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Original Citation

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'Medicine, Religion and the Judiciary: A re-evaluation of the surgeon's position
in the community, 1600-1699.'

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A thesis submitted to the University of Huddersfield in fulfilment of the
requirements for the degree of Master of Arts by Research

The University of Huddersfield

December 2013

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Introduction

Although surgery represented a vital division of medicine during the early modern period, the surgeon has been somewhat neglected by recent historiography. Much of this historiography is focused on physic and the wider social implications of patients and their experiences, whilst older studies have focused on a selection of individuals.¹ With the exception of Margaret Pelling's work on barber-surgeons, there has been a significant lack of study undertaken on surgeons as a collective and their role within the wider community.² This thesis aims to address that omission. The presence of surgical medicine and the provision of expert medical testimony by the surgeon in criminal trials has remained an understudied topic, yet is an excellent indication of how important surgery was to early modern society. The same is also true of the use of surgical metaphor in early modern sermons. Sermons have received little attention from medical historians despite their importance in revealing external perceptions of the medical disciplines and demonstrating the importance of surgery in society. By examining the importance of the surgeon in a judicial context and the prominence of surgical imagery in religious language, this thesis will argue that the idea that any form of occupational medical hierarchy existed in the seventeenth century was exactly that: an idea. The tripartite hierarchy proposed by medical historians, such as Clark and Holmes, championed the position and influence of the university educated physician over other medical disciplines was a model that simply did not work.³ As Curth notes, medical historians who accepted this hierarchy were only really interested in the story of great doctors and scientific progress, rather than the medical community in all of its guises.⁴ By investigating the prominence of the surgeon in judicial proceedings and the use of surgical metaphor in sermons, this study will lend further evidence to demonstrate why this hierarchical model does not work.

Since the rejection of the hierarchical model significant progress has been made in understanding the composition of the early modern medical world and the relationship between patient and practitioner. From this came the idea of a 'medical marketplace' first suggested by Beier, Porter and Cook in the 1980's, who argued that a 'marketplace' was a more accurate way of

¹ George Morris, 'The household goods of Thomas Hobbs (1647?-98), surgeon to James II, physician to Dryden' *Transactions of the London and Middlesex Archaeological Society*, 23, 2, (1972), pp. 204-8.

John Appleby, 'New light on John Woodall, surgeon and adventurer' *Medical History*, 25, (1981), pp. 251-68.

² Margaret Pelling, 'Appearance and reality: barber-surgeons, the body and disease', in A. L. Beier, *London 1500-1700: the making of the metropolis* (London, 1986), pp. 82-112.

³ Rosemary O'Day, *The professions in early modern England, 1450-1800: servants of the commonweal* (Essex, 2000), p. 183; Geoffrey S. Holmes, *Augustan England: professions, state and society 1680-1730* (London, 1982), p. 169.

⁴ Louise Hill Curth, *English almanacs, astrology and popular medicine: 1550-1700* (Manchester, 2007), p. 13.

describing the interactive relationship between medical practitioners and their patients than the earlier hierarchical model.⁵ As Jenner and Wallis point out, the study undertaken by these historians drastically changed the approach to early modern medicine.⁶ Pelling's influential work on barber-surgery and irregular practitioners has demonstrated that there was a huge demand for medical services and that this demand could be met by a diverse group of individuals, not just members of the College of Physicians, who dispensed both medical advice and treatments. Crucially Pelling and Webster have asserted that by the start of the seventeenth century the College of Physicians was a relatively insignificant medical institution and comprised of very few practising physicians.⁷ Jenner and Wallis have agreed with this and believe that the College had little cultural authority until the nineteenth century.⁸ This seems accurate given that surgeons and apothecaries represented the majority of practising medical practitioners in towns and cities. The result of this was a service based market where physicians, surgeons, apothecaries and lay practitioners had to compete with one another for clients and patients. Whilst Wallis has agreed with this, he believes that cooperation, as well as competition, helped to further define and create a marketplace through which commercial relationships between practitioners could secure fees and profits from their knowledge.⁹ Crucially, whilst acknowledging the marketplace model, this study will view medical practitioners as having separate medical identities; that is to say surgeons offered surgical treatments and physicians practiced physic. There were, of course, practitioners who combined both branches of medicine and practiced them simultaneously, though as the education of both disciplines shows, there was traditionally little room for cross-over. As this thesis investigates inter-disciplinary perceptions of surgeons and surgery, Wallis' argument will be echoed in the first chapter which suggests that, whilst there is some suggestion of inter-disciplinary conflict and competition, there is strong evidence to support the idea of cooperation.¹⁰

Andrew Wear has emphasised caution when discussing this marketplace model, noting there is a danger that cultural forces, such as religion, could be overlooked due to the stress placed upon economic imperatives.¹¹ He also notes how this model limits the understanding and impact of lay

⁵ Roy Porter, 'The Patient's View: Doing Medical History from below', *Theory and Society*, 14, 2, (1985), p. 176; Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986), p. 28.

⁶ Mark S. R. Jenner and Patrick Wallis, *Medicine and the Market in England and its Colonies, c.1450-c.1850* (New York, 2007), p. 1.

⁷ Margaret Pelling and Charles Webster, 'Medical practitioners' in Charles Webster, *Health, medicine and mortality in the sixteenth century* (Cambridge, 1979), p. 165.

⁸ Jenner and Wallis, *Medicine*, p. 2.

⁹ Patrick Wallis, 'Competition and cooperation in the Early Modern Medical Economy', in Jenner and Wallis, *Medicine*, p. 47.

¹⁰ *Ibid.*

¹¹ Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000), p. 29.

medicine because the traditional transactions associated with this form of medicine were usually social rather than economic, i.e. payment in goods or payments in kind. Whilst this study does not aim to investigate the economics of the medical marketplace, it does address the potential oversight of the relationship between religion, medical practitioners and the marketplace because it represents an important link to perceptions of medical practice. Jenner and Wallis have added further criticism to the marketplace model, suggesting that the terminology is confusing given the variety of situations to which it can be applied.¹² It is here that this thesis aims to shed some light on some of the external factors that had the potential to influence the marketplace by examining the role of surgical medicine in the judicial system and in religious sermons.

In order to prove that physicians and surgeons were considered medical equals, this thesis focuses on three distinct areas of study to examine the behaviour and utilisation of surgeons and surgical medicine. The first chapter begins with an examination of the personal perceptions of the surgeon to help us to understand what the surgeon felt his discipline represented and how he should portray himself professionally. It is here Celeste Chamberland's study on London's Company of Barber-Surgeons and Margaret Barnet's on the Company of Baber-Surgeons in York will prove valuable when investigating the methods employed by surgeons to promote their collective respectability.¹³ The second area of perception under consideration is the interaction and mutual cross-disciplinary perceptions between medical practitioners that allow us to see not only what they thought about one another, but also whether they cooperated with any frequency, which would support Wallis' theory, or if there is evidence to suggest some form of conflict instead. Finally, the first chapter explores probably the most important aspect of perceptions of medicine; the opinions of the populace. Although Pelling has suggested that the marketplace model may be in need of revision, Cook's understanding of early modern medicine as centred on the patient will help to show how the perceptions of the populace could potentially influence sections of the marketplace.¹⁴ The final section of the opening chapter focuses on how perceptions of surgery were transmitted through popular literature and entertainment and whether there was any direct impact on the surgeon. In the examples to follow much of the popular entertainment is focused on stage plays from several notable authors of the era. These sources provide us with an insight into how popular entertainment could be

¹² Jenner and Wallis, *Medicine*, p. 2.

¹³ Celeste Chamberland, 'Honour, Brotherhood and the Corporate Ethos of London's Barber-Surgeons' Company 1570-1640', *The Journal of the History of Medicine and allied Sciences*, 64, 3, (2009), pp. 1-33; Margaret C. Barnet, 'The Barber-Surgeons of York', *Medical History*, 12, 1, (1968), pp. 19-30.

¹⁴ Cook, *Decline*, p. 29.

used as a tool to transmit ideas and share perceptions and are arguably the most fruitful resources available to use in order to understand how people viewed the medical disciplines.

The methodology in the first chapter concentrates on examining personal, inter-disciplinary and external perceptions to determine how physicians, surgeons and patients viewed the surgical discipline. This helps to illustrate how the surgeon portrayed his practical discipline and the standards that he practiced in order to demonstrate that surgery represented treatments that physic could not. Wear has explained how incidents such as the onset of disease, accidents in the work place and falls from horses all helped to ensure that the surgeon remained at the forefront of medical practice.¹⁵ The injuries experienced here provided the surgeon with a lucrative business and this was reflected in surgical treatises that outlined to their readers exactly what surgery dealt with. This is demonstrative of the specific identity of the surgeon; medical treatises suggest that surgeons practised only surgery, there is little evidence of elements of physic being taught to surgical students. The motivation behind many authors was to demonstrate the power of surgery in re-setting broken bones and dislocations, compound fractures and treating burns and lacerations.¹⁶ Further to this many surgical treatises contained moral tracts to explain how the surgeon should behave as an individual. Crucially he had to prioritise the care of his patient above all else whilst maintaining a respectful life; in essence the surgeon had to set an example to others of how to behave as a respectable individual. The moral tracts found in educational manuals suggests morality and a respectable existence were paramount to promoting the respectability of surgeons and surgery. As many of these educational treatises were written in the vernacular it is certainly possible that they were composed for both the instruction of surgeons and also for wider readership. Peter Lowe's dedication of his work to 'the profit of all men in generall, and the benefit and comodity of euery man in particular' supports this theory.¹⁷ The inclusion of lessons on moral responsibility and the targeting of an audience outside of surgical instruction then, can be seen as an individual attempt, by Lowe and other surgeons, to demonstrate the respectable nature of surgery as well as to show how its practitioners were also morally respectable.

The second chapter concentrates on analysing the reporting of early modern trials to demonstrate how important the surgeon was to the judicial system in providing medical testimony in

¹⁵ Wear, *Knowledge*, p. 210.

¹⁶ John Browne, *A compleat discourse of wounds, both in general and particular whereunto are added the severall fractures of the skull, with their variety of figures* (London, 1678), p. 128; John Moyle, *Abstractum chirurgiae marinae., or, An abstract of sea chirurgery* (London, 1686), p. 1.

¹⁷ Peter Lowe, *The whole course of chirurgerie wherein is briefly set downe the causes, signes, prognostications & curations of all sorts of tumors, wounds, vlcers, fractures, dislocations & all other diseases* (London, 1597), p. 4.

criminal cases. During this period those conducting an inquest or investigation were not required to summon the assistance of a medical practitioner following the discovery of a suspicious death but examples are available where surgeons and physicians provided testimony in the courtroom.¹⁸ The weight given to surgical evidence had the ability to convict or acquit the accused and was often the most authoritative piece of evidence provided to the court. This is in stark contrast to Malcolm Gaskill's assertion that the majority of medical practitioners called to provide evidence were part-time and unqualified practitioners.¹⁹ Wallis and Minns' discussion on the education of Livery Company members, including surgeons, and the seven-year apprenticeship scheme offers some criticism to Gaskill's argument.²⁰ This chapter questions whether surgical evidence provided in a court can justifiably be seen as a direct reflection of respect shown to the surgeon by the judicial system. Was it his medical expertise alone that led to his domination of the provision of medical testimony? Or did personal and moral attributes also have an impact on the judiciary calling on the surgeon over the physician? Throughout the analysis of trial reports it will become clear that the surgeon's expertise and experience in recognising, diagnosing and treating the injuries one would expect to find on the victim of a homicide made him the ideal practitioner to provide expert testimony. The significant lack of evidence provided by physicians, despite their similar expertise in treating the internal body, suggests that the evidence provided by surgeons was considered to be of a much greater value.

The final chapter provides an analysis of early modern sermons that highlight the use of medical metaphor by the clergy and how this reflected upon the surgeon. By the seventeenth century medicine and religion were established as being inextricably linked together.²¹ This is further emphasised by Grell and Cunningham who argue that there was a deeply religious approach to illness and disease from the perspective of medical practitioners and their patients.²² Furthermore, they believe it is difficult to understand medicine as a 'whole' discipline without appreciating the

¹⁸ The majority of trial examples used in this chapter are representative of trials included in the Old Bailey's digitalised archive but some are taken from independent contemporary publications after the trial had concluded. In these latter accounts, although the investigation conducted by medical practitioners is undertaken prior to the trial, their evidence is submitted under courtroom conditions.

¹⁹ Malcolm Gaskill, 'Reporting Murder: fiction in the archives in early modern England' *Social History*, 23, 1 (1998), p. 18.

²⁰ Chris Minns and Patrick Wallis, 'Rules and reality: quantifying the practice of apprenticeship in early modern England' *The Economic History Review*, 65, 2 (2012), p. 556.

²¹ Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Reading 'The Anatomy of Melancholy'* (Cambridge, 2010), p. 113.

²² Ole Peter Grell and Andrew Cunningham, *Religio Medici. Medicine and religion in seventeenth century England* (London, 1996), p. 1.

deeply religious outlook of patient and practitioner.²³ The medical metaphor used by clergymen included a number of references to medical ailments, treatments and often to the medical practitioner as a metaphorical representation of the healing power of religion. This is unsurprising given the heavy presence of religion in early modern society.²⁴ However, whilst many of these historians focus on the relationship between physic and religion, little emphasis has been placed on the representation of surgery and religion. The sources used in this chapter represent the employment of surgical metaphor by the clergy to demonstrate to their audience the consequences of spiritual sin. As we shall see, the sheer number of sources that provide us with references to surgeons and physicians as metaphorical representations of healing ministers is indicative of how closely related religion and medicine really were during this period.

The primary goal of this thesis is to add a new dimension to the historiography by providing evidence to support a conclusion that the surgeon and surgical medicine were a respected and vital element of early modern society. Understanding the structure of the medical world and the relationship between practitioners is vital to this endeavour. The medical marketplace provided an arena where medical practitioners could offer their services to those seeking treatment for their ailments, as argued by historians such as Pelling and Cook. This, it will be argued, was one of several social domains where the physician and surgeon operated on even terrain; ultimately the marketplace gave a potential client of medical services the option to choose who they wished to engage in consultation. As the thesis shows, the surgeon was an important member of the local community in providing specific medical treatments, assisting lawmakers in the administration of justice through their provision of medical testimony and by setting a moral example to those who read their published treatise and listened to religious sermons.

²³ This refers to surgery and physic as representing two halves of medicine which, when brought together, represented a 'whole' discipline of medicine. *Ibid.* p. 1.

²⁴ Grell and Cunningham, *Religio Medici*. p. 2.

Perceptions of the surgeon: Personal, inter-disciplinary and external.

Early modern perceptions of medicine and medical practice provide us with an invaluable insight into attitudes towards medical practitioners, medical treatment, its availability and the quality it offered potential clients. This chapter analyses three aspects of perception to determine whether ideas surrounding surgical practice and theory influenced a surgeon's reputation. Firstly, understanding the methods employed by surgeons to promote their discipline and demonstrate their respectability through printed treatises allows us to see how important perceptions were to surgical practitioners. In these surgical treatises surgeons such as Peter Lowe and Thomas Vicary outlined not only information and techniques they felt would benefit young surgeons, but also examples of how to behave and how to treat a patient in a professional manner.²⁵ The second investigation examines the relationship between the medical disciplines, primarily from the perspective of the physician, and reinforces the theory of a medical marketplace as alluded to by historians such as Cook and Pelling.²⁶ However, whilst Cook and Porter's influential early analysis of the marketplace model suggests a fluidity between the medical disciplines, this study will instead argue that surgery and physic represented separate, and equally respected, medical disciplines within that marketplace.²⁷ Consequently this led to cooperation between surgeons and physicians as meeting the medical needs of the patient often necessitated inter-disciplinary interaction.²⁸

The final area of perception is focused on possibly the most important factor that influenced medical practitioners: the opinions of medical consumers. This latter aspect of perception is especially important given the nature of the medical marketplace and the central role of the patient. Although medical practitioners offered specific forms of treatments and undoubtedly competed for clients, the choice of selecting a practitioner to consult came firmly under the control of the patient.²⁹ As a result opinions from the perspective of the patient would have had a direct impact on the practitioner. Therefore, in a market as competitive as that of the early modern medical world, the

²⁵ Although both surgeons composed and published their surgical treatises in the late sixteenth century, both works continued to be re-published in the seventeenth century suggesting that the content was still relevant.

Lowe, *Discourse*, p. 8; Thomas Vicary, *The surgions directorie, for young practitioners, in anatomie, wounds, and cures, &c. shewing, the excellencie of divers secrets belonging to that noble art and mysterie* (London, 1651), p. 4.

²⁶ Cook, *Decline*, p. 28; Margaret Pelling, 'Trade or Profession? Medical Practice in Early Modern England' in Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (Harlow, 1998), pp. 230-258.

²⁷ Porter, 'Patient's View', p. 176.

²⁸ Wallis, 'Competition', p. 48.

²⁹ Jenner and Wallis, *Medicine*, p. 2.

need to demonstrate ability, promote reputation and attract patients had to be at the forefront of a practitioner's approach to their practice. In essence it was up to the practitioner to demonstrate his prowess as a surgeon or physician in order to ensure his business survived; a practitioner with a poor reputation would most certainly have had a less lucrative business than a practitioner known for successfully treating his patients. Perceptions of the surgeon's work and what surgery as a medical discipline represented determined whether a patient opted for surgical intervention or chose an alternative, though not necessarily more beneficial, method of treatment. Crucially, however, an alternative was not always an option. With serious lacerations or a broken/dislocated limb, the surgeon was arguably the only practitioner trained to re-set or re-locate a broken bone and was therefore the only viable option when this treatment was required.³⁰

The surgeon's perception of his professional position and chosen discipline provide an interesting start in determining the relative position of the surgeon in the medical marketplace. By focusing on aspects of individual perception, such as James Cooke's *Mellificium Chirurgiae*, we are able to understand the methods employed by the surgeon to promote his discipline and his insight into how a surgeon should behave.³¹ There is little room to deny that surgery provided an area of medical care that physic could not and as a result surgeons were in constant demand.³² Accidents in the workplace, in the home and falls from horses usually required the presence of a surgeon due to the nature of injuries sustained. However the surgeon himself clearly felt it took more than necessity to demarcate surgery from the rest of the medical field. A variety of surgical 'textbooks' explained that certain personal attributes were beneficial in portraying and upholding what surgeons believed was a respectable discipline. In essence, these attributes demonstrated that, whilst undergoing a surgical procedure was more often than not painful, the patient could expect the surgeon to consider their wellbeing above all else and to conduct himself professionally throughout. Lowe's *The Whole Course of Chirurgie* (1597) was a much praised vernacular work highlighting every aspect of surgery and the process through which a young surgeon should learn his trade.³³ Lowe's work underwent five separate editions, the first in 1597 and the last in 1654, demonstrating that it remained an influential composition on surgical practice. Though this publication and those similar to it were most likely used and read primarily by surgical students, the use of the vernacular meant that a wider readership was certainly possible. The publication itself was a collection of 'books', each focusing on a particular aspect of surgical operation or treatment and comprised of a

³⁰ Wear, *Knowledge*, p.29.

³¹ James Cooke, *Mellificium Chirurgiae* (London, 1662), pp. 1-616.

³² *Ibid.* p. 210.

³³ Lowe, *Discourse*, pp. 1-296.

‘conversation’ between Lowe and an inquisitive student. It seems likely that this format was employed primarily for the educational purpose of teaching students aspects of surgical knowledge and procedure and inculcating a professional code of conduct. For example, the student’s question of what qualities were required of the surgeon to perform successful operations, Lowe, focusing on particular attributes and moral ideals, replied with this statement:

that he be of a reasonable age, to have a good hand, as perfect in the left as in the right, that he be ingenious, subt’ll, wise, and tremble not in doing his operations, that he have a good eye, and good experience in his art....that he be well mannered, affable, hardie in things certaine, fearefull in things doubtful and dangerous.....chaste, sober, pittifull, that hee take his reward according to his cure, and abilitie of the patient, not regarding avarice.³⁴

In addition to the obvious physical attributes necessary to undertake surgical operations, there is a prominence in the necessity of personal qualities that Lowe, as well as other surgeons such as James Cooke, John Shirley and Edward Edwards, thought all surgeons should identify with.³⁵ A set of virtues including subtlety, ingenuity and affability can be linked to the practical aspects of surgery. Subtlety and ingenuity implied a practitioner had control and skill when undertaking an operation on his patient and was able to adapt and treat the majority of injuries he was faced with. Affability resonated with approachability as an individual which could have had a calming effect on any of his patients who were particularly apprehensive of undergoing surgical treatment and could prove vital in attracting patients in the marketplace. Furthermore this description suggests the surgeon had an attention to detail, a delicate touch and the patients’ best interests at heart, elements of treatment vital to the successful patient-practitioner relationship. This has been reinforced in Olivia Weisser’s article on the reading of bodily bumps during this period in which she discusses the pain of a patient and how that could influence a practitioner’s treatment. She describes how the surgeon would manipulate the patient’s body in order to locate the trapped matter within, whilst simultaneously evaluating the verbal expression of pain.³⁶ This echoes some of the desirable attributes listed above by Lowe and suggests that patient welfare took precedence over all else when a surgeon had been employed. The importance of virtue to the surgical discipline can also be found in Edward Edwards’ *Analysis of Chyrurgery* and provides further insight into the moral attributes desired of surgeons. Like Lowe, Edwards outlined in a detailed flow-chart the processes of surgery and the desirable nature of the surgeon. He describes how the ‘conditions required in the Surgion are generally to be...virtuous and

³⁴ Peter Lowe, *Discourse*, p. 8.

³⁵ John Shirley, *A short compendium of chirurgery containing its grounds & principles: more particularly treating of imposthumes, wounds, ulcers, fractures & dislocations* (London, 1678) p. 107. Both of these authors identify with the necessity of surgery and the personal qualities desired of surgical practitioner.

³⁶ Olivia Weisser, ‘Boils, pushes and wheals: Reading bumps on the body in early modern England’ *Social History of Medicine*, 22, 2 (2009), p. 333.

religious...expert in his profession both theoretic and practice.’³⁷ In Edwards’ analysis, practical knowledge and application of surgical training alone could not define the surgeon professionally. Piety and respectability along with personal attributes remained prerequisites of professional position, in much the same way as the physician.³⁸

In Lucinda Beier’s study of Joseph Binns, she explains that the surgeon’s primary aim in the consulting room was to ensure he was doing everything possible to treat his patient.³⁹ For instance, as a result of violent conflict, on the battlefield and through civilian conflicts on London’s streets, Binns faced a variety of injuries that each required a different treatment. On 20th September 1643, Binns treated a soldier injured by two gunshot wounds received during the battle of Newbury, one through his left shoulder and the other through his armpit. In another case earlier in 1643, an elderly gardener received a stab wound from a sword to the stomach, which Binns dressed to stem the flow of blood.⁴⁰ Although no method of treatment is discussed in the former case, this demonstrates the range of injuries Binns faced and the flexibility he had to employ to treat two very different cases. Ingenuity and astuteness, as these examples show, suggests high factors of intelligence and foresight were desirable when administering treatments, both of which would have proved vital in the event of complications, necessitating the need for shrewdness and the ability to draw quickly upon their training.

