

**Medicine and Medical Practice in the Works of Thomas
Middleton and his Contemporaries**

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Submitted in accordance with the requirements for the degree of Doctor
of Philosophy

The University of Leeds

School of English

September, 2013

The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Acknowledgements

My thanks go to my supervisors Dr. Jane Rickard and Professor Martin Butler for their support, rigour, patience, and kindness. Their confidence in me and my work, alongside their generosity of time and good humour has been invaluable.

I would also like to thank Kat Gupta, Julia Ihnatowicz, Bethany Layne, J. Novales, Dr. Jennifer Sarha, Chris Wallish and all my other friends who provided clarification and support. For your willingness to show (or feign) interest I commend you. Thank you for listening when I needed it. Thanks for listening and reiterations of belief also go to Derek Ridge.

My final thanks are to Mary Slattery and Allan Leak, without whose generous moral, emotional, and financial support this thesis could never have been begun, let alone finished. I dedicate this thesis to you.

Abstract

This thesis considers the depiction of medical practitioners in plays and selected pamphlets by Thomas Middleton and other playwrights in the period 1603-37. It directs attention to the dramatists' representation of characters who prescribe and dispense medicine, contending that concerns which in previous criticism were focused on the sick body can also be explored in relation to the medical practitioner. It examines how dramatists use medicine as a framework within which to stage anxieties about the meaning of professionalism, the changing urban world, access to bodies and private space, the limits of medical knowledge, and the power and authority of medical professionals.

The thesis situates the drama in relation to the early modern medical marketplace, paying special attention to licensing, treatments, the professionalisation of the physician and the impact of scientific change. The following subjects are treated: the divisions of the medical marketplace and licensing and regulatory structures; the limits of medical knowledge and the conflict between medicine and religion; physicians' knowledge of poison and tensions between professional ethics and royal authority; the position of the quacksalver in the urban medical market and anxieties about medicine as a trade; the difference between the treatment of the body and the mind and the potentially curative power of theatre.

The thesis concludes that Middleton's consistent interest in medical practitioners is particularly representative of contemporary medical anxieties, whilst recognising that he was working within a cultural context which was strongly conditioned by medical anxieties. The thesis demonstrates that Middleton's wide-ranging depiction of practitioners deconstructs the symbolic divisions between them, questions medical power, authority, and considers anxieties about the expansion of access to medical knowledge and tensions about medicine's status as a vocation or a trade. The thesis further concludes that drama's potential for cure is emphasized through the staging of treatments and cures.

Abbreviations

<i>ELH</i>	<i>English Literary History</i>
<i>ELR</i>	<i>English Literary Renaissance</i>
<i>OED</i>	<i>Oxford English Dictionary</i>
<i>SEL, 1500-1900</i>	<i>Studies in English Literature, 1500-1900</i>
<i>The Collected Works</i>	Thomas Middleton, <i>The Collected Works of Thomas Middleton</i> , gen. eds, Gary Taylor and John Lavagnino (Oxford: Clarendon Press, 2007)

Where good modern editions are available to me I have used them for quotations, but I have retained the orthography when quoting from early modern sources. In early modern texts, abbreviations have been silently expanded where necessary and the long ‘s’ has been transcribed as a modern ‘s’.

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Introduction

This thesis examines the presentation of medical professionals in plays and selected pamphlets by Thomas Middleton and several of his contemporaries. Alongside Thomas Dekker, John Webster, John Ford, and William Shakespeare, Middleton stages a wide variety of medical practitioners. I argue that in doing so the playwrights dramatised cultural anxieties surrounding medicine and medical professionals. The thesis asks how did theatre, in a world where the maintenance of health was paramount, become so important as a way of exploring concerns about medicine and its practitioners. By examining theatrical responses to plague, the power of poison, the phenomenon of quacksalving and the evolution of potential cures for mental disturbance, I argue that the figure of the medical professional allowed key questions to be asked about the limits of professional knowledge and the organisational structure of early modern medicine. I examine contemporary vernacular medical texts alongside the dramatic works in order to interrogate the intellectual problematic of increased access to medical knowledge, and the dramatic potential of medical characters and practice.

There has been a considerable amount of scholarly work done by historians on the evolution of early modern medicine and medical science. One very searching critique has been expressed by Mary Lindemann, who argues that we should resist seeing such developments solely as ‘a story of progress’.¹ There certainly were narratives of progression in the period, such as the increasing acceptance of

¹ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), p. 3. Andrew Wear, *Knowledge and Practice in English Medicine, 1500-1680* (Cambridge: Cambridge University Press, 2004) and Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990) both present explorations of knowledge developments and which portions of society could reasonably be expected to learn of them, alongside clear discussions of the importance, and impact, of these discoveries and evolutions in medical thought.

Paracelsian medical theory, which has frequently been represented as a more drastic change than it actually was. I argue that the ambivalent positions displayed by the plays towards developments in medical theory are symptomatic of the complex history of change found in medical practice in the period. The thesis engages with how seemingly disparate theories and kinds of practice were synthesised by medical writers and professionals, and how this synthesis is represented dramatically. I argue that the plays form part of the social process by which changes within medical provision were understood and responded to, and that they demonstrate how developments in theory filtered down into the social consciousness.

Much of the literary scholarship relating to the field of early modern medicine has focused upon the depiction of the sick body in literature, in particular to the body's openness to outside influence. The internal balance of the humours was affected by external factors, such as the changing of the seasons, and this provoked questions about how illness should be treated. I argue that the texts are attuned to this debate, and divert attention towards how far social ailments must be cured before individual, physical, ones can be addressed. For example, when considering the practice of medicine in the city comedies, I shall contend that the plays focus on social and personal remedies as much as they do on medical treatments. Gail Kern Paster's work is especially notable in this area for having explored the lack of division between the physical and the psychological within the early modern body.² Michael Schoenfeldt's work on the controls and limits applied to the early modern body similarly draws attention to this fungibility, emphasising the importance of individual responsibility and self-discipline in the creation of the

² Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, N.Y.: Cornell University Press, 1993); *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago: University of Chicago Press, 2004).

self, and of selfhood.³ These two perspectives provide one of the interpretive foundations of the thesis; however, rather than concentrating on the body of the patient, I shall argue that the literary texts present this fungibility and porousness as a challenge to the medical practitioner and not just to the sufferer.

Overwhelmingly the critical focus of literary investigations into medicine and illness has, understandably, been on the patients, and their experience of illness. Lucinda McCray Beier, for example, has made sensitive use of case studies and diaries in her exploration of medical treatment, considerably expanding our understanding of the patient's buying power.⁴ I draw upon this valuable work but shift the focus towards the representation of the individuals providing rather than receiving the treatment. I look at physicians, quacksalvers, and 'psychologists', in a variety of texts.⁵ By altering the critical viewpoint in this way, I argue that Middleton and the other playwrights discussed saw medical practitioners as valuable dramatic characters through whom key ideas could be explored, such as selfhood, privacy, social change, professionalisation and professionalism. William Kerwin has considered how groups of practitioners appear on stage, contending that each was defined by 'a constellation of cultural narratives' and that often the drama was responding to a particular controversy, such as pamphlet controversies between physicians, with a staged depictions of these clashes.⁶ Whilst Kerwin's work is

³ Michael C. Schoenfeldt, *Bodies and Selves in Early Modern England: Physiology and Inwardness in Spenser, Shakespeare, Herbert and Milton* (Cambridge: Cambridge University Press, 1999).

⁴ Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge and Kegan Paul, 1987).

⁵ I am aware of the potential anachronism in using the word 'psychologists' and Chapter Five discusses the terminological difficulties which arise when considering physicians treating the mind in the early modern period.

⁶ William Kerwin, *Beyond the Body: The Boundaries of Medicine and English Renaissance Drama* (Amherst, Boston: University of Massachusetts Press, 2005), p. 10. Kerwin sees, for example, a much more direct link between texts such as Stephen Gosson's *Playes Confuted in Five Actions* (1582) and Johan Oberndorf's *The Anatomy of the True Physician* (1602) than I argue for.

valuable for its placement of the practitioner at the centre of critical enquiry, I do not attempt the same form of causal or locally-focussed reading. Instead, I argue that broad contemporary medical narratives and frameworks inform the literary and dramatic works, which then build upon and intensify them.

In order to provide necessary contextual information, I draw on contemporary texts, such as John Securis and Johan Oberndorf's treatises on the ethical code of physicians and the quacksalvers' practice. I do not assume direct links between them and the work of the playwrights. I argue, rather, that these writers illuminate the wider medical context within which the playwrights were working. When discussing the plague pamphlets, which I use as examples of Middleton's earliest medical writing, I also consider the importance of religious and domestic responses to plague alongside the literary texts, but do not assume personal knowledge on the part of Middleton or Dekker. Mrs Corylon's receipt book too offers an important perspective on domestic medical provision and helps document which remedies may have been common knowledge, but I argue that the writers participate in collective cultural narratives rather than locally specific viewpoints.

The close links between medical and theatrical practice form part of the thesis's underlying argument. I argue that whilst the physicians may have attempted to distance themselves from the comparisons to actors which were sometimes applied to them by hostile commentators, there is an undeniable element of theatricality inherent in medical practice and that the playwrights bring this to the fore in their staging of medical practitioners. I show that frequently the playwrights position this dramatic self-awareness as a fundamental aspect of their medical characters, allowing them, for example, to stage-manage a patient's recovery from mental distress, or to create the illusion of death through drugs. I also highlight the importance of narratives of diagnosis and healing, connecting their place within

early modern medical practice to their fictional representation on the stage. Through doing so, I posit that the depictions of theatrically-aware practitioners reflected contemporary practice and extended audience understanding of medical theories and professional behaviour.

Another crucial underlying topos is the familiar early modern idea of the body politic. Jonathan Gil Harris has written about the intersections between early modern ‘organic political metaphor’ and the treatment of the body as part of arguments about the emergence of discourses of social infection.⁷ I argue that several of the texts discussed use the idea of the ‘commonweal’ in order to highlight figurations of power and knowledge. This forms a recurrent concern in the thesis and it allows the playwrights to focus on the dangers that came with the physicians’ position of authority. For example, in plays where a royal body is exposed to poison, the playwrights raise questions about how medical practitioners negotiated conflicts between their professional ethical duties and the demands put on them by their patrons. Thus, the health of the body has implications for the health of the state.

Medicine was a fundamental part of everyday life, as has been ably and comprehensively demonstrated by scholars such as Charles Webster, Margaret Pelling and Roy Porter.⁸ Much of the scholarly debate about the day-to-day experience of medicine has concentrated upon how medical knowledge was exchanged, how medicines were bought, and what were the numerous options patients had for choosing their own treatments. To reflect this variety, this thesis adopts the term ‘medical marketplace’, which was popularised in the 1980s by

⁷ Jonathan Gil Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge: Cambridge University Press, 1998), p. 2, 4.

⁸ *Health, Medicine, and Mortality in the Sixteenth Century*, ed. by Charles Webster (Cambridge: Cambridge University Press, 1979); Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998); Roy Porter, *Disease, Medicine and Society in England, 1550-1860* (Cambridge: Cambridge University Press, 1995) are all exemplary works.

Harold Cook.⁹ The term is intended to evoke the plurality of sources from which treatment could be sought, and encourages us to keep in mind that the practitioners shown in the plays are part of a larger network of medical professionals and providers. However, the term is not without its limitations. For example, Margaret Pelling has argued that whilst it gives an organising concept to a disorganised reality, it has now ‘become purely nominal, if not meaningless’, because of the tendency of the external observer or historian to impose order retrospectively onto a fluid and varied network of knowledge and provision. Pelling goes on to argue that critics need to bear in mind a more Bakhtinian idea of the Renaissance marketplace, with all its attendant misrule and excess, in order to avoid reading back simplified modern assumptions onto the past.¹⁰

More recently, Mark Jenner and Patrick Wallis have reconsidered the term ‘medical marketplace’ and catalogued the usages to which it is commonly put. They posit that, firstly, it has been used to refer to the large range of services which could be bought and sold; secondly, that it has come to stand both for a stage in the emergence of the market and for the capitalist medical network itself; and, thirdly, that medicine can be investigated as a service provided through the market, irrespective of timeframe and period.¹¹ The usage I adopt focuses on the first and second options provided by Jenner and Wallis. This acts as a reminder that the types of practitioner featured in the texts examined represent only part of a wider network

⁹ Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, N.Y.: Cornell University Press, 1986). The term was used prior to the publication of Cook’s work; Roy Porter described a ‘medical marketplace [where] physicians, surgeons, and apothecaries [...] melted into each other along a spectrum that included thousands who dispensed medicine full- or part-time’, ‘The Patient’s View: Doing Medical History From Below’, *Theory and Society*, 14.2 (March, 1985), pp. 175-98 (p. 188) and the term is also used by Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, N.J.: Princeton University Press, 1985).

¹⁰ Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Clarendon Press, 2003), p. 342.

¹¹ Mark Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and its Colonies, c. 1450-c. 1850* (Basingstoke: Palgrave Macmillan, 2007), pp. 4-7.

of possible options and dramatise the ambiguous position of the physician as having a vocation but also needing to make a living, whilst the city comedies, which are fundamentally about markets, stage medicine as a business. I argue that the playwrights explicitly connect the business of medicine with anxieties about whether cure or profit is the desired result for medical professionals.

The medical marketplace of London in the early 1600s contained a multiplicity of practitioners, and the texts I discuss tend to focus upon a particular group of them. Members of the College of Physicians, which was the licensing and regulatory body with the responsibility for ensuring standards of practice and controlling behaviour, form by far the largest number of practitioners found in the texts. Their depiction upon the stage serves, I contend, to highlight contemporary anxieties about medical education, the transmission of knowledge, the ethics and practice of physic, the authority and power of the doctor, and the meaning of professions and professionalism. As an important part of this discussion of professionalism, I explore how licensed physicians positioned themselves in opposition to other sections of the medical marketplace, such as members of the Barber-Surgeons' Company, which was the equivalent regulatory body for those who practised surgery. I use contemporary texts written by physicians, such as John Securis's *A Detection and Querimonie of the Daily Enormities and Abuses Committed in Physick* (1556) and Francis Herring's translation of Johan Oberndorf's *The Anatomy of the True Physician* (1602), to provide different viewpoints on the members of the College and the supposed activities of their competitors. I argue that the dramatic depictions of the physicians form part of the process of this negotiation of roles and division of power within the medical marketplace. I also consider the depiction of unlicensed practitioners, such as quacksalvers, as an integral aspect of the debate over professionalism. The texts which depict quacks raise concerns about

the validity of their practice and the knowledge they claimed to have, and I argue that this is a crucial part of the expansion of medical knowledge and practice, and the process by which particular sections of the medical marketplace claimed authority for themselves.

The thesis uses the three standard subdivisions of the medical marketplace: licensed physicians, licensed surgeons, and unlicensed empirical practitioners. Pelling has drawn attention to the artificiality of these divisions, noting that many university-educated practitioners remained outside the College of Physicians and that ‘more than one in six of the [empirics] sooner or later acquired some university experience or qualification’.¹² The thesis recognises that the divisions were largely theoretical but they were symbolically important, particularly for the College of Physicians, who felt they had a position to maintain. As my starting point I take Cook’s comment that ‘one small group self-consciously considered itself to be professional: the physician’.¹³ I shall argue that the drama consistently undermines these theoretical divisions, casting especial doubt upon the authority of the licensed physicians by depicting them as no better, or worse, than the quack practitioners they derided. *A Mad World, My Masters* and *Volpone* mention the College of Physicians by name, but otherwise it is largely absent from the drama. Nevertheless, the College remained a symbolically powerful presence in the medical world of seventeenth-century London. I contend that the drama reflected and added to contemporary ambivalence about the College’s importance. The playwrights were sceptical about the medical practitioners they depicted and the power they claimed, irrespective of the institutional authority which they purported to have behind them.

¹² Pelling, *Medical Conflicts in Early Modern London*, p. 144.

¹³ Harold Cook, ‘Good Advice and Little Medicine: The Professional Authority of Early Modern Physicians’, *Journal of British Studies*, 33 (1994), pp. 1-31 (p. 2).

A second concern of the thesis is how contemporary medical writing in the vernacular raises questions about access to medical knowledge and its transmission. The Galenic theory of the humours was widely accepted, and forms one part of the medical framework in which the plays and pamphlets operate. The teachings of Paracelsus were gaining traction at the same time, and I explore how these two medical taxonomies were used in dramatic depictions of medical practice, informing the playwrights' representations of different types of practitioner. I argue that the staging of quacksalvers or empiric practitioners, which makes reference to alchemical compounds and special knowledge, for example, is part of the process of engaging with Paracelsian medicine and with changes to the larger medical framework of London in the 1600s. As part of this I suggest that whilst the plays often seem to position Paracelsianism as a dangerous 'other', they ultimately remain sceptical about there being a Paracelsian revolution, and reflect the merging of the two systems which occurred in everyday medical practice. Whilst some physicians expressed concern about Paracelsianism, it contained, and engaged with, many aspects of Galenism. I argue that the muddle of systems found within the drama is reflective of contemporary experience of medical theory and treatment. I question whether the playwrights are critical of the slippage between the two systems, or if they are reflecting the complex process of transition, with its associated confusion, that was in progress.

Through tracing this development, I consider the exchange of social and dramatic energies and am mindful of the role of self-fashioning: both in the physicians' self-presentation, and how the depiction of their dramatic counterparts works against it. In particular, I assess the implications this has for the physicians' claims to power and status, arguing that the playwrights display ambivalence about the licensed physicians and their assertions that they are the most professional and

trustworthy. I posit, instead, that the drama is inherently sceptical about medicine and medical professionals as a body. It is impossible to talk of self-fashioning in the period without reference to Stephen Greenblatt, and whilst the staged practitioners considered here are not self-fashioners in the same model as Sir Thomas More and Greenblatt's other examples, the guideline laid down by him is useful:

Self-fashioning is achieved in relation to something perceived as alien, strange, or hostile. This threatening Other – heretic, savage, witch, adulteress, traitor, Antichrist – must be discovered or invented in order to be attached and destroyed.¹⁴

The 'others' for medical practitioners are illness, with its related disorderliness and power to strike across social barriers and divisions, and quack practitioners. With respect to illness, we shall see that the playwrights depict physicians struggling with the limits of their knowledge, and questioning whether or not they can heal their patients. As for the quacks, the self-presentation by members of the College of Physicians as both learned and socially superior speaks to their need to legitimate themselves against those who lack just these distinctions. Yet if quacks are the physicians' 'others' they can also be a threat to this self-positioning. I argue that the dramatic representation of College members undermines their self-fashioning by showing them behaving in much the same way as the empiric practitioners whom they especially condemned.

In particular I consider how far the dramatists present medical practitioners as professionals, questioning if professionalism directly correlates with the acquisition of medical knowledge. In his study of administration, law, theatre, and playwriting, Edward Gieskes posits that '[p]rofessions offer means of self-

¹⁴ Stephen Greenblatt, *Renaissance Self-Fashioning: From More to Shakespeare* (Chicago: University of Chicago Press, 1980), p. 9.

fashioning not directly linked to traditional hierarchies of rank or birth'.¹⁵ The professional's accomplishments take him out of his supposedly fixed social rank; merit is more important than status. I ask if the concerns raised in contemporary medical texts about self-fashioning by quacks can also be seen in the dramatic representations of sections of the medical marketplace and, if so, what this can tell us about the relationship between socially-mandated behavioural ethics, the duties of the medical professional, and the importance of a traditional medical education.

Medicine, physic, and healing were loaded concepts in the early seventeenth century, and many playwrights exploited their potential. This thesis centres around the work of Thomas Middleton, arguing that he was particularly interested in the depiction of medical practitioners, the reason being their potential to focus attention on (and exploit) the urban characteristics of London and provide a point of purchase on the complex nature of power structures in the early 1600s. Medical characters recur throughout Middleton's corpus, from the absent physicians and derided quacksalvers of the plague pamphlets, through the dangerous physicians in tragedy and tragicomedy, such as Doctor Benedict in *The Patient Man and the Honest Whore*, to the urban tricksters of the city comedies, such as Penitent Brothel in *A Mad World, My Masters* and Touchwood Senior in *A Chaste Maid in Cheapside*. I argue that Middleton found the medical marketplace to be a valuable entrance point into contemporary concerns about the vulnerability of private space, the accessibility of the body, and the operations of the urban marketplace. His interest was not unique; the other playwrights discussed also repeatedly present medical characters. But I argue that Middleton is especially notable for his extensive engagement with an unusually broad and varied range of medical types.

¹⁵ Edward Gieskes, *Representing the Professions: Administration, Law, and Theater in Early Modern England* (Newark: University of Delaware Press, 2006), p. 14.

I argue that through considering medical characters across the spread of Middleton's career, we can explore the changing interests of the theatre, the evolution of audience understanding of medicine, and the development of medical theories. Middleton's visibility has been significantly enhanced by the publication of the *Collected Works* in 2007 and this thesis positions itself as part of the process of reassessment that is taking place in its wake. The *Collected Works* allow us to see Middleton's career in more complex ways than previously, and to take a longer view on stock characters and tropes across tragedy, tragicomedy, comedy and pamphlets. It considers lesser-known plays alongside those with a considerable critical tradition in order to draw out the medical frameworks of his works. By placing these texts alongside others by Dekker, Webster, Ford and Shakespeare, I argue that Middleton was part of a cultural moment that focused on medical characters, but also that he had a sustained and varied approach to their presentation which deserves critical attention because it illuminates a specific moment in literary and theatrical history.

Many of the works considered are collaborations between Middleton and another playwright.¹⁶ They originate from a cultural context in which life was constantly under threat and death was always close by. I argue that catastrophic public health crises like plague are usefully addressed through literature and that the plague pamphlets in particular involve two very different, but equally necessary, approaches: serious theological and moral investigation, and comic catharsis. The evolution and expansion of urban space and the challenges it presented are also integral to many of the texts discussed. Through comedy and tragicomedy anxieties

¹⁶ Collaboration was the norm for early modern play writing and Charles Cathcart and Mary Bly have explored the collaborative nature of the King's Revels and Whitefriars companies, respectively. See Charles Cathcart, 'Authorship, Indebtedness, and the Children of the King's Revels', *SEL, 1500-1900*, 45.2 (Spring, 2005), pp. 357-74; Mary Bly, *Queer Virgins and Virgin Queens on the Early Modern Stage* (Oxford: Oxford University Press, 2000). Bly notes that the Whitefriars company is not unusual because of the collaboration nature of its plays but because a 'coalition of shareholding and novice playwrights is unique among the known theatre companies of early modern London' (p. 3).

about the accessibility of domestic space and concerns about the changing urban milieu could be approached. It is also through tragedy and tragicomedy that fears about the dangers of specialist knowledge, such as expertise in poison, can be diffused.

Chapter One provides an outline of the medical background to the texts discussed in the thesis. It lays out the divisions of the medical marketplace and the power struggles between various factions, foregrounding questions about licensing and restriction, and concerns arising from the circulation of medical writing in the vernacular. It also outlines the main areas of change in English medical practice during the late sixteenth- and early seventeenth-century, introducing the contemporary texts that are used throughout the thesis, and situating them within their particular cultural moments. Here we encounter the importance of medical provision, and its sheer profuseness, within the period.

Middleton and Dekker's plague pamphlets are discussed in Chapter Two, alongside the Plague Orders and Advice issued by the Privy Council, Mrs Corlyon's household receipt book from 1606, and a selection of plague sermons. We begin here because these texts are Middleton's earliest medical writing, but also because they address a crucial public medical problem, and focus on the physicians' inability to treat the situation that plague brought. They therefore highlight the limits to the physicians' authority, and measure their medicalised knowledge against other kinds of discourse, such as popular medicine and religion.

Chapter Three moves to the theatre, and focuses on the problems faced by doctors at work within the world of power. I argue that in these narratives the playwrights dramatise concerns about the power and the dangers of medical knowledge, especially in relation to the sanctity of royal bodies and the influence of Paracelsian medicine. Licensed physicians are depicted, particularly in tragedy and

tragicomedy, as being dangerously torn between the demands of their social superiors and the ethical codes of their profession. As a result, concerns about the breaking of boundaries and legal restrictions are played out upon the stage and the aspirations and risks of the physician's profession are tested. Chapter Four considers the role of the quacksalver and the mountebank in city comedy, exploring the tensions between the College of Physicians and its competitors, the empiric practitioners. It moves the thesis out of courtly spaces into contemporary London, and examines the complicated relationship between medicine, theatre, and the market. These two chapters work as a pair, exploring how the alignment of courts with tragedy and cities with comedy permits the playwrights to place pressure upon the granting of power and access to medical practitioners, specifically how these permissions change according to the social space they inhabit.

Chapter Five moves into a different space, that of early modern melancholy and lunacy. The plays discussed belong in the 1620s and 30s, and this chronological movement brings a corresponding change in their subject matter. Instead of treating the body, these physicians must treat the mind, and the shift to mental illness suggests a change in the understanding of medical activity, and a new interest in the power of drama as a potential therapy or healing force.

For Middleton and his contemporaries the medical marketplace offered an illuminating cultural space in which to address concerns about practitioners of physic, which spilled over into larger cultural and political anxieties. In the plays, the divisions between practitioners that were enshrined in law are unpicked by the dramatists, and subjected to a searching critique about medicine and medical practitioners and the power and authority that they held. By studying these plays we are engaging with key intellectual debates from the period. Perhaps more

importantly we are exploring matters that to their audiences were literally life and death.

Chapter One: The Medical World of Seventeenth-Century London

There was no shortage of treatment options in the medical marketplace of seventeenth-century London. Margaret Pelling's comment that 'early modern people were obsessed with health, its fragility, and with the means for preserving it', neatly encapsulates some of the reasons for this proliferation of medical options.¹⁷ Over the past three decades medical historians have thoroughly explored the different forms of practitioner to be found, not just in London but also throughout the country, where records allow.¹⁸ This chapter surveys the forms of medical practice that have become standard elements in the study of the history of medicine, which are valuable entrance points into medical culture on stage and in print in London during the early 1600s. It gives an overview of the relative positions of these medical practitioners and types of practice and by doing so highlights the medical and social anxieties that Middleton and his contemporaries dramatise.

It has been argued persuasively that the economic shift towards modern capitalism began to grow and impact upon the wider populace during the 1600s.¹⁹ This movement towards mercantile practice and away from older credit forms of economy and financial interaction had a profound effect upon the development of professions, and on how professionals were viewed within society. Medical practice and practitioners were no exception to this. Economic change significantly altered

¹⁷ Pelling, *The Common Lot*, p. 7.

¹⁸ Peter Elmer, *The Healing Arts: Health, Disease and Society in Europe, 1500-1800* (Manchester: Manchester University Press, 2004); Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge: Polity, 2004); Siraisi, *Medieval & Early Renaissance Medicine and Wear, Knowledge and Practice in English Medicine* are all of particular use.

¹⁹ The debate about the evolution of the early modern financial system and thought is wide-ranging. Steve Rappaport's 'Social Structure and Mobility in Sixteenth-Century London: Part I', *London Journal*, 9.2 (1983), pp. 107-135, and 'Part II', *London Journal*, 10.2 (1984), pp. 107-134, gives a lucid account of the discussion, focusing upon how this evolution could be said to have stabilised by the end of the sixteenth century.

the population size of London, and created a corresponding rise in ill health.²⁰ Beier and Finlay comment that ‘the principal motor of demographic trends throughout London’ was mortality, and that the rates of mortality ‘in early modern England were directly related to settlement size, and the population was continually unable to replace itself in a great urban area’.²¹ This combination of an expanded client base and the move towards mercantile professionalism had a significant impact upon the medical professions in London during the 1600s. In this chapter I consider how these changes challenged the traditional divisions of the medical marketplace.

The Combination, Licensing and Regulation of Medical Practice

The primary official types of medical professionals were the licensed physicians, barber-surgeons and apothecaries; these three groups of medical practitioner were licensed, in some way, by the crown. They were, theoretically, complementary parts of a holistic model of treatment in which the physicians were responsible for interior medical treatment, the barber-surgeons had responsibility for exterior medicine, and the apothecaries compounded and dispensed remedies under the charge of the physicians. In practice, however, there was considerable friction between these three groups.

The licensing of medical practice in England during the seventeenth century never reached the order it enjoyed in much of continental Europe. By 1700 there was a clear distinction between legal and illegal medical practice enshrined in

²⁰ *London 1500-1700: The Making of the Metropolis*, ed. by A. L. Beier and Roger Finlay (London: Longman, 1986) provides a thorough investigation into the effects, and, to a certain extent, the causes of the vast changes London underwent during the time period. Beier and Finlay’s contribution, ‘The Significance of the Metropolis’ (pp. 1-33), refers to a set of population statistics that ‘suggest that [London] grew from a middling city of 120,000 in 1550 to 200,000 in 1600, 375,000 in 1650’, pp. 3-4.

²¹ Beier and Finlay, ‘The Significance of the Metropolis’, p. 6.

English law, but this was still little more than a theoretical division. The physicians had been attempting to have their practice protected since 1421, when they presented a petition to parliament asking for some regulatory powers.²² One of the reasons behind the relative weakness of corporative, or guild-regulated, medicine in the British Isles was the importance of the Church to licensing. In 1511, an Act of Parliament, 3 Henry VIII c.II, gave the responsibility for regulation of physicians, and surgeons, throughout the country to the bishops.²³ The preamble to the statute states that:

[T]he science and cunning of physic and surgery ... is daily within this realm exercised by a great multitude of ignorant persons ... [who] boldly and accustomedly take upon them great cures, and things of great difficulty, [...] to the high displeasure of God, great infamy to the faculties, and the grievous hurt, damage and destruction of many of the king's liege people ...

It goes on to declare:

Be it therefore to the surety and comfort of all manner people by the authority of this present parliament enacted that no person within the City of London, nor within seven miles of the same take upon him to exercise and occupy as Physicians [or Surgeons] except he be first examined, approved and admitted by the Bishop of London or by the Dean of Pauls for the time being, calling to him or them 4 doctors of physic [and for surgery other expert persons in that faculty] ...²⁴

²² John H. Raach, 'English Medical Licensing in the Early Seventeenth Century.' *The Yale Journal of Biology and Medicine*, 16.4 (1944), pp. 267-288 (p. 268).

²³ Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011), p. 28.

²⁴ Great Britain, *The Statutes of the Realm*, Volume 3. [n.p.], 1810-28, *The Making of the Modern World* < <http://0-find.galegroup.com.wam.leeds.ac.uk/mome/infomark.do?&source=gale&prodId=MOME&userGroupName=leedsuni&tabID=T001&docId=U108176520&type=multipage&contentSet=MOMEArticles&version=1.0&docLevel=FASCIMILE> > [accessed 20 September 2013]. Also quoted in John R. Guy, 'The Episcopal Licensing of Physicians, Surgeons and Midwives', *Bulletin of the History of Medicine*, 56.4 (Winter, 1982), pp. 528-42 (p. 529) and Raach, 'English Medical Licensing', p. 270, but both make errors in transcription.

