like to know that the surviving portion of Peacock's library is preserved at the Institute of Diseases of the Chest at the Brompton Hospital, London. Still housed in Peacock's original bureau-bookcase, it consists of 154 works (in 203 volumes), 78 reprints and pamphlets (bound in 8 volumes), and 107 bound volumes of periodicals. A brief account of the Collection appeared in the *Bulletin of the Library of the Institute of Diseases of the Chest*, July 1960. A few copies of this number are still available, and I will be glad to send one to any of your readers who might like one.

P. J. BISHOP