Further examples of this are present in Binns’ diary. As Beier illustrates he had no aversion to changing his methods of treatment based upon the case he was presented with; ingenuity was a cornerstone of the surgical profession. Other important factors of a surgeon’s personality, such as chastity and sobriety are an interesting inclusion in this account and tell us much about the personal reputation of the surgeon. Sobriety is an attribute that further emphasises how surgeons sought to highlight their reputable nature; their serious yet calm persona told potential clients that they took to their work with the utmost sense of professionalism and similarly the inclusion of chastity resonates with moral behaviour and good conduct. These attributes, especially moral behaviour and good conduct, had clear links to concepts of masculinity and honour. Honour, as puritans argued, could be claimed by virtue or quality in much the same way as it could be bestowed through lineage. Richard Braithwaite noted in 1630 that virtue, the greatest signal of the gentry, was better expressed through

³⁷ Edward Edwards, *An analysis of Chyrurgery* (London, 1636), p. 5.

³⁸ Cynthia Herrup, ‘To Pluck Bright Honour from the Pale-Faced Moon’: Gender and Honour in the Castlehaven Story’, *Transactions of the Royal Historical Society*, 6 (1996), p. 139; Alexandra Shepard, *Meanings of manhood in early modern England* (Oxford, 2003), p. 42.

³⁹ Lucinda McCray Beier, *Sufferers and Healers: The experience of illness in seventeenth-century England* (New York, 1987), p. 54.

⁴⁰ *Ibid.* pp. 54, 65.

the good conduct of an individual than through his inherited line, effectively denying that honour could only be achieved by those of a higher social order.⁴¹

The distinction between medical disciplines and their respective fields can be seen through contemporary publications in medical treatises. In his 1662 publication of *Mellificium Chirurgiae*,⁴² James Cooke suggested that surgical practise could be defined:

By manual operation: its parts are four. First to unite parts disjoyn't. Secondly, to separate such unnaturally joyn'd. Thirdly, to remove things superfluous. Fourthly, to supply things wanting.⁴³

This is a clear indication of the manual operation by which surgery left its mark upon the medical world. The initial claim that surgery has its base by manual operation already clearly demarcates it as a separate discipline from physic. The idea that treatment would be administered through a manual touch lay traditionally outside of the physicians' remit and therefore immediately it becomes clear how different the disciplines were.⁴⁴ By Cooke's analysis, the first responsibility of surgery lay in reuniting joints and bones that had become misplaced, presumably through accident or via other misfortune. Furthermore this could also refer to the surgeon's work in the treatment of wounds and lacerations which could be seen to have become 'disjointed' through injury. The second aspect of Cooke's description holds a deeper meaning for the work of the surgeon. Separating 'such unnaturally joyn'd' resonates with treatment or the potential treatment of disabilities and the surgeons attempt to help cure disabling infirmities. Other contemporary authors also gave credence to the treatment of disabilities as = Wear has outlined using the examples of Alexander Read. In Read's *Chirurgical lectures* are cases in which surgical intervention was necessary, such as torticollis or a wry neck, in which 'the head is drawn towards the calves (collar bone) more than on the other: whereby the face groweth awry and distorted.'⁴⁵ Intervention by the surgeon is an excellent example of the power and scope of early modern surgery and speaks volumes about the reputation of the surgeon. Not only could he cure crippling and debilitating ailments, but cosmetic procedures fell well within his remit as a practitioner, such as the use of 'water of *Minsicht*' to help heal and

⁴¹ Elizabeth A. Foyster, *Manhood in early modern England: Honour, sex and marriage* (Harlow, 1999), p. 35; Anthony Fletcher and John Stevenson, *Order and disorder in early modern England* (Cambridge, 1985), p. 93.

⁴² Although initially discovered as a reference within Wear's *Knowledge and practice*, this description is similarly found in Paul Barbette's *Thesaurus Chirurgiae* of 1672 p. 1, 2. Barbette's publication is the earliest I have been able to find which suggests that this description was either copied directly from Cooke's editions, or it represented a solid foundation of surgical education and its presence is a coincidence. The former seems to be the more likely reason for its existence in Barbette's publication.

⁴³ Cooke, *Mellificium*, pp. 1-2.

⁴⁴ Wear, *Knowledge*, p. 210.

⁴⁵ *Ibid.* p. 213.

‘remove’ scarring left by the pox or through factors such as burns and lacerations.⁴⁶ In terms of reputation, any surgeon who could offer to potentially cure his patient of the scars left by smallpox would have been held in relatively high esteem, especially after the smallpox epidemics in London between 1667 and 1681.⁴⁷ One thing is clear from Cooke’s observations; surgery provided potential clients with a discipline that encompassed all aspects of care, from the removal of things unnaturally present to the supplying of treatments required to remain healthy. The undercurrent of reflection on the surgeon is also an important indication of Cooke’s self and inter-disciplinary perceptions, the ‘wholeness’ of surgery was Cooke’s way of demonstrating the relative power of the surgeon, crucially he could provide patients with elements of care other practitioners could not. Furthermore the personal attributes prospective surgeons should possess have an important resonance with reputation and its importance to the practitioner. Not only was skill a key factor in portraying a solid reputation, but characteristics such as a steady and strong hand and the ability to concentrate fiercely despite the situation all combined to raise the profile and repute of the surgeon.⁴⁸

Similarly, John Shirley’s publication, focused upon advice for young surgeons, highlights similar notions of individual perception. With only a slight variation, Shirley explained that surgery is composed of three distinct operations: Synthesis, Diairesis and Exeresis.⁴⁹ Unlike Cooke’s work however, Shirley, whilst championing the advice and treatments surgery offered patients, argued that surgery would be much less effective without a close association with physic and elements of the apothecary’s work. He outlined in his first chapter, perhaps controversially from the viewpoint of practitioners of other disciplines, that surgery and pharmacy are actually branches of physical medicine, rather than separate entities.⁵⁰ Shirley saw medical disciplines as interconnected, physic needed surgery as much as surgery needed pharmacy and vice versa, to ensure that medical treatment offered the highest possible standard of medicine. However, despite this claim, Shirley highlighted surgery as the most necessary, noblest and profitable aspect of medicine. This is surprising given his claim to having trained as a physician, and provides us with evidence to suggest an alternative to the argument suggesting physic held a dominant position over surgery, a notion that historians such as Holmes argued was a cornerstone of medical identification.⁵¹

⁴⁶ Paul Barbette, *Thesaurus chirurgiae*, p. 244.

⁴⁷ George C. Kohn, *Encyclopaedia of Plague and Pestilence* (New York, 2007), p. 233.

⁴⁸ Cooke, *Mellficium*, p. 1.

⁴⁹ Shirley, *A short compendium*, p. 2.

⁵⁰ *Ibid.* p. 4.

⁵¹ Holmes, *Augustan England*, p. 169.

As a collective it is also evident that the surgeons sought to outline and cement their reputation and status as a civic body as well as individually promoting their discipline. The benefits of belonging to a civic company were twofold. Firstly, it allowed a surgeon to practice his discipline legitimately; membership of the Company granted a surgeon a licence to ‘legally’ practise surgery.⁵² Secondly, the Company allowed surgeons to demonstrate to their potential clientele the benefit and skilled profession of surgery. For this to be successful the promotion of reputation and moral worth was crucial and this represented the central themes in the Company’s philosophy along with social interaction and religious propriety.⁵³ During the later Middle Ages regulation of behaviour and promotion of respectability had been paramount to civic bodies in their attempt to demonstrate the power of guild membership. Although primarily focused upon religious guilds, Ben McRee’s study on regulation of behaviour within the framework of the guilds demonstrates the similarities shared by the majority of civic bodies in terms of promoting respectability and moral conduct.⁵⁴ Statutes introduced to regulate behaviour by individual guilds ensured that brethren treated one another with respect and upheld a solid moral base with which to set an example to the non-member populous. Externally these included restrictions on gambling, roaming the streets at night and associating with individuals of ill repute although internal regulations such as wearing the correct attire during guild ceremonies were also, if not equally, important.⁵⁵ The restrictions introduced by medieval guilds still resonated with the Company and its members during the early modern era; the desire to maintain respectability, moral responsibility and efficiency dominated Company aspirations. Despite Chamberland’s argument, this was not unique to the Company of Barber-Surgeons, rather all civic bodies strove to maintain and project respectability whilst competing against one another for dominance within the community. The presence of a stigma is not disputed here but Chamberland is suggesting that the esteem of all surgeons was somewhat questionable due to the nature of their discipline and as a result the Company had to work harder to maintain a reputable stance within the civic order.⁵⁶ There is no evidence in the educational treatises of Lowe and Shirley to suggest that surgeons faced a particularly unique task in overcoming the stigma Chamberland has attributed to the practise of surgery. Both authors outlined what they believed to be the moral foundations of a

⁵² As Auden and Barnet have pointed out, in York surgeons were compelled to join the Company or face expulsion from the city; non-compliance was not an option. G. A. Auden, ‘The Guild of Barber-Surgeons of York’ *Proceedings of the Royal Society of Medicine*, 21, 8 (1928), p. 73; Margaret C. Barnet, ‘The Barber-Surgeons of York’ *Medical History*, 12, 1 (1968), p. 20.

⁵³ Barnet, ‘Barber-Surgeons’, p. 20.

⁵⁴ Ben McRee, ‘Religious Guilds and Regulations of Behaviour in Late Medieval Towns’ in J. Rosenthal and C. Richmond, *People, politics and community in the later Middle Ages* (New York, 1987), p. 108-122; Shannon McSheffrey, *Marriage, Sex, and Civic Culture in late Medieval London* (Pennsylvania, 2006), p. 167.

⁵⁵ McRee, ‘Religious Guilds’, p. 112.

⁵⁶ Chamberland, ‘Honor’, p. 5.

successful and respectable practitioner but they do not suggest that this is in response to criticism or fear surrounding surgical practice.⁵⁷

Despite this associated stigma the surgeon's work was vital to medical care, and collectively surgeons toiled to regulate practitioners and raise standards of practice through education to counteract the negativity they faced. The necessity of their discipline ensured that their esteem as a civic body remained consistent although by no means were they considered the most important, as is demonstrated by Bolton's study of Chester companies in the seventeenth century.⁵⁸ It is clear from this work that the Company of Barber-Surgeons occupied a relatively senior position within the civic structure of Chester, but was not necessarily thought of as the most powerful or important. However, their relative position can be seen through a tenancy agreement concerning a communal meeting place, Phoenix Tower, in which a number of Companies equally shared the upkeep and maintenance costs. As Bolton illustrates, by 1657 the Barber-Surgeons, as proprietors, had begun to receive rent payments from the Joiners, Turners and Carvers Company and the Weavers, the Clothmakers and the Bakers Company, suggesting that in terms of civic authority the barber-surgeons held some element of wealth and influence in the community.⁵⁹ Clearly this structure is different to that identified in Chamberland's study of London, but it does demonstrate that despite the stigmas faced by surgeons, they still held a relatively solid base within the civic community. Furthermore, the wealth evident through this study of Chester suggests that surgeons were prominent in terms of earning power; they were by no means the most extravagant of the Companies in spending but they ranked among those willing to demonstrate their wealth in public festivals, an experience shared by the Barber-Surgeons of York.⁶⁰ The examples given above demonstrate clearly the personal and collective methods by which surgeons sought to raise awareness of their respectability, professionalism and status from both inter-disciplinary and external attacks. It is clear that leading surgeons felt that adequate moral and physical education, as well as professional unity, reflected upon their reputation as viewed by both the medical community and the wider social base of their clientele. Any conscious attempt to emphasise these factors can be viewed as a rejection of notions linking their discipline with emotions of fear and pain as well as with the stigmas linked with manual occupations: the message here was that surgery represented not only a necessary aspect of medicine that physicians could not provide, but also that practitioners were learned, well-educated, skilled and respectable members of society.

⁵⁷ Lowe, *Discourse*, p. 8; Shirley, *Short compendium*, p. 107.

⁵⁸ Peter Bolton, 'The Chester Companies in the Seventeenth Century', *Transactions of the Historic Society of Lancashire and Cheshire*, 156 (2008), pp. 1-25.

⁵⁹ *Ibid.* p. 7.

⁶⁰ *Ibid.* p. 21; Barnet, 'Barber-Surgeons', p. 20.

Despite individual and collective attempts to cement reputation and respect, surgeons relied on the other medical practitioners and their cooperation to uphold their position as Wallis has illustrated.⁶¹ Medical journals and case logs are difficult to come by although educational treatises do describe the scenarios through which cooperation between physicians and surgeons might be necessary. Inter-disciplinary perceptions of medicine shaped the medical world in terms of education and practice; attempts by the College of Physicians to regulate and control surgical training are a clear sign that some physicians viewed surgery as inferior to physic. The demarcation between physic and surgery remained a clear and distinct issue recognised by a significant number of medical practitioners, despite the presence of ‘general practitioners’ who claimed to be able to practice both professions simultaneously. However, the attempt by physicians to dominate surgical education (anatomy lectures) faced obvious opposition from surgical practitioners, and this control of anatomical lectures was not necessarily restricted to London. In 1625 Thomas James, in a note in the margin of a publication concerning articles of reform within the church, recounts his recovery from ‘the stone and the Palsie’ thanks to a doctor who held the professorship of physic at Pembroke College as well as being ‘Reader of the Anatomie Lecture.’⁶² It is clear that the teaching of anatomy by physicians was not restricted to London, further evidence of which has been highlighted by Allen.⁶³ Allen describes how, following the granting of privileges allowing the College of Physicians to undertake the dissection of a set number of criminals per year, Lord John Lumley founded the Lumerian Lectures for surgery in 1582. This lecture was to be read ‘in the Colledge every Wednesday and Friday for ever by a Doctor of Physick and fellow of that Colledge.’⁶⁴

The location of these lectures, for surgical students as well as those of physic, suggests that as early as the 1580’s physicians sought to impose their learned authority over the surgeon by taking control of a key factor in their education. Kate Cregan explains that whilst the dissection in an anatomy lecture was undertaken by surgeons, the overseer of the lecture, or ‘Reader’, was a physician.⁶⁵ The conflicts evident in this issue of anatomical lectures and the question as to who was eligible to teach them have clear links to reputation and social status. Despite the existence of the Company of Barber–Surgeons prior to the foundation of the College of Physicians, Lindemann

⁶¹ Wallis, ‘Competition’, pp. 47-8; Pelling’s study of the Company of Barber-Surgeons in Norwich finds physicians, bone-setters and surgeon-physicians amongst the membership, suggesting a relatively close affinity between the medical disciplines. Pelling, *Common Lot*, p. 209.

⁶² Thomas James, *An explanation or enlarging of the ten articles in the supplication of Doctor Iames, lately exhibited to the clergy of England* (Oxford, 1625), p. 5.

⁶³ Phyllis Allen, ‘Medical education in the seventeenth century’, *Journal of the History of Medicine and Allied Sciences*, 1 (1946), pp. 115-143.

⁶⁴ *Ibid.* p. 138.

⁶⁵ Kate Cregan, ‘Early Modern Anatomy and the Queen’s Body Natural: The Sovereign Subject’ *Body and Culture*, 13, 2 (2007), p. 56.

agrees that the older establishment bowed to the superiority of the physicians.⁶⁶ Documentary evidence for this is available, suggesting that at least some, rather than all, physicians accepted their dominance over the other medical disciplines. Christopher Merret's *The Accomplisht Physician* describes physic as appearing acceptable to 'Kings, Princes, and all others of the highest ranck' and proceeds to outline how the title of 'Doctor' can only legitimately be used by a physician, not a surgeon, apothecary, quack or empiric, suggesting that physic held a higher status than all of these.⁶⁷ However, although evidence is available to reinforce this argument, the sheer scale of contrasting evidence suggesting a closer relationship between physicians and surgeons is hard to dismiss.

By working together on medical cases, respective disciplines recognised both weaknesses in their own medical abilities as well as the skill of their counterparts, and cooperation ensured the patient received the greatest quality of care available.⁶⁸ This suggests that in terms of perception and respect many physicians acknowledged the skill of the surgeon, the necessity of his discipline and the need to discount any further factors such as social status or the status of his education from a working relationship. For instance, in a discussion surrounding ailments of the mouth and throat in Nicholas Culpepper's publication of Thomas Bartholin's *Bartholinus anatomy*, the cooperative physician-surgeon relationship is demonstrated clearly. Concerning the condition known as *Casus Uvulae*,⁶⁹ the consultation of a physician was to be sought, whereby if the uvula could not be restored through medicines and 'manual operation,' 'it is wont to be burnt and cut by a Skilful Chirurgeon.'⁷⁰ Following the failure of a physician to administer a remedy it is clear that a surgeon would be called to offer his expertise in curing the patient, a sign that physicians had no qualms in calling for the assistance of a surgeon when their own treatments could not solve the problem. Further evidence of cooperation is found through the discovery of 'a strange monster or serpent found in the left ventricle of the heart of John Pennant' on 7th October 1637.⁷¹ Edward May, the author, explained how his services and those of a surgeon were called for by the aunt of John Pennant following his death to determine the exact cause after a prolonged illness. It is immediately noteworthy that the surgeon is called for along with the physician. There was a clear understanding that the physical structure of the internal organs fell into the province of the surgeon and that his services were required. Through the

⁶⁶ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, 1999), pp. 174-75.

⁶⁷ Christopher Merret, *The accomplisht physician, the honest apothecary, and the skilful chyrurgeon detecting their necessary connexion and dependence on each other* (London, 1670), p. 3.

⁶⁸ Wallis, 'Competition', p. 47.

⁶⁹ A case in which the uvula sits lower than it should within the mouth, described here as 'the falling down of the Palate of the Mouth';

⁷⁰ Thomas Bartholin, *Bartholinus Anatomy; made from the precepts of his Father, and from the observations of all modern anatomists, together with his own* (London, 1668), pp. 154-5.

⁷¹ Edward May, *A most certaine and true relation of a strange monster or serpent found in the left ventricle of the heart of John Pennant, Gentleman, of the age of 21 yeares* (London, 1639), p.1.

description of the investigative procedure it is clear that the physician, acknowledging his inexperience, required the surgeon to carry out the majority of the dissection and this speaks volumes about inter-disciplinary perceptions. Reputation seems to be an obvious factor in determining the presence of Jacob Heydon the surgeon. His attendance rested upon a direct approach from May himself, suggesting that Heydon was known for his surgical prowess. This reinforces Wallis' argument for cooperation between the medical disciplines.⁷² It is difficult to pinpoint any attempt by the physician to take control and dominate the consultation, suggesting that in terms of medical experience and practice, the two were medical equals.

Henry Stubbe's 1671 publication concerning the sweating sickness, plague, small-pox and pleurisy touches upon a case whereby surgical consultation was a requisite; the surgeon is actually summoned by Stubbe after the initial diagnosis. The case began on the seventh of May 1671 when one Joseph Denny, 'a poor man of Warwick' fell victim to the bite of an adder he had tried to catch that occupied 'a place of more difficult access.'⁷³ Stubbe described how, upon deterioration of the patient, he 'hastened thither (to Denny's dwelling) with a Chirurgion.'⁷⁴ Interestingly, the initial injury seems the more likely to be treated by the physician due the possibility that the snake's venom was responsible for this deterioration. However, several factors of the treatment including the making of incisions either side of the initial wound to try and drain some of the fluid within required the intervention of a surgeon. The presence of a surgeon to consult and aid in treatment corresponds with Wallis' theory of collaboration between medical practitioners during this era. Wallis argues that inter-disciplinary and external competition paved the way for collaboration as a means to gain patients and for medical practitioners to secure profit from their knowledge of the medical field, though we are unable to tell whether Stubbe or the surgeon charged for this treatment.⁷⁵ As these examples have illustrated, in terms of practicality collaboration between the medical disciplines was a twofold venture. Firstly it allowed surgeons, or physicians, to consult on cases in which they may not have been the primary practitioner of choice. Secondly it ensured that the client was afforded an adequate level of care; these represented the cornerstones of the morality outlined by surgeons such as Lowe.⁷⁶ Furthermore, the benefit of cooperation was an issue that non-practitioners also recognised; the request of Elizabeth Hennis, John Pennant's aunt, that a surgeon accompany the

⁷² Wallis, 'Competition', p. 48.

⁷³ Stubbe outlines on a side note that he employed Joseph Denny to capture Adders for him. Henry Stubbe, 'A relation of the strange symptomes happening by the bite of an Adder, and a cure thereof: In a letter to a learned physician.' in *The Lord Bacons relation to the sweating-sickness examined* (London, 1671), p. 2.

⁷⁴ *Ibid*, p. 3.

⁷⁵ Wallis, 'Competition', pp. 47-8.

⁷⁶ Lowe, *Discourse*, p. 8.

physician demonstrates lay knowledge of medicine and the benefit of requesting the assistance of more than one practitioner. From these examples it is clear that inter-disciplinary perceptions were just as important to the reputation and practice of the surgeons as their own self-promotion.⁷⁷

Thus far this chapter has focused on investigating the inter-disciplinary relationship between the medical disciplines and how surgeons promoted their respectability through education. It now seems prudent to consider external perceptions from the non-medically trained community to understand how potential patients viewed surgery and surgical practitioners. The influence of individual opinion upon the medical disciplines during this period should not be underestimated. Word-of-mouth and written critique, often transmitted through plays and works of mass appeal, could have had a devastating effect not only upon the individual practitioners but on medicine as a whole. The reasons for this appear to stem from the nature of medicine itself; nothing in early modern physic or surgery was guaranteed to bring instant or conclusive results in terms of healthcare. Although medical treatises provided the most accurate and up-to-date methods of treatments for prospective students and practitioners alike, there was still a relative air of scepticism from external sources towards the cures medicine could offer. It has been argued that from the three branches of medicine, surgery remained the discipline that struck fear into most people considering a medical consultation. This is, however, difficult to accurately prove or disprove with only a limited number of sources available. Despite this, Wear's assessment that surgery remained popular and necessary due to the nature of early modern working conditions and lifestyle is an argument that can successfully be reinforced by primary evidence.⁷⁸ Surgery provided vital elements of medicine that the other disciplines could not and crucially it offered procedures that were necessary such as lithotomy and the setting of broken bones or dislocations. Although in situations such as these it is probable that fear was a genuine and dominant emotion, the need for treatment in most cases would have far outweighed the trepidation of consulting a surgeon and undergoing an operation, as Weisser has argued.⁷⁹

Before examining sources of popular literature, it is worth noting that some element of caution must be taken when using them. Whilst they do provide instances where perceptions of the surgeon and surgery are evident, little is known of the motivations behind their inclusion. Therefore they cannot, and should not, be taken as representative of the perceptions of the audience, rather they should be understood as representing the perceptions of the author. Brewster's study of physicians

⁷⁷ May, *Most certaine*, p. 3.