John R. Guy highlights the preamble's emphasis upon the religious nature of the statute – if ‘the practice of physic and surgery was allowed to be unregulated, it opened the door to “sorcery and witchcraft”’ and ‘[t]he use of inappropriate remedies which could place the life of the patient in jeopardy was “to the high displeasure of God”’.²⁵ The ecclesiastical underpinning was also necessary because there was no other national body that could undertake the examinations; in the absence of a countrywide medical organisation, the church provided an utilisable network.

In 1518, Thomas Linacre and five other physicians, including John Chambre who was physician to Henry VII and Henry VIII, and Ferdinand de Victoria, physician to Catherine of Aragon, petitioned Henry VIII on behalf of the physicians of London for the right to incorporate as a college.²⁶ The royal doctors were, as Elizabeth Lane Furdell notes, ‘important as a group, intimately involved with the fundamental well-being of the nation: responsible for the fitness of its dynasts and through the government prompting changes within the profession of medicine’.²⁷ The College of Physicians would likely never have existed without the influence of these forward thinking court physicians. The petition was granted and the College of Physicians was given the right to license qualified practitioners and, crucially, to punish unqualified practitioners and malpractice, albeit only within a radius of seven miles from the City of London.²⁸ In 1523 another Act of Parliament, 15 Henry VIII c. V, extended these powers from London to the whole of England, though the College proved unable to enforce them except in London. The statute of 1523 did not repeal the 1511 statute, since the power given to the Bishops by 3 Henry VIII

²⁵ Guy, ‘The Episcopal Licensing of Physicians, Surgeons and Midwives’, p. 529.

²⁶ Elizabeth Lane Furdell, *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts* (Rochester, NY: University of Rochester Press, 2001), p. 25.

²⁷ Furdell, *The Royal Doctors*, p. 1.

²⁸ James Axtell, ‘Education and Status in Stuart England: The London Physician’, *History of Education Quarterly*, 10.2 (Summer, 1970), pp. 141-159 (p. 142).

c.II was not superseded by the College of Physicians. The physicians had to approve someone for licensing before their application was passed to the bishops of the appropriate diocese who then granted the licence.

The College valued highly its punitive powers, and Sir George Clark's official *History of the Royal College of Physicians* (1964) collects many of the cases brought by the College against apothecaries and surgeons who had attempted to challenge its controls.²⁹ Clark's work is still the standard reference work for the history of the College, but, as Pelling notes, 'a major defect of Clark's work [...] was that it took the physicians at their own valuation' and Clark's 'approach to the irregulars was positivistic and dismissive'.³⁰ The 'irregulars' are apothecaries and surgeons, and practitioners outside of the licensing system. Charles Goodall's *The Royal College of Physicians of London Founded and Established by Law, and an Historical Account of the College's Proceedings Against Empiricks* (1684) display the same sense of authority and disdain for the irregular practitioners as Clark's. He emphasises the College of Physicians' perception of the negative effect of the empirics' practice. This is unsurprising: Goodall was admitted to the College in June 1676 and even before admission had involved himself in a dispute between the College and a group of medical chemists. He published *The Colledge of Physicians Vindicated* (1676) in which he writes that he 'cannot without indignation behold men of so great worth and abilities in their Faculty, so barbarously assaulted by a wretched combination of ignorant and impudent Empiricks'.³¹ This points to one of the complexities of analysing medical practice within the period. There is very little

²⁹ Sir George Clark, *A History of the Royal College of Physicians*, 3 vols (Oxford: Clarendon Press for the Royal College of Physicians, 1964), vol.1.

³⁰ Pelling, *Medical Conflicts in Early Modern London*, p. 2. Pelling goes on to concentrate upon 'the 714 different medical practitioners – the 'irregulars' – to whom the Annals or minutes of the College give us access during the ninety years between October 1550 and September 1640' (pp. 3-4).

³¹ Charles Goodall, *The Colledge of Physicians Vindicated* (London, 1676), B1r.

evidence from the point of view of those challenging the College from the outside, and we are dependent for information upon the official histories and records of the College.

The physicians were keen to present themselves as the most learned members of the medical arena. As Harold Cook comments, of all the medical practitioners in seventeenth-century England, ‘one small group self-consciously considered itself to be professional: the physicians’.³² The physicians’ dismissive attitude towards other participants in the medical marketplace rested on their assertion that they were the most educated practitioners, and they laid their claim to professional legitimacy on the length of their education. Physicians educated in England studied for their medical degree after their undergraduate and masters degrees, giving them fourteen years of education in entirety. Oxford and Cambridge both required the study of some medicine and science during the BA, and then the ‘textual study of books by Hippocrates, Galen, and Avicenna for the specifically medical degrees of Bachelor and Doctor of Medicine respectively. Neither had hospitals in which clinical instruction could be given and no formal arrangements had been made allowing students to obtain clinical experience with local practitioners’.³³ Cambridge University did rescind the requirement of the arts degree in 1570, reducing the period of study to eleven years.³⁴ Medical education in England may have been lengthy, but it was overwhelmingly theoretical, and physicians had little opportunity to gain practical experience within the educational framework. Furthermore, as Margaret Pelling and Charles Webster make clear,

³² Cook, ‘Good Advice and Little Medicine’, p. 2.

³³ F. N. L. Poynter, ‘Medical Education in England Since 1600’, in *The History of Medical Education*, ed. by C.D. O’Malley (Los Angeles: University of California Press, 1970), pp. 235-250 (p. 236).

³⁴ James Axtell gives a breakdown of the traditional educational route for a physician in ‘Education and Status’, p. 145-6; Sir Humphrey Davy Rolleston, *The Cambridge Medical School: A Biographical History* (Cambridge: Cambridge University Press, 2009), p. 10.

unlike its continental counterparts, the College was unable to exercise much control over medical education despite its legal ability to do so. The College of Physicians ‘contributed little to medical education and scholarship until the 1580s, and it was not more than peripherally involved in the work of the hospitals, or in public health’.³⁵

Studying on the continent was not only a quicker route to becoming qualified, but also provided the chance to study in far superior medical faculties: in the 1500s, Padua had five professors each for the theory of medicine, practice of medicine, and natural philosophy.³⁶ Some physicians, such as John Chambre who graduated from Padua with his MD in 1506, chose to study abroad in Italy, France or Holland, where an MD could be achieved in less than a year, with practical knowledge then gained through working with a more experienced physician.

It seems the College of Physicians were not unduly concerned by the relative lack of academic weight placed upon them as a faculty. They attempted to defend the privilege that the education gave members, rather than the education itself. The College’s concerns stemmed from the desire to prove themselves a professional body and to uphold what they saw as the standards of burgeoning professionalism in the seventeenth century. In their eyes, educational privilege elevated them above other medical practitioners in London. This was not, however, solely a concern of the College. The surgeons and apothecaries who practised in London also saw themselves as belonging to a professional community, and resisted the power of the

³⁵ Margaret Pelling and Charles Webster, ‘Medical Practitioners’, in *Health, Medicine and Mortality*, pp. 165-236 (p. 168).

³⁶ Cynthia Klestinec, ‘Medical Education in Padua: Students, Faculty and Facilities’, in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham, Jon Arrizabalaga (Farnham: Ashgate, 2011), pp. 193-220, provides a useful evaluation of the teaching of anatomy in particular.

College of Physicians.³⁷ As we shall see, some of the annoyance on the part of the surgeons and apothecaries came from the fact that they had been members of professional and internally regulated bodies for longer than the physicians.

The Grocers' Company was given its first charter by Henry VI in 1429, under the name *Custodes et Communitas Mysterii Groceriae Londini*, but their predecessor, the Pepperers' Guild, was probably founded some time before 1180. The Grocers' Company had been in existence since 1373, and in 1393 had petitioned the Mayor of London for the right to appoint a 'garbeller' with the duty of inspecting spices.³⁸ The Grocers held this right until 1442, when Henry VI gave the right to his apothecary Richard Harkedy and to William Aunsell, the King's Sergeant. The guild regained the right of nomination in 1484. The process of garbelling became an important part of the battle between the physicians and the Grocers. John Buckingham notes that during the 1562 outbreak of plague, the physicians 'lost a lot of credibility by leaving town [and on] their return they found it necessary to launch a propaganda war accusing the apothecaries of selling dangerous remedies, and began to agitate for taking over their supervision from the grocers'.³⁹ This agitation by the physicians led to internal strife within the Grocers' Company, with the grocers increasing their garbelling activity, and seizing and burning large quantities of drugs from the apothecaries. In 1588 the apothecaries unsuccessfully petitioned Queen Elizabeth for a monopoly to supply drugs. In 1607, James I's renewal of the Grocers' Charter recognised the apothecaries as a separate part of the Company, in response to their continued pressure. This did not, however,

³⁷ Many of the cases brought against other practitioners by the College of Physicians are collected by Sir George Clark in *A History of the Royal College*, vol. 1.

³⁸ T. D. Whittet, 'Pepperers, Spicers and Grocers – Forerunners of the Apothecaries', *Proceedings of the Royal Society of Medicine*, 61.8 (August, 1968), pp. 801-6 (pp. 801-4).

³⁹ John Buckingham, *Bitter Nemesis: The Intimate History of Strychnine* (Boca Raton, Florida: Taylor & Francis, 2008), p. 38.

grant them any more power within the company and in 1610 the apothecaries once again petitioned the crown for their own company.

It was 1614 before the apothecaries gained their own charter, making them, in theory, a separate profession. However, in order to petition successfully they had enlisted the help of the College of Physicians and found themselves under their control. As one of the conditions of their support, the physicians demanded, and got, the right to oversee the production and supply of drugs by the apothecaries, a relationship dramatised in the variously attributed play *The Family of Love* (c.1602-7).⁴⁰ This was a major source of friction between the two groups and reflects the complicated nature of medical professionalism in the period. The physicians believed their length and breadth of education made them the best people to supervise the prescription of medication. However, as discussed above, there were significant failings in medical education in England and the apprenticeship-based training of the apothecaries placed them, generally, in a much better position to prescribe than the physicians. Part of the apothecaries' drive to establish themselves as a Company came from the desire to prove themselves professionals and worthy of respect within the medical community.

This drive is also connected to the apothecaries' position within the social hierarchy. Pelling makes it clear that even though the apothecaries were 'fewer in number and usually in combinant guilds, [they] were commonly further up the civic hierarchy than barber-surgeons in the early modern period, yet their status is disregarded in accounts of their rise from humble origins to become the "general practitioners" of the late eighteenth century'.⁴¹ The association of the apothecaries with the grocers and, therefore, their involvement with trade worked against them

⁴⁰ See Chapter Four.

⁴¹ Pelling, 'Medical Practice in Early Modern England: Trade or Profession?' in *The Professions in Early Modern England*, ed. by Wilfrid Prest (London: Croom Helm, 1987), pp. 90-128 (p. 95).

both during the early modern period and in later studies of their profession.⁴² Indeed, part of the physicians' defensive attitude derived from their concerns about also being considered trade. Professionalism was an evolving idea in the late sixteenth and early seventeenth century and there was no defined place within the social hierarchy for professionals. By juxtaposing themselves against those who practised medicine as a trade, rather than a learned pursuit, the physicians attempted to carve out a niche for themselves.

The association with trade, in part, marks some of the professional disputes between the apothecaries and the physicians as London-centric. London was becoming ever more densely populated and even the relatively expensive medical services of licensed physicians were in demand, meaning that a living could be made from medical practice. However, outside London it was difficult to earn a living solely as a physician and medicine was often practised alongside another occupation. D. Harley notes that in rural areas, 'minor gentlemen and yeoman farmers often held licences [...] Alexander Potter had been licensed in 1628 as a surgeon and physician' and 'Richard Cooper of Charnock Richard was a prosperous yeoman farmer with gentry connections who was described as a "lycentiate in physicke" in his will'.⁴³ This diversity of practice marks medicine as something that was necessary but which did not have to be a full-time occupation.

Another area of contention for the physicians was the practising of medicine by the clergy. Christianity and narratives of illness and healing were unquestionably intertwined, but there was theological debate about the extent to which both the

⁴² Penelope J. Corfield, 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine*, 22.1 (April, 2009), pp. 1-21, highlights the entrenched nature of this view of apothecaries.

⁴³ D. Harley, "'Bred up in the study of that faculty": licensed physicians in north-west England, 1660-1760', *Medical History*, 38.4 (October, 1994), pp. 398-420 (p. 409).

practice and dispensing of medicine in general should be encouraged.⁴⁴ As will be discussed further in Chapter Two, the widely held belief was that God granted health and all efforts should be made to maintain it, but God had also decreed when death would come. The need to preserve health, including the use of medicine if necessary, was generally accepted; God had given the physicians their abilities and put useful minerals and plants on the earth for medical use. As long as religious faith was still seen as the largest part of healing, medicine was largely unproblematic. The problem occurred with the practising of medicine by members of the clergy. These clergy-practitioners were mostly to be found outside London and information on them is rare. Most studies of the disputes between them and the physicians have concentrated upon those named by John Cotta in *A Short Discoverie of the Unobserved Dangers of [...] Practisers of Physicke* (1612) and James Hart in the preface to his translation of *The Arraignement of Urines* (1623). Cotta gained his MD from Cambridge in 1604 and established a successful medical practice in Northampton, and *A Short Discoverie* describes and condemns the actions of unlicensed medical practitioners. Hart was a Scottish physician, who also practised in Northampton after getting his MD from Basel in 1609. *The Arraignement of Urines* is an abridged translation of a Dutch text, which criticises the attempts of untrained urologists to diagnose illness, focusing particularly on the trespassing on this specialism of quack practitioners, women, and the clergy.

Cotta's *A Short Discoverie* contains an entire chapter discussing the malpractice of 'beneficed Practisers', in which he tells the reader that the 'most common offenders [...] in these days, are divers Astrologers but especially

⁴⁴ D. Amundsen, 'Medicine and Faith in Early Christianity', *Bulletin of the History of Medicine*, 56.3 (Fall, 1982), pp. 326-350 and G. Ferngren, 'Early Christianity as a Religion of Healing', *Bulletin of the History of Medicine*, 66.1 (Winter, 1992), pp. 1-15 both explore Christian attitudes towards miraculous healing, in the first four centuries of Christianity.

Ecclesiasticall persons, Vicars and Parsons’.⁴⁵ He goes on to criticise clergymen for ‘their profane intrusion into inhibited lists, their unlimited breach of law, and want of reverence and respect of order and distinction of callings, (which true Divinite doth teach holy men) reason and experience do dayly wnesse, that by the necessarie coincidence of times of both callings requiring them at the same moment in distant places’ (86). Hart’s epistle also reminds the reader that ‘preaching of the word, with the dependances of the same, and practising of Physicke, are in the word of God two severall distinct callings’ and that if ‘many of our Parsons and Vicars in this Kingdome, as though they were of the secret counsell of Aescclapius, or had digged out of the grave the ghost of that famous Hippocrates, or else with some Pythagoricall translation of the soules of all the most famous Physitians, the skill were conveyed unto them; they have like usurpers, intruded upon other mens right’.⁴⁶ Cotta does make it clear that he does not ‘dislike the devout and charitable deeds of their holy minds, nor reall compassion and contribution unto the sicke and needie, nor yet their medicinall advice with incorrupt hands free from implication of private gaine’ (87). However, he abhors ‘their pecuniarie trafficke and trading by usurped erecting in their houses Apothecarie shops by manumission of base wares that are not allowed, nor have obtained freedome elsewhere, whereby unlawfully they exenterate and eate out of the bowels of poore mens purses’ (88).⁴⁷ The crux of the issue for Cotta and Hart is that if clergymen are acting as physicians they are not devoting their time and learning to their primary calling, and that both professions should be given consistent and dedicated attention because it is ultimately the

⁴⁵ John Cotta, *A Short Discovery of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practisers of Physicke in England* (London, 1612), p. 86.

⁴⁶ Pieter van Foreest, *The Arraignment of Urines Wherein are Set Downe the Manifolde Errors and Abuses of Ignorant Urine-Mongring Empirickes*, trans. James Hart (London, 1623), A3v. For more on James Hart’s critiques of clergymen acting as physicians see D. Harley, ‘James Hart of Northampton and the Calvinist critique of priest-physicians: an unpublished polemic of the early 1620s’, *Medical History*, 42.3 (July, 1998), pp. 362-386.

⁴⁷ *OED*, extenterate, v, 2., ‘take out (the bowels or internal parts)’.

patient and parishioner that suffer. Cotta and Hart have, obviously, a somewhat self-serving impetus behind their excoriation of clergymen acting as physicians; it is their livelihood that is being encroached upon, after all. However, the thrust of both their arguments is that great time and effort goes into the continual process of religious education and medical education, and that a disservice is done to both professions by attempting to combine the two.

Some members of the College of Physicians were reliant upon earning their livings through the practice of medicine, but they were deeply ambivalent about this reducing them to the status of tradesmen. Anti-quacksalver texts, which are discussed in more detail below, frequently lambast the ‘irregular’ physicians for having another trade, but it was also a source of contention for the physicians themselves.⁴⁸ As with the clergymen, much of this concern rested upon the distraction from the continuous learning and contemplation required by physic that having another trade implied. Francis Herring’s translation of Johan Oberndorf’s *The Anatomy of the True Physician* (1602), claims physicians require a scholarly disposition because ‘the learned, ample and divine Art of Physicke, which requireth a whole man, is not learned in the space of one or two yeares, for the largenesse, excellency, worthinesse and profunditie thereof, the whole Life of man is hardly sufficient’.⁴⁹

There was less professional dispute between the surgeons and the physicians than there was between the apothecaries and the physicians. As Pelling and Webster remind us, the surgeons ‘were more entrenched in London civic life than their

⁴⁸ Pelling, ‘Medical Practice in Early Modern England: Trade or Profession?’, details the larger arguments about what constitutes a trade, and what a profession, with further examples of physicians who were also involved in ‘trades’.

⁴⁹ Johan Oberndorf, *The Anatomy of the True Physician*, trans. by Francis Herring (London: T. Creede for Arthur Jonson, 1602), B2r. All further references are to this edition and in-text page references given.

brother physicians'.⁵⁰ The Barbers' Company in London was formed in 1308, and then established by ordinance in 1376. A Fellowship of Surgeons had been established in 1365, but did not contain enough members to incorporate as a Guild. Charles E. Bagwell notes that several 'prominent surgeons who had positions at court and belonged to the Fellowship of Surgeons held office in the Barbers' Company'.⁵¹ The Barbers' Company received its first royal charter in 1462, a fact that Bagwell attributes to the influence that some of its surgeons had through their court connections, and he notes that both King Edward IV and Richard III were members of the Barbers' Company. In 1540 Henry VIII signed the charter that incorporated the barbers and surgeons as the 'Masters and Governors of the Mystery and Comminalte of Barbouris and Surgeons of London'. The charter combined the two groups of practitioners, but also distinguished between their duties. In theory, barbers no longer carried out surgery, and surgeons no longer acted as barbers. The Barber-Surgeons' Company, therefore, had more civic influence and strength than the weaker College of Physicians, and this is one of the reasons they successfully resisted the encroachments of the College for so long. The College and the Barber-Surgeons' also had institutional rules designed to limit competition and to prevent members from disparaging each other in front of patients.⁵²

The Barber-Surgeons' Company was not only more influential than the College but, in comparison to the physicians, surgeons were arguably better trained. In 1555 the Company appointed four members to examine those who wished to join, and three more examiners were appointed soon after. To apply for admission to the Barber-Surgeons a candidate must have served his apprenticeship period, and was

⁵⁰ Pelling and Webster, 'Medical Practitioners', p. 173.

⁵¹ Charles E. Bagwell, "'Respectful Image": Revenge of the Barber Surgeon', *Annals of Surgery*, 241.6 (June, 2005), pp. 872-878 (p. 876).

⁵² Sidney Young, *The Annals of the Barber-Surgeons of London* (London: Blades, East & Blades, 1890), p. 119.

then required to show the examiners they were ‘well exercised in the curing of infirmities belonging to surgery of the parts of man’s body commonly called the anatomy’.⁵³ Surgical training was begun aged 13 or 14, and lasted between seven and nine years, resulting in a qualification that gave limited licence to practise surgery as long as ‘[he] does not exercise the art of medicine and does not style himself to be a physician’.⁵⁴ After 1557 familiarity with Latin was added as a precondition for apprenticeship. This dedication to training and medical education did not end once a candidate was admitted to the Company. The 1462 charter entitled the Barber-Surgeons’ Company access to the bodies of four executed criminals in each year, and the Company had arrangements in place for anatomical lectures and surgical demonstrations. Young’s *Annals* record that the surgical demonstrations ‘usually took place four times in the year, and were termed “Public Anatomies,” from the fact that the subject was generally a public body, *i.e.*, a malefactor, and the attendance of the free Surgeons was compulsory on these occasions’. There were also “Private Anatomies” held at the Hall, and at these the attendance was by invitation’.⁵⁵

This level of training, an apprenticeship model shared with the apothecaries, did not hold much weight with the College of Physicians, which continually tried to exert control over the surgeons by demanding that they be supervised by members of the College. These demands were repeatedly denied, but in London the College held on to their legal right to be the only group permitted to prescribe internal medicine.⁵⁶ The surgeons were permitted to supply ointments, reset a dislocated bone, let blood, perform a trepanation and dress wounds, for example, but they were

⁵³ Young, *The Annals of the Barber-Surgeons of London*, p. 313; Pelling and Webster, ‘Medical Practitioners’, p. 175.

⁵⁴ T. Beck, *The Cutting Edge: Early History of the Surgeons of London* (London: Lund Humphries, 1974), p. 4.

⁵⁵ Young, *The Annals of the Barber-Surgeons of London*, p. 362.

⁵⁶ For information on the unsuccessful attempts, see Young’s *Annals*, pp. 126-7, p. 411.

not legally permitted to diagnose a disease. This was a source of friction between some members of the Barber-Surgeons' Company and the College of Physicians, because it rested upon the assumption by the College that the surgeons' occupation was nothing more than mechanical, and that they had no knowledge of the theory of the humours or the origins of medical science. However, from the late sixteenth century there were members of the Company who displayed their awareness, and understanding, of the medical tradition. For example the 'Particulars of the Surgions Chest' included in John Woodall's *The Surgions Mate* (1617) includes both 'Chymical Oyls' and 'Simples' (A2v, A3r), and Woodall goes on to explain that 'Matheolus in his Commentaries upon Dioscorides setteth downe [Aqua Caelestis], as a principall Antidote' (H3v).⁵⁷ Matheolus is probably Matthaeus Silvaticus, a medieval botanist who wrote a pharmacopoeia entitled *Pandectarum Medicinae* (c. 1317).⁵⁸ Woodall also includes an impassioned explanation of the benefits of laudanum in *The Surgions Mate* which accentuates its clinical history before noting that 'out of my daily practice onely, they are ment by the true composition, according as *Thephrastus Paracelsus* hath prescribed it' (Ff4r). Woodall was an active member of the Barber-Surgeons' Company, leasing their Moorgate property between 1609 and 1611, and in 1613 was appointed the first surgeon-general for the East India Company.⁵⁹ The College may have assumed that the surgeons paid no attention to the theory of the humours, Galenism, and Paracelsianism, and developments in medical theory but this can be seen as an example of the snobbery at which the College excelled. Early modern medical theory was widely

⁵⁷ John Woodall, *The Surgions Mate, or A Treatise discovering faithfully and plainly the due contents of the surgions chest* (London, 1617).

⁵⁸ Karl H. Dannenfeldt, 'Egyptian Mumia: The Sixteenth Century Experience and Debate', *Sixteenth Century Journal*, 16.2 (Summer, 1985), pp. 163-80 has a brief paragraph on Silvaticus (p. 165).

⁵⁹ John H. Appleby, 'Woodall, John (1570-1643)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), online edn, Jan 2008 <<http://0-www.oxforddnb.wam.leeds.ac.uk/view/article/29902>> [accessed 2 Dec 2012]

disseminated and many surgeons would have been as aware of changing medical ideas as were the scholar-physicians.

Changes in Medical Theory

Medical theory in the early 1600s was in a position of considerable flux between established Galenic theory and the newer chemical medicine. Galen (129-c.210 CE) wrote extensively on a wide range of medical topics, and his theories and ideas had been passed down so that by the 1600s even if a practitioner had not read Hippocrates (c. 460 – c. 377 BCE) or Galen they would have been familiar with the underlying concepts.⁶⁰ University-educated physicians in England who wished to become members of the College of Physicians were expected to have read Galen and Hippocrates as part of their degrees. Christopher Langton, a Fellow of the College until 1558 when he was expelled for being ‘vainglorious and immoral’, wrote that a physician ‘muste take an ordre in hys studyes, not begynnyng as the moost parte of you do, wyth the symples, and practyse at the fyrst, overleaping the elementes, the temperatures, the section of the body, with all the faculties of the same’.⁶¹ The ‘temperatures’ here are the humours, and the ‘section of the body’, anatomy.

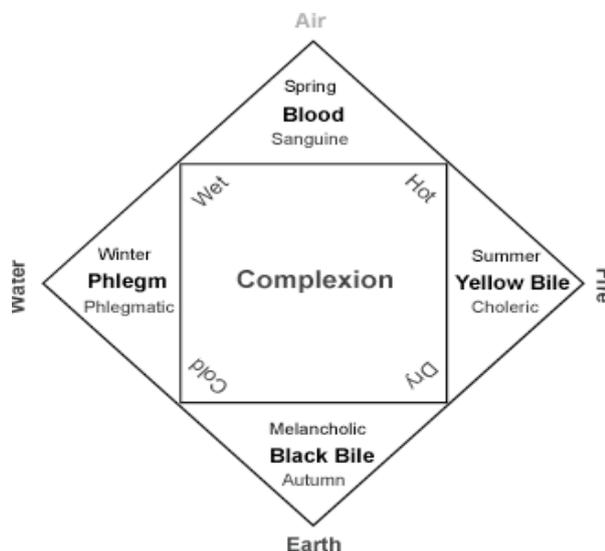
Galenic theory can be broken down into two main sections: how Galen understood the structure and workings of the human body, and how illness could be diagnosed and treated. Galen’s theory of the body was that the skeleton was the

⁶⁰ For more information on Galen, and Galenic theory, see *Galen and the World of Knowledge*, ed. by C. Gill, T. Whitmarsh, J. Wilkins (Cambridge: Cambridge University Press, 2009); *The Cambridge Companion to Galen*, ed. by R. J. Hankinson (Cambridge: Cambridge University Press, 2008); and Galen, *On Diseases and Symptoms*, trans. by Ian Johnston (Cambridge: Cambridge University Press, 2006).

⁶¹ Clark, *A History of the Royal College of Physicians*, pp. 108-9; Christopher Langton, *An Introduction Into Physycke* (London, 1545-50?), fol. V1v.

fundamental structure, and the bones were akin to the walls of a house. The skeleton then housed vessels and organs that were linked by channels, which provided the body with the fluids, or spirits, that gave it life, heat, and sensation. These channels were divided into two types – veins and arteries – and each was rooted in a different part of the body: the veins in the liver and the arteries in the heart. Galen believed that these two channels carried different forms of blood, and were, therefore, located in different areas of the body. The veins carried venous blood, which was produced in the liver, and which nourished the rest of the body via the venal system. Some of this venous blood went to the left ventricle of the heart, and mixed with the pneuma – life-giving spirits extracted from the air – to produce arterial blood, which gave heat and life to the body via the arteries. Blood was drawn to the parts of the body where it had been consumed in order to replenish them, rather than being thought of as a circulatory system.

Galen is possibly most famous now for the theory of the humoural body, and the humours formed an exceptionally large part of early modern medical theory and of the lay knowledge of medicine. The elements of the complexion are detailed in the diagram below:



[http://www.calvin.edu/academic/medieval/medicine/overview/overview_main.htm]

The theory of the humours explained not only the cause of disease, but also the individual characteristics of people and general differences between men and women, children and adults and those from different countries. Individuals had a particular mixture of qualities – hot, cold, wet, and dry – that made up their complexion or temperament, which was immediately present at birth and remained throughout their lives, though external forces could cause small changes. These qualities were kept in balance by the interaction of the four humours that existed within the body. These were bodily fluids that were necessary for the continued survival of an individual. The blood flowing through the veins consisted of pure blood and a mixture of the lesser humours, which were generated during the manufacturing of blood, and the particular balance of these humours determined a person's temperament.

Diagnosing and treating an illness was intrinsically connected to the balance of the humours. In Galenic theory illness was the result of an imbalance that must be identified and then corrected. Treatment was offered on the principle of opposition, so that, for example, an illness causing a fever or excessive heat was treated with a medicine that had a strong cold property. As an aid to physicians and pharmacists Galen devised a system called the Galenic Degrees, which assigned levels of potency to each of the four basic qualities, the first degree being the mildest and the fourth the most potent. The Galenic Degree of a medicine had to match the severity of the disorder, whilst being opposite and complementary in quality. Yarrow, for example, had a Cold degree of 1 and a Dry degree of 1, and senna a Hot degree of 2 and a Dry degree of 1.⁶² Prophylactic medicine also formed a large part of Galenic

⁶² Graeme Tobyn, *Culpeper's Medicine: A Practice of Western Holistic Medicine* (Shaftesbury: Element, 1997), pp. 250-1.

medical treatment; maintaining health was as important as correcting ill health, and adherence to a healthy regime was seen as the best way of ensuring an imbalance would not occur.

From our modern viewpoint Galenic medicine may seem to bear very little resemblance to how the body and cures for illness work, but the theories were logically worked out on the basis of cause and effect. Importantly, they also required a vast amount of knowledge and interpretation by physicians. Every person's complexion and humoural balance were different, as were their living environments and occupations, meaning that there were no universal cure-alls in pure Galenic medicine. Part of Galen's medical writing includes *The Best Doctor is Also A Philosopher*, in which he states he does not

think it needs further proof that philosophy is necessary for doctors if they are to use the Art correctly, when practitioners who are no physicians, but poisoners, are daily before our eyes: lovers of money who abuse the Art for ends that are opposed to its nature. Should you, then, still quarrel about names and dispute over trifles, maintaining that one ought to describe the doctor as firm, temperate, incorruptible, and just, but not as a philosopher? and admitting that he knows the nature of bodies, and the action of organs, and the uses of the parts, and the classification of diseases, and the indications for drugs, but not that he engages in logical contemplation?⁶³

Galen's model for medical knowledge and treatment was Hippocrates, and there is a clear link between Christopher Langton's insistence that calling oneself a physician required continuous learning, and the previous iterations of this by Galen and Hippocrates.