⁷⁸ Wear, *Knowledge*, p. 210.

⁷⁹ Weisser, 'Boils', p. 335.

and surgeons in early modern literature has several examples of external perceptions in literary form from a variety of sources and is an excellent place to start.⁸⁰ For instance, within Thomas Middleton's play *The Witch* (1600) are the lines 'Pray Heaven, the Surgeon & 'potecary keep out; & then 'tis well' spoken by Gaspero and 'You cannot torture me, Worse than the Surgeon does,' uttered by Florida.⁸¹ Only the first of these quotes is used in Brewster's work but he has failed to engage with the text and critique its content. It is clear to see Middleton's own perceptions seeping through the character's speech, and this seems to be a sentiment repeated throughout his other works, although the reason for this remains unclear.

Similarly Francis Beaumont outlined his feelings towards medical practitioners in his poem in honour of the death of the Countess of Rutland who he claimed may well have been saved had the surgeons had adequate training.⁸² Beaumont blamed Elizabeth's death upon medical incompetence and vented his frustrations toward both physician and surgeon. The resentment towards the physician took precedence in the text;

I acknowledge you were there, To sell such words as one in health would hear: So died she. Curst be he who shall defend Your art of hastening nature to its end! In this you shewed that physic can but be, At best an art to cure your poverty.⁸³

This attack centred on the conduct of the physicians in attendance to Elizabeth and challenges their competence in maintaining high standards of care rather than focusing upon the monetary value of treating their patient. Similarly surgeons are also attacked, although with significantly less gusto. Beaumont placed more blame upon the state than on surgeons themselves, but still claimed that had their anatomical education been to a higher standard there could have been a greater chance of successfully treating the countess.⁸⁴ The line 'Forgetting that the state allows you none, but only whores and thieves to practise on' is a particularly interesting inclusion in this elegy. Not only does it suggest that there were an inadequate number of bodies, apart from those of felons, with which to undertake dissections in anatomy lectures, but it also highlights external perceptions of surgery and its association with undesirables. When used as an insult, the word 'thief' questioned an individual's honesty and self-worth which could be especially damaging in a society whereby economic

⁸⁰ P. G. Brewster, 'Physician and Surgeon as depicted in 16th and 17th century English literature,' *Osiris*, 14 (1962), pp. 13-32.

⁸¹ Thomas Middleton, *The Witch* (1613), Act 2, Scene 1 < <http://www.tech.org/~clearly/witch.html> > [Accessed 9/8/2012]; Brewster, 'Physician', p. 20.

⁸² Francis Beaumont, 'An Elergy on the Death of the Virtuous Lady Elizabeth, Countess of Rutland' (London, 1612), < http://www.bottesfordhistory.org.uk/page_id_361_path_0p3p78p.aspx > [Accessed 25/09/2013].

⁸³ *Ibid*, Stanza 11, lines 73-78.

⁸⁴ *Ibid*, Stanzas 13-15, lines 88-99.

transactions relied upon credit and the bond of an individual's word.⁸⁵ With the obvious reputational consequences of accusation clear, professional association with thieves and criminals somewhat questioned the respectability of surgery and its moral standpoint. However, it can be argued that the creation of this poem reflected Beaumont's own perceptions of medicine rather than focusing solely upon the death of Lady Elizabeth. In early 1613, Beaumont suffered a stroke that left him virtually incapacitated, although he was able to pen this poem.⁸⁶ Suffering in a melancholic state until his death in 1616, his attack may well reflect his own perception of the medical disciplines and their 'failure' to successfully cure his condition. Without clear documentary evidence available it is clearly difficult to corroborate, however it still remains an interesting side note given the link to external perceptions of surgery. One anomaly that arises in Beaumont's description of medical education, that there was a significant lack of cadavers available for dissection, is challenged by Helkiah Crooke's discussion on dissection for educational purposes. Crooke thanks the state, 'by whose Lawes we are allowed dead bodies for dissection, euery yeare a competent number' suggesting that there was an adequate supply of bodies that dissections could be carried out on and that Beaumont was probably venting his frustrations rather than accurately describing the availability of cadavers.⁸⁷

A petition submitted to parliament by 'many thousands of Citizens' in 1649 provides us with another important source through which perceptions of surgery can be analysed. Although anonymous, the source criticised the methods of regulation introduced by Henry VIII that restricted those with medical knowledge, but no licence, from practicing surgery within a seven mile radius of London. The primary critique is the treatment of an unlicensed practitioner of physic, William Trigg, who was claimed to have treated 'above thirty thousand Persons' during the 'last great sicknesse....when most of the College doctors deserted us' but was considered to have done so 'illegally.'⁸⁸ Of specific interest here however is the author's view of the surgeon; seemingly overwhelmingly negative in nature. Although the surgeon's practical skills and profession emerge relatively unscathed, their moral position occupies the centre of the author's barrage.⁸⁹ Charity and a moral obligation to provide for the poor clearly ranked highly amongst the anonymous author's concerns, a position he felt surgeons failed to recognise in a time of need. The championing of

⁸⁵ Foyster, *Manhood*, p. 7.

⁸⁶ P. J. Finkelppearl, 'Beaumont, Francis (1584/5–1616)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2006 <http://www.oxforddnb.com/view/article/1871>, accessed 16 Nov 2013.

⁸⁷ Helkiah Crooke, *Mikrokosmographia a description of the body of man. Together vvith the controuersies thereto belonging* (London, 1615), p. 18.

⁸⁸ Anonymous, *To the honourable House of Commons assembled in Parliament. The humble petition of many thousands of citizens, and inhabitants in and about London* (London, 1648), p. 1.

⁸⁹ *Ibid.*

unlicensed practitioners is evident; their disregard for profit or recognition when administering treatment to the poor is admirable, at least to the author. By contrast, however, the surgeon ‘will do no cure to any person, but where they shall know to be rewarded with a greater summe, or reward, then the cure extendeth unto.’⁹⁰ Furthermore it is claimed that this was ‘now well known’ suggesting that the primary aim of the surgeon was to secure maximum profit from every consultation and treatment, rather than providing treatment as an obligation of their professional position which challenges the foundation of surgical training found in Lowe et al. This corresponds with Wallis’ argument for cooperation as a means to secure maximum profit, signifying monetary gain as the driving force behind the surgeon’s practice.⁹¹ What this example demonstrates is that the surgeon was expected to put aside his business interests during a medical emergency and focus on providing treatment wherever possible for the benefit of the populous. What it does not correspond with are the sources by the surgeons as highlighted above concerning the idealised characteristics and moral responsibilities of prospective practitioners. Without the corroborating evidence to confirm that surgeons did leave the city with haste in the face of a medical emergency however, this example only remains useful for understanding how the surgeon was expected to conduct himself rather than a reliable account of how he did actually conduct himself in this particular emergency.

Despite the negativity aimed at the surgeon in official and popular print there are also many instances where support for their abilities as practitioners can be found. There are a number of literary publications, most notably in productions for the stage, which suggest an overwhelming support for surgery. The surgeon’s role in the majority of these productions is purely professional; following an altercation the surgeon is usually called to provide some form of treatment. This occurs in numerous plays including James Shirley’s *Gamester* (1637), Thomas Rawlin’s *The Rebellion* (1640) and John Fletcher’s *Fathers own Son* (1660), amongst others.⁹² Although the authors listed here avoid expressing detailed characteristics of the surgeons they use as characters, their presence is still significant. The trust in their ability as medics is clear: Fletcher’s character Thamyre suffers a broken leg, ‘broken in twenty places’ following a fall; his immediate response is, ‘oh, a Surgeon, A Surgeon, or I dye.’⁹³ The severity of the injury, although most likely exaggerated by Thamyre, is easily recognised, as is the need for treatment by the surgeon. This suggests that not only was the

⁹⁰ Anonymous, *To the honourable*, p. 1.

⁹¹ Wallis, ‘Competition and Cooperation’, p. 47.

⁹² Instances where the surgeon was called for in the circumstances listed above can be found here:

James Shirley, *The gamester As it vvas presented by her Majesties Servants at the private house in Drury-Lane* (London, 1637), Act 1, Scene 1, p.7; Thomas Rawlin, *The Rebellion* (London, 1640), Act 2, Scene 1; John Fletcher, *Fathers own son a comedy formerly acted at the private house in Black Fryers, and now at the Theatre in Vere-Street by His Majesties servants* (London, 1660), Act 3, Scene 3, p. 57.

⁹³ Fletcher, ‘Fathers own son’, p. 57.

distinction between the medical disciplines obvious to non-medically trained individuals, but also that the surgeon's ability to treat an injury could preserve life. Further evidence for this can be seen in Francis Cheynell's *Chillingworth novissima*, in which he outlines the sickness and subsequent death of William Chillingworth following his capture by Royalist forces after the surrender of Arundel castle. Although 'inveterate enemies,' Cheynell visited Chillingworth several times whilst he remained in Chichester, from which the account of his illness survives.⁹⁴ He observed upon a visit that Chillingworth was troubled with a sore throat and a bad case of phlegm, following which they called for a surgeon. This request in itself is noteworthy considering the nature of the symptoms. This would usually have fallen under the remit of the physician as an 'inward' ailment, but is demonstrative of the medical marketplace model.⁹⁵ Despite the lack of information surrounding the surgeon, such as his name or his background, his description as an 'able man' suggests that medically he had a relatively sound reputation. Ability, it appears, was all that a patient required of the practitioner they intended to consult. Therefore the examples listed here provide a solid rebuttal to those portraying surgery in a negative light, suggesting that despite its opponents, surgery represented a branch of medicine that commanded respect in its ability to heal the sick and injured.

As this chapter has demonstrated, surgery held as significant a position in print as it did in the medical world. Collectively, surgeons represented practitioners of medicine who could offer patients elements of care that physic and chemical medicine could not. Furthermore, it is evident that the surgeon as an individual sought to portray himself as a moral, respectable, hardworking and skilled practitioner, placing the care of his patient at the forefront of his practice. The importance of his perception on his professional position should not be underestimated or disregarded as narrow-minded or biased; rather it provides insight into the methods by which surgeons sought to overturn the negativity surrounding their discipline by highlighting the moral and respectable aspects of its practitioners. Discussions on the respectable nature of surgery and its prominence as a medical discipline were not restricted to surgical treatises alone, as publications by Edward Edwards and Alexander Read illustrate. Inter-disciplinary perceptions also provide us with vital information that argues for equality within the medical world between physicians and surgeons. Although contemporary evidence is available to reinforce the argument for a hierarchy dominated by physic, the number of cases in which physician and surgeon cooperate proposes that in fact, education remained the only realm in which a hierarchy could legitimately be argued for. External literature

⁹⁴ Warren Chernaik, 'Chillingworth, William (1602–1644)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2010.

⁹⁵ David Harley, 'Medical metaphors in English moral theology, 1560-1660' *The journal of the history of medicine and allied sciences*, 48, 4 (1993), p. 419.

represents possibly the most significant aspect of perception due to its sheer scale and its representation of potential clientele. Publications from individuals with limited or no medical training show us how reliant upon those with expertise the populous of seventeenth century England were. Furthermore, it illustrates how critical individuals could be when discussing their opinions of the medical world, usually without clear reasoning. Nevertheless, the appeal of mass literature or productions for stage in which the surgeon played a role had the ability to distribute a single individual's opinion to an immeasurable audience. The sheer number of references to or appearances by surgeons in stage productions demonstrates their significance in a social context. By administering treatment to the lead characters following violent conflict, the authors demonstrate to the audience the ability of the surgeon, treating severe injuries and saving the main characters from certain death. Crucially, the combination of these perceptions explains not only how individuals of early modern England viewed medical practitioners but also how necessary and important surgery was in the treatment of illness and disease. Citizens during this period respected and trusted the surgeon to provide them with treatment and care unavailable through other practitioners. In reply, and to cement their position, surgeons demonstrated to their clientele why they should be trusted, how their respectable and moral lifestyle reflected upon their business and most importantly, how and why surgery stood out as possibly the most significant branch of medicine.

Expert witness testimony and medical evidence: the role of the surgeon in the courtroom

The presence of medical practitioners in criminal investigations and their role in providing evidence in the courtroom presents us with an aspect of society in which the surgeon played a prominent role. In many cases, surgeons were asked to use their expertise in treating serious injury to help determine the cause of death following a serious crime that resulted in a death. Whilst the role of the surgeon in the provision of medical testimony has been covered in recent historiography, such as in Vanessa McMahon's analysis of the Sarah Stout murder case in 1699, the wealth of accounts of Old Bailey trials where the surgeon provided evidence remains relatively untouched.⁹⁶ These sources provide us with an excellent, yet brief, insight into how medical testimony could influence the outcome of a trial. Furthermore, early trial accounts provide evidence of surgery being employed outside of the traditional medical boundaries; rather than providing hands-on, physical treatments, the surgeon had to use his experience and theoretical knowledge of anatomy to pinpoint and investigate mortal wounds on a body that could not respond to his usual approach. It seems fair to suggest at this point that providing medical witness testimony required a practitioner with an experienced practical background and a solid foundation in medical training. This challenges Malcolm Gaskill's assertion that those called to provide medical evidence were usually 'part-time, unqualified novices.'⁹⁷ In addition to demonstrating how influential surgery could be in judicial trials, this chapter will argue that surgeons were shown considerable respect based on their status as important members of the local community. Primarily this will be evident through analysing the frequency of the surgeon being called to provide testimony when compared to the physician, which will demonstrate that the medical marketplace model was not transferrable to other spheres of early modern society.⁹⁸

The reliance on surgeons in murder trials is suggestive of a greater weight having been placed upon their evidence than testimony provided by a physician or apothecary. Surgery traditionally dealt

⁹⁶ Vanessa McMahon, 'Reading the body: Dissection and the 'murder' of Sarah Stout, Hertfordshire, 1699' *Social History of Medicine*, 19, 1 (2006), p. 23. The Old Bailey's online archive contains trial accounts from the first publication of *The proceedings of the Old Bailey* in 1674 up until the final issue in 1913. Whilst usually very short and significantly lacking in major detail, there are a number of extremely useful trial accounts between 1674 and 1699 that outline the provision of medical evidence during a trial. Clive Emsley, Tim Hitchcock and Robert Shoemaker, 'The Proceedings - Publishing History of the Proceedings', *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 28 November 2013).

⁹⁷ Malcolm Gaskill, 'Reporting Murder: fiction in the archives in early modern England' *Social History*, 23, 1 (1998), p. 18.

⁹⁸ Porter, 'The Patient's View', p. 176; Cook, *Decline*, p. 28; Jenner and Wallis, *Medicine*, p. 2.

with all of the injuries one could expect to find in the investigation of a suspicious death: stab wounds, lacerations, broken bones and significant bruising, examples of which can be found in trial accounts. However, this is not to say that every surgeon was called to provide witness testimony, or that the conclusions he came to when called to investigate a suspicious death were completely accurate. Instead what this does suggest is that the early modern judicial system considered the surgeon's evidence relatively conclusive. Whilst McMahon has correctly clarified that all medical practitioners were guilty of making mistakes during the investigative process, her conclusion that it is unfair to consider one group of witnesses more important than another is less convincing.⁹⁹ The surgeon was certainly much more important than the physician when it came to the provision of evidence and it can be argued that this was down to educational backgrounds and experience. As Wallis and Minns' article on apprenticeship explains, apprenticeships were served over at least a seven-year period; on completion of their service the student then had the right to practise in his profession and take on a new apprentice himself.¹⁰⁰ Members of the Company of Barber-Surgeons were, therefore, adequately trained in the surgical discipline and throughout the apprenticeship would have accrued experience in treating a variety of injuries; experience that was easily transferrable to the courtroom. What makes the use of surgical practitioners even more significant has been outlined by Wear who points out that physicians and surgeons shared similar understandings of anatomy, indeed the College of Physicians presided over the anatomical lectures given to the surgeons.¹⁰¹ This suggests both physician and surgeon held a similar foundation in their knowledge of anatomy and that expertise represented the judicial system's primary criterion when selecting a medical practitioner to investigate a suspicious death.

Whilst sources are available in the first twenty years of the seventeenth century that outline the use of medical testimony, between 1620 and 1670 virtually no material is obtainable that clearly demonstrates the participation of physician or surgeon in criminal trials. Even though trials in which the surgeon would have been expected to provide expert testimony were taking place between 1640 and 1670, there was a distinct absence of medical evidence being reported as having been provided to determine a cause of death. The reasons for this are unclear given that surgeons had already been employed as expert witnesses, in some capacity, earlier in the century.¹⁰² Because the early examples

⁹⁹ McMahon, 'Reading the body', p. 23.

¹⁰⁰ Chris Minns and Patrick Wallis, 'Rules and reality: quantifying the practice of apprenticeship in early modern England' *The Economic History Review*, 65, 2 (May, 2012), p. 556.

¹⁰¹ Wear, *Knowledge*, p. 214.

¹⁰² Anonymous, *The manner of the cruell outrageous murther of William Storre Mast. of Art, minister, and preacher at Market Raisin in the county of Lincolne committed by Francis Cartwright one of his parishioners, the 30. day of August anno. 1602* (Oxford, 1603), pp. 1-12; Thomas Cooper, *The cry and reuenge of blood Expressing the nature and*

we have available are so sporadic it is certainly possible that the authors of these popular publications did not feel that medical evidence, or any other forms of evidence for that matter, were important enough to include in their narratives and as a result they simply do not discuss them. Another possible explanation for this absence of testimony in print between 1640 and 1650 is the outbreak of the Civil War. The outbreak of war brought with it the need for medical expertise on the battlefield; surgical education and experience with trauma made the surgeon the ideal medical candidate to accompany individual regiments. Surgeons, according to Wear, had often boasted of their experiences during conflict.¹⁰³ As von Arni has explained regiments during the civil war were given the authority to employ local surgeons to assist their unit surgeon.¹⁰⁴ Although this was unlikely to have encompassed the entire surgical community, both in city and rural communities, the preoccupation and emphasis on providing care for the injured goes some way in explaining the absence of surgeons from texts that described courtroom trials in this middling period.

Alternatively, this issue could be explained by the death in 1618 of Joseph Barnes, and the death of Thomas Cooper, the author of the Bury Assize account, who died in or around 1626.¹⁰⁵ Clearly a lack of other source material is suggestive of the unpopularity at this stage of reporting on medical evidence in criminal proceedings, making the death of two individuals who clearly supported this form of literature rather significant. However, proving this is problematic due to the lack of existing corroborating judicial evidence in the mid-seventeenth century with which to compare literary reports to the cases they recounted and whether medical practitioners were called for evidence. Furthermore there is the very real possibility that the information provided in these accounts was subject to literary licence and the detail provided was more a representation of what the publisher believed consumers wanted to read than an accurate depiction of proceedings in court. For these reasons the periods 1600-1620 and 1670-1699 will remain the focus due to the availability of evidence of surgical participation in the judicial process.

The commercial emphasis of these publications suggests that authors used the surgeon and his evidence both to emphasise the accused's guilt, in the case of a guilty verdict, and to present the

haynousnesse of wilfull murther. Exemplified in a most lamentable history thereof, committed at Halsworth in High Suffolk, and lately conuicted at Bury assize, 1620 (London, 1620), pp. 1-63.

¹⁰³ Wear, *Knowledge*, p. 210.

¹⁰⁴ Eric Gruber von Arni, *Justice to the Maimed Soldier: Nursing, Medical Care, and Welfare for Sick and Wounded Soldiers and Their Families During the English Civil Wars and Interregnum, 1642-1660* (Surrey, 2001), p. 27.

¹⁰⁵ Ian Gadd, 'Barnes, Joseph (1549/50–1618)', *Oxford Dictionary of National Biography*, Oxford University Press, Oct 2011; online edn, Jan 2012 <http://www.oxforddnb.com/view/article/69136>, accessed 15 April 2013.

Stephen Wright, 'Cooper, Thomas (b. 1569/70, d. in or after 1626)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 <http://www.oxforddnb.com/view/article/6230>, accessed 15 April 2013.

reader with some of the gory details surrounding the case; thus enhancing the pamphlet's shocking appeal. Few sources prior to 1674 provide any detail concerning the role of the surgeon in proceedings whereas the reporting and use of testimony in later sources, notably those present in the Old Bailey archive, argue that the surgeon's evidence was a method of justifying the guilt of the individual(s) on trial. Information provided on the cause and manner of death allowed prosecution counsel to declare authoritatively that the accused was guilty and that their verdict was reinforced with respected evidence. This was also transferable to print and worked in much the same way. Though depositions in print were relatively short they had the power to alter the generic style of reporting trial proceedings; descriptions of wounds and injuries brought the case to life and allowed the reader to understand and engage with a case without having to use too much of their own imagination. This meant the surgeon was a crucial inclusion in these narratives and argues that authors submitted to consumer demands for accurate and exciting information.

The case of Thomas Watson's assault upon his pregnant wife in 1686, resulting in the death of both mother and child, describes the surgeon's role in the judicial process very well from initial examination to testimony under oath. Upon examining the victim the surgeon 'delivered on Oath, that the Wound was one Inch and a half in breadth....and nine Inches deep,' and that the unborn child was either 'Drowned in its Mothers blood, or else struck to the Heart with the aforesaid Dagger.'¹⁰⁶ There was little in the way of extensive medical intervention in terms of establishing a cause of death, a simple examination of the wounds apparently proved sufficient to authoritatively declare how the victim had died and there is nothing to suggest that the victim's body was opened. From the viewpoint of the author the inclusion of the surgeon brought the case to life. Holding the husband responsible for the death of both mother and child presented a story to shock the reader but the addition of the surgeon's examination and testimony emphasised the severity of the crime. Whilst insightful for explaining the focus of popular literature the immediate concern is the reflection of this example on the surgeon. When compared to early sources, his inclusion demonstrates the change in emphasis in the reporting of crime and of how medical testimony could be used to successfully convict the accused on trial.

The sources found in the Old Bailey archives prove exceptionally valuable when analysing patterns of surgical testimony; the archive's curators argue that even though their sources were meant for a 'popular' audience, they aimed to accurately inform readers what had actually happened in the

¹⁰⁶ Anon, *A sad and true relation of a most barbarous and bloody murder committed by one Thomas Watson, a weaver, upon the body of Mary Watson, his wife, being great with child and near her delivery* (London, 1686), pp. 5-6.

courtroom without exaggeration.¹⁰⁷ Whilst this may well be the case, the database remains a collection of resources aimed at the popular market rather than representing a database of official administrative documents and therefore questions surrounding the accuracy of individual trial accounts remain. One redeeming feature of these publications however is the vetting process they were subjected to after 1679; before publication, authors were required to submit their trial account to the Lord Mayor of London and other justices for approval.¹⁰⁸ This content control was probably introduced to limit subversive literature from altering the publication's potential of reporting with relative clarity what had occurred in the courtroom.¹⁰⁹ So although this form of source material is still considered 'popular' literature and has some issues with accuracy, we can say with some degree of precision that the factual information it provided i.e. the medical practitioners called to provide evidence, reflected what had actually taken place during a trial.