⁶³ Galen, *That The Best Physician is Also A Philosopher*, trans. by P. Brain, *South African Medical Journal*, 51 (July-December, 1977), pp. 936-8 (p. 937).

By the early 1600s, however, Paracelsian chemical medicine was beginning to take hold in Europe.⁶⁴ There was never a Paracelsian revolution that overthrew the Galenic stronghold, but there was a ‘crisis of Galenism in the sixteenth century’.⁶⁵ Paracelsian theory stated that illness was not the result of an imbalance in the humours but was a specific condition caused by an external factor and required a similarly specific treatment based on the external factor.⁶⁶ Paracelsus also replaced the four elements (earth, air, fire and water) espoused by Galen and following from Aristotle, with three primary substances: salt, sulphur and mercury. Salt represented solidity, sulphur represented metallicity, and mercury, liquidity. Paracelsus also wrote about new spiritual forces that explained bodily processes, linking them explicitly to the idea of the body as a microcosm. Illness was caused by an external factor, but this could be a poisonous emanation from the stars – for example, plague in Paracelsus’s theory was caused by Mars turning its face to the earth – or from a mineral to which a patient had been exposed. Richard Bostocke, writing in 1585 in defence of Paracelsian ideas and practitioners, casts those still following Galenism as followers of ‘that heathnish Phisicke (O God) [that] doth not acknowledge the creation of man, whereby it doth not rightly knowe why he is *Microcosmus*, or little worlde: which is the cause why they neither knowe his diseases rightly, neither provide medicine for him aptly, nor prepare it fitly, neither minister it

⁶⁴ For more detailed explorations of Paracelsus himself, and his writings, see Andrew Weeks, *Paracelsus: Speculative Theory and the Crisis of the Early Reformation* (Albany, NY: SUNY Press, 1997); Charles Webster, *Paracelsus: Medicine, Magic and Mission at the End of Time* (New Haven; London: Yale University Press, 2008); and Allen G. Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries* (New York: Science History Publications, 1977). Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance*, 2nd ed (Basel: Karger, 1982) is also a valuable resource.

⁶⁵ Stephen Pender, ‘Examples and Experience: On the Uncertainty of Medicine’, *British Journal for the History of Science*, 39.1 (March, 2006), pp. 1-28 (p. 5).

⁶⁶ For a more detailed explanation of some of the concordances, see Pagel, *Paracelsus*, pp. 50-71.

accordingly'.⁶⁷ The idea of the microcosm was integral to Paracelsian theory: humans were created from the heavens and the earth, through God's great alchemical act of creating the world. According to Deborah Harkness, Paracelsus 'argued that alchemy brought the natural philosopher closer to the secrets of nature and God because it was based on redemptive principles and Christian theological concepts'.⁶⁸ This idea is also found in the prologue to *A Hundred and Fourtene Experiments and Cures of Paracelsus*, where the translator, Master Barnard G., quotes Deuteronomy 22:1, and its duty of care to a neighbour's oxen, as evidence of God's instruction in 'mutuall love & amitie', going on to ask 'Wherefore when as I (together with *Theophrastis Paracelsus* & other excellent men) understoode the errors of many Phisitions of our time, began to devise with my self by what meanes I might attaine to the knowledge of true Phisicke, which is derived out of the light of nature, not out of the darke writings of the heathen'.⁶⁹

The extreme differences between traditional Galenic practice and this new chemical philosophy, with its idea that a poison could be a cure and its claims for a new cosmology and human physiology, partly explains why there was never a Paracelsian revolution. Paracelsianism posed a threat to the basis of nearly all medical training and treatment in Europe at the time. Paracelsian ideas also suffered from the reputation Paracelsus had developed in more conservative circles: by the early 1570s he was popularly stereotyped as morally debauched and as a practitioner of black magic, and his followers were derided as quacks and charlatans. This was not helped by Paracelsianism's close connection to alchemy, the basic aim of which

⁶⁷ Richard Bostocke, *The Difference betwene the Auncient Phisicke ... and the Latter Phisicke* (London: Robert Walley, 1585), A7r.

⁶⁸ Deborah Harkness, *John Dee: Conversations With Angels: Cabala, Alchemy, and the End of Nature* (Cambridge: Cambridge University Press, 1999), p. 199.

⁶⁹ Paracelsus, *A Hundred and Fourtene Experiments and Cures of the famous phisition Philippus Aureolus Theophrastus Paracelsus, translated out of the Germane tongue into the Latine [...] by B.G., a Portu Aquitano* (London, 1583), B1r.

was the discovery and production of the philosopher's stone and, in some strands, the production of the universal panacea, which would cure all illness.⁷⁰ The posthumous implication of Simon Forman in the Overbury trial of 1613 through his connections to Frances Overbury and Anne Taylor, with both of whom he had consulted, did not help alchemy's image problem.⁷¹ Forman's commonplace books refer constantly to Paracelsus, because 'Paracelsian alchemy provided a cosmology to explain the processes of disease and healing and the practices to effect a cure, combining philosophical (meaning alchemical) and medicinal information'.⁷² However, as Harkness reminds us, '[a]lchemy's reputation as an art practiced by disreputable and desperate men demonstrates that the aspirations of natural philosophers like Dee were not always recognized by people outside alchemical circles'.⁷³

Despite this, Paracelsian ideas did, however, make their way into the medical faculties of Europe, regardless of the threat they posed and the monopoly Galenists held in medical education and licensing. There was some rationale to this perception

⁷⁰ Peggy Ann Knapp, 'The Work of Alchemy', *Journal of Medieval and Early Modern Studies*, 303.3 (2000), pp. 575-599, lays out the basis of alchemical experimentation in the early modern period with clarity. For detailed investigations of alchemy in the early modern period, see William Royall Newman, *Atoms and Alchemy: Chymistry and the Experimental Origins of the Scientific Revolution* (Chicago; London: University of Chicago Press, 2006); William Royall Newman and Anthony Grafton, 'Introduction: The Problematic Status of Astrology and Alchemy in Premodern Europe', in *Secrets of Nature: Astrology and Alchemy in Early Modern Europe*, ed. by Newman and Grafton (Cambridge, MA: MIT Press, 2001), pp. 1-38; *Alchemy and Early Modern Chemistry: Papers from Ambix*, ed. by Allen G. Debus, (Huddersfield: Jeremy Mills, 2004); *The Alchemy Reader: From Hermes Trismegistus to Isaac Newton*, ed. by Stanton J. Linden (Cambridge: Cambridge University Press, 2003); and Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman – Astrologer, Alchemist, and Physician* (Oxford: Clarendon Press, 2005). Ursula Szulakowska, *The Sacrificial Body and the Day of Doom: Alchemy and Apocalyptic Discourse in the Protestant Reformation* (Leiden; Boston: Brill, 2006) provides insight into the connections between alchemy and religious thought, particularly Paracelsian theosophy. John Shanahan, 'Ben Jonson's *Alchemist* and Early Modern Laboratory Space', *Journal for Early Modern Cultural Studies*, 8.1 (2008), pp. 35-66, discusses the interest of gentlemen-scholars in 'empirical experimentation' (p. 43).

⁷¹ For further information see David Lindley's *The Trials of Frances Howard: Fact and Fiction at the Court of King James* (London: Routledge, 1993).

⁷² Kassell, *Medicine and Magic in Elizabethan London*, p. 184.

⁷³ Harkness, *John Dee's Conversations with Angels*, p. 196.

of threat. Andrew Weeks remarks that Paracelsus ‘writes that everywhere he went, he not only asked questions of the professors, but also, he asserts, of other learned and non-learned healing practitioners of whatever kind’, who included ‘barber surgeons and the bathhouse officials (who were organized in guilds and often entrusted with minor medical duties)’ as well as the educated physicians.⁷⁴ As discussed above, there was considerable friction in London between members of the various guilds and organised professional bodies, and there was even more between the professional bodies and itinerant healers, many of whom had adopted Paracelsian methods in their practice.

The acceptance of some Paracelsian ideas in England – those that could be slotted alongside Galenic theory – was much less fractious than in France.⁷⁵ This can be attributed, in part, to the appointment of moderate Paracelsians to positions of power. For example, in 1616, Theodore Turquet de Mayerne, a French émigré who had become physician to Anne of Denmark in 1606, was appointed Chief Physician to James I and elected to a Fellowship of the College of Physicians.⁷⁶ Mayerne had begun teaching pharmaceutical chemistry alongside Joseph Duchesne in Paris, much to the alarm of the French medical faculty, and when the first official pharmacopoeia of the College was published in England in 1618 it contained Paracelsian mineral-based receipts alongside more traditional Galenic receipts. Debus attributes some of the ease of transition in England to the relative intellectual laxity of English medical education: many of the Fellows of the College would have

⁷⁴ Weeks, *Paracelsus: Speculative Theory*, p. 7.

⁷⁵ For more on the difficulties experienced by chemical physicians in France see Allen G. Debus, ‘Paracelsianism and the Diffusion of the Chemical Philosophy in Early Modern Europe’, in *Paracelsus: The Man and His Reputation, His Ideas and their Transmission*, ed. by Ole Peter Grell (Leiden: Brill, 1998), pp. 225-44.

⁷⁶ For a detailed biography of Mayerne, see Hugh Trevor-Roper, *Europe’s Physician: The Life of Sir Theodore de Mayerne, 1573-1655* (New Haven: Yale University Press, 2006). Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY.: University of Rochester Press, 2002), pp. 1-28, lays out the Galen-Paracelsus debate lucidly, and presents some information on Mayerne and his influence.

studied abroad, and encountered chemical philosophy during their travels. Their concerns lay more, as discussed above, with the regulation of those who would be preparing and dispensing the new chemical medicines. Galenic and Paracelsian theories were mixed together in the pharmacopoeia. Bleeding and purging remained popular, as did an emphasis on diet and regime, but these traditional Galenic systems were supplemented with Paracelsian chemical remedies.⁷⁷

In the early 1600s Paracelsian theory was on the rise within the less conservative spaces of the medical marketplace, and alchemical experimentation caused both excitement and fear. The licensed physicians found ways to incorporate Paracelsian ideas within Galenic theory as part of their practice, and many practitioners on the fringes of the medical marketplace eagerly embraced chemical medicines and theory. The fears surrounding the use of poisons in Paracelsianism are frequently found on the contemporary stage and Middleton exemplifies this in *The Patient Man and the Honest Whore* (1604), which will be discussed in Chapter Three. There is a strong Galenic thread in seventeenth-century drama; characters refer to their humours, or are described as being out of their humour, but the influence of poison was becoming felt upon the stage. The strong performative aspect of Paracelsian medicine and alchemy was of great use for the playwrights of the time, and it is unsurprising that the practitioners of these arts were presented to audiences and frequently made the harbingers of doom or disarray.

⁷⁷ Diet and regime were important in Galenic theory for the maintenance of the humours and complexion, but they were also a fundamental part of Paracelsianism. For more detail on this see F. McKee, 'The Paracelsian Kitchen', in *Paracelsus: The Man and His Reputation*, ed. by Ole Peter Grell, pp. 293-308.

Practising on the Margins: Quacksalvers

On the periphery of the medical marketplace were the quacksalvers, charlatans and mountebanks, selling nostrums and cure-alls. Some social historians and historians of medicine have made a case for separating these three types of practitioner, but, as David Gentilcore explains, in Italy, through ‘the sixteenth century *ciarlatano* and *cerretano* were often used synonymously, as were the terms *montimbanco* (in English as ‘mountebank’) and *saltimbanco*, referring to their mounting a stage or platform to sell their wares’.⁷⁸ For the purpose of this discussion the term ‘quack’ will be used to refer to quacksalvers, mountebanks and charlatans, because the focus is not on the internal divisions between their performances and tactics but on their reception by the licensed physicians and their place within early modern London’s medical sphere. *The Oxford English Dictionary*’s primary definition of a quacksalver is someone who ‘dishonestly claims knowledge of or skill in medicine; a pedlar of false cures’.⁷⁹ This definition shares much with Samuel Johnson’s from 1755, in which a quacksalver is a ‘boastful pretender to arts which he does not understand’.⁸⁰ Johnson’s definition is, admittedly, non-medical, showing how the term had extended into common usage by the mid eighteenth century, but it also shows how quackery came to be applied to any sort of false knowledge. The shortened version ‘quack’ is defined by the *OED* as a ‘person who dishonestly claims to have medical or surgical skill, or who advertises false or fake remedies; a medical impostor’.⁸¹

⁷⁸ David Gentilcore, “‘Charlatans, Mountebanks and Other Similar People’: The Regulation and Role of Itinerant Practitioners in Early Modern Italy’, *Social History*, 20.3 (October, 1995), pp. 297-314 (p. 299).

⁷⁹ *OED*, Quacksalver, n, 1.

⁸⁰ Quoted in Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989), p. 4.

⁸¹ *OED*, Quack, n. 2, 1a.

The first example of usage given in the *OED* for ‘quacksalver’ is from Stephen Gosson’s *The School of Abuse* (1579), in which Gosson reprimands scholars for filling ‘their Bookes with other mens faultes’ and making ‘their volumes no better than an Apothecaries Shop, of pestilent Drugges; a quack-salvers Budget of filthy receites’, thereby positioning quacksalvers as nothing more than bad transcribers whose knowledge will, therefore, be faulty and untrustworthy.⁸² The second example comes from Sir John Harington’s *Ulysses Upon Ajax* (1596), with the narrator telling his reader ‘the quacksalvers in Germany swallow spiders in open assemblies to shew the vertue of their confections’ just as he has ‘to let the world know, the poison of lewd language [...] swallowed these morsels, which religion shoulde not digest’.⁸³ Harington is trying to appeal to nationalist sympathy; by presenting this as something which German quacksalvers do, the audience can be assured that either English quacksalvers do not exist, or that they are slightly more trustworthy. The next dated reference is Peregrine’s dismissive ‘They are quacksalvers, / Fellows that live by venting oils and drugs’ from Ben Jonson’s *Volpone* (1607), which will be considered more fully in Chapter Four.⁸⁴ Middleton’s single usage of the term occurs in *The Puritan Widow* (1606), and echoes those of Gosson and Harington, with the Captain telling George that ‘there’s strange words enough to raise a hundred quacksalvers’ in an apothecary’s shop.⁸⁵ Apothecaries, for Gosson, Harington, and Middleton, are intimately acquainted with the power of words to trick. These early references to quacksalvers and their reputation for trickery illuminate how quacks were seen throughout most of the seventeenth

⁸² Stephen Gosson, *The School of Abuse* (London, 1579), C4r.

⁸³ Sir John Harington, *Ulysses Upon Ajax* (London, 1596), E1r.

⁸⁴ Ben Jonson, *Volpone*, ed. by Brian Parker and David Bevington (Manchester: Manchester University Press, 1999), 2.2.55-6. All further references are to this edition and in-text line references given.

⁸⁵ Thomas Middleton, *The Puritan Widow*, ed. by Donna B. Hamilton, in *The Collected Works*, 3.5.104.

century. The figure of the quacksalver is presented as one who deceives members of the public into buying his secret potions and pills entirely for profit, and with no benefit to the customer.

Quacks were widely derided by licensed physicians, and much of the information we have about their business activities comes from the hostile writings of physicians who felt that quacks were having a negative effect on their profession. Henry VIII's Herbalists' Charter (also known as the 'Quacks' Charter) of 1542 permitted people with medical skill to treat the sick, legalizing the external use of herbs, roots and waters. The Charter was signed into being because of the physicians' campaign against unlicensed practitioners, the implementation of which had impacted negatively upon medical provision available for the poor. The physicians, however, continued their campaign against the quacks, framing the quacks entirely as dishonest and untrustworthy. Cotta despairs in *A Short Discoverie* that '[s]o many and so infinitely do the numbers of barbarous and unlearned counsellours of health at this time overspread all corners of this kingdome', and 'their confused swarmes do not onley everywhere cover and eclipse the Sun-shine of all true learning & understanding but generally darken and extinguish the very light of common sense and reason' (A3r). Cotta's portrayal of unlicensed, quack, practitioners as 'barbarous and unlearned' is an unsurprising tactic; as discussed above, the physicians believed there to be an intrinsic connection between education and trustworthiness. Those practitioners without a university education were, therefore, dangerous.

Roy Porter has argued that 'quacksalver' can be used as a 'shorthand (and morally neutral) term of art for those who drummed up custom largely through self-orchestrated publicity', and usage of the word in this way has become standard in

histories of medicine.⁸⁶ Porter is, however, referring to a later time period when the quack practitioners had begun, in some cases, to refer to themselves as quacks, attempting to rid the word of some of its negative associations. At the time the texts discussed in this thesis were written the term was undoubtedly pejorative.

‘Quacksalver’ will be used in this thesis as a convenient, if not elegant, shorthand for ‘irregular’ or ‘empiric’ practitioners of all kinds, and I am attentive to its contemporary usage as an insult.

One of the concerns College physicians felt about the quack practitioners was the unashamedly fiscal nature of quacksalving; the physicians supposedly practised medicine as a calling. The College was also worried by the idea that these irregular practitioners might ‘get their livings, by killing of Men’ after ‘having runne away from their Trades and Occupations’, as Oberndorf phrases it in *The Anatomy of the True Physician* (B2r). Oberndorf cautions his reader to be wary of ‘the whole Bable of these Quacksalvers’ (B2r) because ‘they are such as cannot abide to take any paines or travell in studie: they reject incomparable *Galens* learned Commentaries, as tedious and frivolous Discourses, having found thorow *Paracelsus* Vulcanian shop, a more compendious and short way to the Wood [...] in finding the Foolosophers stone, making Potable gold’ (B3r). Oberndorf expresses here two of the main concerns the licensed medical practitioners had about itinerant practitioners: that they had not studied enough and did not have the expertise to truly listen to and cure their patients, and that they had been seduced by the alchemical promise of Paracelsianism and were overly interested in profit.

It is, perhaps, in the medicines sold by quack practitioners that we can see the influence of Paracelsianism at the ground level of medical practice in early modern England. Again, this is hard to pin down accurately because the advertising

⁸⁶ Porter, *Health for Sale*, p. vii.

of these products via newspapers and bills only took off completely after 1660, but M. A. Katritzky quotes Tomaso Garzoni's description in *The Hospital of Incurable Fools* (1600) of a medicinal compound reputed to be powerful enough to 'convert the Turke' that went under the 'title of Angelicall & diuine Elixir *Fiorauantyne*'.⁸⁷ Converting the Turk was a proverbial expression and Edward Saïd has shown that the Ottoman peril represented a constant danger for Christianity until the end of the seventeenth century.⁸⁸ This is a strong claim for a quacksalver's drug. Katritzky goes on to compare Garzoni's text to Jonson's satirical usage of the same type of language in *Volpone*.⁸⁹ Some quack practitioners and mountebanks did sell nothing more exciting than herbs and roots, presumably for the use of household medicine-makers without access to a well-stocked garden, but the anti-quacksalver texts and their condemnations of the chemical remedies on sale demonstrate that Paracelsian ideas had taken root in the medical practice of the itinerant practitioner.

The use of chemical medicines was slowly being recognised by the College, and this led to concerns about the impact of the quacksalvers on the profit margins of physicians. Household medicine – which was also a target of physician's ire – and quack's cures worked, in many cases, contrary to the College's standard medical practice. Galenic medicine had no place for simples, such as those for which household receipt books give innumerable recipes; instead Galenists would prescribe a complex mixture because one of the ingredients might work. Quack medicine, whether it worked or not, was often a single ingredient that was

⁸⁷ Tomaso Garzoni, *The Hospitall of Incurable Fooles* (London, 1600), p. 7.

⁸⁸ Edward Saïd, *Orientalism* (London: Routledge & Kegan Paul, 1978), pp. 59-60.

⁸⁹ M. A. Katritzky, *Women, Medicine and Theatre, 1500-1750: Literary Mountebanks and Performing Quacks* (Aldershot: Ashgate, 2007), p. 121.

theoretically targeted at the sufferer's ailment. The rise in available medicines from the New World significantly aided the quack practitioners in their business.⁹⁰

Another aspect of the concern felt by the College over quack practitioners came from the fact that they frequently did not practise their trade full-time. John Securis in *A Detection and Querimonie of the Daily Enormities and Abuses Committed in Physick* (1556) condemns the notion that if 'Englyshe Bookes could make men cunning Physitions, then pouchemakers, threshers, ploughmen & cobbles mought by Physitions'.⁹¹ As discussed previously, some of the disdain directed at the apothecaries and barber-surgeons by the College was because they were tradesmen, and part of the condemnation of clergymen-physicians came from their attempts to have two professions. The College's mistrust of the quacks was a potent mixture of the two: if a quack had another trade and had not undergone a lengthy training period, then they were even less to be trusted than the apothecaries. Furthermore, it was not just the College who condemned the quacks for having other trades, but also the apothecaries and barber-surgeons.

What is evident from the above is that the quacks referred to by Cotta, Securis, Oberndorf, Gosson, Harrington, Jonson and Middleton amongst many others, are, in many ways, fictional representations of a feared character. The quacks practising in London in the early 1600s were probably no less likely to heal their patient than a member of the College, but they became the mirror for the perceived wrong practices of the medical profession at the time. It is not only the dramatic works of Middleton, and his contemporaries, which produce these fictions, but also the supposedly factual works of physicians like Cotta. Whether or not the

⁹⁰ For more on the saleable potential of newly discovered foreign medicines, see Furdell, *The Royal Doctors*, pp. 39-41.

⁹¹ John Securis, *A Detection and Querimonie of the Daily Enormities and Abuses Committed in Physick* (London, 1566), B2r. All further references are to this edition and in-text page references given.

quacksalvers committed the abuses they were accused of was, in many ways, besides the point; they provided a focal point for concerns about the state of the profession, and how customers could be misled and cheated of their money.

Self-Regulation: Advice for Physicians

The self-confidence of members of the College of Physicians was not entirely mirrored by public confidence. Large numbers of vernacular works exist discussing the role and desired behaviour of physicians; intriguingly, physicians overwhelmingly wrote them for an audience of their colleagues. Securis's *A Detection and Querimonie* and Oberndorf's *The Anatomy* were both written by physicians and contain exhaustive expositions of the appropriate professional code for physicians, defining it in opposition to the behaviour of the mountebank or quacksalver. These texts are part of the process of legitimising the profession by imagining the antitype; the immoral behaviour of some physicians and quack practitioners acts as a projection of the physician's opposite.

Much scholarship on early modern drama and its presentation of medicine has made use of vernacular medical texts concerned with medical theory, such as Peter Lowe's *The Whole Course of Chirurgerie* (1596). The important point about Securis and Oberndorf's texts, however, is that they are not technically medical volumes in the vein of Peter Lowe or translations of Vesalius. Both *A Detection* and *The Anatomy* are, instead, concerned with delineating the limits of acceptable medical behaviour, and laying down rules for how physicians should behave. They do not contain medical advice – there is no practical information on how to treat a patient. Texts such as these present an opportunity to consider medical attention and practice from a different angle: they are written not with the aim of educating

physicians about the body, but to reinforce ethical and behavioural standards and strictures. William Kerwin sees such texts as evidence of physicians ‘rather desperately trying to keep the roles [of the physician and alchemist] separate’, and undoubtedly, there is a thread of this desperation within them.⁹² However, they are also concerned with the internal policing of medical practice.

A Detection is not Securis’s only medical text. He also published several almanacs, or *Prognostications*, in English. These contain definitions of legal terminology, advice on the best time for blood-letting, and various other medically-related sets of information. Securis’s main concern is to delineate the acceptable behaviour of physicians through clearly explaining the Hippocratic Oath. Publishing texts in this vein was something of a life’s work for Securis: his first book, *A Gret Galley Lately Com Into England out of Terra Nova Laden with Phisitions, Poticaries and Surgions* (1554), expresses, according to C. D. O’Malley, his ‘regret at the necessity of writing in English, an extremity to which he was compelled by the national peril’ caused by the actions of some quacks, apothecaries and surgeons.⁹³ Similarly, *A Detection* contains a section in which Securis’s irritation with the necessity of writing in English is conveyed. Securis asks if ‘you thynke to have in youre Englyshe Bookes, all the perfecte knowledge that is required in Physicke?’ (B3r). Despite writing this in a book that aimed, partly, to educate people about the work of physicians, Securis is echoing contemporary fears about the expansion of access to medical knowledge.

A Detection is divided into three sections; the first ‘shall intreate of the manyfolde erroures and abuse of false and unlearned physitions’, the second ‘intreateth of the ignorance, presumption, and quid pro quo of unjust Apothecaries’

⁹² Kerwin, *Beyond the Body*, p. 30.

⁹³ C. D. O’Malley, ‘Tudor Medicine and Biology’, *Huntington Library Quarterly*, 32.1 (Nov., 1968), pp. 1-27 (p. 10).

and the third ‘shall discusse of the rashness and lewde temeritie of a great many Surgeons’ (A6v). In the introduction to the first section Securis states that before he enumerates the ‘abuses and enormities of phisicke’ he will present the ‘part office and condition of a good Phisition’ through ‘the oath that Hippocrates wold every phisition should take before he practise any phisike’ (A2r).⁹⁴ Once Hippocrates has been explained, in detail, Securis moves to a discussion of ‘learning a Phisition ought to have’ according to Galen (A5r). After a similarly detailed discussion of Galen, Securis distils the points he considers most important from the two, eventually laying down ‘Seven Articles concerning the ministracion and use of Phisike’ (B6v). The second and third sections follow the same rhetorical method, with Securis detailing the thoughts of an older, respected, medical authority before condensing them into a behavioural guide. The aim of his text is to provide justification from the great names of medical history for his contemporary behavioural instructions.

Securis’s treatise largely puts the physicians at the forefront of his argument, whereas Johan Oberndorf’s text foregrounds the perceived misbehaviour of the quacksalvers. The title-page of Oberndorf’s text tells the reader that it was ‘[p]ublished in Latin by John Oberndorff, a Learned German: and Translated into English by F. H. Fellow of the Coll. of Physitions in London’ (A1r). F.H. has been identified as Francis Herring, who was made a fellow of the College in 1599.⁹⁵ The annexed work – ‘[a] short Discourse, or, Discovery of certaine Stratagemes, whereby our London-Empericks, have bene observed strongly to oppugne, and oft times to

⁹⁴ The Hippocratic Oath is discussed in more detail in Chapter Three.

⁹⁵ Gordon Goodwin, ‘Herring, Francis (d. 1628)’, rev. Sarah Bakewell, *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/13095>> [accessed 19 May 2011]. Tanya Pollard in *Drugs and Theater in Early Modern England* (Oxford: Oxford University Press, 2005), attributes the translation to Thomas Herring in the body of the chapter, but the reference names him as Francis Herring.

expunge their Poore Patients Purses' (A1r) – is Herring's rather than Oberndorf's. Translating and supplementing Oberndorf's work allowed Herring to espouse a certain viewpoint on the practice of medicine and the behaviour of physicians. Perhaps more importantly for Herring, it also provided him with an opportunity to make known his own views on the behaviour of other members of the medical marketplace. Writing in English was, in some ways, a political statement. So much of the physicians' ideology rested upon their vision of themselves as the best educated, and thus able to read Latin. Indeed, Herring declares in his introduction to Oberndorf's work that England must be guarded against 'unlettered Empirickes' (A2r), and Oberndorf makes repeated mention of the need for physicians to 'be of an ingenuous and Schollerlike disposition' (B1r). However, Herring and Johnson, his publisher, saw a gap in the market for medical texts written by a physician and published in English.

Oberndorf begins his text with a detailed account of the studious nature the physician requires. He must be 'of an ingenious, and Schollerlike Disposition, willing and readie to receive Instruction and Profit, by whomsoever. For this is the very store-house of Erudition, the most necessary and precious jewell of life, the Treasure, and Light of Science' (B1r). In contrast, the 'whole Bable of these Quacksalvers, are of a base wit, & perverse Nature, having no more naturall inclination, or Disposition unto this study, than the Asse to the harpe', and having 'runne away from their Trades and Occupations, leane in a corner, to get their livings, by killing of Men' (B2r). Oberndorf is emphasising the perceived value of the extended period of study required to become a physician. He claims that the quacksalvers 'disdaine booke-learning, being altogether unacquainted with liberal Arts, and never came where Learning grew. For every one of them, though in his opinion an other *Chiron*, yet either hath no bookes at all, or if hee have a great

Library, to make the world beleieve hee is a great Clarke, yet he layeth them by the walls to feed the Moathes, but never peruseth them' (B2v). Chiron was the mythical centaur who invented human and animal medicine after being injured by Hercules, and who then taught Aesculapius the art of healing. Oberndorf is expressing his deep uneasiness at the self-promotion of the quacksalvers and their acquisition of medical knowledge.

There are echoes of *Securis* in Oberndorf's iteration of the need to have read widely and well in order to be a good physician. *Securis* tells his reader that, according to Galen and Hippocrates, a physician 'must have and get his learning of the best learned men of his time, who diligentlye, even from his childhode must instructe him with these sciences: grammer, Logick, musicke, Astronomie and chieflye (as Plato counsayleth) Arithmetick and geometrie and also Philosophie' (B1v). Science, for *Securis* 'is an habite, (that is) a ready, prompt and bent disposition to do any thyng, confirmed and gotten by long study, exercise and use' (B4v). Any medicines bought from an apothecary work because they have the 'mere gift of God workynge in those (to whome it pleaseth God to give it) without any laboure or studye' (B5r). *Securis*'s text goes on to criticise physicians who 'thynketh themselves so profoundly lerned, that they beleve no man is able to match with them in lerning, they be so arrogant and scornful, that although the patient hymselfe be content to have the counsayle of two or three other phisitions, to consult and conferre together or hys disease: yet they wyll not wyllinglye graunte to it' (C4v). Even the physicians should not compare themselves to Chiron or Aesculapius; the process of learning is never finished.

Oberndorf does not feel the need to explain extensively the expected behaviour of physicians in the same way as *Securis* does; the perceived threat to their profession has altered by 1602. Oberndorf's comparisons of the behaviour of a

licensed physician to that of a mountebank contain much of the same advice and warnings as Securis's explanation of the Hippocratic Oath, but the antitype is much more clearly imagined and explored. There is, however, a significant difference between the elements of the medical marketplace chosen by Securis and Oberndorf. Securis's text is aimed at members of licensed and regulated medical professions, and the need for physicians, surgeons and apothecaries to uphold certain behavioural standards. Oberndorf, in contrast, uses the moral behaviour of physicians as a standard of behaviour that the mountebanks will never meet. The texts are highly didactic, acting as a reminder of the changing social and scientific world Securis and Oberndorf were writing in. *A Detection* and *The Anatomy* display many of the same concerns, but they are addressed differently. Both texts are attempts at defining a model of medical professionalism that is perceived to be under threat, whether from disreputable physicians, or mountebanks and quacksalvers.

Household Remedies and Advice

A crucial part of Galenic and Paracelsian medical theory was the importance of a regime for the maintenance of health, and this was a very domestic concern. The licensed practitioners and quacks discussed above did form two important parts of the medical marketplace of early modern London, but they were not the only medical resource that could be accessed by Londoners. Indeed, the scholarly attention paid to the intricacies of licensing and inter-professional rivalry has often obscured the fact that physicians were frequently the patient's last resort. Early modern illness was most often initially treated at home, using lay knowledge of remedies and advice. Patients could seek the attention of an urologist to study their urine, a lithotomist to remove a stone from their bladder, an herbalist, or an

astrologer, and many did. As Mary Lindemann notes ‘[v]irtually everyone knew how to make and use soothing unguents for burns and cuts and how to still a headache with willow bark decoctions’.⁹⁶ There were innumerable texts published detailing how health regimes could be constructed, and adhered to; Sir Thomas Elyot’s *The Castel of Helthe*, for example, is a wide-ranging healthcare regimen that went through ten editions between 1534 and 1610.

Importantly, most medical texts published in England in the sixteenth- and seventeenth-centuries were published in English, and their contents were, therefore, open to the rapidly increasing literate public. Paul Slack estimates that 153 distinct vernacular medical texts were printed in England between 1486 and the end of 1604.⁹⁷ The publication figures are large because they include remedy books giving lists of medicines and their ingredients, herbals, and more specifically targeted publications, such as textbooks on medicine and surgery. Medical texts as approved of, and required by, the College of Physicians were published in Latin, but they did not accommodate growing public interest in medicine and medical theory.

This increase in literacy also enables us better to understand the nature of household medicine. Mrs Corlyon’s household receipt book (MS.213 in the Wellcome Archive), from 1606, is one of the multitude of household receipt books that are still extant.⁹⁸ Very little is known about Mrs Corlyon, but the book itself was probably compiled by Aletheia Howard, Countess of Arundel. Leigh Whaley speculates that the ‘connection between the Corlyon family whose name is in the title of the book and the Arundel family is that they were Catholic families in the

⁹⁶ Lindemann, *Medicine and Society in Early Modern Europe*, p. 122.

⁹⁷ Paul Slack, ‘Mirrors of Health and Treasures of Poor Men: the Uses of the Vernacular Medical Literature of Tudor England’, in *Health, Medicine and Mortality*, pp. 237-73.

⁹⁸ The Wellcome Library’s Archive and Manuscripts source guide lists seventy-seven household receipt books from the seventeenth century.

same community'.⁹⁹ Household receipt books are hard to define; their writers stretched them to encompass anything that could be of use, meaning they could include recipes for soup alongside ones for poultices. This is not to suggest, however, that they were disorderly collections. Hillary M. Nunn notes that 'they were typically well-organized, sturdily bound volumes that recorded procedures for treating medical problems along with instructions for making a wide variety of chemical and herbal treatments'.¹⁰⁰ The household receipt book of Lady Grace Mildmay (1570-1617) contains a detailed list of the medical paraphernalia within her household and notes on effective pharmacology. There are also notes explaining her diagnoses of patients' ailments and the treatments she suggested.¹⁰¹ There are many similarities within medical manuscript collections, and Whaley notes that 'many medical cures prescribed by women were identical to those recommended by physicians'.¹⁰² Receipt books have formed part of the scholarly investigation, and rehabilitation, of female involvement in medical practice.¹⁰³

Household receipt books represent the domestic medicine of families where the female members were literate and able to compile such texts, and there is a corresponding level of financial stability and access to ingredients. The ingredients listed would, however, have usually been readily available and not exorbitantly

⁹⁹ Whaley, *Women and the Practice of Medical Care*, p. 101.

¹⁰⁰ Hillary M. Nunn, 'Home Bodies: Matters of Weight in Renaissance Women's Medical Manuals', in *The Body in Medical Culture*, ed. by Elizabeth Klaver (Albany, NY: SUNY Press, 2009), pp. 15-36 (p. 16).

¹⁰¹ *With Faith and Physic: The Life of a Tudor Gentlewoman Lady Grace Mildmay 1552-1620*, ed. by Linda Pollock (London: Collins & Brown, 1993).

¹⁰² Whaley, *Women and the Practice of Medical Care*, p. 159.

¹⁰³ The place of women in early modern English medical culture has been the subject of much critical attention over the past two decades. Pelling, *The Common Lot* is useful, as is Whaley, *Women and the Practice of Medical Care*, and D. A. Evenden's 'Gender Differences in the Licensing and Practice of Female and Male Surgeons in Early Modern England', *Medical History*, 42.2 (1998), pp. 194-216.

expensive.¹⁰⁴ Money was a key factor in the early modern patient's choice of practitioner, and one of the reasons for the lack of power the College of Physicians ultimately held. The physicians' perceived higher level of education and ability was reflected in the fees they charged and in the highly competitive medical marketplace they frequently lost business to other members of the medical community.

Household medical advice was fairly conservative, relying on common herbs and distillations. As Andrew Wear makes clear, women, 'as the providers of medical care within the family, were especially concerned with the making of medicines'.¹⁰⁵

He quotes Gervase Markham's *The English Hus-wife* (first printed in 1615), which presents the 'inward and outward Vertues which ought to be in a complete Woman', which include skill in 'Cookery, Extraction of Oyles, Banqueting stuffe [...]

Distillations, Perfumes'.¹⁰⁶ This conservatism is unsurprising: there may have been debates over theory being fought within the medical faculties of universities, but everyday practice was more concerned with what had been proven to work, or claimed to have worked. Through their phrasing, household receipt books reveal the oral economy on which they are based, using introductions to recipes such as 'Mrs Rodgers. A Drink for the Ricket's which never yet failed' from the Boyle family receipt book.¹⁰⁷

Household receipt books are also intimately connected with herbals, such as John Gerard's *The Herball, or General Historie of Plants* (1597) which, in its epistle to Sir William Cecil, tells the reader that 'no confection of the Apothecaries can

¹⁰⁴ See Wendy Wall, 'Women in the Household' and Mary E. Fissell, 'Women in Healing Spaces', in *The Cambridge Companion to Early Modern Women's Writing*, ed. by Laura Lunger Knoppers (Cambridge: Cambridge University Press, 2009), pp. 97-109 and pp. 153-164.

¹⁰⁵ Wear, *Knowledge and Practice in English Medicine*, p. 49.

¹⁰⁶ Gervase Markham, *The English House-Wife* (London, 1653), expanded title-page, quoted in Wear, *Knowledge and Practice in English Medicine*, p. 50.

¹⁰⁷ Collection of 712 medical receipts, with some cookery receipts: Wellcome Manuscript 1340; Boyle Family, receipt no. 85, p. 28.

equall [the] excellent vertue' of herbs and flowers.¹⁰⁸ Herbals, alongside texts like Markham's, would have formed a significant part of the reading material of women in the 1600s. Hecate in Middleton's *The Witch*, lists herbs that she has stuffed into the body of a dead infant:

I thrust in *eleoselinum* lately,
Aconitum, *fronds populous*, and soot –
 You may see that, he looks so black i'th' mouth –
 Then *sium*, *acorum vulgare* too,
Pentaphyllon, the blood of a flitter-mouse,
Solanum somniferum et oleum ... (1.2.36-42)

The list comes verbatim from Reginald Scott's *The Discoverie of Witchcraft* (1584) and whilst it seems unlikely that the majority of the audience would have recognised the Latinate names of herbs or the source, the ingredients were relatively common in early modern medical writings.¹⁰⁹ *Aconitum*, in particular, was part of early modern medical discourse, and Gerard wrote at length about the poisonous nature of aconite, and *Solanum somniferum*, or deadly nightshade. The potentially dangerous effects of these herbs emphasises Hecate's wickedness, further displaying her malevolent nature, just as Shakespeare's reference to the Queen's Paracelsian experiment with poisons in *Cymbeline* situates her wickedness.¹¹⁰ The dramatic usage of the terms relies upon the cumulative effect of the ingredients being listed rather than an audiences' ability to understand the terms individually; but if anyone did, there was an added layer of danger to the scene.

Domestic medicine, including herbals, forms an integral part of the early modern experience of health and healing. Despite the growth of scientific medicine, a wide range of folk remedies were available and trusted, regardless of their varied levels of effectiveness. Kerwin claims that 'neither "kitchen physic," the practice of

¹⁰⁸ John Gerard, *The Herball, or Generall historie of plantes* (London, 1597), A2r.

¹⁰⁹ Thomas Middleton, *The Witch*, ed. by Marion O' Connor, in *The Collected Works*.

¹¹⁰ This is discussed further in Chapter Three.

a woman treating her household, nor elite physic, in which upper-class women dispensed free medical care, was a source of major controversy'.¹¹¹ Certainly the physicians' antagonism towards domestic medicine never came close to the heights of their dislike of the quacks and charlatans, but there was still a current of mistrust.

Often this was presented as concern at the potentially dangerous effects of the herbs and plants included in domestic simples and distillations. Some physicians played upon their years of education, claiming that it made them better equipped to understand the properties of herbs, and their necessary storage and preparation conditions. Cotta states in *A Short Discoverie* that we 'may justly here taxe [women's] dangerous whisperings about the sicke, wherein their prevalence oft being too great they abuse the weake sense of the diseased, while they are not themselves; and make just and wise proceeding suspected, and with danger suspended' (p. 25). Like many other early modern physicians, Cotta mistrusted domestic medicine because he felt it was in direct opposition to his learned medicine. He goes on to lament that some women disliked medicines that came from apothecaries 'or from Physitions hands and directions: thereby preferring their owne private ointments, plaisters, ceareclothes, drinkes, potions, glisters, and diets, because by time and custome they are become familiarly knowne unto them' (p. 29). This, he felt, led 'the sicke miserably to beguile themselves; to exchange reasonable likelihood, for personall confidence; the knowledge of the right and safe use of medicines, for the knowledge of the composition of their medicines' (p. 29). Cotta is not the only physician to be this distrusting of domestic, specifically female, medicine. William Bullein, in *Bulleins Bulwarke of Defence Againste all Sicknes, Sornes and Woundes* (1562), contrasts 'ignorant' folk knowledge against the authoritative position of the learned physician and their literate tradition; for

¹¹¹ Kerwin, *Beyond the Body*, p. 69.

example he writes that the dandelion ‘bee commonly knowen, and counted of many as a vile weede, yet it is reported of Dioscorides, to be an excellent herbe’.¹¹²

Bullein was a ‘nurse-surgeon’ who cared for Henry VIII, and who was never admitted to the College.¹¹³

The expansion of literacy rates and the growth of medical texts published in the vernacular, combined with the expansion of peripatetic medical practice, was taking some power away from the physicians. Making a living and retaining a sense of professionalism through medicine in London was becoming ever harder, and the physicians were increasingly turning their sights on domestic medicine. This domestic medicine is rarely presented on stage; female practitioners are most often midwives or referred to as being consulted off stage. Middleton and Dekker’s *The Roaring Girl* (1611) does present Mistress Gallipot being attended by Mistress Tiltyard and Mistress Openwork after her pulse and colour are raised because of a confrontation with her husband:

Mistress Tiltyard:	How her head burns; feel how her pulses work.
Mistress Openwork:	Sister, lie down a little: that always does me good.
Mistress Tiltyard:	In good sadness, I find best ease in that too. Has she laid some hot thing to her stomach? (6.169-74) ¹¹⁴

Other than this example, the most frequent female medical characters in Middleton’s drama are midwives. Domestic medicine may not make it to the public theatre, but it forms an important undercurrent of the medical knowledge possessed by Middleton’s audience, and is especially crucial to our understanding of reactions to plague.

¹¹² William Bullein, *Bulleins Bulwarke of Defence Againste all Sicknes, Sornes and Woundes* (London, 1562), F10v.

¹¹³ Furdell, *The Royal Doctors*, p. 28.

¹¹⁴ Thomas Middleton, *The Roaring Girl*, ed. by Coppélia Kahn, in *The Collected Works*.

Conclusion

As can be seen from the above, the early modern medical world was complex, messy and divided. It touched on all aspects of early modern life, making it no wonder that opinions ran high on the subject. Medicine was also in a considerable state of flux, with the rise of Paracelsianism in both the College of Physicians and amongst empiric practitioners, an increase in literacy rates and the publication of medical information in the vernacular, and internal strife between the various factions of the medical marketplace. These all combined to give rise to anxieties about what it meant to be a professional, how professionalism was created and maintained and, crucially, how important professional identity was to the patient, the ultimate buyer of medical services. The language used by the physicians in defending their profession, and professional status, concentrates upon the importance of books and learning, but they were not entirely happy about the expansion of this model of medical education to the literate populace.

The rise of scholarly study of the history of medicine has greatly expanded our knowledge of medical provision in England during the 1600s, of the patient's experience of illness and treatment, and of the internal tensions between factions of the medical marketplace. There has also been valuable work done upon the presentation of illness on the early modern stage. However, there is still a gap within the scholarship for studies of treatment in the literature of the early 1600s and how the cures shown on stage are related to contemporary anxieties about the state of medicine and medical knowledge during the early 1600s.

The licensed physicians turned poisoners at court in *The Patient Man and the Honest Whore* and *The Witch*, and in Dekker's *Match Me In London* (1611), show us that playwrights were aware of the performative power of poison, and the

undercurrents of mistrust that it engendered. Similarly, Penitent Brothel in *A Mad World, My Masters* (1605) is not a member of the College of Physicians and expresses vocally his concerns about shaming them, but the potentially permeable boundary between some physicians and quacksalvers is given voice by Frank Gullman, telling him to imitate quacksalving phrases because her brothers will not notice the difference. Touchwood Senior is not a quacksalver in the traditional sense, but in *A Chaste Maid in Cheapside* (c. 1613) Middleton uses the idea of the quacksalver to examine how fertility could be bought and sold. Jonson's *Volpone* (1606) presents the debates about quacksalvers to his audience, through Volpone's performance as Scoto and Peregrine and Sir Politic Would-Be's discussion of the supposed education and knowledge of quacksalvers.

These imaginative responses to cultural anxieties become one way of exploring the effect of the medical marketplace's state of flux on those making use of it. As will be seen in Chapter Two, this was not solely restricted to drama. Plague devastated early modern London and Middleton and Dekker's *The Meeting of Gallants At An Ordinary* (1604) and *News From Gravesend* (1604) show us two ways in which literature was used to come to terms with its social effects.

Lindemann states that medicine is 'embedded in the larger framework of life and history; it cannot be divorced from them'.¹¹⁵ It cannot also be divorced from how we read the literature of the early modern period.

What is particularly notable about the medical conflicts and conversations explored in this chapter is the current of suspicion running throughout. It is this vein of concern about the power of medical professionals, whether licensed members of the College or quacksalvers, that is highlighted in the literature discussed in the rest of this thesis. Middleton, Dekker, Jonson and Webster, amongst others, are acutely

¹¹⁵ Lindemann, *Medicine and Society in Early Modern Europe*, p. 282.

aware of the cultural thread of distrust surrounding physicians and medicine, and use it to heighten their theatrical depictions of political power, domestic and familial relationships, and the power of words to kill or cure. These texts are involved with the process of managing contemporary medical conflicts and concerns through showing them on the stage and page. Middleton and Dekker's plague pamphlets present a London turned upside down, the powerlessness of both medicine and theology, and attempt to come to terms with it through words.

Chapter Two: “Cease vexing heaven, and cease to die”:¹¹⁶

Middleton and Dekker’s Plague Pamphlets, 1603-1604

Never let any man aske me what became of our Phisitions in this Massacre, they hid their Synodicall heads aswell as the prowdest: and I cannot blame them, for their Phlebotomies, Losinges, and Electuaries, with their Diacatholicons, Diacodions, Amulets, and Antidotes, had not so much strength to hold life and soule together, as a pot of *Pinders Ale* and a Nutmeg: their Drugs turned to durt, their simples [were] simple things: Galen could do no more good than Sir Giles Goosecap: *Hipocrates*, *Avicen*, *Paracelsus*, *Rasis*, *Fernelius*, with all their succeeding rabble of Doctors and Water-casters were at their wits end.¹¹⁷

Thomas Dekker’s 1603 plague pamphlet *The Wonderful Year* tells readers what they already knew: that the challenge posed to medicine and medical professionals by the plague was insurmountable. As Chapter One makes clear, significant advances were being made in medicine during the sixteenth and seventeenth centuries, but neither Galenic nor Paracelsian medicine could hope to combat the plague. *The Wonderful Year* and Dekker’s two collaborations with Middleton, *The Meeting of Gallants at an Ordinary* and *News From Gravesend: Sent to Nobody* (both 1604), are literary reactions to the devastation caused by the 1603 outbreak of plague. Ian Munro characterises the year-long outbreak of plague as ‘not a calamitous singularity but a constant presence, ebbing and flowing’.¹¹⁸ It was this constancy that caused the plague to be so threatening for the inhabitants of early modern London. In 1603 there were an estimated 25,045 plague burials out of a total of 31,861 – London’s population at the time is estimated at 141,000. The plague claimed one in five of

¹¹⁶ Thomas Dekker and Thomas Middleton, *News From Gravesend: Sent to Nobody*, ed. by Gary Taylor, in *The Collected Works*, l. 1120. All further references are to this edition and in-text line references given.

¹¹⁷ Thomas Dekker, *The Wonderful Year* (London, 1603), D3r. All further references are to this edition and in-text page references given.

¹¹⁸ Ian Munro, *The Figure of the Crowd in Early Modern London: The City and its Double* (New York: Palgrave MacMillan, 2005), p. 176.

London's inhabitants during the 1603 outbreak.¹¹⁹ Unsurprisingly plague recurs again and again in the literature of the late 1500s and early 1600s.

Middleton and Dekker's pamphlets provide three distinct ways of representing the plague for an audience that was likely to have been touched by it.¹²⁰ Firstly, they engage with contemporary debates about the extension of medical practice; secondly, they interact with the theological debate surrounding plague; and thirdly, they comment upon those who benefited financially from the plague, whilst doing so themselves. *The Wonderful Year*, *News From Gravesend* and *The Meeting of Gallants* are literary attempts to combine modes of discourse and explain the necessity of, and meaning behind, this latest outbreak of plague. Plague in *The Meeting of Gallants* is impossible to prevent, occurring because Pestilence, War, and Famine are engaged in a competition over who can kill the most people. *News From Gravesend*, in contrast, attempts to provide some means of prevention against future plagues.

Both *News From Gravesend* and *The Meeting of Gallants* have 1604 on their title pages. Critical consensus is that *News From Gravesend* was published first; Gary Taylor cites the prose epistle's declaration that the rhymes are 'served up to thee (in the tail end of the plague)' (25-6) and the reference to 'good cheer so much as at Christmas' (71) as pointing to a composition date late in 1603.¹²¹ Taylor also notes that the poem itself was written earlier than the prose epistle, implying

¹¹⁹ Paul Slack, *The Impact of Plague in Tudor and Stuart England* (Oxford: Clarendon Press, 1985; 1990), table 6.1, p. 151.

¹²⁰ There is limited critical work on Middleton's plague pamphlets, but some critics, such as Mark Hutchings and Elizabeth Lane Furdell, have noted that Middleton's sister lost her husband and children to the 1603 plague, lending a possible personal connection to Middleton's representation of plague in the pamphlets and *Your Five Gallants* (c. 1607). This biographical connection is potentially of use to further criticism of the plague pamphlets, but will not form part of this chapter or thesis.

¹²¹ Gary Taylor, 'The Middleton Canon: *News From Gravesend*', in *Thomas Middleton and Early Modern Textual Culture: A Companion to the Collected Works*, ed. by Gary Taylor and John Lavagnino (Oxford: Clarendon Press, 2007), pp. 331-441, p. 346;

composition in the late autumn of 1603.¹²² For *The Meeting of Gallants*, Paul Yachnin concurs with F. P. Wilson, stating that it was probably written in ‘late January or early February 1604’.¹²³ Jinglespur remarks that ‘the moon hath had above six great bellies since we walked here last together’ (177-8), which, in conjunction with Shuttlecock’s declaration that Jinglespur is ‘the first gallant I met in Paul’s, since the one-and-thirty day, or the decease of July’ (124-5) puts the internal dating of the pamphlet at the end of January.¹²⁴

The two pamphlets that are the main focus of this chapter are both collaborations between Middleton and Dekker. *News From Gravesend* is primarily Dekker’s work, with Middleton’s contribution being around hundred lines of the main poem (972-1078).¹²⁵ Middleton, however, authored most of *The Meeting of Gallants*, with Dekker’s contribution primarily found in the last three pages, except the concluding twenty lines.¹²⁶ These different levels of collaborative input can, in some way, explain the major differences between the two pamphlets. *News From Gravesend* is considerably longer and gives extensive consideration to theological and political enquiry about plague. *The Meeting of Gallants*, in contrast, is shorter and more interested in the immediate effect of plague upon specific sections of society.

This chapter explores Middleton and Dekker’s engagement with ongoing debates about the causes of plague, and the challenges faced by medical practitioners in coping with the immediate threat. It juxtaposes their pamphlets with

¹²² Taylor, ‘The Middleton Canon: *News From Gravesend*’, in *Thomas Middleton and Early Modern Textual Culture*, p. 346.

¹²³ Paul Yachnin, ‘The Middleton Canon: *The Meeting of Gallants at an Ordinary*’, in *Thomas Middleton and Early Modern Textual Culture*, p. 349.

¹²⁴ Thomas Middleton and Thomas Dekker, *The Meeting of Gallants at an Ordinary: or, The Walks in Paul’s*, ed. by Paul Yachnin, in *The Collected Works*, 1. 177-8; 1. 124-5. All further references are to this edition and in-text line references given.

¹²⁵ The evidence for this is discussed in Taylor, ‘The Middleton Canon: *News From Gravesend*’, p. 348.

¹²⁶ Yachnin, ‘The Middleton Canon: *The Meeting of Gallants*’, p. 349.

other contemporary texts such as Mrs Corlyon's household receipt book (c. 1606), the Plague Orders and Advice issued by Queen Elizabeth I in 1578 and King James I in 1603, and sermons such as Lancelot Andrews's *A Sermon of the Pestilence, Preached at Chiswick* (1603) and James Balmford's *A Short Dialogue Concerning the Plague's Infection* of the same year. Plague texts take various forms, and Middleton and Dekker's pamphlets are intrinsically connected with the contemporary discussions raging about the causes of plague. These include how it should be dealt with as an urban emergency, potential treatments, and accusations of official inaction.

Plague has been the subject of much scholarly work, a significant part of which makes explicit the connection between our current modes of discourse surrounding epidemics and those of the early modern period. Ernest B. Gilman asks 'how the plague can illuminate the imaginative writing it provokes [and] how, at a crucial historical moment, "writing" and "plague" can be understood as most intimately conjoined', as does Jennifer Cooke in her exploration of the continuous power of plague as a 'convenient vector for political and social rhetoric'.¹²⁷ One vector through which plague pamphlets are read is that of punishment and sin. Peter Lake and Michael Questier have compared the plague pamphlets to murder pamphlets, exploring two ways of representing the transgressions of the city and its citizens.¹²⁸ Kira L. S. Newman has also investigated the history of quarantine and plague in early modern England as punishment for social misbehaviour and Kelly J. Stage notes the importance of London as a city under quarantine restrictions in *The Meeting of Gallants* and *News From Gravesend* as part of her exploration of plague

¹²⁷ Ernest B. Gilman, *Plague Writing in Early Modern England* (Chicago: University of Chicago Press, 2009), p. 3; Jennifer Cooke, *Legacies of Plague in Literature, Theory and Film* (Basingstoke: Palgrave Macmillan, 2009), p. 2.

¹²⁸ Peter Lake and Michael Questier, *The Antichrist's Lewd Hat: Protestants, Papists and Players in Post-Reformation England* (New Haven; London: Yale University Press, 2002).

in drama.¹²⁹ Furthermore, Margaret Healy's discussion of the 'plaguy body' considers firstly the importance of the narrative tradition in which accounts of plague 'were steeped in layer upon layer of classical, biblical and native myth-making' and then 'the topography and ordering of London's plagues'.¹³⁰ The dominant religious rhetoric of plague as a visitation from God is demonstrably present in the two pamphlets considered here, and I shall be asking how this religious framework interacts with contemporary medical discourses.

Part of this contemporary discourse is that of household receipt books, which have been given considerable attention over the past two decades. Much of this, as Elaine Leong states, focuses upon the 'theory and knowledge behind household medicine' rather than on their importance as cultural responses to plague.¹³¹ As discussed in Chapter One, there was considerable anxiety surrounding female medical practice, and recent scholarship has tended to focus upon the need to re-think and establish the female presence in the medical marketplace. This chapter concentrates upon the social dialogue of cure, physic and cause that connects the household writing, pamphlets, and sermons. The pamphlets are not explicitly medical texts, but medical concerns were pervasive during the early 1600s and these texts are no exception. Considering the pamphlets alongside household receipt books, the Plague Orders and Advice, and sermons, brings different forms of plague discourse together, demonstrating the impact and meaning of plague in early modern London. My chapter considers Mrs Corlyon's household receipt book because of the

¹²⁹ Kira L. S. Newman, 'Shutt Up: Bubonic Plague and Quarantine in Early Modern England', *Journal of Social History*, 45.3 (2012), pp. 809-834; Kelly J. Stage, 'Plague Space and Played Space in Urban Drama, 1604' in *Representing the Plague in Early Modern England*, ed. by Rebecca Totaro and Ernest Gilman (London: Routledge, 2011), pp. 54-75

¹³⁰ Margaret Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (New York: Palgrave, 2001), pp. 51, 89.

¹³¹ Elaine Leong, 'Making Medicines in the Early Modern Household', *Bulletin of the History of Medicine*, 82, Spring 2008, pp. 145-68 (p. 148).

domestic viewpoint it lends to the epidemic. The pamphlets are de-domesticised, removing plague from where it had the largest, most personal, impact and by reading a household text that pays attention to plague alongside the pamphlets, we are able to sense how overwhelming and widespread plague was as a societal threat.

The critical attention received by the Middleton-Dekker collaborative pamphlets, *News From Gravesend* and *The Meeting of Gallants*, has been fragmented and their complexities have not been fully explored.¹³² In part this is because of debates about authorship; Healy considers *News From Gravesend*, but regards it solely as Dekker's work. This chapter argues that the pamphlets address the crucial interplay between political, religious, and social causes of disease and foreshadow many of Middleton's later viewpoints upon medicine and illness. In particular they show his interest in medicalised responses to the sins of the citizens, which we will see again in Chapter Four, and the complexities of how medicine and religion coexisted, which is considered further in Chapters Three and Five. This chapter brings together some of the main themes of critical enquiry into plague and *The Meeting of Gallants* and *News From Gravesend* with the aim of further situating the pamphlets within the wider discourse of plague. In particular, it looks at the narrative structures and tropes employed by Middleton and Dekker. Through this, I examine the idea of storytelling as a potential cure; where religion and medicine fail, perhaps literature can help.

¹³² Charles Whitney, 'Dekker and Middleton's Plague Pamphlets as Environmental Literature', in *Representing the Plague*, pp. 201-218, considers the pamphlets from an ecocritical perspective, analysing them as, in part, precursors of modern texts about global warming; Rebecca Totaro, *The Plague Epic in Early Modern England: Heroic Measures, 1603-1721* (Farnham: Ashgate, 2012), reads them as epics, discussing their function as literary memorials for the dead and calls to more active religion.

The Plague Orders and Advice, Household Medicine and Religious Discourse

During the plague outbreak of 1603 the civic authorities attempted to constrain its spread and restrict its severity. Primarily this effort consisted of the Plague Orders, re-issued in 1603 and signed into statute in 1604 as the Plague Act. The Plague Orders had originally been signed by Elizabeth I's Privy Council, who issued them in 1578. William Cecil, her chief minister, devised them with reference to various continental forms of plague control. Cardinal Wolsey had developed a set of Orders for London, which Thomas More then enforced in Oxford in 1518, and the 1578 Plague Orders constitute a next step towards a national plague policy. Queen Elizabeth's, and later King James I's, Plague Orders consist of two separate sections: 'Orders thought meete' and 'An Advice set down'.¹³³ The Advice claims to be written by 'the best learned in Physicke within this Realme, containing sundry good rules and easie medicines', and the Privy Council had asked the advice of the College of Physicians whilst drawing it up.¹³⁴ In reality, the Advice was far from groundbreaking: the medicines mentioned rely heavily on perfumes and traditional ingredients such as valerian, wormwood and mithridatum, which was a semi-mythical remedy for the plague.¹³⁵ By contrast, the Orders are, as Paul Slack notes, 'innovative, far-reaching and permanent', providing a curious mismatch with the

¹³³ For ease of reference I use 'Orders' to mean the first section, which laid down civic responsibilities and 'Advice' to mean the medical information. Where the text as a whole is discussed I use 'Plague Orders'.

¹³⁴ Queen Elizabeth I, *Orders, Thought Meete by her Maiestie, and her Priiue Councell, to be Executed Throughout the Counties of This Realme, in Such Townes, Villages, and Other Places, as are, or may be, Hereafter Infected With the Plague, For the Stay of Further Increase of the Same* (London, 1578) A2r. All further references are to this edition with in-text page references.

¹³⁵ A. Cornelius Celsus gives a recipe for mithridatum, in *De Medicine (On Medicine)*, trans. by W. G. Spencer, Loeb Classical Library (Cambridge, Mass.: Harvard University Press, 1938), Volume II, Book 5, p. 57.

Advice. The Orders were only radically revised in 1666; the Advice, in contrast, was revised in 1630.¹³⁶

The mismatch between the Orders and the Advice comes from the disjunction between the ‘far-reaching’ outlook of the Orders and the medically conservative Advice. The Orders have much in common with plague policy from France, Russia, and the Netherlands, where the isolation of the sick was a mainstay of infection control and the theory of miasmatic transmission was considerably downplayed. The Advice, however, is heavily influenced by miasmatic theory. ‘Contagion’ and ‘miasma’ were the two main theories of infection in the period and miasmatic theory held that illness was transmitted through the air by bad odours, giving the atmosphere a significant proportion of responsibility. Contagion was the passing of disease from person to person, whether directly or via an inanimate object.¹³⁷ Miasmatic transmission relied upon the openness of the early modern body; the air itself could have an effect upon the humours. In everyday practice the two theories coexisted, and this can be seen in the plague pamphlets. Part of the beginning of *The Meeting of Gallants*, for example, is about the relaxing of the quarantine restrictions and the ability to meet once more with friends, but some of the stories told in the ‘ordinary’ posit miasmatic transmission as the danger.