Despite the relatively inferior reputation of English forensic medicine in this period compared with the Italian, German or French judicial systems, its influence in the criminal cases to be outlined in this chapter should not be underestimated.¹¹⁰ England trailed its continental counterparts in recognising the benefits of medical testimony in the courtroom for over a century before incorporating medical practitioners into the criminal process. The precedent for surgical consultation in suspected homicides on the continent came through Charles V's introduction of the *Constitutio Criminalis Carolina* in 1532 that required judges to consult surgeons in all cases of suspected homicide.¹¹¹ It is difficult to pinpoint the exact point that the English judicial system incorporated this form of expertise in establishing cause of death in suspicious circumstances, though in Carol Loar's study of coroner inquests the earliest example is 1597.¹¹² Though an inquest rather than a courtroom trial, this early example suggests how surgical intervention in a suspected homicide brought an air of certainty to the conclusion reached by the inquest. Whereas previous inquests had consisted of self-informing juries with little or no medical training, the consultation of surgeons with expertise in recognising wounds and injuries brought a solid base to a prosecuting argument.

¹⁰⁷ Clive Emsley, Tim Hitchcock and Robert Shoemaker, 'The Proceedings - The Value Of the Proceedings as a Historical Source', Old Bailey Proceedings Online www.oldbaileyonline.org version 7.0, 23 February 2013.

¹⁰⁸ *Ibid.*

¹⁰⁹ The early trial accounts published as part of the *Proceedings* were known to sometimes contain judgmental language, be relatively sensationalist and be subject to numerous publications by a variety of publishers. An excellent example of this is the two competing accounts of the same session in January, 1676; *Ibid.*

¹¹⁰ Carol Loar, 'Medical knowledge and the early modern English Coroner's Inquests', *Social history of medicine*, 23, 3 (2010), p. 475.

¹¹¹ Loar, 'Medical knowledge', p. 475.

¹¹² *Ibid.* p. 478.

This is evident in the trial of Francis Cartwright in 1602 for the murder of William Storre, a preacher from Market Rasen, following a heated community debate concerning ‘comons & liberty in the Towne-Fields.’¹¹³ Cartwright was accused of mortally wounding Storre following several heated confrontations over the period of a week, the result of Storre providing his opinion on the disagreement between the Lords of the town and the free-holders, presumably concerning enclosure. The description of the assault and the wounds sustained appears wholly exaggerated, most probably for literary effect; indeed the information provided is second-hand at best and therefore must be treated with some caution. Despite this, the details provided highlight a form of witness testimony; the surgeons called upon agreed that opening Storre’s wounds to re-set and dress his broken bones would inflict more damage on an already seriously ill patient. Though they successfully administered treatment and kept Storre alive for a week longer than expected, he eventually succumbed to his injuries and died. Nevertheless, their initial consultation demonstrated that the severity of the wounds received from Cartwright’s assault bordered upon fatal, indeed Storre survived ‘beyond all their expectations.’¹¹⁴ The surgeons had no doubt that the assault was the cause of death and that although they provided some treatment, they saw Storre’s death as inevitable. The author describes Storre’s post-treatment condition initially as optimistic but continues to explain that ‘the deadly blowes had so perished his braines, and let out so great a quantitie of his bloud in other parts of his body, that it was not possible he should recover.’¹¹⁵ The medical consultation in this case acted as a base for the prosecution; the description of the injuries sustained and their impact upon Storre’s body was information that could only be gathered through medical practitioners; therefore a form of testimony must have been provided either in the courtroom or during an inquest. The conclusion to be drawn from this source is clear: there was an early acceptance of the potential accuracy medical testimony offered the judicial process, though how widespread this proved to be is difficult to gauge owing to the scarcity of primary evidence.

Although significant integration of forensic testimony did not begin to take place until later in the seventeenth century, the consultation of a surgeon as early as 1597 argues that at least some consideration was given to the benefits offered by medical expertise. The probable impact of this upon the surgeon at this early stage was admittedly relatively slight; it is unlikely he was known for his influence in the courtroom and the significant lack of sources that comment on surgical involvement in a forensic capacity is testament to this. This does not necessarily mean that forensic

¹¹³ Anon, *The manner of the cruell outrageous murther of William Storre*, p. 2.

¹¹⁴ *Ibid.* p. 4.

¹¹⁵ *Ibid.*

consultation did not take place; Loar's sixteenth-century example argues the opposite.¹¹⁶ Rather it remained at a level that did not warrant reporting in murder pamphlets and this explains the scarcity of references to it. In reply to Gaskill's argument that early forensic medicine was relatively 'amateur' it seems worth noting that all three surgeons approach this case with the professional and moralistic caution outlined in surgical educational treatises.¹¹⁷ Their initial restraint and explanation that their treatments may do more harm than good provides us with a clear link back to Lowe's 'guidelines' for surgeons. Three of Lowe's requirements for a successful surgeon, to be 'pittifull,' 'wise,' and to be 'fearefull in things doubtful and dangerous' are all observed here and argue for a professionalised approach.¹¹⁸ Corroborating this example remains difficult given the nature of the source but as shall be discussed further into this chapter, the precedent for professionalism is evident throughout the pamphlets to be discussed.

Examples in popular literature that contain reference to both serious crime and surgical testimony still remain sparse after 1620, indeed very few exist between 1640 and 1675. Chronologically the first source of interest in this period is an account of the inquest into the murder of James Alsop's daughter in 1674. Alsop and his wife Dorothy stood accused of having committed the murder, though both claimed their daughter had been killed by an intruder.¹¹⁹ The inquest that followed determined with some accuracy that the story offered by the accused was false; both coroner and witnesses provided testimony and a practical investigation was undertaken to verify the couple's statement. However, before the apprehension of Alsop senior by the constable a surgeon arrived of his own accord, presumably to offer his practical services. Following his own investigation, the surgeon remarked to Alsop that he must know something about his daughter's death and charged the constable with arresting him under suspicion of murder, following which he was charged and found guilty.¹²⁰ For an account supposedly compiled by an individual present at the trial the details concerning much of the evidence gathering are weak to say the least. The important factor here though is that the surgeon is actually mentioned at all. Evidently it is difficult to overlook the medical practitioner's role in arresting Alsop; we are told expressly that he was taken into custody following intervention by the surgeon despite the fact evidence had yet to be gathered by the constable. In one respect, the failure of the coroner to arrest Alsop with the information and evidence he had previously gathered argues the surgeon's professional position was the underlying factor in

¹¹⁶ Loar, 'Medical knowledge', p. 475.

¹¹⁷ Gaskill, 'Reporting murder', p. 17; Lowe, *Whole course*, p. 12.

¹¹⁸ Lowe, *Whole course*, p. 12.

¹¹⁹ James Alsop, *Treason and murther discovered Being a true and perfect relation of the tryal & condemnation of James Alsop the father, and William Alsop his son for treason and murder* (London, 1674), p. 4.

¹²⁰ *Ibid.* p. 8.

the arrest; only following his investigation is Alsop remanded. Alternatively, this role could be attributed to his social standing. His ordering of the constable to arrest Alsop is not questioned, implying that his position within the community was one that held some respect. In this trial the surgeon's evidence was unquestionably heard in the courtroom; the author indicates that 'next was the surgeons evidence,' which meant that the surgeon testified in person.¹²¹

Further evidence of surgical testimony can be found in two separate accounts of Elizabeth Lillyman's trial for murdering her husband in 1675. In the first example the trial narrative summarises a premeditated crime that concluded with Elizabeth stabbing her husband 'under the left papp' with a long knife she borrowed from the cobbler.¹²² The second merely states that a surgeon examined the wound and conformed that the 'knife was entred into his very heart' and was indeed the cause of his death.¹²³ It is clear that the evidence provided authoritatively confirmed that Elizabeth's assault had been the cause of her husband's death.¹²⁴ Similarities can be seen between the Lillyman case and the Archbishop of St. Andrews' murder in 1679; surgeons and a physician examined the archbishop's body to determine whether the bullets fired by two men who attacked his coach had indeed been the cause of his death.¹²⁵ According to Mullan, the investigation was a 'muddled' affair with only two of the nine accused receiving the maximum punishment of execution, though there is no clear criticism of the medical testimony provided.¹²⁶ There was a clear issue in determining which wound had killed Sharp and though it is not described in the narrative the surgeon certainly had a significant role in declaring that it was in fact John Balfour who delivered the fatal wound that killed Sharp.¹²⁷ This demonstrated that even north of the border the surgeon's expertise with serious injuries and experience with trauma was practically employed in criminal investigations and used to successfully prosecute. Although we do have some evidence to support Wallis' theory of

¹²¹ James Alsop, *Treason*, p. 1.

¹²² Given the evidence by the surgeon that the knife 'pierced his very heart' I have taken the phrase 'lest papp' to mean either through the left armpit or through the left side of the breast because of the location of the wound; Anon, *A Compleat narrative of the tryal of Elizabeth Lillyman found guilty of petty treason and condemned at the sessions at the Old Bayly the 10th of this instant Iuly* (London, 1675), p. 4.

¹²³ Anon, *A narrative of the proceedings at the sessions-house in the Old-Bayly, from Wednesday the 7th of July, to Saturday the 10th* (London, 1675), p. 5.

¹²⁴ Anon, *Compleat narrative*, p. 4.

¹²⁵ Interestingly this example provides us with a link back to the idea of cooperation between medical practitioners as suggested by Wallis in the previous chapter; Wallis, 'Competition', p. 48; Anon, *A true account of the horrid murder committed upon His Grace, the late Lord Archbishop of St. Andrewvs primate and metropolitan of all Scotland, and one of His Majesties most honourable privy council of that kingdom* (Dublin, 1679), p. 7.

¹²⁶ David George Mullan, 'Sharp, James (1618–1679)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 <http://www.oxforddnb.com/view/article/25211> [Accessed 25 Sept 2013].

¹²⁷ Anon, *True account*, pp. 4-5.

collaboration between medical practitioners, the sources thus far suggest that the collaboration evident in the medical marketplace was not generally transferrable to the judicial system.

Other notable sources begin to form a pattern that brings to light the use of forensic medicine to explain suspicious deaths, portraying a change in emphasis from earlier publications that rarely referred to medical witness testimony. In stark contrast to the patterns of evidence in witchcraft trials, outlined by Gaskill, the use of medical evidence to convict became more frequent as the century wore on.¹²⁸ Trials including the murder of a man in Blackfriars, London in 1676; Robert Green, Henry Berry and Lawrence Hill's trial in Westminster, 1679; and an inquiry into the Earl of Essex's supposed suicide in 1683 all provide evidence that reinforces the dominant position of the surgeon in forensic testimony.¹²⁹ Though the vast majority of cases presented here outline how the surgeon's evidence could be used more often than not to convict an individual, a trial at the Old Bailey on 14th January 1676 was an example of how evidence could be used to acquit. The accused stood trial for killing his friend after an altercation in which the aggressor 'threw him [the victim] down two or three times' and after being taken ill, the victim subsequently died.¹³⁰ The surgeon called on behalf of the defence¹³¹ to confirm the manner of death, however, argued against the murder charge as he 'supposed it a natural death,' and 'therefore he [the accused] was acquitted.'¹³²

Though this is not the most useful of sources due to its lack of detail and the vague reference to the surgeon's testimony, analysis nevertheless demonstrates that medical evidence was central to the accused's acquittal. This source is the only example simultaneously present in the EEBO and Old Bailey databases that offers a glimpse into the alternative use of evidence in the courtroom; no other sources in which the surgeon was consulted and provided evidence which led to an acquittal are

¹²⁸ Gaskill's article demonstrates the decline in prosecuting those accused of witchcraft and how forms of evidence began to become obsolete. Physical evidence such as the 'Devil's mark' were challenged and began to lose influence in prosecution cases during the mid-1640s. Contrastingly, murder trials took an alternative path and physical evidence became more apparent as a means of authoritatively judging the body in order to determine how and why the deceased had died; Malcolm Gaskill, 'Witchcraft and evidence in early modern England', *Past and Present*, 198 (2008), pp. 33-70.

¹²⁹ As Greaves states, the government believed Essex had committed suicide by cutting his throat with a razor but Essex's allies including Lawrence Braddon and Robert Ferguson believed he had actually been murdered by Catholic conspirators. The inquest aimed to conclusively prove that Essex had indeed taken his own life. Richard L. Greaves, 'Capel, Arthur, first earl of Essex (bap. 1632, d. 1683)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2010 <http://www.oxforddnb.com/view/article/4584>, accessed 2 Feb 2013.

¹³⁰ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), January 1676, trial of Another (t16760114-11).

¹³¹ Though it is not stated which counsel requested the evidence of the surgeon, his evidence clears the accused of murder/manslaughter and therefore seems likely that it was employed by the defence counsel.

¹³² *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), January 1676, trial of Another (t16760114-11).

available in both formats.¹³³ Statistically it is unlikely that this source was the only published example of acquittal following medical testimony though the silence in other sources of a similar nature could be indicative of the changing emphasis on providing readers with more detailed information to justify verdicts given in the courtroom. This could explain why few acquittals are present within these databases; centring the prose on innocence reduced the narrative's ability to produce a moralising message or question individual sin as opposed to the publications dealing with guilty verdicts and in essence would probably have proved less popular with consumers.

Further evidence of surgical intervention in a judicial investigation is found in a source was written by Robert Ferguson, a renowned Protestant dissenter.¹³⁴ A plot in 1683 implicated Arthur Capel, Earl of Essex, as one of the ringleaders for a planned insurrection in which Charles II would be assassinated and as a result the earl was imprisoned in the Tower of London. It was during his period of incarceration that Essex died, the initial inquest providing a verdict of suicide as Essex 'Voluntarily and Feloniously Cut his Throat.'¹³⁵ This remained a contentious issue, Essex was known to have been a strong protestor against the influence of Catholics at court and Ferguson sought to prove, unsuccessfully, that Essex had been murdered to conceal Catholic activity.¹³⁶ Whilst his publication focuses primarily on blaming the Duke of York's supporters for Essex's death rather than on reporting on an accurate judicial investigation, the inquest is useful in explaining the information the jury heard and the conclusions they drew from the evidence available.¹³⁷ In another published version of the inquest, written by E. Farnham, the two surgeons provide no evidence other than confirming that the wound was mortal and that it ran from one side of his neck to the other, severing both arteries and the windpipe.¹³⁸ Ferguson's challenge to this rests on his belief that: 'There is no man that is versed in *Chyrurgery* or the *Anatomy* of the humane Body, but will find himself obliged to own, that it is altogether impossible that after the cutting the *one Jugular*, there should remain life and strength for carrying forward the wound to the dividing the *other*.'¹³⁹ Whilst neither Farnham nor

¹³³ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), January 1676, trial of Another (t16760114-11); Anon, *A true narrative of the proceedings at the Sessions-house in the Old-Bayly; from Friday the 14th of this instant January, to Munday the 17th* (London 1676), p. 6.

¹³⁴ Robert Ferguson, *An enquiry into and detection of the barbarous murther of the late Earl of Essex* (London, 1684), pp. 1-76.

¹³⁵ Anon, *An Account how the Earl of Essex killed himself in the Tower of London, the 13th of July 1683 as it appears by the coroners inquest and the several informations following* (London, 1683), p. 8.

¹³⁶ Greaves, 'Capel, Arthur, first earl of Essex (bap.1632, d. 1683)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2010 <http://www.oxforddnb.com/view/article/4584>, accessed 2 Feb 2013.

¹³⁷ Melinda Zook, 'Ferguson, Robert (d. 1714)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2008 <http://www.oxforddnb.com/view/article/9325>, accessed 2 Feb 2013.

¹³⁸ E. Farnham, *An account how the Earl of Essex killed himself in the Tower of London, the 13th. of July 1683 As it appears by the coroners inquest, and the several informations following* (London, 1683), p. 3.

¹³⁹ Robert Ferguson, *An enquiry*, p. 45.

Ferguson's versions present conclusive evidence to suggest what really happened to Essex, their use of the surgeon to reinforce judgement is evident. There was certainly a growing call for an increase in 'conclusive' details from the trial or inquest process and even if only infrequently, authors began to incorporate aspects of surgical testimony into their publications.

Possibly the most detailed example of medical evidence available for this period, and the most significant in reinforcing the argument pursued in this chapter, is the trial of Spencer Cowper for the murder of Sarah Stout in 1699.¹⁴⁰ Although it has previously undergone analysis, initially by Rosenberg and then revised by McMahon, the number of medical practitioners called to provide evidence in this trial means it is worth a re-evaluation.¹⁴¹ As a member of a relatively influential Hertfordshire family, Cowper's social position, combined with that of his professional status as a lawyer of Middle Temple ensured that the case attracted nationwide appeal. Although married, Cowper was said to have attracted the attention of Sarah Stout, the daughter of a Quaker family that had proved loyal to his father and brother's local election campaigns.¹⁴² In his testimony Cowper claimed that during his visit to pay Stout interest due on mortgage investments he had set up for her, he refused the offer to spend the night in her lodgings and following the completion of their business he took his leave.¹⁴³ However, witness testimony from Stout's maid claimed that Cowper and Stout had left the house together; the discovery of Sarah's body the following morning implicated Cowper as the primary suspect.¹⁴⁴ Cowper's defence rested upon his ability to provide medical evidence to suggest that Stout's death was the result of drowning and that she had committed suicide rather than having been murdered and placed there afterwards.¹⁴⁵ The Crown, however, sought to prove that the absence of water in Stout's lungs was the result of her having been murdered elsewhere and then placed in the water to suggest she had committed suicide. Both the Crown and Cowper's use of medical evidence is extremely suggestive of the growing respect and the benefit gained by employing forensic medicine in a criminal trial. Although physicians are also called to provide evidence for both parties the overwhelming presence of surgeons illustrates the point of this chapter precisely.

¹⁴⁰ Spencer Cowper, *The tryal of Spencer Cowper, Esq, John Marson, Ellis Stevens, and William Rogers, gent. upon an indictment for the murther of Mrs. Sarah Stout, a Quaker before Mr. Baron Hatsell, at Hertford assizes, July 18* (London, 1699), pp. 1-46.

¹⁴¹ Albert Rosenberg, 'The Sarah Stout murder case: An early example of the doctor as an expert witness' *Journal of the history of medicine and allied sciences*, 12, 1 (1957), pp. 61-70; McMahon, 'Reading the body', pp. 19-35.

¹⁴² David Lemmings, 'Cowper, Spencer (1670-1728)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 <http://www.oxforddnb.com/view/article/6507>, accessed 16 April 2013.

¹⁴³ Cowper, *The tryal*, p. 25.

¹⁴⁴ *Ibid.* p. 7.

¹⁴⁵ Rosenberg, 'Sarah Stout', p. 65.

The medical practitioners called for the prosecution numbered eight, though only seven of these men gave evidence and underwent cross-examination, four of whom were surgeons. Cowper's defence, however, quoted ten individuals, though only three physicians and four surgeons provided evidence throughout the trial.¹⁴⁶ The ratio of surgeons to physicians suggests reliance upon the knowledge and practical skill of the surgeon. However, the trial account is confusing to say the least; in reference to the medical practitioners it is often unclear whether they are physicians or surgeons and confirmation can only be found through cross-examination.¹⁴⁷ The failure to demarcate between the medical disciplines is one of the underlying issues with the 'unregulated' popular publications and is a possible reflection of the audience's motivation for buying such pamphlets. Though readers desired detailed information about the case sometimes this only extended as far as the 'interesting' details; in this particular publication the need to know who exactly provided the evidence was not necessary, being told what the medical practitioners thought about the body of Stout was. Nevertheless, there was a very real attempt by the author to demarcate between the practitioners giving evidence as is demonstrated in cross examination. For instance, calling Mr Babington to provide evidence led to some confusion between counsel; the initial referral to Babington as a doctor by Mr Jones, prosecuting, was incorrect and therefore questioned by Cowper. Asked by Cowper what his profession was, Babington replied 'I am a Chirurgeon'; Cowper then clarified his question by stating 'Because Mr. *Iones* call'd you Doctor.'¹⁴⁸ Given the nature of the early modern courtroom it is also difficult to grasp whom the witness was actually giving evidence for. There was no clear format for examining a witness as often Cowper and Jones asked a question alternately. By noting who provided the evidence the author brought structural integrity to the publication; in this manner the text was both informative and accurate in the details it provided.

Of those who gave evidence and were cross examined, the five surgeons give the most detailed and explicit answers, three of which, John Dimsdale senior, John Dimsdale junior and one Mr Coatsworth were actually present at the autopsy.¹⁴⁹ Compared to the role played by the physicians for the prosecution, who were asked only of their opinion on how water enters the body of

¹⁴⁶ There are a number of possibilities for the three other practitioners in Cowper's counsel not providing evidence. Firstly there is the possibility that they had no further evidence to add that would have influenced the on-going debate. A second theory could suggest their evidence was omitted from the transcript, not through any real attempt to censor the information they provided but because of the length of the trial process. This seems unlikely however, given the amount of detail ascribed to other factors in the case.

¹⁴⁷ Cowper, *The tryal*, p.17.

¹⁴⁸ Mortimer's thesis sheds some light on this matter. He explains that after 1660, many people began to use the word 'Doctor' to describe their medical practitioner which could account for Cowper's clarification of his medical status; Ian Mortimer, 'Medical Assistance to the Dying in Provincial Southern England, c.1570-1720' (PhD thesis, 2 vols, University of Exeter, 2004), p. 6; Cowper, *The tryal of Spencer Cowper*, p.17.

¹⁴⁹ Cowper, *The tryal*, pp. 12, 13, 14.

a victim of drowning, the surgeons command a much greater influence both inside and outside of the courtroom. Indeed, even physicians were present at Stout's autopsy, which makes their omission of some of their testimony from the cross-examination all the more interesting.¹⁵⁰

There is little doubt that medical evidence was influential throughout this case even though some of those called to testify were, as Rosenberg explained, relatively unknown outside of their home counties.¹⁵¹ What this and the other sources from late in the century suggest is a growing recognition of the certainty forensic testimony could bring to the courtroom. Compared with those sources earlier in the century the change in emphasis in popular literature from focusing on the narrative to providing extra detail that contextualised crime is clear. There is no reference in the literature available that explains this obvious change but it seems likely the inclusion of medical testimony stood for the benefit of the reader. In one sense the inclusion of this form of testimony legitimised the verdict provided; medical evidence had the ability to authoritatively determine how and why a victim had died. This is similarly reflected in Gaskill's article on witchcraft where a greater emphasis was placed upon recognising and employing authoritative evidence to ensure a 'fair' trial could be provided for the accused under common-law conditions, rather than under Roman law as used by continental courts.¹⁵² Rather than action being taken based solely upon suspicion and accusation, practical evidence introduced logic and reason to an investigation and therefore verdicts could be reached with a greater degree of certainty which was evident by the mid-seventeenth century.¹⁵³ Evidence also brought a moral aspect to descriptions of trial proceedings and could be applied to further criticise the accused's actions. The example of Thomas Watson demonstrates this effectively.¹⁵⁴ By including the evidence of a surgeon the author emphasises Watson's guilt and explains how he was undeniably responsible for the death of both mother and child. Without this inclusion the guilty verdict could have theoretically been challenged and arguably the death of the child attributed to an accident rather than murder. So whereas the early sources demonstrate a preference for graphic narrative over discussing the trial and verdict, later examples, whilst still maintaining narrative elements, seem more inclined toward moralising crime and punishment than merely reporting it.