The importance of miasmatic theory in the Advice is not surprising; miasma was an integral part of disease theory until the end of the nineteenth century. The mismatch between the awareness of contagion in the Orders and miasma in the Advice is curious because of how often the two sections reference each other. For example, Item 13 of the Orders requires that ‘all the saide clothes and other stuffe, so occupied by the diseased, so soone as the parties diseased of the plague are all of

¹³⁶ Slack, *The Impact of Plague*, p. 209.

¹³⁷ Lindemann, *Medicine and Society in Early Modern Europe*, pp. 216-20, gives a good summary of the development of ‘contagion’ and ‘miasma’ and how changes in environmental investigation began to alter conceptions of how disease was transmitted.

them either well recovered or dead, be either burnt and cleane consumed with fire or els ayred in such sort as is prescribed in an especiall article conteyned in the Advice' (B2r). The Advice recommends that '[s]uch apparel as you shal commonly weare, let it bee very cleane, and perfume it often eyther with some red Saunders burned, or with Juniper. And if any shal happen to be with them that are visited, let such persons as soone as they shal come home, shift themselves, and aire their other clothes in open aire for a time' (B4v).¹³⁸ The airing suggested in the Advice would have had little impact on the potential spread of plague, whereas the Orders' injunction to burn and destroy the cloth would. Public policy and disease management was significantly more advanced, and potentially successful, than the medical advice attached to it. The Plague Orders also recognised that the financial costs of replacing the burned clothing and bedding would be beyond many of those that the Orders were aimed at protecting, and the end of Item 13 states that the Justices should 'allowe also to them such summe or summes as to them shall be thought reasonable, in recompense of the losse of their said stuffe' (B2r). This public policy was considered and thought out, but, as we will see in the pamphlets, it was probably never adhered to.

The Orders laid down the responsibilities of 'all the Justices in every Countie, aswell within the liberties as without' (A3r) during times of plague, a topic which comes back in the plague pamphlets themselves. The Orders do not require the Justices to remain within the afflicted areas, but the duties they command make it hard to see how else they could be carried out. In particular, the eleventh item requires the 'Justices of the whole Countie to assemble once in xxi. dayes, to examine whether these orders be duely executed, and to certifie to the lordes of the

¹³⁸ The exact identity of "Saunders" is unclear, but it appears to be a form of parsley. See, *OED*, 'Alexanders', *n*.

privie Councell their proceedings' (B1v). The seventh item demanded that justices appoint 'certaine persons dwelling, within the townes infected, to provide and deliver all necessaries of victuals' (B1r) and the eighth that

In the shire towne in every Countie, and in other great townes meete for that purpose, there may be provision bespoken and made, of such preservatives & other remedies, which otherwise in meaner townes can not be readily had, as by the Physicians shall be prescribed, and is at this present reduced into an Advise made by the Physicians and nowe printed and sent with the sayd orders. (B1r)

The Orders required a general taxation to be put in place for the funding of relief for the sick and their families, and Paul Slack and Dorothy Porter both read this as one of the initial steps towards the English Poor Law.¹³⁹ Intriguingly, the 1578 Orders were, in theory, stricter than the continental examples on which they had been based, where containment and quarantine were concerned. However, the level of adherence to the Orders was vastly different between London and the rest of the country. In more rural areas the local magistrates were readily persuaded to follow the Orders, but the city fathers of London proved more difficult to control and, eventually, London was subject to less restrictive plague controls than the rest of the country.¹⁴⁰

Regardless of whether or not the actions recommended in the Orders and Advice would have worked, they are practical documents showing an attempt to cope with the devastation plague brought. Paul Slack refers to the Advice as 'trite' and 'conservative', and it is true that the medicines detailed were overwhelmingly Galenic.¹⁴¹ For example, the Advice contains a 'Preservative by way of inward medicine' (B4v), the recipe for which is followed by an explanation of why

¹³⁹ Slack, *The Impact of Plague*, p. 210; Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), p. 41.

¹⁴⁰ For more detail on this see Slack, *The Impact of Plague*, pp. 213-6.

¹⁴¹ Slack, *The Impact of Plague*, p. 209.

infection occurs. This accords with humoral theory, explaining that the liquid preservative will be particularly useful in warding off infection in bodies whose ‘constitution of the heart, the vitall spirits being weake, and the naturall heate feeble, in which case things Cordiall are to be used’ (C1r). There may have been a movement towards Paracelsianism within medical faculties and the College of Physicians, but the purpose of the Advice is to give practical, reassuring ideas to those who were suffering. Slack’s assessment is not wrong, but it misses some of the nuance of the Advice’s purpose. The forethought of the Orders is connected to the desire for public order, and no physician would have been able to write medical advice that would have prevented the plague. The Advice was written to provide reassuring medical information to the general public in the face of a seemingly incurable disease. Such conflicting attitudes recur in the pamphlets, where it can be seen that medicine is unlikely to be of any use, but the physicians are still castigated for abandoning London.

The conservatism of the Advice is echoed in the household receipt book of Mrs Corlyon. Like many such texts it contains a wide variety of remedies for various health concerns. It is also remarkably well organised and accessible, containing an index and indications of the efficacy of remedies in the titles; some are described as medicines which ‘hath been approved’ and others simply as ‘an other medicine’. Mrs Corlyon’s text contains eleven recipes concerning the plague. These are a mixture of preventatives, treatment for those already infected, and medicines to clear the buboes. The preventative remedies rely, like the Advice’s, on the miasma theory of infection, and provide ways to mask odours or purify the air. The medicines to aid the infected within the Advice are restricted to a suppository made of boiled honey and finely ground salt (C3r) and two recipes for liquids to be drunk whilst the patient is kept warm and made to sweat the plague out. Mrs

Corlyon's medicines for the afflicted are slightly more numerous but they also accord with humoral theory.

Mrs Corlyon's text and the Advice both recommend the use of common household plants and herbs, such as sorrel, onions and aloe. On occasion, Mrs Corylon's recipes call for more exotic and expensive ingredients than the Advice, which relies heavily on rue and wormwood. Wormwood also recurs in the second section of Mrs. Corlyon's 'Dyett' against the plague and in the Advice's 'Preservative by way of inward medicine' (B3v), and the two remedies are very similar.¹⁴² Mrs. Corlyon recommends 'a good draughte of Beere or Ale wherein these hearbes have stode all night: that is to saye woorme-woode Hearbagrace and Plantyn' to be completely drunk in the morning, and she adds that it 'is not amisse if you drinck thereof againe in the afternoones' as long as you 'shifte the hearbes twice or thrice in a weeke' (p. 166). In the Advice it is 'Rue or Wormewood, or of both', 'into a pot of usuall drink, close stopped, let it lie so in steepe a whole night, and drinke thereof in the morning fasting' (B3v).

Household medicine and the Advice both display how entrenched in popular medicine the ideas of miasmatic transmission and the humours were. It was the officially published reason for the plague, the theoretical organising principle behind the Advice, and the underlying reasoning behind domestic medical practice. Mrs Corlyon's household receipt book and the Advice present us with two examples of how the everyday battle against plague was fought, and there is no space in either of them for discussions of morality and behaviour. The pamphlets, however, do engage with questions about the relationship between plague and sin and how amendment of behaviour may need to become an everyday tool in the battle against infection.

¹⁴² Mrs Corlyon, *A Booke of Diverse Medicines* (1606), The Wellcome Institute, Wellcome Manuscript 213, p. 166. All further references are to this edition and in-text page references given. A copy also exists in the Folger Library (MS V.a. 388), which is in the same handwriting.

Plague was also endlessly debated in theological circles, given the need to understand the significance of epidemics in relation to the Divine will. The normative position is best represented by Lancelot Andrewes, whose *Sermon of the Pestilence* was preached at Chiswick in 1603. The sermon is based upon Psalm 106, verses 29 and 30:

- 29 Thus they provoked *him* to anger with their
 inventions: and the plague brake in upon them.
30 Then stood up Phinehas, and executed judgment: and
 so the plague was stayed.

Andrewes explains specific interpretations of ‘cause’ and ‘cure’ within the psalm, explicitly connecting them to the plague currently ravaging London. The sermon begins with an extensive discussion of what ‘cause’ means within the context of the psalm, beginning with the crucial point that ‘the *plague* is a thing *causall*, not *casuall*’: the plague, as represented by Andrewes, ‘comes not merely by *chance*, but hath somewhat, some *cause* that procureth it’.¹⁴³ Andrewes’s exploration of the cause and effect of the plague is, in part, concerned with whether the advice of physicians should be sought. He describes how ‘if you aske the *Physitian*, he will say, the cause is in the *aire*. The *aire* is infected; the *Humours* corrupted: the *contagion* of the *sick*, coming to and conversing with the sound’ (B2v). Andrewes’s sermon does not try to discredit miasmatic theory, instead giving a religious perspective on how the idea of miasmatic transmission could accord with Church teaching. For Andrewes, ‘we acknowledge these to be true, that in all *diseases*, and even in this also, there is a *naturall cause*: so wee say, there is somewhat more, something *divine* and *above nature*. As somewhat, which the *Physitian* is to looke unto, in the *Plague*: so likewise something for *Phinees* to doe, and *Phinees* was a

¹⁴³ Lancelot Andrewes, *A Sermon of the Pestilence. Preached at Chiswick 1603* (London, 1636), B2r. All further references are to this edition and in-text page references given.

Priest. And so some worke for the *Priest*, as well as for the *Physitian*' (B3r). Ultimately there is, however, no completely effective cure for any illness that is not centred upon God because God sends illness. Andrewes tells his listeners that 'no man looketh deeply enough into the *cause* of his sicknesse, unlesse he acknowledge the finger of God in it, over and above any causes naturall' (B3v).

Andrewes's position on the cause of plague was typical of early modern plague discourse by religious leaders: whatever the medical reaction to plague, it had to be accepted as imposed by the will of God. Other voices dissented, for example, Henoeh Clapham, a well-known London preacher who, unlike some clergy, continued with his ministry during the 1603 outbreak of plague. Clapham was imprisoned for 'teaching, *That the plague was not infectious*; as also for publishing *An Epistle concerning the Pestilence*; and that in contempt of the booke of *Orders* for the Wednesdayes fast, authorized by the King'.¹⁴⁴ Item 16 of the Orders declared that any one person, 'Ecclesiastical or laye [who] shall holde and publishe any opinions [...] pretending that no person shall dye but at their tyme prefixed, such persons shalbe not onely reprehended, but by order of the Bishop, if they be ecclesiasticall, shalbe forbidden to preache' (B2v). Clapham was also said to have encouraged attendance at the funerals of plague victims because the plague was not infectious, and to have implied that the refusal of ministers to tend to their parishioners was the result of a lack of charity rather than the fear of infection.¹⁴⁵ Clapham's writings are purposefully ambiguous, but he does declare sin to be 'the cause for which [God] smiteth a people with Pestilence (sinne poisoning earth, ayre

¹⁴⁴ Henoeh Clapham, *His Demaundes and Answers touching the Pestilence* (London, 1604), A2r.

¹⁴⁵ Alexandra Walsham, 'Clapham, Henoeh (fl. 1585–1614)', *Oxford Dictionary of National Biography*, (Oxford: Oxford University Press, 2004), online edn, Jan 2008 <<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/54310>> [accessed 2 Feb 2013]

and all)', suggesting that he believed the plague was spread by miasmatic transmission.¹⁴⁶

Clapham also states that 'There is in believers so dying, a want of faith for apprehending this particular deliverance, this temporary mercy' (B4r). Attempting to answer the question of why some believers died, whilst sinners remained healthy was remarkably difficult for early modern theologians and Clapham posits that some believers die because 'their spirit has gone in comfort to God that gave it' (B4r). It is not their sin that has caused plague to infect them, but their lack of it which leads God to bring them to him regardless. He does also declare that sin is 'the cause for which [God] smiteth a people with Pestilence' (B2r). This was not an unusual theological explanation for deaths from the plague; Henry Holland, a Calvinist theologian, claims that 'Your sinnes cause the pestilence'.¹⁴⁷ Ultimately, though, Clapham was not imprisoned for his views about how plague was caused, but for disobeying the civil governance of London during plague time.

The debate about the causes of plague lead into other debates about whether the plague should be treated or not; the provision of medical attention for plague was a contentious issue. The justices were required to provide it, but there was no order that the physicians must remain in the city to treat people. Andrewes reluctantly accepts that some medical advice may be necessary, and that a cure could be a possibility. Clapham warns his readers not to 'make physick their staffe, nor yet their first meane, lest they sinne the sinne of Asa' (B2v). Asa was the King of Judah who died in misery after looking to his physicians rather than God.¹⁴⁸

¹⁴⁶ Henoah Clapham, *An Epistle Discoursing Upon the Present Pestilence* (London, 1603), B2r.

¹⁴⁷ Henry Holland, *Spiritual Preservatives Against the Pestilence* (London: T. Creede, 1593; 1603), A8r; Clive Holmes, 'Holland, Henry (1555/6-1603)', *Oxford Dictionary of National Biography*, (Oxford: Oxford University Press, 2004), online edn Jan 2008 <<http://www.oxforddnb.com.wam.leeds.ac.uk/view/article/13521>> [accessed 12 Sept 2012]

¹⁴⁸ 2 Chronicles 16, 12-14.

Clapham also references Luke 5.31 in his *Epistle* when he says ‘They that are sicke need the Phisition. God hath created the Word, Prayer and Fasting for repelling and killing sinne, the *Materiall cause* of Gods anger: and he hath created phisicall creatures for preventing and curing naturall corruption, the *materiall cause* of our maladie and naturall sicknesse’ (B3r). For Clapham, God has indeed created the plague, but he has also created the means for its cure, and denying physic is as much as ‘To say, I shall live so long as God hath appointed, though I never use phisicke; it is as good as this: I shall live so long as God hath appointed, though I never eate nor drinke’ (B3r). Plague was a punishment from God, and those who died were suffering also from a lack of faith, but since God had also given man the capacity for physic, attempting to cure the plague was not an act against God’s will. Clapham’s belief in both of these statements, at the same time, neatly highlights two of the fundamental problems encountered by theologians when considering the plague. If God had visited the plague upon his people to punish them for their sins, should medical aid be sought? If only sinners were vulnerable to plague, how could theologians explain the deaths of children?

Another example that mixes religious and medicalised explanations is Henry Holland’s *Spiritual Preservatives Against the Pestilence* (1593). These are a series of written lectures upon the cause of plague, and how the soul could be reformed to prevent it reoccurring, containing fairly standard theological preventative recommendations such as Faith, Love, Knowledge, Profession, or the declaration of faith, and the spirit of prayer (B3v). At the same time, though, Holland adds a section of medical advice for the treatment of plague. He thereby allows that medicine may be efficacious, even though the thrust of the tract is that plague is caused by sin. Holland claims it is there ‘because of some emptie pages: they may serve at a neede, and by Gods grace do some good when better counsell is wanting’

(O2r). The ingredients and preparations are similar to Mrs Corlyon and the Advice. One of the recipes calls for ‘one ounce, *Terra sigillata* 6 drams, fine mire 3 drams, Unicorne horne’ (O2r), for the creation of an electuary.¹⁴⁹ This is exactly the same recipe, with the same amounts, as asked for by Mrs Corlyon in her receipt book (p. 170). It is entirely possible that Mrs Corlyon copied the recipe from Holland’s text, but both *terra sigillata* and unicorn horn, which was actually narwhal tooth, were common ingredients in remedies for poison during the early modern period.¹⁵⁰ Holland may claim he gives the recipes only to save wasting paper, but they speak to the internal tension of religious discourse about the plague. Advising people to alter their relationship with God and become better people may help with the prevention of a future outbreak, but will not aid with the dispersal of the current one.

A related issue is explored in James Balmford’s *A Short Dialogue Concerning the Plagues Infection* (1603), which addresses the disjunction between some religious opinion on the medical treatment of plague and the issuing of the King’s Plague Orders. Balmford was the rector of St. Olave’s, Southwark, and his text takes the form of a conversation between two ministers, called a Professor and a Preacher. The Professor asks about the rumours he has heard of clergymen asking the sick not to come to church despite desiring their souls to be cleansed. The

¹⁴⁹ *Terra sigillata* is a term for medicinal earth, with long connections to medieval medicinal practice. Thomas Harriot wrote in 1558 that *Waipch* was ‘a kind of earth so called by the naturall inhabitants [of Virginia]; very like to *terra Sigillata* and having beene refined, it hath beene found by some of our Phisitions and Chirurgeons to bee of the same kinde of vertue and more effectuall. The inhabitants use it very much for the cure of sores and woundes’, *A Briefe and True Report of the New Found Land of Virginia* (London, 1588), ed. by Paul Royster, *Electronic Texts in American Studies*, Paper 20 <<http://digitalcommons.unl.edu/etas/20/>> [accessed 22 January 2013]. *Terra sigillata* is also found as a cure for the plague in Thomas Lodge’s *A Treatise of the Plague* (London, 1603), D2v.

¹⁵⁰ Arthur Macgregor, ‘Medicinal *terra sigillata*: a historical, geographical, and typographical review’, *A History of Geology and Medicine*, ed. by C. J. Duffin, R. T. J. Moody and C. Gardner-Thorpe, Geological Society, London, Special Publications, 375, first published on November 15, 2012, doi:10.1144/SP375.1 [accessed 22 January 2013], provides a broad overview of the use of *terra sigillata* from Galen to the modern day.

Preacher replies that whilst the strict letter of religious law would make this sinful, ‘Princes and Magistrates (which are called sheapheards) may and ought to be very carefull, to keep the sound from the infected, and the infected from the sound, especially in assemblies’.¹⁵¹ Balmford’s Preacher reinforces the idea of the Prince as shepherd protecting his flock, and of the flock needing to obey him in order to ensure survival. Clapham’s encouragement of funeral attendance and Balmford’s explanation of how it is not, in fact, sinful to discourage parishioners from attending church during an outbreak of plague are the two sides of a crucial debate: is it impiety or plague control to allow plague to disrupt religious life?

The plague raised considerable cultural debate and commentary, from the household receipt books which give an insight into domestic reactions, the Plague Orders and Advice which present the ‘official’ reaction to plague, and the sermons and religious texts which show ongoing theological debates about the plague’s cause and the permissibility of treatment. Middleton and Dekker’s plague pamphlets are not isolated from these other forms of plague writing, but are literary efforts to explain and discuss the plague that are intimately connected to its everyday experience and documentation. The concerns raised in the sermons and the Orders recur in *News From Gravesend* and *The Meeting of Gallants*, but the pamphlets also connect plague-tales with an exploration of the role of poetry and imaginative writing in combating the horrors of the plague. They show the city turned upside down to amuse, divert and, hopefully, educate the reader. Simultaneously they exploit the horrors of plague time for financial gain. Writing about the plague did not have to be complex theological discussion or Orders from the Privy Council. Plague pamphlets prove that it could be entertaining as well.

¹⁵¹ James Balmford, *A Short Dialogue Concerning the Plagues Infection* (London: Richard Boyle, 1603), B4v.

Thomas Dekker's martial plague in *The Wonderful Year*

In order to see the distinctive aspects of the two pamphlets with which this chapter is primarily concerned, we need briefly to look at Thomas Dekker's *The Wonderful Year*, which contains tropes of infection and unlikely inversion to which the other pamphlets react. *The Wonderful Year* opens with an account of the changing year and a description of spring, moving into the death of Elizabeth I: a 'hidious tempest, that shooke Cedars, terrified the tallest Pines, and cleft in sunder even the hardest hearts of Oake' (B1v). Dekker describes the queen's death as being 'able to kill thousands, it tooke away harts from millions' (B2r). The change of state is an 'Earth-quake' (B2v): the whole of England becomes a wilderness and the 'people in it are transformed to wild men' (B2v). It is not until King James takes the throne that 'fresh blood leape[s] into the cheekes of the Courtier: the Souldier now hangs up the armor, and is glad that he shall feede upon the blessed fruites of peace' (C2r). Dekker tells his reader, albeit with more than a trace of self-conscious hyperbole, that '[t]rades that lay dead & rotten, and were in all mens opinion vtterly dambd, started out of their trance, as though they had drunke of *Aqua Caelestis*, or Vnicornes horne, and swore to fall to their olde occupations' (C2r). King James, alongside his wife and heirs, has brought new life to England and expelled the poison of the Virgin Queen's illness and death.

In Dekker's account the whole country experiences a renaissance of trade after James's accession, and 'laughs to scorne that worme-eaten proverbe of *Lincolne* was, *London* is, & *Yorke* shall bee, for she saw her selfe in better state than *Jerusalem*' (C2v). This proud peace, however, is short-lived, and Dekker introduces the plague as a martial figure delivering the proverbial fall. London is compared to

Troy, ‘swilling sack and sugar, and mowsing fat venison [whilst] the mad Greekes made bonfires of their houses’ (C2r). Plague brings punishment for the ‘Mechanicall hardhanded Vulcanist [who] perswaded himselfe to bee Maister or head Warden of the company ere halfe a yeare went about’ (C2v). The city, as Sharon Achinstein remarks, ‘was portrayed as the cause of the infection [and] plague was seen as a punishment for urban vice’.¹⁵² The spread of the plague was, of course, aided by the increasing urbanization of London and population growth, but Dekker’s plague literally invades the city as a modern day Tamburlaine. He writes that ‘Plague took sore paines for a breach; he laid about him cruelly, ere he could get it, but at length he and his tiranous band entred: his purple colours aduanced, and ioyned to the Standard of the Citie; he marcht euen thorow Cheapside’ (D1v). Plague is a male, martial, figure for Dekker in contrast to the anthropomorphisation of it as female in *The Meeting of Gallants*, and he stalks the streets looking for victims. As will be discussed later, this gendered representation of plague is tied to the particular anthropomorphisations given to it. Dekker’s plague figure in *The Wonderful Year* is war personified, whereas in *The Meeting of Gallants*, Plague is in opposition with War as a contender for the prize of highest death rate.

Dekker’s anthropomorphised plague does not fear the everyday medicinal panaceas of the populace, for he knows they are worthless. The citizens of London may walk around ‘muffled vp & downe with Rue and Wormewood stuf into their eares and nostrils, looking like so many Bores heads stuck with branches of Rosemary, to be serued in for Brawne at Christmas’ (D2r), but the remedies given in the Advice will have no effect and Plague will conquer the city. Every house, to Dekker’s Plague, ‘lookt like *S. Bartholomewes* Hospitall, and eury street like

¹⁵² Sharon Achinstein, ‘Plagues and Publications: Ballads and the Representation of Disease in the English Renaissance’, *Criticism*, 34.1 (Winter, 1992), pp. 27-49 (p. 32).

Bucklersbury, for poore *Methridatum* and *Dragon-water* (being both of them in all the world, scarce worth three-pence) were bort in euery corner' (D1v-2r). Indeed, these cures being on sale is part of the reason for the plague remaining in London. Sextons, herb-wives and gardeners wish for the plague, and the upsurge in their incomes, to continue. Greed has brought the plague to London, and even in its grips, commerce remains at the forefront of people's minds. There is inherent irony in Dekker's condemnation of this desire for monetary success. *The Wonderful Year* was printed to be sold; Dekker too is making money from the plague.

Dekker presents laughter as a potential cure for the plague, with the dedication telling the reader that 'If you read, you may haply laugh. 'Tis my desire you should, because mirth is both physical and wholesome against the plague; with which sickness, to tell truth, this book is – though not sorely – yet somewhat infected' (A2v). As Beatrice Groves notes, this has an uncomfortable edge to it for the contemporary reader: the 'jest is very close to the bone as it was thought that plague could be spread by possessions such as books. A reader might well fear that the infection that Dekker speaks of was not merely metaphorical'.¹⁵³ Given that illnesses could be spread through 'contagion', touching infected objects like this is a very real threat for the seventeenth-century reader. The plague and the market are both integrally tied to urbanisation and the danger of buying a potentially infected book highlights concerns about the transmission of illness as well as uneasiness about urban opportunities and increased proto-capitalist activity. Additionally, as Margaret Healy comments, Dekker parodies the trend for dedicating plague pamphlets to a city governor who had remained in the city, as can also be seen later in *News From Gravesend*, by addressing his pamphlet to 'M. Cuthbert Thuresby,

¹⁵³ Beatrice Groves, 'Laughter in the Time of Plague: A Context for the Unstable Style of Nashe's *Christ's Tears over Jerusalem*', in *Studies in Philology*, 108.2 (2011), pp. 238-260 (p. 248).

Water-Bailiffe' (A2r).¹⁵⁴ The pamphlet is 'personified and dramatized as a plague victim threatening to thrust itself into the water-bailiff's company'.¹⁵⁵ The injunction to laugh and be merry is necessary if the water bailiff, or the reader, is going to stay alive.

Cure, in *The Wonderful Year*, can only be brought about by charity. Writers were encouraged, during outbreaks of plague, to 'foreground contagion and measures to control it in their accounts of plague', and some did so enthusiastically.¹⁵⁶ Dekker's tales in *The Wonderful Year* are less convincing about the efficacy of control and restriction. He is unsympathetic to those who have fled the city, relating the tale of a gentleman who thought he would be safe in his 'Parks and pallaces' (C4v) only to have his son struck down with plague as a punishment. Dekker's sympathies lie with those who could not escape, telling the reader that he could 'draw forth a Catalogue of many poore wretches, that in fieldes, in ditches, in common Cages, and vnder stalls (being either thrust by cruell maisters out of doores, or wanting all worldly succour but the common benefit of earth and aire) haue most miserably perished' (D3v). It is not until the citizens reform their behaviour that plague will be defeated, and marched out of the city. Cure, or safety from infection, is both providential and caused by moral reform. Moral reform will bring greater immunity, but no writer in the period can escape the fact that some people who acted immorally were not infected, and others, who displayed faith, were. It is this ambiguity about cause and cure that recurs again and again in the pamphlets and sermons; there is no easy answer to be given about plague.

¹⁵⁴ Margaret Healy, 'Discourses of the Plague in Early Modern London, in *Epidemic Disease in London*, ed. by J. A. I. Champion (Centre for Metropolitan History Working Papers Series, No.1, 1993): pp. 19-34, <<http://www.history.ac.uk/cmh/epiheal.html>> [accessed 11 January 2012] (para. 19 of 26)

¹⁵⁵ Healy, 'Discourses of the Plague' (para. 20 of 26)

¹⁵⁶ Healy, 'Discourses of the Plague' (para. 16 of 26)

Healing The Nation in *News From Gravesend*

Middleton and Dekker's first co-authored plague pamphlet, *News From Gravesend* was published anonymously in 1604. The pamphlet begins with a long prose epistle, addressed to 'Sir Nicholas Nemo, alias Nobody' (8-9) and signed by 'Somebody' (440). Sir Nicholas is a fictional creation: the fabled gentleman who stayed in London rather than fleeing to the countryside at the first sign of plague. Sir Nicholas is also the ideal literary patron, providing a double satire from Dekker about what it means to be an author in a collapsed literary market. In the epistle a group of 'rhymesters, play-patchers, jig-makers, ballad-mongers, and pamphlet-stitchers' (154-5) assemble to create the second half of the pamphlet, which comprises a poem divided into five sections. The first section is a meditation on the cause of plague; the second, and longest at 336 lines, describes the effect of plague on London; the third paints a vivid portrait of the possible gruesome ends that sinners might meet; the fourth, and shortest, is called 'The cure of the plague'; and the final section describes how the plague cleanses the city and asks God for mercy. Ultimately there is no medical solution; the only possible advice is to ward death off through virtue.

The epistle to *News From Gravesend* suggests Middleton and Dekker's antagonism towards those who fled the city in plague time, and towards unreliable, or nonexistent, patrons, through the creation of their complete opposite. 'Somebody' asks Sir Nicholas if he should 'creep like a drowned rat into thy warm bosom, my benefic patron, with a piece of some old musty sentence in my mouth, stol'n out of Lycosthenes' *Apophthegms*, and so accost thee?' (10-13) or whether, 'instead of 'Worshipful sir' come upon thee with 'Honest Jew, how dost?'' (17-18). The putative author presents Sir Nicholas as 'the gracious, munificent, and golden rewarder of rhymes, singular paymaster of songs and sonnets, unsquint-eyed

surveyor of heroic poems, chief rent-gatherer of poets and musicians, and the most valiant confounder of their desperate debts' (3-7), and declares that he loves 'none really, but thee and myself' (20). Sir Nicholas is the perfect patron, willing to accept 'rhymes that I have boiled in my leaden inkpot' (23). The joke here is, of course, that Sir Nicholas does not exist. He is a fictional representation of the perfect patron and knight: he shows generosity to poets, and takes his responsibilities seriously during plague time.

'Somebody' then tells the reader that he has 'sailed (during this storm of the pestilence) round about the vast island of the whole world' (28-9). Sir Nicholas then becomes part of this narrative of a turbulent journey when one of the 'synagogue of scribes' (170), or the 'rhymesters' and 'play-patchers' (154), extols his 'martial discipline in appointing ambushes of surgeons and apothecaries to lie close in every ward, of purpose to cut off any convoy that brought the plague succour' (209-10). Sir Nicholas's actions are those of a perfect, attentive and responsible knight and constable, who, for the pamphlet's readers, would likely have been recognisable by his absence. His actions in providing food and medicines, if he were real, would fulfil what was required of him by the Plague Orders, but Middleton and Dekker make it clear that his actions are the opposite to the norm. Just as Dekker castigated those who fled the city in *The Wonderful Year*, he and Middleton are providing a mirror for those whose actions have failed their dependents.

The second part of the pamphlet opens with an invocation to Physic:

To sickness and to queasy times
 We drink a health in wholesome rhymes
 Physic, we invoke thy aid ... (442-4)

Despite the extensive invocation, the small value and helplessness of Physic is established. Medicine is of no use: ‘Her aphorisms proved a mockery’ (487) because ‘whilst she’s turning o’er her books / And on her drugs and simples looks, / She’s run through her own armèd heart, / Th’ infection flying above art’ (488-91). Dekker and Middleton’s use of ‘aphorisms’ references various medical texts that circulated under this title, including Hippocrates’ *Aphorismes*. But despite the plethora of medical texts owned by Physic and her ‘sons, / Men’s demigods’ (454-5), the physicians, they are powerless in the face of the plague because, as becomes clear later in the pamphlet, the plague is a judgement against mankind. There is no possibility of cure in *The Wonderful Year* either, and this failure is not restricted to Galenic medicine but includes Paracelsianism and respected physicians, such as Rasis, from the Muslim medical tradition.¹⁵⁷ The physic which Sir Nicholas is lauded for having provided would have had no effect on the plague; he is praised for the humanity of having offered it rather than for its efficacy.