Although becoming more and more frequent towards the end of the seventeenth century, there still remains a large volume of similar publications that fail to recount any form of court

¹⁵⁰ *Ibid.* p. 15.

¹⁵¹ Rosenberg, 'Sarah Stout', p.65.

¹⁵² Gaskill, 'Witchcraft', p. 40.

¹⁵³ *Ibid.* p. 64.

¹⁵⁴ Anon, *A sad and true relation of a most barbarous*, pp. 5-6.

proceedings, other than confirming verdict and punishment. Whether medical testimony was provided in these trials is unclear and difficult to establish but it does argue that there was no direct attempt to omit evidence provided during the hearing. What the sources discussed above do question is Harvard's assessment that 'for centuries, coroners and their juries were reaching their verdicts on cases of sudden death almost entirely unencumbered by medical evidence of the cause of death.'¹⁵⁵ This was clearly not the case: medical evidence was available to be consulted and the evidence above demonstrates that surgeons frequently obliged the request for their expertise and provided evidence that more often than not aided in convicting the accused.

All of the sources referenced above suggest that within the judicial community the surgeon's experience, expertise and medical knowledge were held in significantly high regard and utilised in such a way to bring authority to a court ruling. Several of the sources surrounding the Sarah Stout case refer to the surgeons and physicians present at the trial as 'very eminent'; indeed one account describes only the surgeons as eminent, suggesting they were held in higher regard.¹⁵⁶ Similarly the attitude toward the surgeons in the trial of Francis Cartwright suggested the author held them in relatively high regard; he describes them as 'three or four of the best surgeons thereabout' and this argues that at least professionally they were respected for their skill within the wider community.¹⁵⁷ The authors of these works deliberately included surgical testimony in their publications though their motives for doing so remain unknown. Nevertheless the very fact that surgical testimony exists in print suggests that surgery became a useful and respected method through which criminals could be brought to justice. As will be discussed in the following section, the evidence found in the Old Bailey proceedings from 1674 provides further evidence of why surgery was useful as a forensic discipline.

The accounts in the Old Bailey's archive are of a much higher quality than some of the popular pamphlets that have been addressed above.¹⁵⁸ As a result we have a much more reliable and broader selection of sources that outline how the surgeon provided witness testimony compared with the physician. Many of the accounts are relatively short in comparison to popular pamphlets but their narrative is factual and direct; Thomas Alcroft's indictment for murdering Clement Pomfret in 1689 runs under half of a page, yet it contains information about those involved, the circumstances in which the incident took place, evidence to reinforce the indictment and the overall verdict of

¹⁵⁵ John D. J. Harvard, *The Detection of Secret Homicide. A Study of the Medico-Legal System of Investigation of Sudden and Unexplained Deaths* (London, 1960), p. 2.

¹⁵⁶ Spencer Cowper, *An Account*, p. 2.

¹⁵⁷ Anon, *Manner of the cruell outrageous murther*, p. 4.

¹⁵⁸ Emsley, Hitchcock and Shoemaker, 'The Proceedings', *Old Bailey Proceedings Online*.

manslaughter.¹⁵⁹ As with the sources featured above, a surgeon was called to provide evidence for the prosecution and he testified that Pomfret received ‘one mortal wound of the depth of 5 Inches,’ and that it was ‘the occasion of his death.’¹⁶⁰ In an alternative example of the surgeon’s position, the trial of John Stanninot and Thomas Newton for the murder of Thomas Davis ended in acquittal for both parties after the surgeon testified that the deceased had died through natural causes, and not the bruises suffered during a scuffle between the three.¹⁶¹ In some instances, the trial was a relatively straight forward and simple affair. After quarrelling and fighting over a sum of money, Thomas Davies wounded one Mr Loe with his sword and was apprehended soon afterwards. After Loe’s death both Davies, and his companion Buckminster, were indicted for murder, but following the evidence of a physician and surgeon, the latter testifying that the wound had healed cleanly, the jury returned a verdict of not guilty.¹⁶² These sources tell us that although the physical evidence in a case was obviously available to legal counsel, jurors and judges alike, its interpretation without the medical expertise to both reinforce and explain it would have defeated its objective. Judgement could certainly have been made on the visible evidence i.e. a stab wound, but the court recognised that to determine if a wound had indeed been fatal the expertise of a surgeon was necessary. As in Alsop’s source, the medical practitioners’ evidence clearly assisted in influencing the verdict thus demonstrating just how effective medical testimony could be.¹⁶³ Furthermore, this was not restricted to one courtroom alone, a wealth of case accounts survive that contain evidence given by a surgeon rather than a physician, further arguing that surgeons stood either on par with, or above physicians on the application of medical knowledge outside of the treatment room.

The most startling statistic in the Old Bailey archives, however, is that in all recorded murder trials between the start of publications in 1674 and the end of the century, seventy-six examples of surgical evidence are apparent, and only one where a physician provided testimony, on 26th August, 1685.¹⁶⁴ This statistic alone provides an insight into the types of evidence prosecution counsel

¹⁵⁹ *Old Bailey Proceedings Online*, www.oldbaileyonline.org, version 7.0, 16 April 2013, May 1689, trial of Thomas Alcroft (t16890516-9).

¹⁶⁰ *Ibid.*

¹⁶¹ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 22 November 2013), May 1689, trial of John Stanninot Thomas Newton (t16890516-30).

¹⁶² *Old Bailey Proceedings Online*, www.oldbaileyonline.org, version 7.0, 16 April 2013, August 1685, trial of Thomas Davis and John Buckmaster (t16850826-6).

¹⁶³ James Alsop, *Treason*, p. 1.

¹⁶⁴ During this twenty-six year period there were 396 specific accounts of murder trials at the Old Bailey, but only seventy eight refer to any form of medical testimony. Whilst it may seem that medical evidence still remained unpopular during the second half of the seventeenth century, it is important to note that many of these accounts contain little to no information on any evidence presented at the trial. It seems fair to suggest that, given the inclusion of surgical evidence in seventy-six trials, surgeons were called to provide evidence in other murder trials though it went unreported by the author; *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 22 November 2013), August 1685, trial of Thomas Davis and John Buckmaster (t16850826-6).

utilised to successfully charge the accused with murder. The motivation behind the courts' decision to request surgical evidence over the physician's remains relatively unclear. However, as Alexander Read explained, a miscarriage of justice could be avoided if medical evidence was employed to investigate sudden death to determine whether it could be attributed to murder or not.¹⁶⁵ Interestingly this form of advice for surgeons is relatively uncommon in medical treatise, indeed this is the only obvious source to provide it, promoting the idea that the surgeon was aware of how his expertise could influence criminal proceedings and was available to assist when the need arose, without having to be instructed to do so through educational treatise. In Read's opinion both physician and surgeon could provide a service to the judicial system by adding an air of clarity to cases that otherwise 'may not a little perplex them [the judge and jury.]'¹⁶⁶

In the later seventeenth century the realisation that much of violent crime fell under the remit of the surgeon's expertise seemingly altered the pattern of providing testimony. There is no evidence to suggest there was a change in law or legislation that reflected this; it seems likely that counsel rapidly began to realise surgery's significance and adapted their case structure accordingly. In the trial of four Dutchmen, Peter Sam, Erect Vandoventer, Lodwick Marss and Henry Baltas on 16th July 1689 for the killing of John Webber there were several different witness reports concerning who had actually assaulted Webber and the reason for the assault in the first place. However, the crux of the evidence was the surgeon's testimony that 'that the Wound was Mortal, for that he was prickt to the very Heart.'¹⁶⁷ This confirmed that a member of the group had indeed been responsible for killing Webber, though the verdict of manslaughter against all four suggests that they had not intended to kill him, or that from the evidence no one individual could be said to have been solely responsible. In many cases the wound received by the victim was not immediately apparent as in the killing of Webber. John Goodson stood trial for having killed Bartholomew Long with a blow to the side of his head using a quarter-staff.¹⁶⁸ Unlike a wound made with a sword or dagger it would have been difficult to determine whether a blow that left only a bruise could have been the cause of his death. Calling for the surgeon's evidence however brought clarity to the incident as it was determined that the bruise represented a fracture in the skull and the surgeon testified that this was certainly the

¹⁶⁵ Alexander Read, *Chirurgorum comes, or, The whole practice of chirurgery begun by the learned Dr. Read ; continued and completed by a Member of the College of physicians in London* (London, 1687), p. 415.

¹⁶⁶ *Ibid.*

¹⁶⁷ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), May 1689, trial of Peter Sam Erect Vandoventer Lodwick Marss Henry Baltas (t16890516-93).

¹⁶⁸ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 23 November 2013), June 1690, trial of John Goodson and Abraham Hartslop (t16900605-5).

manner through which Long had died. This at once demonstrated how the surgeon could be of significant use despite the blurring of boundaries between internal and external medicine.

Some examples provide more information than others on the wounds received by a victim or the manner under which an assault took place and these help to form an understanding of why the surgeon was called. Elizabeth Deacon of the Parish of St. Michael's Woodstreet was accused of having murdered Mary Cox after claiming that she had stolen a shilling from her and had refused to confess to having stolen it.¹⁶⁹ Punishing her servant by tying her to a bed and whipping her several times was followed by 'burning her with the Fire-Poker upon the Neck, Shoulders, and Back, after a most inhuman manner, and then gave her a Blow on the Head with a Hammer.'¹⁷⁰ The range of injuries was substantial and it was therefore understandably difficult for the jury to establish which wound had caused her death. This again is where surgical expertise could help to deliver condemning evidence against Deacon. Clearly such a sustained assault led to Cox's death though the surgeon testified that 'the Stripes and Wounds did contribute towards her Death, together with a Surfeit she had taken before.'¹⁷¹ This not only confirmed the primary cause of death but also ensured Deacon would be charged. How these examples reflected upon the surgeon is evident through their actual use of surgical testimony. It certainly was not always necessary to consult a surgeon, in many trials it is unclear if medical testimony was requested at all, but those that do contain surgical testimony establish a desire to provide accurate verdicts based upon undisputable facts.

From as early as 1597 there is evidence to suggest surgeons provided some form of testimony in the course of an investigation into a suspicious death and this continued throughout the seventeenth century.¹⁷² Admittedly the role of the medical practitioner was not fully appreciated until the eighteenth century but the significance of medical evidence between 1600 and 1699 should not be underestimated. Through the absence of early official administrative judicial records, popular literature has come to the forefront in describing and informing us of the range of evidence, if any, provided during either an inquest or trial.¹⁷³ This style of literature demonstrated that surgical evidence had support from two separate spheres; judicially it was considered influential in authoritatively determining the manner of death in suspicious cases and externally it helped authors

¹⁶⁹ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), February 1690, trial of Elizabeth Deacon (t16900226-1).

¹⁷⁰ *Ibid.*

¹⁷¹ *Ibid.*

¹⁷² Loar, 'Medical knowledge', p. 475.

¹⁷³ Whilst the Old Bailey archive suggest that the *Proceedings* are considered to contain much more accurate accounts of trial proceedings than trial accounts from earlier in the century, they are and should still be considered a form of popular literature.

to morally justify the guilt of the accused.¹⁷⁴ In essence this form of exposure brought the surgical discipline before an audience hungry for the exciting and informative narratives surrounding criminal trials. In addition to the moral facet surgery brought to these publications, the practical aspect of providing evidence that conclusively demonstrated guilt or innocence lent authority to both the author's narrative and the ruling of the court. Details of bodily examinations together with descriptions of wounds and their consequence ensured continued popularity for later publications, demonstrated by the success of the *Proceedings* from 1674 onward. The impact of this exposure on individual surgeons is nigh on impossible to gauge but the general appeal of including the surgeon in this form of literature is indicative of external support for surgical medicine outside of traditional medical scenarios. The acceptance of the surgeon's evidence in the courtroom indicates that their testimony and expertise in judging whether an individual could be found guilty of the crime they were adjudged to have committed was held in high regard.

In almost all of the cases analysed throughout this chapter the evidence provided more often than not led to a conviction, though there is evidence of surgeons assisting in acquittals too.¹⁷⁵ When compared to the absence of the physician from the same group of sources the role of the surgeon is even more apparent. This presents a challenge to the marketplace model; medical roles within the judicial system were clearly defined, even hierarchical, and the surgeon stood at the forefront in the provision of medical evidence. Furthermore, whereas the educational status of the physician was considered to be of much higher status than the artisanal training of the surgeon, there is nothing to suggest that educational or social status factored in the decision to utilise surgical practitioners to provide expert witness testimony. As argued above, the reason for this lay in expertise, practical knowledge and experience. The surgeon's expertise and experience in dealing and treating injuries commonly apparent in cases of unnatural deaths ensured he was the primary choice for counsel seeking to either prosecute or defend. There was a conscious effort made by the judicial system to both seek out and utilise the surgeon and this came at the expense of the physician, despite some similarities in their understanding of the human body.¹⁷⁶ What this meant for the position of the surgeon is clear: their continued use as expert witness over the physician in the judicial arena placed both disciplines on an even plateau, rather than in the hierarchical approach traditionally ascribed by

¹⁷⁴ Especially when an attack resulted in the death of a child. See trial of Thomas Watson above; Anon, *A sad and true relation of a most barbarous and bloody murder*, pp. 1-6.

¹⁷⁵ *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 16 April 2013), January 1676, trial of Another (t16760114-11).

¹⁷⁶ Nunn explains that physicians hosted anatomy lectures and also presided over anatomical lectures in the Barber-Surgeons' Hall; Hilary M. Nunn, *Staging anatomies: dissection and spectacle in early Stuart tragedy* (Aldershot, 2005), p. 19.

historians such as Holmes.¹⁷⁷ Furthermore, though it is difficult to overlook the status of university education compared to the surgeon's apprenticeship, this does not appear to have been something that transferred into everyday practice. There is no evidence to suggest that any consideration was given to the status of the medical practitioner's education; no questions arose as to where they had studied or who had taught them. This chapter has demonstrated that the surgeon and physician occupied an even plateau in terms of their practice and the respect afforded them by external bodies outside of the medical world. The theoretical 'tripartite hierarchy' was seemingly just that; theoretical. There is no evidence of its transferral into practice, rather individual and professional expertise remained the primary attributes desirable by both the judicial system and authors to promote the authority of justice.

¹⁷⁷ Holmes, *Augustan*, p. 169.

Medical metaphors and the use of surgery in early modern sermons.

As the previous chapter has demonstrated, the judicial system and the medical disciplines had an extremely close affinity; the same was also true of the relationship between religion and medicine during the early modern period. Hunter and Wootton agree that in an age of intense religious activity, in terms of religious participation, it is unsurprising that the medical world and the church were so closely linked.¹⁷⁸ This is reinforced by Lund who explains that the linking together of medicine and religion was a long established tradition; the body and soul were seen as interrelated and therefore to be treated together.¹⁷⁹ Ryrie's study of Reformation Protestantism has also echoed this sentiment. In a discussion concerning prayer, he explains that medicine was God's provision for the sick and that Protestants were encouraged to consult medical practitioners so long as their treatments were contained within spiritual treatment.¹⁸⁰ Religion in printed form reached a significantly large market and religious teachings were not restricted purely to preaching in church. As Fox has shown, the mass-marketing of religious texts was not a new phenomenon in the seventeenth century; he pinpoints the Reformation as the catalyst from which a variety of accessible prints could be obtained because of the potential value of small, inexpensive pamphlets in dispersing religious propaganda.¹⁸¹ Tessa Watt's analysis of the period 1560-88 found that 35 per cent of broadsides printed were of a religious nature, adding to Fox's argument but also demonstrating just how popular religious texts were.¹⁸² Given the popularity and appeal of this form of publication, it is not surprising that many contained significant references to medicine and medical practitioners as the two were inextricably linked.¹⁸³

Grell and Cunningham have suggested that understanding early modern medicine is difficult without analysing its contextual base in the religious beliefs of both patient and practitioner. They both argue that religion had a heavy involvement in medical organisation, the form and availability

¹⁷⁸ Grell and Cunningham, *Religio Medici*, p. 2; Michael Hunter and David Wootton (eds), *Atheism from the Reformation to the Enlightenment* (Oxford, 1992), p. 1.

¹⁷⁹ Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England*, (Cambridge, 2010), p. 113.

¹⁸⁰ Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford, 2013) p. 127.

¹⁸¹ Adam Fox, 'Popular religion and popular print in early modern England' in Heinz Schilling & Stefan Ehrenpreis, *Fruhneuzeitliche Bildungsgeschichte der Reformierten in konfessionsvergleichender Perspektive: Schulwesen, Lesekultur und Wissenschaft*, (Berlin, 2007) p. 216.

¹⁸² Tessa Watt, *Cheap print and popular piety, 1550-1640* (Cambridge, 1994), p. 47; Harley, 'Medical metaphors', pp. 1-2.

¹⁸³ Hunt notes that the start of the seventeenth century marked a significant change in preachers' attitudes towards print and as a result printed sermons began to become more and more popular; Arnold Hunt, *The art of hearing: English preachers and their audiences, 1590-1640* (Cambridge, 2010), p. 119.

of medicine itself and the attitude shown to disease and illness by both patient and healer alike.¹⁸⁴ Whilst the link between practical medicine and religious theory is an interesting line of enquiry, the relationship between the medical practitioner and their representation in print will be the primary focus here. The metaphorical use of medical terminology to describe the healing power of religion and the moralistic standpoint of removing sin will be used to determine whether any judgements were made within sermons about the comparisons between physician and surgeon and to what effect.

The range of religious material under consideration for this chapter is understandably large given the popularity of religious print and in some respects could prove problematic in terms of narrowing the field of material to a manageable number. Therefore only sermons that contain medical terminology or refer to the physician and surgeon will be considered as useful in explaining the impact of metaphor on the practitioner. Because the source base is so large a particular criteria has been employed in order to select material that will help to illustrate how perceptions of the medical practitioner in a religious context. To this end terminology is of primary importance; the use of words and phrases in a religious context that belonged to the medical disciplines, whether they refer to methods of treatment, description of symptoms or the names given to specific ailments, will assist in demonstrating how metaphor was used and how it reflected on perceptions of the medical world. The language in question here is notably powerful in its descriptions; the metaphorical inclusion of words such as ‘cautery’, ‘fistula’ and ‘amputation’ created imagery immediately recognisable to the audience. As this argument is focused on the surgeon, surgical terminology will be considered primarily over that of physic, although a comparison of some terminology linked to physic will be a useful way of demonstrating the importance of the surgeon against the physician in religious print. All of the sources used in this chapter are published sermons that can be found in the EEBO database but they represent only a small subset of the entire corpus.¹⁸⁵ A search of this database using the key title word ‘sermon’ between 1600 and 1699 provides 8,156 matching records out of a possible 107,847 total records; a further narrowing of the field by combining the title keyword ‘sermon’ with the keywords ‘surgeon’ and ‘surgery/chirurgie’ provides over 350 matches compared to a huge combined result of 1,754 for a search using the terms ‘physician’ and ‘physic.’¹⁸⁶

¹⁸⁴ Grell and Cunningham, *Religio Medici*, p. 1.

¹⁸⁵ *Early English Books Online*, <http://eebo.chadwyck.com/about/about.htm#top>; Despite only representing a small subset, Hunt agrees that there are a significant number of publications that reflect the popularity of religion in printed form, however, these are by no means representative of all printed sermons during the seventeenth century. That figure remains difficult to calculate; Hunt, *Art of hearing*, p. 120, 125.

¹⁸⁶ At least five hundred of these sources were found using the ‘variant form’ option on the EEBO database; so searching for ‘Physician’ also found variant spellings i.e. ‘Physitian.’ This was also used when searching for matches for sources that contain surgeons or ‘Chirurgeons.’ Although the metaphorical use of the physician seems to outweigh the use of the surgeon, this does not seem to change the fact that the surgeon is used in a very specific way. Unfortunately space does

As figure 1 shows, the use of the terms ‘surgeon’ and ‘surgery’ occur significantly less frequently than ‘physic’ and ‘physician’, therefore additional use will be made of sermons that incorporate surgical terminology as this is arguably a more accurate marker in understanding the context in which the medical disciplines were employed by the clergy. This terminology includes phrases such as ‘cutting for the stone’, ‘luxation’, ‘cautery’, ‘fractures’, ‘dislocated joints’, ‘gangrene’ and ‘amputation’, all of which were used extensively in surgical practice and theory, and they account for a further 500 separate sources.¹⁸⁷ Understandably the range of sources is large and therefore only a selection of sermons will be used in this chapter.

Terminology	Surgery/Chirurgie	Surgeon/Chirurgion	Physic	Physician
Decade				
1600-10	0	13	40	57
1611-20	2	18	56	96
1621-30	8	24	71	89
1631-40	1	31	53	78
1641-50	5	43	79	151
1651-60	16	58	119	169
1661-70	9	24	57	90
1671-80	5	26	72	103
1681-90	6	22	67	115
1691-99	3	32	74	118
Total	55	291	688	1066

Figure 1. The metaphorical utilisation of medical practitioners in seventeenth-century sermons.

not allow for a detailed investigation to understand the reasons behind this but it remains a subject that warrants further analysis.

¹⁸⁷ This result includes many sources that use this terminology but not necessarily in reference to the surgeon or a surgical procedure. Though not as significant as sources that do employ medical language in this way, they will still be considered to demonstrate the scale in use of medical language.

The approach taken to select this extra material has focused on the terminology traditionally linked with the surgical discipline, inclusive of physical symptoms and the treatments provided. However, care has been taken to ensure that when such a term is used within the context of a sermon, it has surgical connotations; the occasional reference to a symptom or ailment, though interesting, does not demonstrate a deliberate reference to surgery. The terminology chosen reflects some of the more obvious links to surgery in terms of ailments that are metaphorically used together with a method of surgical treatment, such as William Fenner's use of a lithotomy procedure to symbolise the removal of sin from the soul in 1657.¹⁸⁸ Although some minor surgical procedures were most certainly carried out informally by unlicensed practitioners, sometimes even by individuals on themselves, the terminology used here is much more suggestive of procedures undertaken by skilled, educated surgeons. Often there was reference to the requirement of a skilful surgeon to undertake these metaphorical procedures; at least nine examples are evident throughout the seventeenth century that specifically refer to surgeons as being 'skilful,' demonstrating that to the authors at least, these procedures required the application of knowledge and the touch of experience to successfully treat the patient. Crucially, the underlying suggestion in the use of this term is that the surgeon was the ideal candidate around which a metaphor could be established. This selection of surgical phraseology will reinforce this theory and show how, any why, clerical authors employed surgery in such a specific way.