News From Gravesend then adjudicates between different responses to plague: medicine; preventive quarantine; and religious penitence. Judging by the final section of the pamphlet, Sir Nicholas’s adherence to the Plague Orders and provision of medical aid is remarkable but ultimately useless, because these actions will have no effect on a plague that has been sent by God to punish people’s unclean souls. Plague is a cleansing force that will wipe the sins of the city off the earth. Dekker and Middleton do not present ‘prince’s errors / Or faults of peers’ as the force that ‘pull[s] down these terrors’ (639-40). Rather, ‘Pride in diet, pride in clothing, / Pride in building, pure in nothing’ (663-4) is presented as the greatest part of ‘the city sin’ (657) that has brought about the plague. It is the sin of the nation as

¹⁵⁷ Rasis, or Muhammad ibn Zakariyā Rāzī, was a Persian Muslim physician, alchemist and philosopher, at the fore of Islamic medicine.

a whole that has brought the plague, including ‘The courtier’s pride, lust, and excess, / The churchman’s painted holiness, / The lawyer’s grinding of the poor’ (643-5). The assertion that a new ‘royal husband’ (710) will make ‘an island (that did stand / Half sinking) now the firmest land’ (721-2) and bring fresh air to England, seems to suggest that Middleton and Dekker partly blame the sins of the previous regime for the current outbreak of plague, despite the plague taking hold after both Elizabeth’s death and James’s accession.

The Wonderful Year declares that Elizabeth’s sickness had ‘descended a hideous tempest, that shooke Cedars, terrified the tallest of Pines, and cleft in sunder euen the hardest hearts of Oake’ (B1v). With the accession of James, ‘The losse of a Queene, was paid with the double interest of a King and Queen. The cedar of her gouernment which stooode alone and bare no fruit, is changed now to an Oliue’ (C1v). James’s accession in *The Wonderful Year* also brings to the fore the greed of his new citizens, causing the plague to come as punishment. It is not the accession itself that causes the plague, but a lack of moderation on the part of the citizens; James’s reign brings new fortune and glory to the country but it is exploited rather than virtuously appreciated. In *News From Gravesend*, however, James is able to stabilise the country and bring it out of the decline that Elizabeth’s death had caused, and no small part of this is due to him already having a wife and children. The sins of the citizens are already damaging the country before James takes the throne, and he is responsible for solidifying the nation once more.

Framing the monarch as physician and giving him credit for healing the nation – politically as well as physically – ties into the long-standing association between the monarch’s health and the state of national security. The Plague Orders and the Advice explicitly positioned the monarch as the physician to his people, and James referred to himself as ‘the proper Physician of his politicke-body’ in *A*

Counterblaste to Tobacco, adding ‘euery one of these diseases, must from the King receiue the owne cure proper for it’.¹⁵⁸ These diseases were social; negligent clergy, prodigal nobility, and covetous lawyers. The plague in 1603 had coincided with Elizabeth I’s illness and death. Richelle Munkhoff notes that England feared invasion – not just by the plague but also from ‘a foreign king, one who might be understood as metaphorically infiltrating the realm as he marched south to claim the throne’.¹⁵⁹ Dekker attempts to answer this fear in *News From Gravesend* when he writes ‘A royal husband (heavenly lot), / Fair Scotland does fair England wed, / And gives for her maidenhead / A crown of gold, wrought in a ring / With which she’s married to a king’ (710-14). The new monarch is a bodily transition for the state, which will hopefully balance its humours having warded off fears of invasion from European powers whilst the accession was unsettled. James is both the new husband and physician of England, and he will carry her out of the plague.

The section of *News From Gravesend* lauding James as England’s saviour is followed by the longest section, a narrative of the horrors of the plague. *News From Gravesend* is divided over its responses to plague; it attempts to act as a panegyric to James I, but is ultimately ambivalent about whether anything other than religion can combat the threat of plague and infection. James’s accession cannot provide a triumphant ending because whilst he unites England and Scotland, providing England with a new monarch and heirs to the throne, the country still needs a plague to cleanse it. Middleton and Dekker appear as proto-Malthusians in the ending section which declares,

Of evils ’tis the lighter brood –
A dearth of people, than of food!
And who knows not, our land ran o’er

¹⁵⁸ King James I, *A Counterblaste to Tobacco* (London: R. Barker, 1604), A4r-v.

¹⁵⁹ Richelle Munkhoff, ‘Contagious Figurations: Plague and the Impenetrable Nation after the Death of Elizabeth’, in *Representing the Plague*, pp. 97-112 (p. 98).

With people, and was only poor
 In having too many living,
 And wanting living – rather giving
 Themselves to waste, deface and spoil,
 Than to increase (by virtuous toil)
 The bankrupt bosom of our realm,
 Which naked births did overwhelm.
 This begets famine and bleak dearth,
 When fruits of wombs pass fruits of earth;
 Then famine's only physic, and
 The med'cine for a riotous land
 Is such a plague [...] (1140-54)

The plague is a necessity at the end of *News From Gravesend*. England is overwhelmed by its population, and only plague can cure England of famine. Middleton and Dekker present the plague as a medical tool, rather than something requiring medical attention itself. This viewpoint is, in many ways, Paracelsian and links *News From Gravesend* to *The Meeting of Gallants* where, as we shall see later, Pestilence, War, and Famine are anthropomorphised poisons that can be used to treat a sick nation. In *News From Gravesend*, plague is the poison used to counteract famine, and by the end of the poem 'The plague's ceased; heaven is friends again' (1163). The plague has devastated London, but the population has been reduced and some of the threat to the stability of England is in remission. The plague destroys 'desperate mixtures' (1131); the 'dangerous imbalance[s] of the constituent elements of the body which caused disease or death' (n.1131). The glut of people is spoiling and wasting the body of the nation and this defacement, in turn, spoils their moral and bodily health. The only cure is for overpopulation to be managed by divine punishment, which Middleton and Dekker analogise as a purgative.

This was not an uncommon way of thinking about the plague. If plague is a punishment for the sins of the people, then, necessarily, people had to die for punishment to be meted out and the epidemic to end. A similar explanation occurs in John Taylor's *The Fearefull Sommer*, which was written during the huge plague

outbreak of 1625. Taylor attempts an explanation that accords with this assessment of the plague as necessary physic, stating that ‘When famous late *Elizabeth* deceast, / Before our gracious *James* put on the Crowne / Gods hand did cut superfluous branches downe’.¹⁶⁰ Taylor claims that the plague kills those deserving of death: ‘they then that were of life bereft / Were greater sinners than the number left, / But that the *Plague* should then the Kingdome cleare’ (B2v). For Taylor, James needed to come to the throne of an emptier kingdom so that ‘as a good King, God did us assure, / So he should have a Nation purg’d and pure’ (B2v). In *News From Gravesend* Middleton and Dekker figure the plague as an auditor who ‘looks / But now upon those audit books / Of forty-five years’ hushed account [...] Finding out grievous debts’ and who then crosses ‘them under his own hand, / Being paid with lives through all the land’ (690-6). The moral debts of the people are being paid for by their lives, allowing the nation under James to balance the books of their souls.

One of the pamphlet’s more disturbing parts comes in the section authored by Middleton entitled ‘The horror of the plague’, which sympathises with those who do not have the resources to flee the city, calling it ‘the beggars’ plague’ (972). It invokes those ‘grave patriots, whom fate / Makes rulers of this wallèd state’ (946-7) and describes what would happen if plague afflicted well-to-do citizens in a manner that reflected their sins. The language is socially marked; Middleton turns the plague into distressing metaphors for immoral behaviour, punishing the sufferers for their prosperity with sin-appropriate localised plagues. A usurer, therefore, would see ‘all his gold / Turns into tokens’, or physical symptoms of the plague, and ‘the chest / They lie in, his infectious breast’ (981-3), dying ‘with corpse stamped full of those’ sores that resemble coins (993). Rich gluttons would ‘wake from wine’ (1004) and see ‘blue marks mock grapes / And hang in clusters on each vein / Like to wine

¹⁶⁰ John Taylor, *The Fearefull Sommer* (London, 1625), B2v.

bubbles, or the grain / Of staggering sin' (1009-12) in a disturbing reimagining of buboes. The last section of society to be visited with somaticised plague symptoms is the lecher, the 'adulterous and luxurious spirit / Pawned to hell and sin's hot merit' (1026-7), who acted without control 'Or thought of deity, through whose blood / Runs part of the infernal flood' (1030-1). The 'city sin' (657), punning on 'citizen', is powerfully shown on the body of those responsible for it. Middleton graphically describes for the reader the reasons that the body is in need of purging.

Unlike the previous two examples, where the plague-like symptoms of sin are visited on the outside of the body, the lecher is subject to the pain of the 'heat of all his damned desires / Cooled with the thought of gnashing fires' (1034-5) and 'marrow wasted with his treasures' (1037). He is unable to do anything but lie there whilst 'before thy face appears / Th'adulterous fruit of all thy years / In their true form and horrid shapes: / So many incests, violent rapes, / Chambered adulteries, unclean passions, / Wanton habits, riotous fashions' (1059-63). There is a strain of medical reference occurring here. The 'infernal flood' (1031) is a river of fire that may be found in hell and also refers to the burning pain of venereal disease, as the sinner's marrow is wasted by syphilis. He is mocked by the 'muffled half-faced panders laughing' (1044) who 'Smile at this plague and black mischance, / Knowing their deaths come o'er from France. / 'Tis not their season now to die: / Two gnawing poisons cannot lie / In one corrupted flesh together' (1046-50). Middleton refers here to the common belief that those who were infected with syphilis were immune to the plague. As the lecher's plague imitates the symptoms of syphilis, he is technically not a plague statistic. His inner sins have been transformed completely into their just reward within the poem's frame of punishment. The presumed protection against the plague provided by syphilis is gently mocked in *The Meeting of Gallants*, but is given a much more serious treatment in *News From Gravesend*

because it forms an integral part of the somaticisation of the sins of the citizen as a cause of plague. A serious moral point is being made in *News From Gravesend* about the causes of plague, and the plague is used as a metaphor for wider social ailments. Middleton's depiction of the suffering visited upon the rich gives the section a providential focus; these characters deserve to be wracked with plague because they represent some of the ills of society that have led to the latest outbreak of plague.

The fourth section of *News From Gravesend*, 'the cure of the plague', attempts to adjudicate about the possibility of physic and poetry as cures for the plague. Apollo, as god of both medicine and poetry, bids the poets sing 'As boldly of those policies, / Those onsets and those batteries / By physic so cunningly applied / To beat down plagues so fortified' (1083-6) and of 'arms defensive / To keep th'assaulted heart alive' (1087-8). Both literature and medicine can provide forms of comfort during outbreaks of plague, but 'speckled plagues (which our sins levy) / Are as needful as they're heavy, / Whose cures to cite, our muse forbears' (1077-9). Poets cannot cure the plague, instead they yield to the physician-prophets of ancient times who 'teach dead bodies to respire / By sacred Aesculapian fire' (1109-10). However, none of these prophets are available during this plague, and the mountebanks who 'live by pecking physic's crumbs' (1115) are not to be trusted. The only cure for the plague is to 'Cease vexing heaven, and cease to die' (1120). This pithy statement is followed by acknowledgement that the reader may wish to find 'Salve natural for the natural wound / Of this contagion' (1122-3) before being able to seek 'Where first the evil did commence, / And that's the soul' (1125-6). Religion and living a good life is, in *News From Gravesend*, the only real way to escape the horrors of plague, but there is also recognition of the desire to cure the immediate symptoms of the plague. This salve must, however, be one of natural

means. Poetry can bring ease to the sufferers by acting as ‘arms defensitive’ (1087), but it will not be a cure of the immediate plague. There is a sense, however, that poetry, by telling its readers of the necessity of moral change, could act as a preventative of future outbreaks of plague.

Middleton and Dekker also address the false cures being peddled by mountebanks and quacksalvers in this section of *News From Gravesend*, warning against the ‘pied lunatics, / Those bold fantastic empirics, / Quacksalvers, mushroom mountebanks / That in one night grow up in ranks / And live by pecking physic’s crumbs’ (1111-5). *The Wonderful Year* similarly dismisses the ‘Desperewes, some fewe Empiricall madcaps’ and ‘iolly Mountibanks [who] clapt vp their bills vpon euery post threatening to canuas the Plague’ (D3r).¹⁶¹ Taylor, in *The Fearefull Sommer*, also warns that ‘any of the simplest Mountebankes / May cheat them (as they will) of Coine and thankes, / With scraped power of a shooing-horne, / Which they’le beleeeue is of an *Unicorne*’ (A7r). There is a narrative inevitability to this dismissal of empirics’ potential cures for plague. Middleton and Dekker’s mountebanks, in *News From Gravesend*, pecking at the crumbs of physic are doomed because the authors have already established that their form of physic has no power in the face of plague. The plague presents too much of a challenge to their medical knowledge and the ‘cures’ being sold by the mountebanks are another example of the city and its sins, trading upon the desperation of the people. Middleton and Dekker, in excoriating the quacksalvers and mountebanks, are entering into, and advancing, the anti-quacksalving tradition that formed a large part of medical rhetoric in London in the early 1600s and which will be considered further in Chapter Four.

¹⁶¹ *Aurum Potabile* (potable gold) is a potion, reputed to have been created by Paracelsus, which was a universal cure-all.

Healing the nation in *News From Gravesend* is more complex than it appears on the surface. Just as in the plague sermons, there is a tension over how far religion could act as a cure. The text declares the 1603 plague to be God's way of cleansing the country before the accession of a new monarch, but this is a complex rhetorical field to be entering. Middleton and Dekker must make it clear that the 'prince's errors' (639) are those of Elizabeth's reign, which was relatively peaceful, rather than those of the new King. The final section tells the reader 'How needful (though how dreadful) are / Purple plagues or crimson war' (1134-5), concluding 'A plague's the purge to cleanse a city' (1125). The final couplet of the poem states 'this line may truly reign: / The plague's ceased; heaven is friends again' (1162-3). '[T]his line' refers both to the line of text that closes *News From Gravesend*, and also to the new dynastic line that will rule England. The coming of the Stuart monarchy is, for Middleton and Dekker, hopefully the beginning of a new time of peace and civility, but, at the same time, the king cannot prevent the citizens from sinning and there is always a threat of another plague.

In the Plague Orders, the underlying assumption is that the monarch is physician to the nation. The Orders and Advice allowed the Privy Council and the monarch to spread the idea of the monarch as concerned caretaker and physician. *News From Gravesend* similarly situates the monarch as one way the nation will be healed. James's accession unites England and Scotland and prevents England from sinking, thus retaining her political power. But the fact that the accession of James is not the complete cure points at the limits of this, and highlights Middleton and Dekker's interest in the continued social and political unease of 1603. *News From Gravesend* attempts to negotiate between different ways of reporting, representing, and understanding the plague. This is most clearly seen in the pamphlet's exploration of moral and medical discourses about the plague, and ambiguity about

the efficacy of both morality and medicine is central to the text. King James's accession to the throne may be a form of cure for the larger ills that have struck the kingdom, but a cleansing plague is still required. Physic is appealed to for help but, ultimately, found lacking. Plague hits at the limits of human ability and resilience and must merely be endured; one purpose of *News From Gravesend* is to provide poetry as a supportive force. The 'tow'ring minds' (1094) of the poets are able, and therefore urged, to distil their learning in order to provide 'sweet and wholesome juice to men' (1100). The learning of the physicians is useless in the face of the plague, as are the amulets of the quacksalvers, but poetry may be of some use as an uplifting tonic. There is no definitive answer as to whether poetry can provide a more lasting cure than being able to help mend the behaviour of its readers, but this literary medicine will perhaps be of more use than anything provided by the College of Physicians.

Battling Plague in *The Meeting of Gallants*

The Meeting of Gallants presents a series of tales told by gallants and an innkeeper, introduced and framed by a debate between the personified figures of War, Famine, and Pestilence concerning which one has caused the most deaths, with Pestilence declaring she will win this contest through the tales then told by the innkeeper.

Interestingly, where Dekker's *The Wonderful Year*, depicts Plague as a male martial figure, Middleton presents Famine and Pestilence as female personifications. This genders the discourse of plague in disconcerting ways; it is female figures who are infecting the body, and causing the deaths of thousands. War is gendered as male in *The Meeting of Gallants* and his derisive dismissal of Pestilence – 'Thou plaguy woman, cease thy infectious brags, / Thou pestilent strumpet, base and common

murd'ress' (51-2) – speaks to the frequent misogyny in the early modern framing of disease. The deaths caused by War are glorious and noble, whereas Pestilence is taking lives in a disordered and immoral fashion. Dekker's text is, as we have seen, conflicted about the causes and value of plague deaths, and *The Meeting of Gallants* displays much of the same ambivalence. The opening framework, however, attempts to position plague as the work of the 'hags of realms, / Thou, witch of Famine, and drab of plagues' (23-5). Death by plague is decidedly inglorious and potentially caused by demonic forces. Not only are Pestilence and Famine gendered as female, they are supernatural forces around whom considerable anxiety rested in the period.

Once the opening framework as a series of tales is established, the narrative moves to a dialogue between Signors Shuttlecock, Jinglespur, Stramazon, and Kickshaw set in Paul's Cathedral, and then to an 'ordinary', or tavern, where the tales of plague are eventually told. *The Meeting of Gallants* is not a theological enquiry into the causes of plague, but deeply rooted in the urban culture from which it comes. Paul Yachnin suggests that the 'overall effect of this arrangement of material is to put in question any conventional theodicy' through showing the 'capriciousness and consequent moral senselessness' of the plague.¹⁶² He identifies the patchwork nature of *The Meeting of Gallants* as a literary tactic for evading being a more traditional, or coherent, theological enquiry into plague. *News From Gravesend* claimed it was made up of submissions from a selection of rhymesters and play-patchers but presented a unified whole once the main text began. By contrast, *The Meeting of Gallants* is considerably more piecemeal and addresses questions of religion and medicine obliquely. It is also darkly humorous at times, providing an interesting counterpoint to more serious explorations of plague and its theological and political problematics. Physic has little effect in *The Meeting of*

¹⁶² Yachnin, 'Introduction to *The Meeting of Gallants*', in *The Collected Works*, p. 185.

Gallants; War, Famine and Pestilence are not concerned with the efforts of humanity to prevent their actions, but with the effect of their actions on humanity.

This urban storytelling results in a pamphlet with a much more congenial atmosphere than could be expected from a text which is rooted in the devastation of London. Chi-fang Sophia Li's examination of the pamphlet's indebtedness to Chaucer addresses this. She notes that if Dekker, to whom she solely attributes it, had seen the woodcut of the Host in Wynkyn de Worde's 1498 edition of *The Canterbury Tales* it 'may have furnished [his] Chaucerian re-imagining in *The Meeting of Gallants* where he portrays a "fatte", "merrie Corpulent Host", who "telles Tales at the upper ende of the Table in his Ordinarie".¹⁶³ The pamphlet may be composed of tales of terrible incidents, personifications of modes of death, and memories of the plague, but it is a story about having lived through it and being 'merry still' (614). The combination of gallows humour and terrible catastrophe is the pamphlet's point – if poetry was to save people's souls in *News From Gravesend*, *The Meeting of Gallants* allows them some light relief in the face of horror.

This merriment comes after a period of trauma for the citizens of London, and their hardship is reflected in the words given to Pestilence as the plague is described. Pestilence figures plague as a battle, and attempts to convince War and Famine, through the use of martial imagery, that throughout history disease has killed more people than combat and starvation. Pestilence can 'slay forty thousand in one battle, / Full of blue wounds, whose cold clay bodies look / Like speckled marble' (40-2). The victims of the plague are described as 'bruised and cracked', their 'groins sore pierced with pestilential shot' and 'armpits digged with blains, and

¹⁶³ Chi-fang Sophia Li, 'Inheriting the Legacy: Dekker Reading Chaucer', *English Studies*, 93.1 (2012), pp. 14-42 (p. 17).

ulcerous sores / Lurking like poisoned bullets in their flesh' (45-8). The dialogue between War, Famine, and Pestilence not only recounts battles and skirmishes but is itself a vocal engagement. The gallants then continue this verbal war. Signor Shuttlecock calls the plague 'a fray [not] with swords and bucklers, but with sores and carbuncles' (131-2) and the tales told are part of a battle of wits.

In *The Meeting of Gallants*, there is a distinctly Middletonian feeling to the social hierarchies considered by War, Pestilence and Famine as they detail their death tallies, and to the immediacy of city life in Pestilence's framing of the stories. Just as the descriptions of the somaticised city sin in *News From Gravesend* would not have been out of place in any of Middleton's city comedies, with their sharp dissection of the moral failures of London's inhabitants, so within *The Meeting of Gallants*' framework, Pestilence's tale of human gallants who have convened at an ordinary to escape the plague exemplifies the necessity of human connection and communality. This narrative is, however, entirely separate from the preceding debate between the personified abstractions in which War, Famine, and Pestilence debate the social distribution of their victims whilst competing to see who is the most powerful. Middleton's depiction of moral failures runs across all sections of society, but War disdainfully claims that Pestilence's victims are 'Four hundred silkweavers' and 'As many tapsters, chamberlains, and ostlers' (55-6) whereas he has 'dyed the green stage of the field / Red with the blood of monarchs and rich states' (60-1). Pestilence is nothing but a 'summer-devil, / Thou wast but made as ratsbane to kill bawds' and 'as physicians say, / Poisons with poison must be forced away' (63-9). From War's viewpoint, Pestilence is doing no more than killing those who already infect society with their very existence, acting as a Paracelsian remedy for an existing ailment.

Pestilence's retort is to try and establish a hierarchy of death in the same manner as War, 'twit me not with double-damnèd bawds, / Or prostituted harlots, I leave them / For my French nephew, he reigns over these' (70-2). She leaves syphilis, or the French disease, to kill those unworthy of death by plague. Usurers are among her victims, 'surprised / Even in their countinghouses, as they sat' (76-7) despite never setting foot on a battlefield. War is dismissive of this victory, referring to the usurers as 'Pack-penny fathers, covetous rooting moles, / That have their gold thrice higher than their souls' (86-7). They are not worthy of his attentions because of their lack of chivalric attributes and War sees himself as the supreme killer because his victims are aristocrats and choose to die at his hands. The fact that Pestilence can be evaded by escaping the city, and Famine through economic privilege, seemingly invalidates their claims to being the biggest threat. However, Middleton and Dekker demonstrate Pestilence's greater powers of death, framing War as the ultimate loser of the battle. The sheer capacity of Pestilence to kill, at all levels of society, becomes its biggest strength, which would surely have been a sobering thought for the reader.

The tales themselves may not be overtly medical, but Middleton and Dekker make good use of medical metaphor in the opening framework. War characterises plague's victims as casualties of a battle, and Pestilence as nothing but a poisoner on the battlefield killing those who poison society. The metaphorical framework is Paracelsian medical theory, where poisons are used to treat poisons. In War's opinion, Pestilence is nothing more than a chemical practitioner who can kill bawds and drunkards. Pestilence is necessary: London is diseased and the plague can cleanse it, but it is not glorious and royal in the manner of War. War's statements may be self-aggrandising, but they reveal some of the contemporary concerns about poison as medicine. Poison, for War, is nothing more than a bringer of death.

The framing of death in contemporary medical terms continues as War, Pestilence and Famine bicker. Famine tells War ‘I rack the veins and sinews, lank the lungs, / Freeze all the passages, plough up the maw’, asking him ‘what art thou, War, that so want’st thy good? / But like a barber-surgeon that lets blood’ (111-7). War’s ability to kill is figured by Famine as the actions of a barber-surgeon letting blood in order to balance the humours, but who is always going to be under the control of others and only able to act on the outside of the body. Famine attacks from the inside and disturbs her victims’ interior spaces and organs. However, Famine is given short shrift: War rebukes her – ‘Out, Lenten harlot’ (118) – reducing her ability to bring death to nothing more than human religious devotion and the Lenten fast. Pestilence begins the tale-telling, saying she will ‘show my glory in these following tales’ (120). The debate between the anthropomorphised personifications establishes that *The Meeting of Gallants* is thinking through the impact of the plague on London’s citizens in terms of stories and anecdotes, rather than the theological and political investigations that characterise *News From Gravesend*.

At this point the narrative moves to the ordinary, ‘Where the Fat Host tells Tales’ (123). The first section, where the gallants meet, recounts the damage done to their wardrobes because of the ‘great dearth of tailors’ (154) after the plague. The gallants discuss this dreadful lack of tailors for over a hundred lines in a mildly humorous fashion with an underlying current of how the plague affected people and their businesses. In particular, the tales in *The Meeting of Gallants* display concern over the causes of plague: the anecdotes told about the tailors are a way of discussing one contemporary theory about how the plague was spread. Shuttlecock says that Jinglespur is ‘a strong-mettled gentleman, because you do not fear the dangerous featherbeds of London, nor to be tossed in a perilous blanket, or to lie in

the fellows of those sheets that two dead bodies were wrapped in some three months before' (132-36). Paul Yachnin cites the Venetian Ambassador's report, which observed that 'the plague showed signs of increasing because of the carelessness with which the bedding and clothes of plague-victims were being used by the living' (n.133) as an example of this. The disposal of plague-victims' bedding and clothing was specified in the Plague Orders, but levels of adherence are difficult to measure, and it seems likely this was not followed through with great alacrity.

The tales about the tailors are also satirical comments on the economic impact of plague, a point that Middleton returns to later in the pamphlet. Those who had the financial resources escaped London during outbreaks of plague, and with strict controls upon movement and gathering within the city, business was severely restricted. This then affects the literary text: *The Meeting of Gallants* as a commodity was produced, in part, because of Middleton and Dekker's need to continue earning a living during plague-time when the theatres were closed. But, the end of the plague meant the return of business and of a new parliament. Shuttlecock states that every 'man's head is full of the Proclamation, and the honest black gentleman the Term hath kept a great hall at Westminster again' and that all 'the taverns in Kings Street will be emperors – inns and alehouses at least marquises apiece' (187-91). Business, once the plague has faded, will return to London.

Margaret Healy characterises *The Meeting of Gallants* as, in part 'a "warning to beware"', saying that 'within this tradition the aesthetic production of "horror" and fear is crucial to the religious design: to bring about moral and spiritual "reformation"'.¹⁶⁴ The first tale told by the Host is a particularly disturbing one about 'a Vintner in London, dying in a humour' (317) who 'had a humour this time

¹⁶⁴ Margaret Healy, 'Defoe's *Journal* and the English Plague Writing Tradition', *Literature and Medicine*, 22.1 (2003), pp. 25-44 (p. 27).

of infection to feign himself sick' (323-4). Upon leaving the tavern the Vintner cannot find anyone to help him home because his pretence of being sick with the plague is too successful, and when home he 'bade that the great bell should be tolled for him' (338) as if he were dead. This playacting at being dead comes true a few days later, when 'he was found to be the man indeed whose part he did but play before. His pulses were angry with him, and began to beat him, all his pores fell out' (349-2). The bell rings for him again, this time to mark his actual death, and the Host tells his listeners that '[s]uch a ridiculous humour of dying was never heard of before, and I hope never shall be again, now he is out of London' (354-5). For the contemporary reader the idea of play-acting at being infected with the plague would have seemed callous and monstrous, but within the pamphlet Signor Stramazon merely declares that 'This was a strange fellow, mine Host, and worthy Stow's *Chronicle*' (356-7). The moral and spiritual reformation sought is that of the reader, not any of the characters or personifications present within the text.

The second tale is a rather more light-hearted story of 'How a young fellow was even bespoke and jested to death by harlots' (362-3), concluding with a quip 'That Fate lights sudden that's bespoke before; / A harlot's tongue is worse than a plague-sore' (400-1). The young gentleman is tricked by some 'light-heeled wagtails, who were armed (as they term it) against all weathers of plague and pestilence, carrying always a French supersedeas about them for the sickness' (371-4). In jest the women give 'it out that he was dead, sent to the sexton of the church in all haste to have the bell rung out for him' and 'his name was spread over all the parish (he little dreaming of that dead report being as then in perfect health and memory)' (380-5). The searchers, or officers with the responsibility of determining if someone had died of plague, then come to the house and are surprised when the gentleman awakes upon 'hearing himself named' (388). The tale conveys aspects of

how plague was treated as a civil issue – ringing of the bell for a death, and the visiting of plague officers – with a theoretically moral ending that chastises the young gentleman for consorting with prostitutes. By the end of the tale, however, the gentleman has ‘danced the shaking of one sheet within few days after’ (397-8), having succumbed to death somehow. The Host leaves it to the reader to decide the cause, wondering aloud ‘whether the conceit struck cold to his heart or whether the strumpets were witches’ (394-5). The quip that concludes the tale suggests that no matter the medical cause of death, the gentleman’s death can be blamed upon the women in some way, returning the pamphlet to its gendered framing.

The Meeting of Gallants also addresses the mistakes and misapprehensions brought about by anxiety over the plague, particularly concerns about its transmission. The third tale tells of a gallant in a nearby provincial town ‘that fell drunk off from his horse, taken for a Londoner, dead’ (406-7). The hapless gallant is not infected, but is a notorious drunkard, ‘the king of cans and the emperor of alehouses’ (413). When he falls from his horse, those around him assume he ‘was some coward Londoner who thought to fly from the sickness’ (436-7) and whose ‘body must be removed’ because ‘[i]t would infect all the air round about else’ (450-2). His body is so dangerous that it cannot be buried because ‘a hundred to one but the ground will be rotten this winter’ (479-80), so it must be burned instead. However, the gallant is not actually dead and wakes as the flames are ‘playing with his nose’ (490-1). His speech then convinces those who found him that he is not a fleeing Londoner, but someone they know, and everyone passes the remainder of the night in the alehouse. The next tale is set in Shoreditch and concerns a case of mistaken identity between a servant, dead from the plague, and a ‘shipwreck drunkard (or one drunk at the sign of The Ship)’ (525-6). The drunkard is taken up, dead-drunk, and put in the plague-cart with the rest of the corpses. He awakes,

‘lying with infectious bedfellows’ (536-7) and ‘a little before he should be buried, he stretched and yawned as wholesomely as the best tinker in all Banbury, and returned to his old vomit again, and was drunk in Shoreditch before evening’ (537-40). In a city where someone with a plague sore found wandering could be whipped, or if found with others hanged, this is a terrifying violation of plague policy.¹⁶⁵

The Meeting of Gallants begins as a joke, and gradually develops into a discussion of morality. After the three tales are told, the Host begins to discuss the immoral behaviour of people during the plague, wryly noting that ‘no trades were in so much use as coffin-makers and sextons; they were the lawyers the last vacation and had their bountiful fees of their grave clients’ (571-4). *The Meeting of Gallants* considers the adaptations in behaviour that the plague brought about. Despite, or because of, the suffering of some, others behaved selfishly, using the plague to take economic advantage of the desperate. In the final part, the Host explains how the people of Hertford wished ‘very impiously and barbarously, that the sickness might last till the last Christmas’ (575-6) in order ‘that they might have the Term kept at Hertford [...] for the greedy lucre of a few private and mean persons to suck up the life of thousands’ (578-84). Winchester, however, ‘made a goose of Hertford’ (580) through part of Michaelmas Term, 1603, being held there. The plague may have been decimating the population of London, but Hertford was determined to take some advantage of it, just as in Dekker’s *The Wonderful Year* sextons and gardeners exploited the plague, and its victims, for as much as they could, and the mountebanks are reputed to do in *News From Gravesend*.