The initial focus of this chapter concentrated on a chronological investigation of surgical metaphor throughout the seventeenth century, examining each decade to discover whether any pattern of change existed. As figure 1 has shown, there was no evidence to suggest that any real chronological change took place, other than a brief increase in the use of medical terminology in the 1650's. As figure 2 demonstrates below, this increase occurred in the 1640s and 1650s in conjunction with an increase in the number of sermons making it into printed form. The publications in the 1650's are included in a sample that marked a notable rise in the use of medical metaphor across the board, as figure 1 illustrates. This could be explained by the prevalence of references to the body politic which, Mowry argues, was a cultural fiction created to represent the relationship between the governor and the governed.¹⁸⁹ Contemporary explanations on the composition of a body politic in the

¹⁸⁸ William Fenner, *XXIX CHOICE SERMONS On severall Texts of Scripture. Preached By that Reverend and Faithfull Minister of Gods Word, WILLIAM FENNER, B. D.* (London, 1657), p. 231.

¹⁸⁹ Melissa M Mowry, *The Bawdy Politic in Stuart England 1660-1714: Political Pornography and Prostitution* (Surrey, 2004), p. 28.

1650's referred to either the King or the Protectorate as the 'head', as can be seen in William Sheppard's *Of corporations, fraternities, and guilds*.¹⁹⁰ During the political strife of the 1650's the rise of medical metaphor could be attributed to the idea that the body politic was diseased or sick and was therefore in need of metaphorical treatment. Depending on the part of the 'body' in question, the removal of disease could explain the rise in surgical terminology due to their expertise in the cutting out disease rooted in the body.¹⁹¹ The sickness and wounds described as affecting the body politic were virtually identical to the descriptions of injury or disease similarly having a direct effect on the spiritual body. It seems fair to suggest that the body politic would have been a recognisable concept to most religious authors in the 1650's; the popular use of this concept externally meant it would also have been recognisable to most readers and audiences.

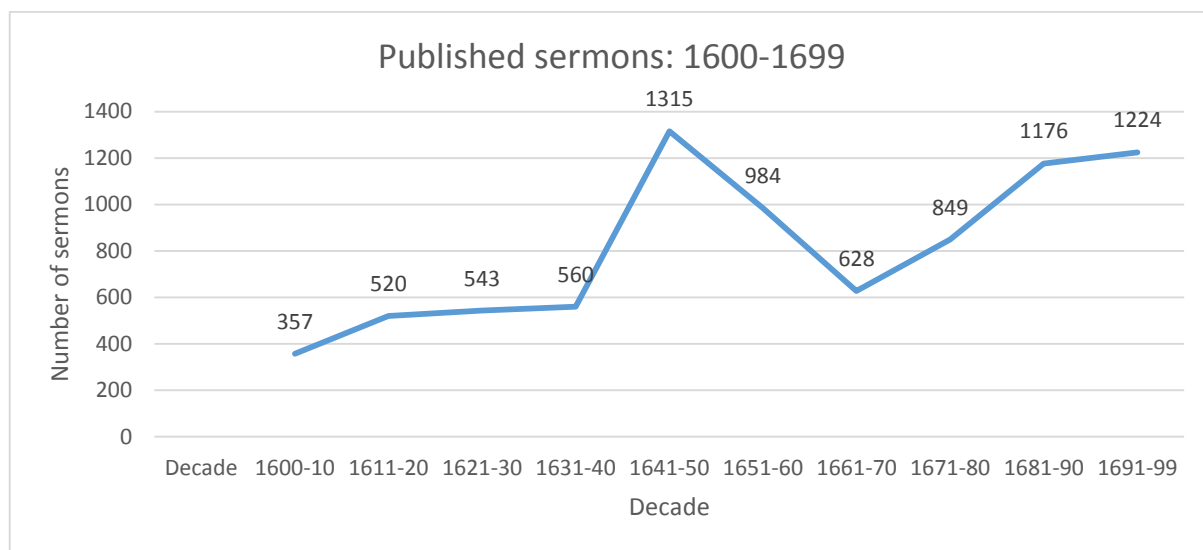


Fig 2. The number of sermons published by decade throughout the seventeenth century.

Following the discovery that there was no apparent significant chronological change in the use of medical metaphor, it became necessary to undertake a more thematic approach to emphasise exactly how this medical terminology was actually used. By far the most frequent term present in sermons that can be linked to surgery is the procedure of 'lancing.' According to William Clowes, now believed to be one of the most eminent surgeons of his time, lancing was a procedure

¹⁹⁰ William Sheppard, *Of corporations, fraternities, and guilds. Or, a discourse, wherein the learning of the law touching bodies-politique is unfolded, shewing the use and necessity of that invention, the antiquity, various kinds, order and government of the same* (London, 1659), p. 6; The main focus of this source is the description of any fraternity, guild or institution as a 'body politic' rather than discussing the national composition of such a theory. However, Sheppard did still note that the head was best represented the King or Lord Protector.

¹⁹¹ Wear, *Knowledge*, p.

undertaken to open ‘those glandulous tumors’ found externally on the body.¹⁹² In his descriptions Clowes did not shy away from the fact that this particular procedure was painful for the patient, though he did emphasise that such a treatment would be ‘better attempted and done by a cunning and skilfull Chyrurgian.’¹⁹³ Sin was defined by ministers as a corruption in the soul; the kind of poisonous corruption that could be found in tumours, ulcers and cysts on the human body, as Clowes demonstrated. The clergy who employed this form of metaphor recognised how these ailments were treated in the medical world and chose surgery specifically to form a metaphor whereby sin was symbolically removed from the soul. This ties in with Harley’s view of English moral theology; he agrees that surgery and surgeons were utilised in very specific ways by clerics who constructed these metaphors.¹⁹⁴ Lancing proved to be the most identifiable treatment that could describe this removal of sin. Significantly Clowes even provided his own readers with a link between his discipline and religion. Introducing the above section of his treatise he explains the clearly long established belief that ‘bloud is the treasure of life, and habitation of the soule.’¹⁹⁵ Clearly, though not necessarily used in a religious context, we have an example of the interrelation between religion and medicine; the connection between the blood, the inevitable by-product of such an operation, and the soul, with clear religious connotations, reinforces Lund’s argument.¹⁹⁶

In published sermons ‘lancing’ or ‘launcing’ was similarly employed to describe the metaphorical application of treatment to remove sin from the soul. The inclusion of this procedure in sermons is evident as early as 1602 in William Burton’s *Ten sermons* in which cutting and lancing is described as the ideal method of removing the ‘festered corruption’ from sinners.¹⁹⁷ There is a dual implication in the use of medical metaphor here. Firstly, it suggests that the only treatment to remove the ‘festered corruption’ was cutting and lancing, unquestionably a procedure undertaken by a surgeon. Burton’s focus on a surgical intervention rather than treatment by physic is probably the result of how severe an issue he believed sin to be. Rather than an approach favouring the use of potions and poisons employed by the physician, Burton believed a more pro-active, physical and painful treatment would have proved more beneficial in ensuring that the ‘corruption’ had been successfully removed. Secondly Burton’s use of surgery in describing how sin should be removed

¹⁹² William Clowes, *A right frutefull and approoued treatise, for the artificiall cure of that malady called in Latin Struma, and in English, the evill, cured by kinges and queenes of England Very necessary for all young practizers of chirurgery* (London, 1602), p. 33.

¹⁹³ *Ibid.*

¹⁹⁴ Harley, ‘Medical metaphor’, p. 419.

¹⁹⁵ Clowes, *A right frutefull*, p. 33.

¹⁹⁶ Lund, *Melancholy*, p. 113.

¹⁹⁷ William Burton, *Ten sermons vpon the first, second, third and fourth verses of the sixt of Matthew containing diuerse necessary and profitable treatises* (London, 1602), p. 156.

from a sinner is significant in portraying the minister as the surgeon, which Harley argues was commonplace amongst English divines.¹⁹⁸ By doing this, Burton recognised how closely linked religion and surgery were and this was transmitted to his parishioners through his sermon.

William Perkins had similarly used surgery to demonstrate the necessity of painful treatments to absolve an individual of sin, albeit in a posthumously published sermon in 1604.¹⁹⁹ Perkins, however, was much more explicit in portraying this metaphor as a means of hypothetical treatment. He explained that ‘we cannot possibly die to our sinnes, till our corruptions be destroyed, and all our sinnes killed and wounded to death’ and this he linked to the surgical treatment of a fistula.²⁰⁰ Here Perkins’ message was unmistakable; an individual could not expect to be cured of a fistula if he was not prepared to undergo treatment by way of the surgeon, much in the same way as an individual could not expect to be absolved of sin without invasive ‘treatment’ from the minister. Also worthy of note here is his use of the physician in the same metaphor. Whilst clearly providing a link between surgery and religion, Perkins adds a further dimension to this interrelationship by also describing the minister as the ‘Phisition of the word.’²⁰¹ There was no emphasis placed on one practitioner over the other, in fact it was much the opposite. There was a sense of collaboration, or at least the suggestion of one, between surgery and physic which ties back into Wallis’ collaboration theory.²⁰²

Whilst surgery provided the necessarily external basis from which the minister could explain the physical extent and potential spiritual pain that could be experienced in the absolution of sin, describing the minister as a physician ‘to ransacke and search the corruption of our hearts’ suggested internal medicine was also a necessity.²⁰³ Furthermore the use of ‘ransacke’ to describe a treatment by the physician seems to reinforce this theory of association between the two disciplines. The manual connotation of this phrase argues in favour of the idea that these authors saw medicine as more of a collaborative effort than two distinct and separate disciplines. Ransacking was a term more representative of surgery than physic, rendering its inclusion with the physician all the more interesting. Manual operation, that is to say a ‘hands-on’ approach to medicine, fell more into the realm of surgery than physic, the exception being the procedure of bleeding a patient. Perkins’ combination of physician and ‘ransacke’ then was a demonstration of how surgery and physic could

¹⁹⁸ Harley, ‘Medical metaphor’, p. 401.

¹⁹⁹ William Perkins, *Lectures vpon the three first chapters of the Reuelation: preached in Cambridge anno Dom. 1595. by Master William Perkins, and now published for the benefite of this Church, by Robert Hill Bachelor in Diuinitie* (London, 1604), pp. 1-373.

²⁰⁰ *Ibid.* p. 105.

²⁰¹ Perkins, *Lectures*, p. 105.

²⁰² Wallis, ‘Competition’, pp. 47-8.

²⁰³ Perkins, *Lectures*, p. 105.

be joined together, regardless of the specificity of practical terminology, to form an effective metaphor that represented the minister as a versatile healer of the soul. Crucially in both Clowes and Perkins' sermons, there is no reference to any form of hierarchical precedence in the medical world, nor is there any suggestion that education or social status played any role in selecting which branch of medicine to use as metaphor. It is clear that the underlying factor in the use of the medical disciplines lay in practical application of treatments. Surgery provided the deliberately unpleasant, but necessary, metaphor to explain the process and experiences an individual could expect from the removal of sin from their soul. Physic added a further dimension to this metaphor and was possibly included to somewhat allay the fears of the reader or listener by suggesting that the minister's 'treatment' also contained less invasive and a slightly gentler approach to healing.

Other effective terminology applied to sermons includes the term 'impostume,' described by Leonardo Fioravanti as 'a certaine kinde of tumor that is called in diuers manners, because they come in diuers places of the body.'²⁰⁴ The use of 'impostume' was probably the most effective, and visually explicit way, for religious authors to describe the dangers of hypocrisy and the nature of sin, as argued by Thomas Adams in 1612.²⁰⁵ Adams was certainly at the forefront in terms of the frequency with which he employed medical terminology to his sermons; between 1612 and 1619 he published four separate collections that referenced a variety of terminology from the surgeon, treatment of ulcers and the lancing of impostumes to cutting, blisters and the cessation of bleeding through treatment.²⁰⁶ In his 1613 and 1619 publications, Adams used impostume to describe both sin and hypocrisy, but he believed that the two were intertwined, one and the same. He preached that 'Sinne is *Poyson*....*Secret Sin: [is]* an vlcer lying in the bones, but skin'd ouer with hypocrisie' and lead on to profess that repeated sin was like a ripe and rank impostume.²⁰⁷ This was also true of Godfrey Goodman and William Jackson who provided further sources illustrating their view that sin could be likened to an impostume, both in 1616.²⁰⁸ Though there is no mention of a practitioner to

²⁰⁴ Leonardo Fioravanti, *A discourse vpon chyrgery: written by that famous doctour and knight, Signior Leonardo Phiorauanti, Bolognese. VVith a declaration of many wonderfull matters necessary to be knowne* (London, 1629), p. 10; although this example is clearly of Italian origin, its translation and publication in English suggests that it held some importance medically.

²⁰⁵ Thomas Adams, *The deuills bancket described in foure sermons [brace], 1. The bancket propounded, begunne, 2. The second seruice, 3. The breaking vp of the feast, 4. The shot or reckoning, [and] The sinners passing-bell, together with Phisicke from heauen* (London, 1614), p. 206.

²⁰⁶ *Ibid*; Adams, *The happines of the church, or, A description of those spirituall prerogatiues vvhewerewith Christ hath endowed her considered in some contemplations vpon part of the 12. chapter of the Hebrewes* (London, 1619), p. 309; Adams, *Diseases of the soule a discourse diuine, morall, and physical* (London, 1616), pp. 1-73.

²⁰⁷ Adams, *Happines*, p. 309.

²⁰⁸ Godfrey Goodman, *The fall of man, or the corruption of nature, proued by the light of our naturall reason Which being the first ground and occasion of our Christian faith and religion, may likewise serue for the first step and degree of the naturall mans conuersion* (London, 1616), p. 160.

remove and treat such ailments in these metaphors, Goodman does refer to himself as the one who ‘must lance the impostume.’²⁰⁹ The use of imagery was suggestion enough to the audience and readers that surgery would have been the ideal treatment.²¹⁰ Medical experiences of the audience would have been imperative for this form of metaphor to be effective, and judging from similar metaphor Goodman used in his later publications it appears as though he believed this too. Other sources, however, do directly mention the intervention of the surgeon in similar scenarios. Thomas Gataker’s moralistic inclusion of the surgeon in a number of examples in *Maskil le-David* in 1620 explored a further facet of how surgery could be used to demonstrate the necessity of piety. In all four instances a surgical procedure is discussed that most probably reflected Gataker’s own view of both surgeons as individuals and his perception of the discipline. From the searching of a wound to lithotomy and relocating a dislocated limb, the specificity of these descriptions, like those discussed above, was deliberate. In each case the pain of the procedure was outweighed by its necessity and Gataker transferred this to the morals that his audience should abide by: correcting those in the wrong, rather than ignoring their mistakes, in a loving manner and treating everyone as an equal. Explaining this to his audience, Gataker noted that:

Creatures endued with reason, must be wiser then they: and loue their Teacher, as well reproofing and correcting, when just occasion is, as speaking faire and commending: as men were wont to esteeme themselues beholden to the Surgion, as well for opening the vlcer, and letting out the corrupt matter, as for healing vp the wound againe.’²¹¹

He further professed that ‘They must remember what the wise man saith, that he that hateth Instruction & Correction, *and so he that hateth his Instructors and Correctors*, is a Foole: yea, he that hateth either, shall die.’²¹² So not only was the surgeon’s discipline practically essential in Gataker’s opinion, it was also a moralistic model from which religion could borrow analogies. Furthermore his description of a surgical procedure, to remove an ulcer, was specific and deliberate. Not only did it demonstrate that the surgeon actively removed poison from the body, it also linked together surgery and his position as a minister; just as a surgeon is respected for his ability to heal, so should the minister be respected for his own form of spiritual healing and teaching, regardless of the pain involved. What the first two decades of the seventeenth century have already shown us is that surgical terminology, though not present in every sermon, was actively used by the clergy. Interestingly this was not a phenomenon restricted to the clerical elite as Ian Green has argued. He

²⁰⁹ *Ibid.*

²¹⁰ Associated with the power to stimulate the emotions; Hunt, *Art of hearing*, p. 130.

²¹¹ Thomas Gataker, *Maskil le-David = Davids instructor A sermon preached at the visitation of the Free-Schole at Tunbridge in Kent, by the wardens of the Worshipfull Companie of Skinners* (London, 1620), p. 13.

²¹² *Ibid.*

suggest that clerics like Adams and Gataker were not elite at all; Adams had preached in rural Buckinghamshire up until his move to London in 1619 and even then his rectories were the not particularly large St Benet Paul's Wharf and St Benet Sherehog.²¹³ As for Gataker, he held no significant clerical appointments according to Usher and therefore argues that the physical audience of these sermons would have been the regular citizenry of their parishes.²¹⁴

The metaphorical use of surgical procedures was certainly not a phenomenon restricted to the first decade of the seventeenth century: it can also be found in examples from the 1650's and others well into the 1680's in the form of 'Lancing.' In the sermons of Edmund Calamy (1652), Robert Sanderson (1657) and Thomas Manton (1681), lancing is used in the same manner and to the same effect as Perkins and Burton's use of fistula treatment above.²¹⁵ Sin was described as a 'sore' that required lancing in order for the root of the problem to be found and subsequently removed and this was a view shared by all of these authors. Calamy, for example, used lancing in combination with an explanation concerning the impact of sin upon the conscience. He claimed that 'Sinne in the conscience is as a *thorn in a mans foot*, as *needles* in the flesh, or as *poysonfull matter in a sore*, which lyeth burning and aking with pain. In such cases there is no rest unlesse the sores be lanced and the poison expelled.'²¹⁶ His message to his audience was simple; sin could corrupt the conscience causing spiritual and mental pain, just like a needle in the flesh or a burning sore and could not be relieved without being metaphorically lanced. Just like Burton and Perkins above, the severity of the situation required a similarly severe treatment and this was a belief shared by many other members of the clergy. Whilst the surgeon is not directly mentioned in these texts, the reference to lancing, a surgical operation as Clowes showed in his treatise, is an indicative description of a metaphorical surgical procedure being undertaken. Though it is difficult to measure the impact of this on surgeons both individually and collectively, it does demonstrate that the clergy were actively, and relatively frequently, using the surgeon as an example in their battle against sin.

²¹³ Ian Green, 'Orality, script and print : the case of the English sermon 1530-1700' in Heinz Schilling & István György Tóth, *Religion and cultural exchange in Europe, 1400-1700* (Cambridge, 2006), p. 218; J. Sears McGee, 'Adams, Thomas (1583–1652)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2012, <http://www.oxforddnb.com/view/article/131>, accessed 26 April 2013.

²¹⁴ Brett Usher, 'Gataker, Thomas (1574–1654)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Sept 2013 <http://www.oxforddnb.com/view/article/10445>, accessed 4 Nov 2013

²¹⁵ Edmund Calamy, *Englands antidote against the plague of civill warre presented in a sermon before the Honourable House of Commons on their late extraordinary solemn fast, October 22, 1644* (London, 1652), p. 38; Though the sermon was delivered in 1644 this publication from 1652 is the only copy available on the EEBO database; Robert Sanderson, *Fourteen sermons heretofore preached IIII. Ad clervm, III. Ad magistratvm, VII. Ad popvlvm*, (London, 1657), p. 189; Thomas Manton, *One hundred and ninety sermons on the hundred and nineteenth Psalm preached by the late reverend and learned Thomas Manton, D.D.; with a perfect alphabetical table directing to the principal matters contained therein* (London, 1681), p. 21.

²¹⁶ Calamy, *Englands antidote*, p.38.

Through the use of another specific example of medical terminology, such as ‘cut[ting] for the stone,’ we can see further use of surgery by the clergy in a metaphorical scenario. Whilst ‘lancing’ was used primarily to emphasise the necessarily painful and invasive treatment necessary to heal the soul, being ‘cut for the stone’ was employed in a much more moralising and reassuring manner. In 1620 Gataker theorised on the callousness of reproving someone in a religious context. He claimed that reproof, though it may seem heavy-handed or unnecessary at times, was actually done out of love more than spite. Quoting scripture, Gataker wrote ‘*Rebuke them sharply, saith Paul to Titus of some, that they may be found sound in the Faith*’ demonstrating that often a scolding, from the minister to his parishioners, was a way of ensuring that their faith remained true.²¹⁷ Gataker used the analogy of a surgeon cutting two patients for the stone to clarify his meaning in *Maskil le-David*. He used a rhetorical question; would a surgeon cutting two patients for the stone, one of them being his ‘dear Friend,’ use a sharp blade on his first patient but use a duller instrument on his friend to save him the pain of the procedure? The answer was evidently no.²¹⁸ We can obviously never know Gataker’s personal motivations for choosing a surgical metaphor over physic but we can certainly theorise. The procedure itself is central to this. Like lancing, cutting for the stone was an invasive treatment with a relative degree of pain involved. Furthermore there was a physical manifestation in terms of the result of the treatment unlike many treatments offered by the physician. Finally, Gataker evidently had some form of admiration for the surgeon; not only would he treat each patient equally, personal friend or not, but he would be vigilant and quick to treat those in his care and this reflected the personal attributes outlined in the first chapter by surgeons such as Lowe and Shirley.²¹⁹ This latter issue can be attributed to Gataker’s earlier reference to a surgeon searching a ‘wound to the quicke, that he may saue the mans life: for he should endanger the one, if he delt but superficially with the other.’²²⁰ So not only did this show the extent of Gataker’s support for the surgical discipline, albeit indirectly, the inclusion of both examples suggests that this metaphor would have been familiar and immediately recognisable to the audience. This was an excellent example of a positive reference to the professionalism of the surgeon. Gataker used the surgeon to demonstrate the high standard of pastoral care provided by the clergy to their patients.

²¹⁷ Thomas Gataker, *Gods parley vvith princes with an appeale from them to him. The summe of two sermons on the 3. last verses of the 82. Psalme; preached at Sergeants-Inne in Fleet-Streete. By Thomas Gataker B. of D. and pastor of Rotherhith* (London, 1620), p. 2.

²¹⁸ Gataker, *Maskil*, p. 10.

²¹⁹ Lowe, *Discourse*, p. 8; Shirley, *Short compendium*, p. 107.

²²⁰ Gataker, *Maskil*, p. 9.