By the end of the third tale, which is authored by Dekker, the Host’s tone has altered considerably. He relates the story of the ‘man-servant being buried at seven of the clock in the morning, and the grave standing open for more dead

¹⁶⁵ Slack, *Impact of the Plague*, p. 211.

commodities, at four of the clock in the same evening, he was got up alive again by certain miracle' (587-90). This is the last light-hearted moment, as the remaining thirty lines of the pamphlet are much more mournful. The Host reminds his 'noble bullies' (615) that 'it was not a thing unknown on the other side that the countries were stricken, and that very grievously, many dying there. Many going thither likewise fell down suddenly and died. Men on horseback riding thither, strangely stricken in the midst of their journeys' (592-6). The Host concludes by telling how 'commonly we saw here the husband and wife buried together, a weeping spectacle containing much sorrow, how often were whole households emptied to fill up graves, and how sore the violence of the stroke was that struck ten persons out of one house, being a thing dreadful to apprehend, and think upon' (605-10). The sheer horror of the plague is viscerally described by Middleton and Dekker, and the comedic tales of gallants returning miraculously to life are grounded in the everyday terror, described by Dekker in *The Wonderful Year*, of 'some poore man, suddainly starting out of a sweete and golden slumber [who sees] all his family destroyed in their sleepes by the mercilesse fire' (C4r). In *The Meeting of Gallants* Dekker once again emphasises the distress caused by the plague to those in immediate contact with it, undercutting the previously humorous tone of the pamphlet with an injection of realism.

The overall tone of *The Meeting of Gallants* may be lighter than *News From Gravesend* and is not as entrenched in contemporary theological debate about the causes of plague, but it is more embedded within the plague's everyday confusions, mistakes and terrors. The gallants listening to the tales are told 'let not this make you sad [...] Sit you merry still' (611-12). No matter how entertaining is the conceit of War, Famine and Pestilence bickering over who has killed the most, *The Meeting of Gallants* is giving voice to the horrors visited upon London by the plague. The

Host can ‘give a lazy caper’ (619) and break ‘his shins for joy’ (620) because he and his guests are alive, but the tales themselves are falsehoods and the Host’s tone implies that his capering is false-jollity.

The Host, in part, is performing the persona of the jolly tale-teller because it is necessary for the pamphlet, which sets out to use jest book-style stories as a way of dealing with the trauma of plague. Middleton and Dekker join horror and comedy together in a violently conflicted response to plague that echoes and plays upon the London in which they were writing. This is partly done through their presentation of the dangers of misidentification and *The Meeting of Gallants* has much in common with coney-catching stories. Martine van Elk notes that because identification is ‘a crucial measure of the social order and the permeability of class and gender boundaries [...] When it becomes impossible to tell who someone is (regardless of whether the other is deceiving you intentionally or not), it is clear that the mechanisms that keep individuals in their rightful place have broken down’.¹⁶⁶ Wit and cunning cannot protect the subjects of the tales, or the inhabitants of plague-stricken London. The varied generic styles that make up *The Meeting of Gallants* perform, at a textual level, the fracturing of knowledge and society during times of trauma. The text cannot act as a cohesive whole because it is written in a period of recovery from the turning upside down of the city.

The Meeting of Gallants is, ultimately, a text about how different sections of London society are able to survive or cope with not just the plague, but also the effect the plague had on the behaviour of London’s citizens. Pestilence is unconcerned about where her victims come from, but for the characters used to illustrate her tales it is a defining factor. The reader is first introduced to the signors

¹⁶⁶ Martine van Elk, ‘Urban Misidentification in *The Comedy of Errors* and the Cony-Catching Pamphlets’, *SEL, 1500-1900*, Vol. 43, No. 2 (Spring, 2003), pp. 323-346 (p. 325).

as they contemplate the effect of plague upon fashion and the Host tells stories of prostitutes and their gulls and the misadventures of drunkards. It is only by the end of the pamphlet that Middleton and Dekker take these tales of plague and apply them outwards to everyone in London. The mention of the families decimated by plague is a sobering image at the end, which brings the careless behaviour of the characters in the three tales into sharp relief. The plague exposes human foible, particularly the difficulty of living in an urban environment when others may not obey the social contracts that become particularly necessary during times of infection, and there is no medical possibility of cure to alleviate these worries.

Conclusion

The plague pamphlets, Plague Orders, Advice, household receipt books, and sermons are all part of an attempt to make narrative sense of plague. Gilman characterises the plague sermons as showing the ‘tensions between burial and unearthing, oblivion and recall’.¹⁶⁷ These tensions can also be seen in the pamphlets, particularly *The Meeting of Gallants*; Pestilence, War and Famine narrate death, the tales told by, and to, the gallants are all about death – whether real or false – but the pamphlet also attempts to give catharsis to the horror through humour. Stories are the best medicine but they are never the whole truth. The merry tales of people mistaken for plague sufferers but ultimately revealed to be healthy are a stark contrast to the reality of the 1603 outbreak and *The Meeting of Gallants* is, in part, a way of normalising the plague and detailing London’s return to normality. As shown in later chapters, representing anxieties about medical treatment on stage is a way of giving catharsis to these fears. In periods where the theatres are closed, pamphlets

¹⁶⁷ Gilman, *Plague Writing in Early Modern England*, pp. 59-60.

like *The Meeting of Gallants*, provide a communal experience for the dispersal of fear; even if the text is read in solitude, both Middleton and Dekker pamphlets are framed with multiple layers of storytellers.

Scholarly work on plague texts is frequently framed as an attempt to connect the early modern rhetoric of plague and illness with current writing about epidemics and illness as a way of giving a historical narrative to how we think about ‘plagues’ and their disruptive force. Margaret Healy reminds us that ‘in the early modern period plausible fictions about ‘dis-ease’ (human, social and environmental misfortune) formed the bedrock of medical theory’ and it is, in part, these fictions that *News From Gravesend* and *The Meeting of Gallants* bring to their readers.¹⁶⁸ The connection within criticism of plague writing and modern writing about epidemics has its roots in the conception of plague texts as being ways to give a narrative to the emotional trauma of plague times and plague’s ability to bring social unrest, or ‘dis-ease’. This is indeed the main concern of *The Meeting of Gallants*, *News From Gravesend* and *The Wonderful Year*. The pamphlets attempt to give voice to the experience of plague-stricken London and its narrative underpinnings, whilst providing literature as a possible cure. Poetry is explicitly referenced as having potentially curative powers in *News From Gravesend* and the tales and anecdotes of *The Meeting of Gallants* question the immoral behaviour found in the city during plague time, giving the reader a frame of stories within which to question his or her own response to plague. Poetry and literature are not a simple answer to the plague because the very act of speaking or writing about the plague brings it back to life and reinforces its power.

It is partly as an answer to this possibility that the pamphlets also attempt to understand the helplessness of narrative in the face of plague. In particular, no

¹⁶⁸ Healy, *Fictions of Disease in Early Modern England*, p. 6.

medical narrative can be told about plague; there is no cure to be talked through with a physician and then enacted. Moral reform is the only possible preventative of future outbreaks. The physicians may be lambasted for having abandoned the city, and Sir Nicholas praised for his attentions to the poor, but the underlying truth of *News From Gravesend* and *The Meeting of Gallants* is that even if the physicians had stayed, the outcome would have been no different for those who contracted the plague. Medicine is powerless in the face of a plague caused by the sins of the populace.

The pamphlets, therefore, question contemporary medical resistance to the plague, and the trustworthiness of those selling it. The narrative of illness and inadequate, or dangerous, responses to it is not unusual within Middleton's canon, and the other texts considered in this thesis. Just as we shall see that the licensed physicians of *The Patient Man and the Honest Whore*, *Match Me in London* and *The White Devil* are seemingly concerned only with their own advancement, so the representatives of physic in *News From Gravesend* and *The Wonderful Year* are lambasted for their exploitation of the suffering. The desire for reward over service is not restricted to one section of the medical marketplace.

The production of imaginative literary works about the plague is crucial to the contemporary process of understanding the impact of plague upon London in the early 1600s. Middleton and Dekker's pamphlets provide two ways of reimagining the plague and responding to it. They are also distinctly literary forms; plague makes no other major appearance in Middleton's canon. Fripp, the pawnbroker, reads the weekly Bill of Mortality aloud in *Your Five Gallants* (c. 1607) to ensure the goods he is buying are not plague-ridden, 'St Bride's: five; St Dunstan's: none; St Clement's: three. Three at Clement's! Away with your pawn, sir; your parish is infected. I will neither purchase the plague for six pence in the pound and a groat

bill-money, nor venture my small stock into contagious parishes'.¹⁶⁹ Other than this, despite the reopening of the theatres after the plague had passed, Middleton, Dekker, and the other dramatists tend not to dramatise the plague and its effects.¹⁷⁰ The medical metaphors and concerns about untrustworthy medical practitioners that appear in *The Meeting of Gallants* and *News From Gravesend* do, however, play a significant part in the dramatic works that he would go on to write.

¹⁶⁹ Thomas Middleton, *Your Five Gallants*, ed. by Ralph Alan Cohen and John Jowett, in *The Collected Works*, 1.1.44-9.

¹⁷⁰ Jonson uses plague in *The Alchemist* as a way of ensuring Lovewit's house is empty, but the play makes little reference to the realities of plague-stricken London.

Chapter Three: “The movers of a languishing death”:¹⁷¹ Licensed Physicians in Tragedy and Tragicomedy

Thomas Dekker and Thomas Middleton’s comedy *The Patient Man and the Honest Whore* (1604) opens with the funeral of Infelice, the Duke’s daughter. This seemingly anti-comic opening allows Dekker and Middleton to introduce one of the leading images of this and several of the other plays considered in this chapter: the illusion of death. For a member of the audience who had read plague texts such as those considered in Chapter Two, this image would have felt familiar. However, the cause in *The Patient Man* is not plague but poison administered by a physician in a position of authority. Whereas in the pamphlets the physicians are absent from plague-stricken London, they are all too present in *The Patient Man*. Physicians turned poisoners are also integral to Dekker’s *Match Me in London* (1611) and John Webster’s *The White Devil* (1612). Although the doctors of *Macbeth* (c. 1606), *Cymbeline* (c. 1610), and *The Duchess of Malfi* (1612) are not poisoners, the focus of their roles turns on the difficulties faced by physicians acting under the command of their social superiors at court. These plays present two problematics: the dangers of physic, and the position of the doctor at court or in the state. Through staging poisonings, the playwrights show physicians transgressing their profession’s ethical rules because their social superiors coerce them into doing so. The non-poisoning physicians highlight the dangers that beset those who are required to provide physic for the royal body.

Poison held a complicated position in medical thought and practice in early modern Europe. Tanya Pollard notes that, ‘murder in the name of physic highlights a

¹⁷¹ William Shakespeare, *Cymbeline*, ed. by Martin Butler, The New Cambridge Shakespeare (Cambridge: Cambridge University Press, 2005), 1.5.9. All further references are to this edition and in-text line references given.

common contemporary fear that medicines concealed poisons and that doctors could be malicious instruments of death'.¹⁷² Paracelsianism advocated the use of poisons as cure and Jonathan Gil Harris posits that the 'belief that poisons possess medicinal potential was at the heart of a significant and decidedly controversial shift in early modern English pharmacology'.¹⁷³ The Galenic theory of the humours was, however, still the basic premise of medical treatment during the early part of the 1600s. In order for the body to be healthy the humours had to be in balance and physicians were trained in their manipulation: Andrew Wear comments that the 'evacuative procedures of bleeding, purging, and vomiting [...] were the favoured therapies'.¹⁷⁴ In part, this medical conservatism can be ascribed to concerns about Paracelsian techniques. The rise in acceptance of the benefits of poisons by itinerant medical practitioners was a cause for worry on the part of the medical authorities. As discussed in Chapter One, the first official pharmacopoeia of the College of Physicians (1618) contained Paracelsian remedies alongside Galenic cures. This joining of the two medical systems involved an attempt at synchronising the two, but many practitioners still remained wary of the idea of poison as cure. Just as importantly, so did the authorities; Mitchell Hammond notes that the College of Medicine in Augsburg, Germany, was so worried about Paracelsian practitioners that they 'drafted a new apothecary ordinance in 1594 that inveighed against the many "money-thirsty Empirics, Paracelsians, and incompetents" who were active in the city'.¹⁷⁵ The anxieties surrounding poison are, in many ways, a blending of

¹⁷² Tanya Pollard, "'No Faith in Physic": Masquerades of Medicine Onstage and Off', in *Disease, Diagnosis, and Cure on the Early Modern Stage*, ed. by Stephanie Moss and Kaara L. Peterson (Aldershot: Ashgate, 2004), pp. 29-42 (p. 29).

¹⁷³ Harris, *Foreign Bodies and the Body Politic*, pp. 50-51. For a more detailed discussion of Paracelsianism see Chapter One.

¹⁷⁴ Wear, *Knowledge and Practice in English Medicine*, p. 50.

¹⁷⁵ Mitchell Hammond, 'Paracelsus and the Boundaries of Medicine in Early Modern Augsburg', in *Paracelsian Moments: Science, Medicine and Astrology in Early Modern*

professional and ethical concerns; Paracelsians and empirics are frequently yoked together by early modern writers inveighing against this new science in a combined attack against the two. Poison provided a means for writers to combine concerns about the lack of training and professional dedication they thought was displayed by empiric practitioners, and the potential hazards of poison as a form of treatment even by licensed practitioners. The plays considered here present licensed physicians as being just as susceptible to the potential for the misuse of poisons as the empirics were reputed to be.

Much critical attention has been paid to the emergence of poison as a medical tool, including discussion of the attitudes of physicians to poison and its changing role in the medical marketplace. Critics have begun to examine the role of the medical practitioner in the narration of medical stories; for example, William Kerwin focuses on the power of drama to open up the ‘social dynamics of medical culture’, arguing that narratives from outside medicine shaped medicine’s definitions.¹⁷⁶ Other scholars have addressed how the ideology of poisoning interacted with the idea of the body politic and notions of treason. Harris examines the emergence of Paracelsianism as a foreign import into medical practice, paralleling it to xenophobia in political thought.¹⁷⁷ Silje Normand has discussed how ‘[t]he crime of poisoning was considered particularly perverse because it was associated with treachery’ and aligned with charlatanism in early modern French polemical texts; poison is both an instrument of treason and associated with

Europe, ed. by Gerhild Scholz Williams and Charles D. Gunnoe, Jr. (Kirksville, MO: Truman State University Press, 2002), pp. 19-34 (p. 24-5).

¹⁷⁶ Kerwin, *Beyond the Body*, p. 10, 1.

¹⁷⁷ Harris, *Foreign Bodies and the Body Politic*; “‘Some love that drew him oft from home’”: Syphilis and International Commerce in *The Comedy of Errors*, in *Disease, Diagnosis, and Cure*, pp. 69-92.

unlicensed practitioners.¹⁷⁸ There has also been a growth in criticism concerning poison as a dramatic device: Tanya Pollard has written extensively upon the dramatisation of medicine and poisoning, and Miranda Wilson has considered poison's symbolic functions, particularly how the temporal specificity poison provides on stage can be used to explore Renaissance ideas about clock-time.¹⁷⁹

My chapter builds upon this scholarship by examining how the playwrights present differing perspectives on poisoning and what this tells us about poison as a moral and social concern in Jacobean England. In particular, it considers how the playwrights represent physicians negotiating the ethical demands of their profession and the social and political pressures arising from their positions at court. I argue that, through presenting licensed physicians grappling with these pressures, the playwrights engage with a current debate about the power granted to licensed physicians and their associated potential for treason. The chapter demonstrates that the playwrights use the poisoning doctor as a specific and effective way of exploring this issue. Through discussing the non-poisoning doctors of *Macbeth* and *The Duchess of Malfi*, the chapter further emphasizes the awkward positions of court physicians placed in situations where medicine is doomed to failure.

Poisoning on the stage is a visual spectacle of poisoned Bibles, crucifixes, daggers, and potions poured on grapes. Webster's *The White Devil* shows its audience the death of Isabella through the lens of a dumbshow created by a conjuror and then presented to the audience in the theatre. The layers of deceit and intrigue

¹⁷⁸ Silje Normand, 'Venomous Words and Political Poisons: Language(s) of Exclusion in Early Modern France', in *Exploring Cultural History: Essays in Honour of Peter Burke*, ed. Melissa Calaresu, Filippo de Vivo and Joan-Pau Rubiés (Farnham: Ashgate, 2010), pp. 113-32 (p. 114).

¹⁷⁹ Pollard, *Drugs and Theater in Early Modern England*; 'Drugs, remedies, poisons, and the theatre', in *Thomas Middleton in Context*, ed. Suzanne Gossett (Cambridge: Cambridge University Press, 2011), pp. 287-94; Miranda Wilson, 'Watching Flesh: poison and the fantasy of temporal control in Renaissance England', *Renaissance Studies*, 27.1 (2011), pp. 97-113.

inherent in the poison plots form part of our modern conception of early modern tragedy and tragicomedy. Poisoning doctors are at the very heart of these dramatic modes. The plays in which they are found form part of an extensive contemporary discussion about power, politics and the dangers of medical professionals. These particular representations of poison also raise questions of genre; the playwrights position poison and poisoners at the centre of power in the worlds of these plays as both the cause of tragedy and its resolution in tragicomedy. The doctors may be incidental, but their functions are crucial to plots which turn on secret ways to kill, making them integral to the repertoire of immorally exercised power. If the Machiavellian politicians or royal henchmen show power being exercised cruelly by those in positions of political power, the poisoning doctor is the professional equivalent. Furthermore, they have the potential to turn tragedy into tragicomedy, since they can use their medical skills for good as well as ill – the doctor’s dilemma about obedience to his political master is one of the characteristic ethical conundrums thrown up by tragicomedy. This invites us to consider how, in plays where treachery is found everywhere, these malignant doctors provide another dramatic display of the complexities of trust and power. The plays chosen for discussion here are united by their focus upon the body politic and the dangers of physic at court and this chapter demonstrates the tragic or tragicomic potential of the royal doctors’ role.

Constructing Medical Morality

John Securis’s *A Detection and Querimonie of the Daily Enormities and Abuses Committed in Physick* (1556) and Johan Oberndorf’s *The Anatomy of the True Physician* (1602) are both primarily written for a readership of other physicians.

They highlight the moral and educational standards that physicians should strive to achieve. *Securis* places the physicians in antithesis to surgeons and apothecaries, whilst Oberndorf, writing forty-six years later, reacts to the rising threat of empirical practitioners such as mountebanks and quacksalvers. Oberndorf was writing in a German context but only two years elapsed between the initial printing of his work and Francis Herring's English translation of it. Herring clearly felt that the work addressed English concerns as well, and the use of terms such as 'Caveliers' and 'scape-Tibornes' gives a distinctly English feel.¹⁸⁰ Both texts have a strategic intent in attacking the empirics and mountebanks whom the physicians felt were their rivals. However, if interested lay-readers bought *Securis* and Oberndorf's texts they would have found their fears confirmed about the dangers of medical practice in the late 1500s and early 1600s.¹⁸¹ These two texts exemplify the inherently subversive problem of early modern discussions about medicine: the physicians write to justify themselves, but they are unwittingly contributing to a discourse of medical suspicion, which the playwrights then bring to a disturbing height on the stage.

A Detection and Querimonie begins with a translation and explication of the Hippocratic Oath. Bradford William Short has shown that four translations of the Oath were printed in the sixteenth century and they stayed in use during the seventeenth century.¹⁸² *Securis*'s translation is the first of these, and his presentation of it in English is, in part, a means of supplementing the inadequate acquisition of

¹⁸⁰ Oberndorf's text was originally published in Latin in Lauingen, Germany in 1600.

¹⁸¹ Wear notes that the distinctions 'between lay and medical readerships were blurred and both groups might read works which were ostensibly for the other. In contrast to the 153 different vernacular medical works that Paul Slack has found were published in England from 1486 up to the end of 1604 (in 392 editions), the number of Latin medical works published in England up to 1640 was paltry': *Knowledge and Practice in English Medicine*, pp. 40-1. It is difficult to calculate the readerships of texts which blur the lines between medical and lay treatises, but the literate public was clearly interested in medical thought and writing.

¹⁸² Bradford William Short, 'The Healing Philosopher: John Locke's Medical Ethics', *Issues in Law and Medicine*, 20 (2004), pp. 103-154 (pp. 122-3).

knowledge he felt was the result of solely reading medical texts written in the vernacular.¹⁸³ The Oath is relevant to the plays under discussion because of its insistence that ‘Nor yet any mans prayers shall so much prevail with me, that I give poison to any man, neither will I counsel any man so to do’ (A3r). One fundamental of the Oath is that poison must not be administered even if the patient asks for it, or if someone else asks for it to be administered. This acknowledges the danger of the physicians’ art, but the principle is contravened by all of the poisoning-physicians in these plays.

Securis translates and then explains these long-standing principles of the physician’s conduct before contrasting them with the supposed misbehaviour of surgeons and apothecaries. He also devotes a considerable amount of his text to explaining the religious underpinnings of the ideal physician’s behaviour. He states that ‘[G]od doth not geve the gyfte of healing to any wicked people, but only by a speciall priviledge to those onely that be of a moste pure, sobre, and holy lyfe’ (B4v-5r). Physicians still have a gift given to them by God, and should prove themselves worthy of it through living a religiously obedient life. This is not to suggest that physicians should be clerics themselves, which, as discussed in Chapter One, was a contentious point, but that it is their duty to serve God through the practice of medicine.

Oberndorf does not reproduce the Hippocratic Oath in *The Anatomy of the True Physician*. Instead he begins with descriptions of the desired ‘birth, education, & institution of a true *Aesculapian*’, contrasting them with the ‘Changeling and

¹⁸³ Thomas Newton, *The Old mans Dietarie* (London, 1586) and John Read, *A Most Excellent Method of Curing Wounds* (London 1588; 1612) provide further translations of the Oath, as does Peter Lowe, *The Whole Course of Chirurgerie* (London, 1597; 1612). Securis’s text exists in only one edition but the wording of the translations is similar throughout the other texts, making it plausible that Securis’s translation formed the basis for other translations and that the need to continually reproduce it in English was felt by a variety of practitioners in the early years of the seventeenth century.

masking *Mounte banke*' (B2r). *Aesculapian* refers to the Greek god of medicine and the healing arts. Whilst both texts bring medical practice back to Christian duty and a God-given ability, Oberndorf particularly seeks to emphasise the importance of its classical roots. Herring's translation focuses the anti-empiric argument in pointedly contemporary ways, describing the 'unlettered Chymists' in anti-theatricalist terms as 'dull-pated, and base Mechanickes, Stage-Players, Juglers, Pedlers', who form a 'goodly and sweet Troupe', along with 'Poysoners, Inchanters, Soothsayers, Wizards' (B2v). In Oberndorf's conception of their work, the empirics are merely play-acting at medical knowledge. Medicine, however, is inherently a performative act: doctors have long sought to impress patients through the use of hyper-medicalised language, and early modern medical practice relied on the telling of a narrative of illness to a medical professional and the creation of a second narrative of healing.¹⁸⁴ Much as writers such as Oberndorf wished to distance medicine from theatre, physicians are closely bound to it. By comparing the mountebanks, quacksalvers and empirics to 'Juglers', Oberndorf derides both their practice and that of the stage. Ultimately, however, he cannot wholly divorce the practice he attempts to legitimate from that of the 'disguised Maskers' (B2v). William Kerwin argues that, whilst 'physicians deplored role-playing and used it to define the illegitimacy of their competitors' they have 'always performed, and early modern physicians had a tradition on which to draw'.¹⁸⁵ The licensed physicians wished to separate themselves from the illegitimacy they associated with the disguise and

¹⁸⁴ Wear describes this process as physicians giving 'narrative accounts of illness, which may have fulfilled their patients' needs for an explanation of what was happening to them [and] providing rational understanding of disease which fitted the educational framework that underpinned their occupation', *Knowledge and Practice in English Medicine*, p. 134. The diaries of patients such as Ralph Josselin and practitioners like Dr Barker demonstrate the importance of narrative and story-telling in the patient-physician relationship. Josselin's diary is available in an edited edition, *The Diary of Ralph Josselin, 1616-1683*, ed. by Alan MacFarlane (Oxford: Oxford University Press for the British Academy, 1976; 1991). Dr Barker's casebooks are discussed by Beier, *Sufferers and Healers*, pp. 97-132.

¹⁸⁵ Kerwin, *Beyond the Body*, p. 133, p. 137.

illusion inherent in both dramatic depictions of doctors and in the business methods of quacksalvers and mountebanks.

Securis's and Oberndorf's texts are both attempts to depict quack practitioners as unethical, regardless of how small the differences between them and the physicians may have been in practice. The quacks become a dangerous 'other' who are shown trying to access the same level of authority as the licensed physicians claimed for themselves. Both Securis and Oberndorf present the reader with an image of what they felt to be wrong with the medical profession. But in the plays discussed in this chapter, it is not the practitioners on the periphery of the medical marketplace that violate the ethical and moral rules of the profession, but those who form the supposed elite core. Securis's and Oberndorf's texts locate the physicians as paragons of virtue, but in these plays Middleton, Dekker, and Webster represent licensed physicians violating the rules. Securis and Oberndorf may have had confidence in their professional colleagues but this is not mirrored in the drama.

In these plays the playwrights engage with the wider issues of medical ethics raised by Securis and Oberndorf, and also with the specific challenges and opportunities faced by physicians at court, which were highlighted by contemporary events. Being a doctor at court was a risky occupation; Doctor Roderigo Lopez's conviction for poisoning Elizabeth I was still within living memory, poison played a significant part in the Overbury trial, and Theodore de Mayerne was accused of poisoning Prince Henry when he died of typhoid in 1612. The accusations against Mayerne were primarily the result of the desire to find a scapegoat for the prince's death, and Hugh Trevor-Roper suggests that a slighted colleague, Dr. Butler, was responsible for the accusation of Mayerne's involvement in a poisoning plot.¹⁸⁶ Mayerne was able to prove himself innocent; still, the incident highlights the

¹⁸⁶ Trevor-Roper, *Europe's Physician*, pp. 171-6.

precarious position of physicians tending the royal body, particularly those who were known to have an interest in Paracelsian medicine and a knowledge of poisons.¹⁸⁷ Mayerne also found himself implicated by association in the Overbury scandal through his connection to Sir Thomas Overbury, who had invited him to England in 1609 and whose physic was administered by Paul Lobel, a close friend of Mayerne and one of King James's apothecaries.¹⁸⁸

Tending the royal body is a fraught enough profession without the intrusion of court scandals, and the plays discussed here show licensed physicians in positions of power at court going against the codes of their profession. In these plays it is the literal and figurative royal body that is being attacked. Stephanie Moss and Kaara L. Peterson describe dramatic depictions of contemporary events, such as poisonings, as 'cultural configurations [seeping] into play-texts from the surrounding environment and then [circulating] back into that milieu'.¹⁸⁹ The notion of seepage seems somewhat weak where poison and poisoners are considered; the playwrights placed doctors-as-poisoners on stage because of the very specific cultural echoes of the idea of a poisoning doctor within the court. If *Securis* and *Oberndorf* attempted to defend good physicians, Middleton, Dekker and Webster satirised licensed physicians. Contemporary worries about the medical profession were of enough concern to be addressed in a variety of forms over a number of years. Through their different representations of physicians, the playwrights considered here participate in and help to shape the contemporary dialogue about medical ethics. Staging

¹⁸⁷ Jacob Soll, 'Healing the Body Politic: French Royal Doctors, History and the Birth of a Nation 1560-1634', *Renaissance Quarterly*, 55.4 (Winter, 2002), pp. 1259-86, also discusses this precarious position in relation to Rodolphe Le Maistre's treatment of Henri IV and Marie de Medicis's daughter, noting that Le Maistre kept an exceptionally detailed log of all treatment given and noted insightfully that 'a medical error on the royal body is an affair of state' (p. 1269).

¹⁸⁸ Trevor-Roper, *Europe's Physician*, pp. 178-89.

¹⁸⁹ Stephanie Moss and Kaara L. Peterson, 'Introduction', in *Disease, Diagnosis, and Cure*, p. xiii.

physicians acting outside the ethical boundaries they supposedly believed in is one way of reinforcing the necessity of these boundaries.

Transgressing Boundaries in *The Patient Man and the Honest Whore and Match Me in London*

Middleton and Dekker's 1604 collaboration, *The Patient Man and the Honest Whore* (also known as *The Honest Whore, Part I*) consists of a title plot concerning Bellafront, the honest whore of the title, and her attempted wooing of Hippolito; a subplot in which the Duke of Milan attempts to thwart the romance between his daughter, Infelice, and Hippolito; and a second subplot concerning Candido, a remarkably placid linen-draper who resists all his wife's attempts to rile him.¹⁹⁰ Treacherous courts and poisonings are also central to Dekker's 1611 play, *Match Me in London*, which revolves around an imaginary Spanish court in which Don John wishes to usurp his brother, the King of Spain. The court plot is the framing device for complicated romantic entanglements, in this case, the King's desire for the aristocratic lady Tormiella, her marriage to Cordolente, and her relationship with Gazetto, the citizen whom Tormiella's father wishes her to marry. As we shall see, Middleton and Dekker use these plots to explore the problems of medical ethics in a court setting, presenting the literal and metaphorical forms of poisoning being enacted in these restricted spaces and the doctors' entanglements in aristocratic relationships.