A second example of this procedure to remove suffering and pain is found in a publication by an author known only as R.J entitled *Compunction or pricking of heart* published in 1648.²²¹ Like Calamy, this author made the connection between sin and its influence on the conscience, suggesting that this was a commonly held opinion, even on the continent. Again, the focus was upon pain as a necessary by-product of a treatment being successfully administered, though the author seeks to reassure the listener or reader that ‘it is not the *wound of an enemy* that seeks to kill thee, but of thy *Surgeon* who means to cure thee.’²²² The author symbolically used ‘the stone’ as the representation of sin in the heart and noted that to break the stone required the ‘patient’ to be cut, presumably in an extremely invasive, yet metaphorical, operation. William Fenner provides us with another publication where this metaphor was used in an extremely similar context. His analogy further connected ideas surrounding the painful, yet necessary, treatment offered by surgeons to relieve symptoms of the stone. He argued that ‘when a man is to be cut of the stone, and he be bound hand and foot, yet if he doe but stir or struggle before the Chirurgion hath quite done with him, it is a thousand to one but he dies for it.’²²³ His subsequent sentence provided the link to religion; Fenner focused on the second psalm that preached that individuals could either submit to God and be blessed or they could reject him and perish. In this respect, those who were unsure of their position were described as having ‘a stone in the heart’ that required removal. The person to do this, according to Fenner, was Christ; ‘Christ would have cut them for the stone.’²²⁴

The fact that a surgical operations are described in numerous sources as the ideal method for removing this metaphorical stone is suggestive of the ability of surgeons to operate on delicate and relatively inaccessible areas of the body. Even the reference to a lithotomy procedure advocates the delicate and intricate nature of a surgeons work, and this would have been even more apparent in a procedure focused on the heart. Of course this was metaphorical, but nevertheless it demonstrated that the clergy associated their treatment of sin as a physical, intricate, painful and invasive procedure akin to that of the surgeon ‘cutting for the stone.’ Furthermore, these sources help to reinforce the idea that the surgeon was a frequently sought after medical practitioner. For the authors’ metaphorical use of a lithotomy procedure to have any resonance with their audience, and to be in any way effective, it had to have been a common enough phenomenon for the audience to

²²¹ R. J. *Compunction or pricking of heart with the time, meanes, nature, necessity, and order of it, and of conversion* (London, 1648), pp. 1-304; Though originally written and preached in Danzig, the author explains that it was sent to England to be published though a series of events led to a six year delay, thus suggesting it was meant for an English audience.

²²² *Ibid.* p. 228.

²²³ William Fenner, *XXIX sermons* (London, 1657), p. 231.

²²⁴ Fenner, *XXIX sermons*, p. 231.

understand and for authors to relate to their own personal experiences. Therefore, its inclusion by Burton and Perkins et al was deliberate. They recognised its significance as a surgical procedure and also the emotion such an operation would stir within those having had been treated for the stone, or their knowing someone who had. Crucially this reflected upon the surgeon in a positive way. The messages within the texts focused on pain as a necessity for a successful cure; this certainly applied to medicine external to this religious context and was virtually a way of supporting the work of the surgeon by explaining that the pain of an operation should be tolerated, the alternative could be significantly worse.

A continuation of this theme can be seen in the moral application of another facet of the surgeon's work; the setting and treatment of broken bones. Although not as common as 'lancing' or the discussion surrounding 'impostumes,' the use of an infirmity with a regimen of treatment specifically undertaken by the surgeon is a further example of how comparisons could be drawn between medicine and religion. A broken bone required manual application to both realign the bone and to provide a splint to allow the bone to heal correctly, providing the severity of the injury did not require amputation of course. In a religious context, a broken bone symbolised a spiritual issue within the body, such as a broken heart, which was the direct result of either a sinful life or an individual having 'lost their way' in terms of their spiritual belief. The treatment offered by a surgeon can be seen in James Cooke's *Mellificium chirurgie* published in 1648 which detailed the methods of treatment offered for most injuries sustained by young and old alike.²²⁵ From a broken arm or leg, to the repair of a broken hip and the re-setting of a broken jaw, all required a hands-on, manual approach to provide a treatment. In the sermons that used broken bones as an analogy to demonstrate the internal strife of a broken heart or soul, the proposed treatments were virtually the same, minus the actual presence of a broken bone. Though this form of metaphor was used relatively infrequently, three examples that reference a broken bone and treatment are evident in published sermons; its inclusion gives us a further insight into how and to what effect surgery could be used by the clergy. Perkins utilised the surgeon and his treatment of a patient with a broken arm or leg to highlight the advisable conduct of a practitioner when providing treatment. Perkins believed that 'restoring him that is fallen into a fault, by the spirit of meeknes, curtesie, and humanitie' was identical to the surgeon's treatment of a 'broken arme or legge, not with roughnes, or anger, but with

²²⁵ Cooke, *Mellificium*, pp. 188-203; the information contained within this publication was a collection of practice and theory gathered from a variety of authors, as Cooke claimed in his title. Despite its publication in 1648, the surgical theory contained within would have been used by earlier practitioners such as Lowe and Vicary in the sixteenth century and would, therefore, have had some resonance with those who had undergone surgical treatment or had heard of operations/procedures taking place.

mildnes, yea and pitie towards the offender, so setting him as it were in ioynt againe.’²²⁶ Primarily the focus was on comparing the gentle touch and pity shown by the surgeon with the similarly gentle treatment of a parishioner undertaken by the minister. Perkins recognised that a conservative approach to spiritual healing would be considerably more effective than a heavy-handed, aggressive approach which, because of its inclusion here, he must have believed was a method employed by other ministers. A secondary and underlying implication of this metaphor also portrayed the spiritual healing of an individual as a way of ‘making them whole’ again. His description of the treatment as ‘setting him in ioynt againe’ effectively told his audience that a life without religion would be akin to leading an ‘incomplete’ existence.²²⁷

Thomas Manton used a similar theme in a sermon published posthumously in 1684, though his symbolism of the broken leg was a direct reference to sin, unlike Perkins’ above. Crucially, his discussion centred on the broken leg of a metaphorical patient being set in the correct manner.²²⁸ He claimed that ‘If we confess our sins, he [God] is faithful and just to forgive us our sins, and cleanse us from all unrighteousness.’²²⁹ The re-setting of a bone correctly, which symbolised sin, was Manton’s way of demonstrating how sin, when confessed, would help to lead an individual back to the path of righteousness.²³⁰ The use of the surgery in Perkins and Manton’s sermons reflected positively on the surgeon; both authors used the discipline to demonstrate the similarities in their ability to heal and their delicate, yet necessary, approach to treatment. Lancelot Andrewes’ 1629 sermon further highlights the importance of the surgeon in this context.²³¹ The difference here however is that Andrewes used both physician and surgeon in the same metaphor. What makes this example so interesting is his definition of what each discipline stood for; the physician is outlined as the practitioner to undertake the treatment of a broken heart, suggesting the internal medicine they were traditionally known to provide, and the surgeon as providing treatment for skeletal injuries such as broken arms and legs. However, his opinion that curing a broken heart was akin to it being ‘set...in joint againe’ changes the emphasis of the metaphor entirely.²³² Here Andrewes blurred the

²²⁶ William Perkins, *A godlie and learned exposition upon the whole epistle of Iude, containing threescore and sixe sermons preached in Cambridge by that reverend and faithfull man of God, Master William Perkins* (London, 1606), p. 136.

²²⁷ *Ibid.*

²²⁸ Thomas Manton, ‘Sermons upon the sixth chapter of the Romans’ in Thomas Manton, *A second volume of sermons preached by the late reverend and learned Thomas Manton in two parts* (London, 1684), p. 5.

²²⁹ *Ibid.*

²³⁰ Ryrie’s study on Protestantism echoes this sentiment that repentance could bring salvation; Alec Ryrie, *Being Protestant in reformation Britain* (Oxford, 2013), p. 414

²³¹ Lancelot Andrewes, *XCVI. sermons by the Right Honorable and Reverend Father in God, Lancelot Andrewes, late Lord Bishop of Winchester* (London, 1629), pp. 1-1008.

²³² *Ibid.* p. 704.

lines between the two disciplines. Yes, he understood that surgeons treated broken bones and that physicians treated aspects of the internal body, but to define a broken heart as needing to be set in joint again resonated much more with surgery than it did physic. His motivation behind this blurring of medical boundaries is unclear, though we do know he recognised the availability and call for surgical expertise; in this same metaphor he says that surgeons ‘are much made of, and sent for farre and neere,’ suggesting he had a significant understanding of what the surgeons actually did and the call for their services.²³³ Therefore his motivation must have focused on the all-encompassing, complete metaphor to illustrate his point that spiritual medicine required internal and external ‘treatment,’ i.e. internal reflection and an external change in lifestyle. Significantly, like the two sources of Perkins and Manton above, there is no reference to social status of the physician or surgeon, nor is there a suggestion of hierarchical precedence between the practitioners. Andrewes’ main focus was finding the most explicit way of describing the potentially complex spiritual treatment of sin and conveying this to his audience.

So far this chapter has examined the presence of medical terminology in the composition of early modern sermons and how it was shaped to be used as a moral message for parishioners and readers alike. Although undoubtedly some aspects of these sermons were influenced by the authors’ personal experiences, the frequency of surgical terminology appearing in this context was more than just coincidence; it had its roots in religious texts. John Foxe’s *The Actes and Monuments or Book of Martyrs* and the King James Bible first published in 1611 both provided a platform from which metaphor could be ‘borrowed’ by members of the clergy. All of the metaphor analysed above can be found in the King James Bible whilst a selection can also be found in Foxe’s work.²³⁴ Significantly, though medical terminology can be found in these works, its use by the clerics discussed above is notably different than the examples found in scripture suggesting the clergy elaborated upon these examples to suit their own narratives. The presence of these metaphors in both the *Book of Martyrs* and the King James Bible shows us that the clergy had a central body of metaphor from which to reference. Their use of metaphor was not a random occurrence; each author used medical terminology in a specific way to reinforce the issue they were raising. More importantly however is the fact that this was a shared concept. The stature of both Foxe’s work and the King James Bible

²³³ *Ibid.*

²³⁴ Terminology such as ‘surgeon’ and ‘physician’ can be found in Foxe’s *Actes and Monuments*; John Foxe, *Actes and monuments of matters most speciall and memorable, happenyng in the Church with an vniuersall history of the same, wherein is set forth at large the whole race and course of the Church* (London, 1583), pp. 943, 953, 980, 1236, 1365.

made them central scriptural references for the clergy and therefore the metaphors they employed were established concepts, obvious to anyone who read the scriptures.

This chapter has demonstrated that whilst surgery and the surgeon were certainly not the most significantly used aspect of medical metaphor evident in seventeenth-century sermons, they were employed for a specific purpose. Surgical procedures and ailments where a surgeon would traditionally provide treatment were used to visualise the removal of sin from the soul, most probably due to surgery representing a discipline where physical evidence of treatment was more than likely visible. Hunt argues that preachers like Gataker associated the spoken word with the power to move the emotions which makes the use of surgical metaphor all the more significant.²³⁵ Many of these procedures were without a doubt painful but clerical authors argued that pain was a necessary by-product of a cure; in order for an individual to be absolved of sin they had to have been prepared for the arduous task of repentance and guidance from the minister.²³⁶ This in itself was seen to be the treatment that led to a cure. The reason these sources used surgery to provide their metaphors most probably stems from the invasive nature of surgical procedure and practice. By using treatments that invaded the body, such as lithotomy or cutting for the stone and those procedures that removed the corruption from the body, clerics were presenting their readers and audience with a physical representation of how they would similarly remove sin from the soul. This would have proved much more effective on the audience in terms of their ability to visualise what the minister was saying; the explicit description of the re-setting of a bone or the lancing of a tumour described the consequences of straying from the path of righteousness.²³⁷ As well as allowing the minister to emphasise his skill in spiritual healing these metaphors were also employed as a kind of preventative measure. By outlining the potential pain and consequences of disassociation with both the church and God, the clergy emphasised the importance of a spiritual life; a return from the alternative would be akin to the emotional and physical experience of treatment by the surgeon.

Although it is extremely difficult to discover what kind of personal impact this had on the surgeon it is clear that in terms of external perception they had popular support. Whilst the descriptions in these sermons were noticeably explicit in outlining how surgical treatments related to spiritual healing, they were on the whole used in a positive way. Surgical metaphor was employed specifically to envisage the treatment of probably the most important spiritual aspect of human existence: the soul. Such specificity argues the surgeon was well respected by the clergy and not only

²³⁵ Hunt, *Art of hearing*, p. 130.

²³⁶ Perkins, *Lectures*, p. 105.

²³⁷ Manton, 'Sermons upon the sixth', p. 5.

for their skill in healing. The inclusion of adjectives linked to the morals and individual nature of the surgeons, that corresponded with the surgeon's own view of 'what made a good surgeon,' further argues that there was a personal facet to this respect which makes their inclusion in sermons all the more significant.²³⁸ Not only did the surgical practitioner have the ability to remove pain, in the case of a stone in the bladder, and the skill to repair the body, he was also a moral, wise and conscientious individual who provided a model from which the minister could portray himself in healing those who had strayed from the righteous path.

Conclusion

This study has suggested that, though some elements of competition and cooperation were evident in the medical marketplace, surgeons promoted themselves as practitioners of a specific form of medical treatment.²³⁹ Whilst historians such as Cook, Porter, Wallis and Jenner have subscribed to the medical marketplace model the evidence provided in this chapter challenges that view. Surgeons offered their potential clients elements of treatment that other practitioners could not and this set them apart from physicians and irregular practitioners. Ultimately, physic and surgery represented two very distinct branches of medicine. Whilst physic focused on providing a non-manual, medicinal regime of medicine that focused on applying medicines to treat the internal and external body, surgery provided the alternative manual, hands-on approach to treating external injuries as well as broken bones and dislocations in addition to cutting for the stone.²⁴⁰ There is certainly little evidence of a hierarchy based upon social status having existed in the medical world, but it seems fair to argue that there was a structured hierarchy evident based around treatment regimes. As the medical treatises of Lowe and Shirley demonstrate, surgeons performed surgical procedures, there is little to suggest they trained as general practitioners or extensively studied aspects of physic.²⁴¹ However, competition between some practitioners almost certainly took place, as Wallis has argued, but presumably this was between practitioners of the same disciplines due to the structure of medical training.²⁴² Cooperation between medical practitioners, on the other hand, was a common occurrence

²³⁸ Lowe, *Discourse*, p. 8; Shirley, *Short compendium*, p. 107.

²³⁹ Cook, *The Decline*, p. 28; Porter, 'The Patient's View', p. 176; Jenner and Wallis, *Medicine*, p.1.

²⁴⁰ Wear, *Knowledge*, p. 210.

²⁴¹ Lowe, *Discourse*; Vicary, *Surgions directorie*, p. 4.

²⁴² Wallis, 'Competition', p. 48.

when a particular case warranted specialised medical treatment, highlighted clearly in Thomas Bartholin's *Bartholinus anatomy*.²⁴³

One of the most important factors of the argument pursued by this thesis focused on investigating and analysing how the surgeon promoted his discipline to the wider community. As the first chapter shows, surgical authors promoted their respectability through educational treatises and emphasised the attributes and personal qualities they associated with professionalism.²⁴⁴ In ensuring that surgical training contained elements on proper and moral behaviour, surgeons were instilling in younger surgeons the necessary traits they would require for a successful practice. A surgeon who treated his patients with disdain or disregarded their experience whilst undergoing his treatments would have gained a relatively poor reputation and this would certainly have had an impact on his business. Furthermore, in their treatises surgeons were demonstrating to non-medically trained readers, and potential patients, how surgery could offer treatments that physic and other practitioners could not. By stressing these differences in treatment, surgeons were emphasising their respectability not only as medical practitioners but also as members of the local community; their knowledge of healing and their skill in treating patients, combined with their respectable nature, would have ensured they held significant standing amongst their peers. Further evidence of this has been found in the inter-disciplinary relationship between physicians and surgeons. As the case in Bartholin's publications suggests, physicians had no problem in calling for the assistance of a surgeon when their own expertise could not ensure a successful treatment.²⁴⁵ In recognising the potential of cooperation and utilising it when they could, physicians were signalling the respect they showed to surgery and to surgeons. This provides even more evidence to challenge the tripartite hierarchy model.²⁴⁶

As the investigation in the second chapter has discovered, the marketplace model is not transferrable to other elements of practitioners' activity in spheres outside of the traditional medical boundaries. When the judicial system sought an individual to provide expert medical witness testimony, the surgeon was the first choice. This came at the expense of the physician who was rarely called to provide any form of testimony, especially in trials at the Old Bailey.²⁴⁷ Throughout the seventeenth century the judicial system recognised the benefits of utilising the knowledge and practical experience of the surgeon to identify whether those stood accused of a crime were actually

²⁴³ Bartholin, *Bartholinus Anatomy*, pp. 154-5; Wallis, 'Competition', p. 48.

²⁴⁴ Lowe, *Discourse*, p. 8; Vicary, *Surgions directorie*, pp. 1-332.

²⁴⁵ Bartholin, *Bartholinus Anatomy*, pp. 154-5.

²⁴⁶ Holmes, *Augustan England*, p. 169.

²⁴⁷ There is only one account in the Old Bailey archive where the physician provides evidence; *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 22 November 2013), August 1685, trial of Thomas Davis and John Buckmaster (t16850826-6).

guilty. The reason for this lay in the practical application of surgery. Surgeons had excellent experience in treating severe and fatal injuries, such as compound fractures or knife/sword wounds.²⁴⁸ Indeed many surgeons also had experience of treating battlefield trauma through service during the Civil Wars.²⁴⁹ This practical experience was arguably all that mattered to the judicial system; throughout trial accounts there is no mention of the surgeon being asked for his educational credentials, nor is there any reference to his social status. Furthermore there is nothing to suggest that Gaskill's assertion that the providers of medical evidence during this period were part-time and unqualified practitioners either.²⁵⁰ However, the overwhelming number of trial accounts where the surgeon provided evidence suggests that within the provision of medical testimony, there was a clearly defined hierarchy. Many of the detailed accounts we have of criminal proceedings in which a surgeon provided witness testimony are from the last twenty-five years of the seventeenth century, although the precedent for employing medical evidence had already been established as early as 1597.²⁵¹ Throughout the cases we have available it is clear that it was the surgeon's judgements that were used to convict the accused; his medical knowledge and ability to recognise injuries and understand how they could have been caused were employed to determine how a crime had been committed. To have placed such significance on his intuition and judgement, and for his hypothesis to be used so conclusively by the judiciary, it is clear that the surgeon stood as a respected member of community. This is emphasised even further when the provision of the surgeon's evidence is compared to testimony provided by the physician. The fact that between 1674 and 1699, in seventy-seven trial accounts in the Old Bailey archive where medical evidence was provided, there is only one account that references the testimony of the physician.²⁵² From the relative absence of the physician's testimony it can be argued that the judiciary focused much more on the practical application of knowledge to discover a cause of death than focusing on educational or social credentials. To the judicial system, a practitioner who could deliver authoritative and quantifiable evidence was the practitioner they utilised and offered the most respect to.

Away from medicine and the law, this study has also demonstrated how influential surgery was in early modern religion. By analysing early modern surgeons for medical metaphors it has become clear that the surgeon was held with a significantly higher degree of respect than they have previously been credited with. The use of surgical metaphors in early modern sermons was indicative

²⁴⁸ Wear, *Knowledge*, p. 210.

²⁴⁹ *Ibid.*

²⁵⁰ Gaskill, 'Reporting Murder', p. 18; Gruber von Arni, *Justice*, p. 63.

²⁵¹ Loar, 'Medical knowledge', p. 475.

²⁵² *Old Bailey Proceedings Online*, (www.oldbaileyonline.org, version 7.0, 22 November 2013), August 1685, trial of Thomas Davis and John Buckmaster (t16850826-6).

of the position the surgeon held within the medical world. Again, like the utilisation of surgery by the judicial system, the clergy recognised the significance of how surgical terminology could be taken and transformed into a metaphor to explain to their parishioners how and why sin had to be removed from the soul. Whilst ailments were used to highlight the presence of sin, the surgical procedures were the metaphorical operations undertaken by the clergy to permanently remove it and allow an individual to once again travel down the path of righteousness. The clergy used surgery to demonstrate the potential spiritual pain that could be experienced in removing sin by likening it to a surgical procedure. Another reason clergymen used surgery so specifically was due to the nature of surgery as a discipline with clearly visible results. By employing surgical metaphor to describe the spiritual treatments applied to sinful individuals, clergymen were in effect demonstrating their own ability to heal the soul. It is clear that clergymen valued the disparity between physic and surgery and examples throughout the final chapter demonstrate how surgeons and physicians were used to symbolise different aspects of clerical healing. As has been evident in the first two chapters, the lack of references to how surgeons were educated or their social status demonstrates that the medical practitioners' ability to heal was all that really mattered to clerical authors.

This study had the aim of providing a better understanding of the surgeon's position within the medical marketplace and also within the local community. It has been established that the surgeon was seen as fulfilling a distinctive role within the medical and judicial communities and as a result possessed a relatively high status. A discussion of the role of surgery in three very distinct aspects of early modern society has made clear that the surgeon was an extremely influential individual, not only because of his role as a skilled healer but also because of his ability to transfer his knowledge and skill into the provision of justice. Although the idea that a tripartite hierarchy existed in the medical world has already been challenged by those historians who favour the marketplace model, it has been argued here that there were still some elements of hierarchy to be found in the medical world.²⁵³ This hierarchy was not based on social standing, nor on the status of a practitioners' education. It was based upon the ability of medical knowledge and skill to be transferred out of the consultation room and into either the courtroom or the pulpit. The idea that a tripartite hierarchy based on social status and education existed is difficult to substantiate given that in three separate spheres of early modern society, medicine, the judiciary and the church, the surgeon occupied much the same standing as the physician.

²⁵³ Porter, 'The Patient's View', p. 176; Cook, *Decline*, p. 28; Jenner and Wallis, *Medicine*, p. 2.

Bibliography

Primary material

Adams, T. *The deuills banket described in foure sermons [brace], 1. The banket propounded, begunne, 2. The second seruice, 3. The breaking vp of the feast, 4. The shot or reckoning, [and] The sinners passing-bell, together with Phisicke from heauen* (London, 1614).

Adams, T. *The happines of the church, or, A description of those spirituall prerogatiues vwherewith Christ hath endowed her considered in some contemplations vpon part of the 12. chapter of the Hebrewes: together with certain other meditations and discourses vpon other portions of Holy Scriptures, the titles wherof immediately precede the booke: being the summe of diuerse sermons preached in S. Gregories London* (London, 1619).

Alsop, J. *Treason and murther discovered Being a true and perfect relation of the tryal & condemnation of James Alsop the father, and William Alsop his son for treason and murder; at the assises held at Chelmsford for the county of Essex, on Wednesday the 25th of March, 1674. Also the wonderfull discovery both of the treason and murder; with the sentence of the court for the manner and places of their execution. Written by a person who was present at the tryal* (London, 1674).

Andrewes, L. *XCVI. sermons by the Right Honorable and Reverend Father in God, Lancelot Andrewes, late Lord Bishop of Winchester. Published by His Majesties speciall command* (London, 1629).

Anonymous. *A Compleat narrative of the tryal of Elizabeth Lillyman found guilty of petty treason and condemned at the sessions at the Old Bayly the 10th of this instant Iuly, to be burned to death, for the barbarous and bloody murther of VWilliam Lillyman her late husband : with her confession and penitent behaviour, since such her condemnation* (London, 1675).

Anonymous. *A narrative of the proceedings at the sessions-house in the Old-Bayly, from Wednesday the 7th of July, to Saturday the 10thAnd also an Account of the Tryal and Condemnation of Eliz. Lillyman, who killed her Husband, for which she was condemned to be Burned* (London, 1678).

Anonymous. *A sad and true relation of a most barbarous and bloody murder committed by one Thomas Watson, a weaver, upon the body of Mary Watson, his wife, being great with child and near her delivery, in Peter's-Street, in the parish of St. George's, Southwark, on Thursday the 16th. of Decemb. 1686. Together, with the circumstances that attended it; and how, upon examination of the witnesses, the coroner's inquest found it: with other material matters, that occurred on that occasion* (London, 1686).

Anonymous, *A true account of the horrid murder committed upon His Grace, the late Lord Archbishop of St. Andrewvs primate and metropolitan of all Scotland, and one of His Majesties most honourable privy council of that kingdom* (Dublin, 1679).

Anonymous, *A true narrative of the proceedings at the Sessions-house in the Old-Bayly; from Friday the 14th of this instant January, to Munday the 17th* (London 1676).

Anonymous. *An Account how the Earl of Essex killed himself in the Tower of London, the 13th of July 1683 as it appears by the coroners inquest and the several informations following* (London, 1683).

Anonymous. *Fruitfull England like to become a barren wilderness through the wickednes of the inhabitants* (London, 1648).

Anonymous. *The manner of the cruell outragious murther of William Storre Mast. of Art, minister, and preacher at Market Raisin in the county of Lincolne committed by Francis Cartwright one of his parishioners, the 30. day of August anno. 1602* (London, 1603).

Anonymous. *To the honourable House of Commons assembled in Parliament. The humble petition of many thousands of citizens, and inhabitants in and about London* (London, 1648).

Barbette, P. *Thesaurus chirurgiae : the chirurgical and anatomical works of Paul Barbette ... composed according to the doctrine of the circulation of the blood, and other new inventions of the moderns : together with a treatise of the plague, illustrated with observations / translated out of Low-Dutch into English ... ; to which is added the surgeon's chest, furnished both with instruments and medicines ... and to make it more compleat, is adjoynd a treatise of diseases that for the most part attend camps and fleets* (London, 1687).

Bartholin, T. *Bartholinus Anatomy; made from the precepts of his Father, and from the observations of all modern anatomists, together with his own* (London, 1668).

Beaumont, F. 'An Elergy on the Death of the Virtuous Lady Elizabeth, Countess of Rutland', (London, 1612), < http://www.bottesfordhistory.org.uk/page_id_361_path_0p3p78p.aspx > [Accessed 25/09/2013].

Browne, J. *A compleat discourse of wounds, both in general and particular whereunto are added the severall fractures of the skull, with their variety of figures* (London, 1678).

Burton, W. *Ten sermons vpon the first, second, third and fourth verses of the sixt of Matthew containing diuerse necessary and profitable treatises , viz. a preseruative against the poyson of vaine-glory in the 1 & 2, the reward of sincerity in the 3, the vncasing of the hypocrite in the 4, 5 and 6, the reward of hypocrisie in the 7 and 8, an admonition to left-handed Christians in the 9 and 10 : whereunto is annexed another treatise called The anatomie of Belial, set foorth in ten sermons vpon the 12, 13, 14, 15 verses of the 6 chapter of the Prouerbs of Salomon* (London, 1602).

Calamy, E. *Englands antidote against the plague of civill warre presented in a sermon before the Honourable House of Commons on their late extraordinary solemn fast, October 22, 1644* (London, 1652).

Clowes, W. *A right frutefull and approoued treatise, for the artificiaall cure of that malady called in Latin Struma, and in English, the evill, cured by kinges and queenes of England Very necessary for all young practizers of chirurgery* (London, 1602).

Cooke, J. *Mellificum chirurgiae, or the marrovv of many good authors enlarged wherein is briefly, fully, and faithfully handled the art of chirurgery in its four parts, with all the several diseases unto them belonging: in their destinations, causes, signes, prognosticks, and cures, both general and particular. As also an appendix, wherein is methodically handled the cure of those affects usually happening at sea, and in camp, with other necessary to be known. To which is added new institutions, physical and chirurgical; Hyppocrates aphorismes, sorted under several heads of diseases of the parts of the body: with a brief comment; at the end of which you have several approved receipts, some heretofore kept secret, with the doses, admirable vertues, and several vehicles of Venice-Treacle, and Mithidate. Gathered first for private use, and now again put forth for publique benefit by James Cooke Practitioner in physick and chirurgery* (London, 1662).

Cooper, T. *The cry and reuenge of blood Expressing the nature and haynousnesse of wilfull murther. Exemplified in a most lamentable history thereof, committed at Halsworth in High Suffolk, and lately conuicted at Bury assize, 1620* (London, 1620).

Cowper , S. *An Account of the full tryal and examination of Spencer Cooper, Esq. at Harford assizes on Wednesday the 19th. of this instant July, 1699, for the murther of Mrs. Sarah Stout on the 13th. of March last, and of his being acquitted [sic], before the honerable (sic) Baron Hatsell* (London, 1699).

Cowper, S. *The tryal of Spencer Cowper, Esq, John Marson, Ellis Stevens, and William Rogers, gent. upon an indictment for the murther of Mrs. Sarah Stout, a Quaker before Mr. Baron Hatsell, at Hertford assizes, July 18, 1699 : of which they were acquitted : with the opinions of the eminent physicians and chyrurgeons on both sides, concerning drowned bodies, delivered in the tryal and the several letters produced in court* (London, 1699).

Crooke, H. *Mikrokosmographia a description of the body of man. Together vvith the controuersies thereto belonging. Collected and translated out of all the best authors of anatomy, especially out of Gasper Bauhinus and Andreas Laurentius. By Helkiah Crooke Doctor of Physicke, phisitian to His Maiestie, and his Highnesse professor in anatomy and chyrurgerie. Published by the Kings Maiesties especiall direction and warrant according to the first integrity, as it was originally written by the author* (London, 1615).

Edwards, E. *An analysis of Chyrurgery* (London, 1636).

Farnham, E. *An account how the Earl of Essex killed himself in the Tower of London, the 13th. of July 1683 As it appears by the coroners inquest, and the several informations following* (London, 1683).

Fenner, W. *XXIX CHOICE SERMONS On severall Texts of Scripture. Preached By that Reverend and Faithfull Minister of Gods Word, WILLIAM FENNER, B. D.* (London, 1657).

Ferguson, R. *An enquiry into and detection of the barbarous murther of the late Earl of Essex, or, A vindication of that noble person from the guilt and infamy of having destroy'd himself* (London, 1684).

Fioravanti, L. *A discourse vpon chyrurgery: written by that famous doctour and knight, Signior Leonardo Phiorauanti, Bolognese. VVith a declaration of many wonderfull matters necessary to be knowne; with most notable secret found out by the said authour. Translated out of Italian by Iohn Hester, and now newly published and augmented, for the benefite of this country* (London, 1629).

Fletcher, J. *Fathers own son a comedy formerly acted at the private house in Black Fryers, and now at the Theatre in Vere-Street by His Majesties servants* (London, 1660).

Foxe, J. *Actes and monuments of matters most speciall and memorable, happenyng in the Church with an vniuersall history of the same, wherein is set forth at large the whole race and course of the Church* (London, 1583).

Gataker, T. *Gods parley vvith princes with an appeale from them to him. The summe of two sermons on the 3. last verses of the 82. Psalme; preached at Sergeants-Inne in Fleet-Streete. By Thomas Gataker B. of D. and pastor of Rotherhith* (London, 1620).

Gataker, T. *Maskil le-David = Davids instructor A sermon preached at the visitation of the Free-Schole at Tunbridge in Kent, by the wardens of the Worshipfull Companie of Skinners* (London, 1620).

Goodman, G. *The fall of man, or the corruption of nature, proued by the light of our naturall reason Which being the first ground and occasion of our Christian faith and religion, may likewise serue for the first step and degree of the naturall mans conuersion. First preached in a sermon, since enlarged, reduced to the forme of a treatise, and dedicated to the Queenes most excellent Maiestie* (London, 1616).

J. R. *Compunction or pricking of heart with the time, meanes, nature, necessity, and order of it, and of conversion; with motives, directions, signes, and means of cure of the wounded in heart, with other consequent or concomitant duties, especially self-deniall, all of them gathered from the text, Acts 2.37. and fitted, preached, and applied to his hearers at Dantzick in Pruse-land, in ann. 1641. and partly 1642. Being the sum of 80. sermons. With a post-script concerning these times, and the sutableness of this text and argument to the same, and to the calling of the Jews* (London, 1648).

James, T. *An explanation or enlarging of the ten articles in the supplication of Doctor Iames, lately exhibited to the clergy of England* (Oxford, 1625).

Lowe, P. *The whole course of chirurgerie wherein is briefly set downe the causes, signes, prognostications & curations of all sorts of tumors, wounds, vlcers, fractures, dislocations & all other diseases, vsually practiced by chirurgions, according to the opinion of all our auncient doctours in chirurgerie* (London, 1597).

Manton, T. *A second volume of sermons preached by the late reverend and learned Thomas Manton in two parts: the first containing XXVII sermons on the twenty fifth chapter of St. Matthew, XLV on the seventeenth chapter of St. John, and XXIV on the sixth chapter of the Epistle of the Romans : Part II, containing XLV sermons on the eighth chapter of the Epistle to the Romans, and XL on the fifth chapter of the second Epistle to the Corinthians* (London, 1684).

Manton, T. *One hundred and ninety sermons on the hundred and nineteenth Psalm preached by the late reverend and learned Thomas Manton, D.D.; with a perfect alphabetical table directing to the principal matters contained therein* (London, 1681).

May, E. *A most certaine and true relation of a strange monster or serpent found in the left ventricle of the heart of Iohn Pennant, Gentleman, of the age of 21 yeares* (London, 1639).

Middleton, T. *The Witch*, (1613), < <http://www.tech.org/~cleary/witch.html> > [Accessed 9/8/2012].

Moyle, J. *Abstractum chirurgiae marinae., or, An abstract of sea chirurgery* (London, 1686).

Old Bailey Proceedings Online. www.oldbaileyonline.org version 7.0, 16 April 2013, January 1676, trial of Another, (t16760114-11).

Old Bailey Proceedings Online, www.oldbaileyonline.org, version 7.0, 23 November 2013, June 1690, trial of John Goodson and Abraham Hartslop (t16900605-5).

Old Bailey Proceedings Online. www.oldbaileyonline.org, version 7.0, 16 April 2013, February 1690, trial of Elizabeth Deacon, (t16900226-1).

Old Bailey Proceedings Online, www.oldbaileyonline.org, version 7.0, 22 November 2013, May 1689, trial of John Stanninot Thomas Newton (t16890516-30).

Old Bailey Proceedings Online. www.oldbaileyonline.org, version 7.0, 16 April 2013, May 1689, trial of Peter Sam, Erect Vandoventer, Lodwick Marss and Henry Baltas, (t16890516-93).

Old Bailey Proceedings Online. www.oldbaileyonline.org, version 7.0, 16 April 2013, May 1689, trial of Thomas Alcroft, (t16890516-9).

Old Bailey Proceedings Online. www.oldbaileyonline.org, version 7.0, 16 April 2013, August 1685, trial of Thomas Davis and John Buckmaster, (t16850826-6).

Perkins, W. *A godlie and learned exposition upon the whole epistle of Iude, containing threescore and six sermons preached in Cambridge by that reverend and faithfull man of God, Master William Perkins, and now at the request of his executors, published by Thomas Taylor, preacher of Gods word* (London, 1606).

Perkins, W. *Lectures vpon the three first chapters of the Reuelation: preached in Cambridge anno Dom. 1595. by Master William Perkins, and now published for the benefite of this Church, by Robert Hill Bachelor in Diuinitie. To which is added an excellent sermon, penned at the request of that noble and wise counsellor, Ambrose, Earle of Warwicke: in which is proued that Rome is Babylon, and that Babylon is fallen* (London, 1604).

Rawlin, T. *The Rebellion* (London, 1640).

Read, A. *Chirurgorum comes, or, The whole practice of chirurgery begun by the learned Dr. Read ; continued and completed by a Member of the Colledge of physicians in London* (London, 1687).

Sanderson, R. *Fourteen sermons heretofore preached IIII. Ad clervm, III. Ad magistratvm, VII. Ad popvlvm,* (London, 1657).

Sheppard, W. *Of corporations, fraternities, and guilds. Or, a discourse, wherein the learning of the law touching bodies-politique is unfolded, shewing the use and necessity of that invention, the antiquity, various kinds, order and government of the same. Necessary to be known not only of all members and dependants of such bodies; but of all the professours of our common law. With forms and presidents, of charters of corporation* (London, 1659).

Shirley, J. *The gamester As it vvas presented by her Majesties Servants at the private house in Drury-Lane* (London, 1637).

Shirley, J. *A short compendium of chirurgery containing its grounds & principles : more particularly treating of imposthumes, wounds, ulcers, fractures & dislocations : also a discourse of the generation and birth of*

man, very necessary to be understood by all midwives and child-bearing women : with the several methods of curing the French pox, the cure of baldness, inflammation of the eyes, and toothach, and an account of blood-letting, cup-setting, and bleeding with leeches (London, 1678).

Stubbe, H. 'A relation of the strange symptomes happening by the bite of an Adder, and a cure thereof: In a letter to a learned physician.' in *The Lord Bacons relation to the sweating-sickness examined* (London, 1671).

Vicary, T. *The surgions directorie, for young practitioners, in anatomie, wounds, and cures, &c. shewing, the excellencie of divers secrets belonging to that noble art and mysterie* (London, 1651).

Secondary Sources

Allen, P. 'Medical education in the seventeenth century', *Journal of the History of Medicine and Allied Sciences*, 1, (1946), pp. 115-143.

Appleby, J. 'New light on John Woodall, surgeon and adventurer' *Medical History*, 25, (1981), pp. 251-268.

Auden, G. A. 'The Guild of Barber-Surgeons of York' *Proceedings of the Royal Society of Medicine*, 21, 8, (1928), pp. 1400-1406.

Barnet, M. C. 'The Barber-Surgeons of York' *Medical History*, 12, 1, (1968), pp. 19-30.

Barry, J. & Brooks, C. *The middling sort of people: culture, society and politics in England, 1550-1800* (Basingstoke, 1994).

Beier, L. M. *Sufferers and Healers: The experience of illness in seventeenth-century England* (New York, 1987).

Bolton, P. 'The Chester Companies in the Seventeenth Century' *Transactions of the Historic Society of Lancashire and Cheshire*, 156, (2008), pp. 1-38.

Brewster, P. G. 'Physician and Surgeon as depicted in 16th and 17th century English literature', *Osiris*, 14, (1962), pp. 13-32.

Chamberland, C. 'Honour, Brotherhood and the Corporate Ethos of London's Barber-Surgeons' Company 1570-1640', *The Journal of the History of Medicine and allied Sciences*, 64, 3, (2009), pp. 300-32.

Chernaik, W. 'Chillingworth, William (1602–1644)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2010 <http://www.oxforddnb.com/view/article/5308>, accessed 12 Feb 2013.

- Cook, H. *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986).
- Cregan, K. 'Early Modern Anatomy and the Queen's Body Natural: The Sovereign Subject', *Body and Culture*, 13, 2, (2007), pp. 47-66.
- Curth, L. *English Almanacs, astrology and popular medicine 1500-1700* (Manchester, 2007).
- Emsley, C. & Hitchcock, T. & Shoemaker, R. 'The Proceedings - The Value Of the Proceedings as a Historical Source', Old Bailey Proceedings Online, www.oldbaileyonline.org version 7.0, 23 February 2013.
- Finkelpearl, P. J. 'Beaumont, Francis (1584/5–1616)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2006 <http://www.oxforddnb.com/view/article/1871>, accessed 16 Nov 2013.
- Fletcher, A. and Stevenson, J. *Order and disorder in early modern England* (Cambridge, 1985).
- Foyster, E. A. *Manhood in early modern England: Honour, sex and marriage* (Harlow, 1999).
- Gadd, I. 'Barnes, Joseph (1549/50–1618)', *Oxford Dictionary of National Biography*, Oxford University Press, Oct 2011; online edn, Jan 2012 <http://www.oxforddnb.com/view/article/69136>, accessed 15 April 2013
- Gaskill, M. 'Reporting Murder: fiction in the archives in early modern England', *Social History*, 23, 1, (1998), pp. 1-30.
- Gaskill, M. 'Witchcraft and evidence in early modern England', *Past and Present*, 198, (2008), pp. 33-70.
- Gevitz, N. 'Practical divinity and medical ethics: lawful versus unlawful medicine in the writings of William Perkins (1558-1602)', *The Journal of the History of Medicine and Allied Sciences*, (2012), pp. 198-226.
- Greaves, R. L. 'Capel, Arthur, first earl of Essex (bap.1632, d. 1683)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2010 <http://www.oxforddnb.com/view/article/4584>, accessed 2 Feb 2013.
- Grell, O. P. & Cunningham, A. *Religio Medici. Medicine and religion in seventeenth century England* (London, 1996).
- Gruber von Arni, E. *Justice to the Maimed Soldier: Nursing, Medical Care, and Welfare for Sick and Wounded Soldiers and Their Families During the English Civil Wars and Interregnum, 1642-1660* (Ashgate, 2001).
- Harley, D. 'Medical metaphors in English moral theology, 1560-1660', *The journal of the history of medicine and allied sciences*, 48, 4, (1993), pp. 396-435.

- Harvard, J. D. J. *The Detection of Secret Homicide. A Study of the Medico-Legal System of Investigation of Sudden and Unexplained Deaths* (London, 1960).
- Herrup, C. 'To Pluck Bright Honour from the Pale-Faced Moon': Gender and Honour in the Castlehaven Story', *Transactions of the Royal Historical Society*, 6, (1996), pp. 137-159.
- Holmes, G. S. *Augustan England: professions, state and society 1680-1730* (London, 1982).
- Hunt, A. *The art of hearing: English preachers and their audiences, 1590-1640* (Cambridge, 2010).
- Hunter, M. & Wootton, D. *Atheism from the Reformation to the Enlightenment* (Oxford, 1992).
- Kohn, G. *Encyclopaedia of Plague and Pestilence* (New York, 2007).
- Lemmings, D. 'Cowper, Spencer (1670–1728)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 <http://www.oxforddnb.com/view/article/6507>, accessed 16 April 2013.
- Lindemann, M. *Medicine and Society in Early Modern Europe* (Cambridge, 1999).
- Loar, C. 'Medical knowledge and the early modern English Coroner's Inquests' *Social history of medicine*, 23 (3), (2010), pp. 475-491.
- Lund, M. A. *Melancholy, Medicine and Religion in Early Modern England* (Cambridge, 2010).
- McCray Beier, L. *Sufferers and Healers: The experience of illness in seventeenth-century England* (New York, 1987).
- McGee, J. S. 'Adams, Thomas (1583–1652)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2012 <http://www.oxforddnb.com/view/article/131>, accessed 26 April 2013.
- McMahon, V. 'Reading the body: Dissection and the 'murder' of Sarah Stout, Hertfordshire, 1699' *Social History of Medicine*, 19, 1, (2006), pp. 19-35.
- McSheffrey, S. *Marriage, Sex, and Civic Culture in late Medieval London* (Pennsylvania, 2006).
- Minns, C. and Wallis, P. 'Rules and reality: quantifying the practice of apprenticeship in early modern England' *The Economic History Review*, 65, 2, (May, 2012), pp. 556-579.
- Morris, G. 'The household goods of Thomas Hobbs (1647?-98), surgeon to James II, physician to Dryden' *Transactions of the London and Middlesex Archaeological Society*, 23, 2 (1972), pp. 204-208
- Mortimer, I. 'Medical Assistance to the Dying in Provincial Southern England, c.1570-1720', (PhD thesis, 2 vols, University of Exeter, 2004).

- Mowry, M. M. *The Bawdy Politic in Stuart England 1660-1714: Political Pornography and Prostitution* (Ashgate, 2004).
- Mullan, D. G. 'Sharp, James (1618–1679)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 <http://www.oxforddnb.com/view/article/25211> [Accessed 25 Sept 2013].
- Nunn, H. M. *Staging anatomies: dissection and spectacle in early Stuart tragedy*, (Aldershot, 2005).
- O'Day, R. *The professions in early modern England, 1450-1800: servants of the commonweal* (Essex, 2000).
- Pelling, M. 'Appearance and reality: barber-surgeons, the body and disease', in A. L. Beier, *London 1500-1700: the making of the metropolis* (London, 1986).
- Pelling, M. and Webster, C. 'Medical practitioners' in Charles Webster, *Health, medicine and mortality in the sixteenth century* (Cambridge, 1979).
- Pelling, M. *The common lot: sickness, medical occupations and the urban poor in early modern England* (London, 1998).
- Pelling, M. 'Trade or Profession? Medical Practice in Early Modern England' in Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (Harlow, 1998).
- Porter, R. 'The Patient's View: Doing Medical History from below' *Theory and Society*, 14, 2 (1985).
- Rosenberg, A. 'The Sarah Stout murder case: An early example of the doctor as an expert witness' *Journal of the history of medicine and allied sciences*, 12, 1, (1957), pp. 61-70.
- Rosenthal, J. and Richmond, C. *People, politics and community in the later Middle Ages* (New York, 1987).
- Ryrie, A. *Being Protestant in Reformation Britain* (Oxford, 2013).
- Schilling, H. & Ehrenpreis, S. *Fruhneuzeitliche Bildungsgeschichte der Reformierten in konfessionsvergleichender Perspektive: Schulwesen, Lesekultur und Wissenschaft* (Berlin, 2007).
- Schilling, H. & Tóth, I. G. *Religion and cultural exchange in Europe, 1400-1700* (Cambridge, 2006).
- Shepard, A. *Meanings of manhood in early modern England*, (Oxford, 2003).
- Wallis, P. & Jenner, M. S. R. *Medicine and the market in England and its colonies, c.1450-c.1850* (Basingstoke, 2007).
- Wear, A. *Knowledge and Practice in English Medicine 1550-1680* (Cambridge, 2000).
- Weisser, O. 'Boils, pushes and wheals: Reading bumps on the body in early modern England' *Social History of Medicine*, 22, 2, (2009), pp. 1-19.

Wright, S. 'Cooper, Thomas (b. 1569/70, d. in or after 1626)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 <http://www.oxforddnb.com/view/article/6230>, accessed 15 April 2013.

Zook, M. 'Ferguson, Robert (d. 1714)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2008 <http://www.oxforddnb.com/view/article/9325>, accessed 2 Feb 2013.