The Patient Man and the Honest Whore's subplot is undeniably melodramatic, opening with '*a funeral, a coronet lying on the hearse, scutcheons*

¹⁹⁰ *The Collected Works* uses the longer title which corresponds with the earliest reference to the text, appearing in Henslowe's diary (p. 515).

and garlands hanging on the sides' (1.0.2).¹⁹¹ This melodrama is particularly ironic when connected to a poisoning plot; poisoning is a subtle art, but in this staging the dramatists make its effects as grandiose as possible. Hippolito appears to suspect that Infelice's death is false in Scene 1: the trappings of death are not enough to convince him of its truth, and he demands that they '[s]et down the body' because Infelice 'is not dead' (1.17-19). It is possible that this is ironic foreshadowing – as Infelice is indeed alive, but bound up in a death-like sleep brought on by drugs – but it can also be read as an aspect of Hippolito's distraction, in that he wills Infelice to be alive even in the face of the evidence. This is the beginning of a recurring theme for Hippolito's interaction with death and the body; he is insistent that touch can tell the truth. Even if he conflates the coffin and the body, setting Infelice's body down on the ground would bring her into contact with the earth, which in Galenic theory was linked with melancholy. One example of this linkage can be found in Thomas Walkington's *The Optick Glasse of Humors* (1607) in which the chart of humoral associations makes it clear that earth and melancholy were directly connected.¹⁹² Hippolito's grief-stricken reaction to Infelice's coffin presents him as the theatrical cliché of the melancholy lover, which will become an integral part of his supposed

¹⁹¹ Thomas Dekker and Thomas Middleton, *The Patient Man and the Honest Whore*, ed. by Paul Mulholland in *The Collected Works*. All further references are to this edition and in text line references given. The division of authorship of *The Patient Man* has not been concretely decided. Middleton and Dekker's linguistic markers are not concentrated in specific scenes, leading MacDonald P. Jackson to suggest that 'Middleton wrote the first draft of some scenes and perhaps even of a large portion of the play, but that Dekker was largely responsible for its final form'; quoted in Paul Mulholland, 'The Middleton Canon: *The Patient Man*', in *Thomas Middleton and Early Modern Textual Culture*, p. 352. Certainly there are elements of *The Patient Man* that are found in later Middleton works, such as the interruption of a false funeral procession, which can also be seen in *The Puritan Widow*, *Michaelmas Term* and *A Chaste Maid in Cheapside*.

¹⁹² Thomas Walkington, *The Optick Glasse of Humors* (London, 1607; 1631(?); 1639; 1664), 39v. Walkington's direct correlation between earth and melancholy is discussed in relation to Shakespeare's sonnets by Schoenfeldt, *Bodies and Selves in Early Modern England*, pp. 74-95.

poisoning in Scene 13. Infelice's faux poisoning does not solely affect her body, but also changes the humours of Hippolito.

The Duke's response is to refer to the bodily evidence; he tells Hippolito 'all those rivers / That fed her veins with warm and crimson streams [are] / Frozen and dried up: if these be signs of death, / Then she is dead' (1.25-8). Whereas Hippolito appeals to tactile evidence, the Duke de-physicalises it. Blood becomes 'crimson streams' (1.26) and her eyes are imagined as a 'pair of stars' (1.24). The Duke's evidence is sight, whereas Hippolito's request to 'kiss her pale and bloodless lips' (1.38) is denied. Of course, the refusal of this request is primarily a preventative measure; a kiss could reveal the falsity of her death, an illusion which must be maintained in order for the Duke's plot to remain in motion. The Duke's rejoinders also highlight how self-conscious the poisoning scene is: Hippolito must be persuaded that Infelice is dead through the same means as is the audience watching the play. Death in *The Patient Man* is created verbally and visually rather than through touch. This is, of course, a function of the ambiguity of theatre, where actors do not actually die, and the Duke's bodily references imaginatively envision an image of the corpse as it lies in the coffin.

Infelice's corpse-like state has been induced by the drugs of Doctor Benedict who, at the beginning of the play, appears to have no qualms about his actions. After the falsity of Infelice's death is revealed in Scene 3, he is commanded by the Duke to poison Hippolito too because Infelice has been told he is already dead. The doctor remarks that Hippolito 'calls me friend. I'll creep into his bosom / And sting him there to death; poison can do't' (3.96-7). Doctor Benedict's words reveal one of the most terrifying aspects of poison, that it kills internally and steals throughout the body, and they highlight the parallel with the actions of the doctor himself. In reward for his services he will become the Duke's 'half-heir' (3.98). Oberndorf

claims that the good physician ‘laboureth to be decent, comely and frugal’ (B4v) and does not value his patients for their social status and the potential for reward, caring for them only because they are in need. But Doctor Benedict appears to be money-hungry and will do anything to acquire wealth, even though ‘the fact be foul’ (3.99). The Duke takes the blame upon himself: ‘Greatness hides sin. The guilt upon my soul!’ (3.100). Both the doctor and the Duke recognise that their actions are immoral but proceed despite this awareness. This doctor appears to be susceptible both to greed and to political pressure.

Just as the audience is not privy to Infelice’s apparent poisoning, we do not see Hippolito’s purported poisoning. Instead it is narrated by Doctor Benedict; ‘The cup he lifts up high, and thus he said, / ‘Here noble maid’, drinks, and was poisoned’ (13.9-20). The physician seems prepared to break the injunction of the Hippocratic Oath not to give poison – even if someone, in this case Hippolito, is asking for it – with no second thoughts. For the audience who, like the Duke, has no idea that Hippolito’s death is a fiction made up by Doctor Benedict, there is a certain irony in Hippolito’s poisoning. His last appearance in the play was in the guise of the melancholy lover, studying a picture of Infelice and conversing with a skull he had cast as his nameless enemy who could no longer harm him through ‘Italian pills’ (10.64). Doctor Benedict, acting as an agent of the Duke, can it seem, in Scene 13, become this nameless enemy. The audience has little reason to suspect that Hippolito has not been poisoned; Infelice has been revealed to be alive in scene 5, but she has been told that Hippolito is dead. Middleton and Dekker present the Duke as a malevolent schemer and the poisonous doctor as being perfectly willing to kill for personal gain.

Doctor Benedict’s request that his poisonings be erased from memory is refused and he is banished from the court. He cannot be trusted because he has the

ability to manipulate poison, and interestingly the playwrights give the doctor the lines that elucidate this. He realises that the Duke could come to fear that his poisoning skills could be bought by another: ‘as what can gold not do? – / I may be hired to work the like on you’ (13.44-5). The Duke has come to the same realisation and his solution, which is presented as being for Doctor Benedict’s benefit, is to banish him ‘that you shall stand clear of that suspicion’ (13.48). ‘Kings may love treason, but the traitor hate’ (13.51), the Duke concludes before he exits the stage, a proverbial statement which is answered by the doctor with another: ‘He falls himself that digs another’s pit’ (13.54). The Duke’s refusal to forgive Doctor Benedict’s sins and forget his poisonings seems to have the effect he feared it would have, and has turned the Doctor into a traitor to his master.

It is only after this confrontation that the audience is shown that Hippolito is still alive and that the Doctor has remained true to his profession’s ethics and resisted the Duke’s corruption. Doctor Benedict instructs Hippolito to remove his mourning clothes and dress himself ‘Fresh as a bridegroom when he meets his bride. / The Duke has done much treason to thy love; / ’Tis now revealed, ’tis now to be revenged’ (13.69-71). Dramatically the Doctor’s change of mind is necessary because he forms the link between the court and Bethlem Monastery, a hospital for madmen, where the play concludes; he must introduce Hippolito and Infelice to the Friar so they can be married. Whilst the Bethlem of *The Patient Man*, as will be discussed in Chapter Five, was not necessarily a peaceful and pleasant place for its patients, it provides a significantly less treacherous space for Infelice and Hippolito. Physic has been vindicated, the doctor having turned out to be good, but the play switches its focus from medicine to religion.

The doctor is a minor character in *The Patient Man*, but he is representative of larger structures: in its larger themes the play attends to the health of the state,

and Infelice's removal to Bergamo's 'wholesome air' (3.75-6) is part of the play's medicalised framework. Robert Burton discusses bad air as one of the causes of melancholy: air 'is a cause of great moment in producing this or any other disease, being that it is still taken into our bodies by respiration, and our more inner parts'.¹⁹³ Dirty air as a cause of illness was a fundamental part of the early modern understanding of the transmission of disease and one with which the audience would have been intimately familiar. As Walter Seuntjens notes, 'early-modern man considered the bodily phenomena, which he called passions, to be movements of air'.¹⁹⁴ If Infelice can be moved to Bergamo, with its sweet air and idyllic setting then her passions will be cooled and she will forget Hippolito. However, Bergamo is not far enough away and, even in its cleansing air, Infelice learns of her father's actions and decides to act herself. This action involves a move to Bethlem Monastery; only in a mad space can order be restored to this disrupted court. Bedlam hospital is, of course, a location from contemporary London. *The Patient Man* is ostensibly set in Milan, but, as is often the case with early modern drama, the geographical positioning is neither strictly accurate nor necessary, and sending the characters to Bethlem allows the resolution of the play to take place in a familiar medical space. Purgation can occur in the countryside but the resolution of the play must bring the characters together in another space which is neither the court nor the court's refuge.

The move to Bethlem brings together Hippolito and Infelice with Friar Anselmo, who will wed the two lovers. A wedding in a madhouse does not seem auspicious but, as in *The Changeling*, only in the madhouse can truth be revealed. Before they depart for Bethlem, Hippolito calls Doctor Benedict 'Heavenly

¹⁹³ Robert Burton, *The Anatomy of Melancholy*, 3v (London: Dent, 1932), v. 1., p. 237.

¹⁹⁴ Walter Seuntjens, 'Vapours and fumes, damps and qualms: Windy Passions in the Early Modern Age (1600-1800)', *English Studies*, 87.1 (2006), pp. 35-52 (p. 44).

physician!', exclaiming 'Far thy fame shall spread, / That mak'st two lovers speak when they be dead' (13.120-1). Doctor Benedict disappears from the plot at this point. Bethlem has its own doctors and he is no longer necessary: a cure for social madness is required, rather than the expertise of a court physician. It is also in Bethlem that the villainous Duke has his own moment of redemption. Hippolito and Infelice are not dead, and the Duke is finally convinced that his state can survive the mixing of their bloodlines. Doctor Benedict no longer has a necessary function in this structure, and is replaced by the friar; medicine is displaced by religious and moral solutions. Middleton and Dekker create a redemptive narrative for Doctor Benedict, but it seems at odds with how poisoning physicians, or physicians with the potential to be poisoners, were regarded in 1604. Poisoning is treachery, but Doctor Benedict's poisons are false, being nothing more than a sleeping draught and then a story. Doctor Benedict is absolved and forgiven, but also absented from the ending. Medical knowledge can only provide certain treatments and cures; the play's resolution is dependent upon a moral cure which can only be given by the Friar. The actions of the Duke have caused the most harm and after his acceptance of the marriage of Infelice and Hippolito hopefully there will be no more need for Doctor Benedict, who slips quietly out of the action.

The doctor of *Match Me in London* is entrapped by Don John in much the same way as Doctor Benedict is. He admits to having used poisons as medicine, knowing it is 'certaine death to doe it [and] certaine death to deny it', even though he uses poison only for its medicinal purpose.¹⁹⁵ Having knowledge of how poison works, even as a medicinal tool, can be used against the doctors in these plays. Don John states that 'tis your trade Master Doctor to send men packing' (3.4.35-6), and

¹⁹⁵ Thomas Dekker, *Match Me in London in Dramatic Works of Thomas Dekker*, ed. by Fredson Bowers, 4 vols (Cambridge: Cambridge University Press, 1958), III, 3.1.40-1. All further references are to this edition and in-text line references given.

demands that he poison Don Valasco or lose his own life. The repetition of dialogue in the following lines shows the doctor's reluctance and Don John's determination. Unlike in *The Patient Man*, Dekker lets the audience hear the doctor attempt to keep the situation under control, pushing against Don John's management of the scene:

Don John: And make him fast.
 Doctor: Fast.
 Don John: For speaking.
 Doctor: For speaking. (3.1.49-52)

It is this careful reiteration of Don John's wishes for the poison that allows the doctor to circumvent Don John's earlier wish for it to kill Don Valasco. Death and speaking are separate: one can be prevented from speaking by means other than the cessation of life. The doctor is presented as able to search for, and understand, ambiguities of language which he can then exploit. He can already use medicines and poisons with great subtlety but here we see words manipulated to the same effect. He is caught in a seemingly inescapable trap, being forced by a powerful politician to violate the codes of his profession, and he must find a way to resist.

The poisoning of Don Valasco in *Match Me in London* is shown on stage, but Dekker's presentation of the poisoning highlights how words are as effective a poison as any medicinal compound. Don John's evocative descriptions of being dizzy after eating the grapes – 'does not all the house run round on wheelles! / Doe not the posts goe round!' – apparently convinces Don Valasco that he feels 'A giddynesse too me thinkes', at which point the doctor enters with a cordial. Don John wishes Don Valasco to believe this is an antidote rather than poison but Don Valasco is wise to the intrigues of the court and tells the audience in an aside that 'T'is but Concept, Ime hurt with feare' and 'Preservative or poyson, he drinckes first' (3.1.192-6). He recognises both that Don John wishes him harm and that the

doctor may not be all that he seems. The doctor is well aware of the power Don John holds over him and switches the cups. The grapes may or may not have been poisoned, but the cordial certainly is and Don Valasco falls to the ground. It is at this point that the play's trajectory differs from *The Patient Man*, since while Doctor Benedict effects his own escape by enlisting the help of Hippolito and leaving for Bethlem, the doctor of *Match Me in London* appeals to the King for help, asking 'gracious pardon to call backe a life / That's half lost with despaire' (3.2.49-50). He immediately admits to having poisoned Don Valasco. He makes it explicit that he did so because Don John had his sword to his metaphorical throat and he would have 'dy'd had I not done't' (3.2.57), but 'I in stead of poyson, / Gave him a sleepy Potion, he's preserv'd' (3.2.61-2). He explains that Don John knows nothing of Don Valasco's continued survival but 'Trips at your life and Kingdome, to his throat / Valasco this will justify' (3.2.67-8). The doctor has transgressed the boundaries of his profession, but by immediately confessing to the King, the play turns this into something that will be helpful for the state through the execution of the treacherous Don John. The doctor is not necessarily trustworthy but he is able to call upon the aid of the king to punish Don John and pardon his actions. He only pretends to do what Don John wants and, therefore, keeps the play a tragicomedy rather than tragedy.

Upon his entrance into the court Don John reacts to the sight of Don Valasco by threatening the doctor: 'Ile give you a purge for this' (3.2.133). He attempts to excuse his actions by claiming the doctor is nothing more than a 'Urinalist' (3.2.142) who thinks too highly of himself and 'left no Artery / Unstreht upon the Tenters' (3.2.144-5), tenters being literally the hooks on which linen was stretched to dry and figuratively something upon which someone could be stretched as a form of torture. Urinalist is a specifically medical insult, and whereas Don John

has previously flattered the doctor with reference to his skill, here he reduces him to one of the lowest members of the medical marketplace.¹⁹⁶ Not content with this, he compares him to a magician, saying his ‘bowels were his conjuring rooms’ (3.2.146). Ultimately he claims the only reason that he ‘tempted him to poison a great man’ (3.2.147) was to be rid of the doctor. There is a double irony at work: Don John claims to have been testing the doctor, seeing whether he would use poison or not, and he does so out of revenge for the medical torture inflicted upon him by the doctor. The play exploits anxiety about medical powers, whilst at the same time leaving the responsibility with the doctor, despite his actions having been forced upon him by his patron. The doctor becomes a focal point for the same types of criticism as found in *Securis* and *Oberndorf* but, crucially, the negative view is put in the mouth of a treacherous character. The doctor’s immediate confession sets him apart from Doctor Benedict; he is more aware of the pressures of his profession and how to negotiate the complex world of the court and its allegiances. Dramatically he is aided in this by the presence of the king: there is another character with greater political power to appeal to, whereas Doctor Benedict does not have the same recourse.

The action of *Match Me in London* also moves between court and the country but with a different impetus. Just as in *The Patient Man*, poisoning takes place in the court; Don John wishes, with the help of ‘a brave fyle of noble Portugals’ (1.3.21), to take the throne himself, and to plot the poisoning he manipulates the King into giving him licence ‘to leave the Court / To attend my health’ (1.4.86-7). Now, though, the country is a place where treacherous purgation can be imagined. The first time the audience meets the doctor he is trying to

¹⁹⁶ Oberndorf is also scathing about urinalists, dismissing them as mountebanks who ‘contrarie to the Part and Office of an ingenuous and honest Man, that they finde out and discern all these Things by gazing upon the Putrified and strong-sented Urine’ (D1r).

persuade Don John not to return to court for fear that it will ‘overthrow the state / Of that deare health which so much cost and time / Have been a building up, your pores lying open / Colds, Agues and all enemies to pure bloods / Wil enter and destroy life’ (3.1.8-12). The doctor views the court as injurious to good health whereas Don John believes he will bring health to it by overthrowing the current regime. Dekker uses this interaction to comment upon the two ideas of bodily health and blood purity that are at work in the play. Don John’s return to court will indeed ‘overthrow the state’ if his plan is successful, and the doctor is about to be entrapped.

The doctor of *Match Me in London* also disappears from the narrative long before the end of the play; the last the audience sees of him is the denigration of his profession by Don John. He is, however, important to his play, since his revelation of Don John’s treachery brings to light the plot to kill the King. Through a series of dramatic clichés it is revealed at the end that, despite having been sentenced to death, Don John is alive and he repents, taking his place at the side of the King once more. The two doctors presented by Middleton and Dekker significantly contribute to the restoration of balance and stability in their respective courts, functioning as the switching point within their plays. They are ambiguously positioned, capable of being criminal and affecting the lives of kings and courtiers. They are both harbingers of death and health. Because of the importance of intrigue and poison the doctors have a key role, even if it is subordinate. To some extent the endings of the plays also seek to erase the audiences’ memories of the poisonings. The plots are tied up and everyone seems to be at the beginning of a new peaceful coexistence; normality has been restored and we are to believe it will continue this way.

Middleton and Dekker’s poisonous physicians are immersed in the power of words. Their medical training is the cause of their trouble by making them susceptible to blackmail, but the aptitude for study and ability that Securis and

Oberndorf are so keen to promote enables them to wield words and aids them in escaping harm. Specifically the principle of the Hippocratic Oath, in which the patients' needs are paramount, enables the doctors to push back against the wishes of their corrupt masters. The playwrights place doctors on stage who are able to negotiate the complex world of the court. In some ways these court physicians are more courtiers than providers of physic, and they become very adept at identifying the sites of power. Words and poison are intertwined; most of the poisoning that has taken place in *The Patient Man* and *Match Me in London* is linguistic rather than medical. The doctors' art is maligned and poisonous words used to describe it, but the doctors learn to interpret the demands of others in order to negotiate between the requests of their rulers and the ethical codes of their profession. This linguistic flexibility is part of the doctors' functional ambiguity and significance as a model for a professional standard. Part of the problematic as presented by Middleton and Dekker is that other people do not respect the ethical positions of the doctors and force them into immoral actions. The doctors, therefore, have to take action to ensure their own safety and they do this through the creation of a new narrative. At the same time, the doctors' ambiguous situation perfectly fulfils the structural requirements of tragicomedy.

Restoring the Body Politic in *Cymbeline* and *Macbeth*

Shakespeare's *Cymbeline* presents the audience with a licensed physician, Doctor Cornelius, whose character is much more integral to the play than that of the doctors of *The Patient Man* and *Match Me in London*. The plot of *Cymbeline* is considerably more complex and it is deeply concerned with the destruction and then restitution of the body politic. It often feels like a history play, attempting to engage with 'the

circumstances of the new reign', but its sheer scope 'typifies tragicomedy's structural openness, with its power to accommodate contradiction, irony and the absence of resolution'.¹⁹⁷ Shakespeare's presentation of doctors on the stage differs considerably from that of Middleton, Dekker, and Webster, most notably in the fact that his doctors tend to obey the strictures of social and cultural licensing as a matter of course. For example, Cerimon, in *Pericles, Prince of Tyre*, declares in the audience's first meeting with him that 'Virtue and cunning were endowments greater / Than nobleness and riches' and that his study of physic is 'A more content and cause of true delight / Than to be thirsty after tott'ring honour'.¹⁹⁸ Admittedly, Cerimon is a nobleman, which makes it easier for him to claim that virtue is worth more than money, but it is arguable that Shakespeare's doctors have more agency and are given the opportunity to speak for themselves and represent their own actions.¹⁹⁹

The body politic is one of the most discussed ideas in early modern scholarship, with interpretations ranging from E. M. W. Tillyard's 'world picture' that was believed in by 'all Elizabethans' to Ernst H. Kantorowicz's description of the king's 'two bodies', Maurice Hunt's 'early modern religio-political idea of the body politic', and Harris's idea that 'Tudor and Stuart articulations of organic political analogy are not quite as remote from our modern moment as they may at

¹⁹⁷ Martin Butler, 'Introduction', in *Cymbeline*, ed. by Martin Butler, p. 2, 72.

¹⁹⁸ William Shakespeare, *Pericles, Prince of Tyre*, in *The Norton Shakespeare*, gen. ed., Stephen Greenblatt (New York; London: W. W. Norton, 1997), 12.24-37.

¹⁹⁹ Barbara Howard Traister suggests in "'Note Her a Little Farther': Doctors and Healers in the Drama of Shakespeare", in *Disease, Diagnosis, and Cure*, pp. 43-52 (p. 44) that this more serious approach to physicians in Shakespeare's later plays can be attributed to his daughter having married a physician and Shakespeare having, therefore, come into more contact with them. This is an intriguing possibility but, as Traister notes, biographical readings are difficult to prove. It is worth remembering that Middleton's wife was the niece of Roger Marbeck, chief physician to Elizabeth I. Personal connections to physicians and knowledge of their actual behaviour is no guarantee of that behaviour being replicated upon the stage.

first seem’.²⁰⁰ Discourse linguists such as Andreas Musolff have interpreted the metaphor in ways that most closely align with Harris. Musolff states that ‘lexicalized set phrases’, such as the ‘body politic’, are ‘clearly not physical entities but politically relevant persons, entities or states of affairs’.²⁰¹ Musolff’s discussion is interesting but fails to accommodate the early modern figuration of the monarch’s parallel identities: a human body and the state. It is also worth noting that the usage of the term was never regular even during the early modern period.²⁰² *Cymbeline* engages with the idea of the body politic and how it may need healing, and Doctor Cornelius is central to this.

In his first appearance Doctor Cornelius establishes his awareness of the difficult position occupied by royal doctors. He is being asked by the queen for ‘most poisonous compounds’ that ‘are the movers of a languishing death’, and so right from the very beginning we see him expressing his concern at her actions and taking measures to prevent harm (1.5.8-9). Enquiring why she has asked for poisons, she tells him she intends to poison animals, work out the various effects, and then ‘apply / Allayment to their act’ (21-2). The poisoning of animals is not itself an indicator of evil, and the queen claims she will not use poison on humans but on

²⁰⁰ E. M. W. Tillyard, *The Elizabethan World Picture* (Harmondsworth: Penguin, 1972), p. 20; Ernst H. Kantorowicz, *The King's Two Bodies: A Study in Mediaeval Political Theology* (Princeton: Princeton University Press, 1957); Maurice Hunt, ‘Dismemberment, Corporal Reconstitution, and the Body Politic in *Cymbeline*’, *Studies in Philology*, 99.4 (Autumn, 2002), pp. 404-31 (p. 404); Harris, *Foreign Bodies and the Body Politic*, p. 3.

²⁰¹ Andreas Musolff, ‘Is There Such A Thing As Discourse History? The Case of Metaphor’, in *Cognitive Linguistics in Discourse Analysis: Application and Theory*, ed. by Christopher Hart and Dominik Lukeš (Newcastle: Cambridge Scholars Publishing, 2007), 1-27, p. 1, 3.

²⁰² For example the idea of the body-politic became a troubling part of legal discourse in the reign of King James I. Andrew Gurr, in his essay ‘*Coriolanus* and the Body Politic’, *Shakespeare Survey*, 28 (1975), pp. 63-69, remarks that ‘What James’s challenge to sovereignty did begin to make clear was the unfitness of the body-politic concept. From roughly this time on, and long before Hobbes turned it into a mechanical monster, the concept became more and more unpopular. In the early part of James’s reign, though, it was still widely used, and Shakespeare’s deployment of it in *Coriolanus* shows among other things that it was still current coin’ (p. 65).

‘such creatures as / We count not worth the hanging’ (19-20). However, there is an underlying malevolence to her statement and Cornelius warns that such practices will harden her heart.²⁰³ She is acting as a chemical physician, interested in the theory of poisons and their curative possibility. But Cornelius suspects that she wishes to do no such thing:

dreading their purpose
Was of more danger, [I] did compound for her
A certain stuff which being ta'en would cease
The present power of life, but in short time
All offices of nature should again
Do their due functions. (5.4.253-8)

The important difference between a poison which will kill and one which will bring sleep is crucial. Doctor Cornelius's medical ability gives him the skill to mislead the queen. The sleeping potion will provide the visual effect of what she requested but allows Cornelius to continue acting ethically.

The queen aligns herself with chemical experimentation or Paracelsian theory, and links it to the household uses of medicine. She claims that she will carry out her experiments using her perfume-making skills, turning her domestic expertise into something altogether more dangerous. As discussed in Chapter One, there was considerable concern about women's place in medical treatment, and the staging of a woman, let alone a queen, actively taking part in medical and scientific enquiry picks up on some of these anxieties. Edith Snook argues that in early modern cosmetic practices, ‘recipes for beautifying phisic exhibit women's engagement with scientific experiment’, but notes that, when coded as an alchemical process, cosmetics were ‘knowledge inappropriate for women’.²⁰⁴ Distilling perfumes for household use is perfectly acceptable, but when this knowledge gained is extended

²⁰³ David Gentilcore has written on the history of testing medicine on living animals in *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006).

²⁰⁴ Edith Snook, “‘The Beautifying Part of Phisic’: Women's Cosmetic Practices in Early Modern England.” *Journal of Women's History*, 20.3 (2008), pp.10-33 (pp. 19-22).

to another, potentially harmful, procedure, its propriety comes into question. In *Cymbeline*, the poisoning plot is doubly concerning, for Doctor Cornelius understands how to make poisons, and so does the queen. Crumley argues that the queen ‘never intends to experiment with what she believes to be poison’ and that her false statement suggests she has ‘a mind keen on “killing marvels,” in whatever form they assume, through appeals to reason and its concomitant weight of evidence’.²⁰⁵ For Crumley, the queen is an exponent of empirical science and in possession of a malevolent mind. Her experiments with drugs are similar to the inductive scientific experimentation, which was beginning to take root at the time. However, whether or not she actually intends to experiment on animals is not the entire point. Doctor Cornelius believes that she wishes to use poison for harm, and the poison is still given to Innogen, heir to the kingdom, in the expectation that it will kill her.

Unlike the physicians of the other plays Doctor Cornelius tells the audience in advance that he is taking action to prevent a poisoning. Being aware of the queen’s malignant nature, he gives her a potion which will have no stronger effect than a ‘show of death’ (1.5.44). For Cornelius it is more true to the monarchy he serves to ‘be false with her’ (44). This self-reflection distances him from the other physicians; he engages seriously with the ethical dilemma of his profession and disobeys his ruler from the start. By acting for the good of his patient – which he seems to view as being both the individual and the body politic as a whole – he is adhering to the larger idea that Securis and Oberndorf write to, if not the intimate detail. Securis declares that a ‘man must not onely tell the truth, but he must so shewe and declare the cause of falshod and error’ (A1r). By the end of *Cymbeline*

²⁰⁵ J. Clinton Crumley, ‘Questioning History in *Cymbeline*’, *SEL, 1500-1900*, 41.2 (2001), pp. 297-315 (p. 306).

Doctor Cornelius tells the king that the queen had in her possession ‘a mortal mineral, which, being took, / Should by the minute feed on life and ling’ring / By inches waste you’ (5.4.50-2) and that, if Innogen had not fled the court she would have been ‘Ta’en off by poison’ (47). There is an interesting ambiguity here: Cornelius knows about poison, but his principles as a physician require him to use it benevolently. The text does not make it clear if this poison is Cornelius’s or one of the queen’s creations, but by lying to her he ultimately prevents the destruction of the royal family.

In contrast to the hyper-theatrical poisoning scenes in the other plays, the false poisoning scene of *Cymbeline* is much more subtle. Pisanio, the servant of Innogen’s banished husband, picks up the box containing the non-fatal poison, and is told by the queen that it ‘hath the king / Five times redeem’d from death’ (1.5.62-3). The poison becomes a metaphor for the transfer of power. Pisanio has limited social power within the court – he is the manservant of a banished man – and the queen promises him advancement in order to persuade him to take it. Of course the power being transferred is worthless – Doctor Cornelius has given the queen a placebo. The drug is useless, and, therefore, the power being transferred is also useless. Order will be restored by the end of the play, the queen’s machinations will be revealed and Doctor Cornelius’s subterfuge rewarded. Similarly, Pisanio’s dilemma repeats that of Doctor Cornelius. He chooses to disobey his social superior, despite his show of obedience; the disobedient doctor and the disobedient servant aid in the restitution of the kingdom.

The scene in which Innogen is drugged occurs when she is out of the court and its politically poisonous atmosphere. Cloten, the representation of the poisonous court who has also entered the wilderness, is killed at the same time. Arviragus, who has no knowledge of the connection between Innogen and Cloten, tells the audience

that he would ‘let a parish of such Clotens blood’ (4.2.167) if it would restore health to Innogen. Bloodletting is a common image for the restoration of health in Jacobean drama – an excess of blood is as unhealthy as an excess of bile, and it must be drained – but the draining of Cloten’s blood cannot, it seems, restore Innogen to health. Unlike Infelice, Innogen does not have anyone at hand to stage-manage her awakening and assumes that Pisanio wished to kill her because she found the drug given to her ‘Murd’rous to th’senses’ (327) despite his claim it would be ‘precious / And cordial’ (325-6).

Through the revelation of the Queen’s treachery Doctor Cornelius has aided in the restoration of Cymbeline’s court, effectively becoming the hidden hero of the play. The health of the King is safeguarded through the cessation of the Queen’s experiments with poison, and metaphorically the death of the Queen and Cloten purge the court of poison. Innogen can return from exile now she will be safe at the court, therefore restoring the bloodline along with Arvirargus and Guiderius. Blood, in *Cymbeline*, is a conduit for the transmission of parental characteristics. Cloten was as corrupt as the Queen because he carried her blood, whereas Innogen, Arvirargus and Guiderius carry the true blood of monarchy in their veins. Now the family unity and the body politic have been restored they can be, as Maurice Hunt, puts it, ‘grafted to grow again on the trunk of their father’.²⁰⁶ Their being grafted to this trunk, in the words of the soothsayer, ‘Promises Britain peace and plenty’ (5.4.456).

Shakespeare presents Doctor Cornelius as able to negotiate the difficult territory of dissembling with the queen and then admitting the queen’s treason to the king with remarkable aplomb. Unlike Middleton and Dekker’s poisonous

²⁰⁶ Hunt, ‘Dismemberment, Corporal Reconstitution, and the Body Politic in *Cymbeline*’, p. 410.

physicians, who lack the courage to remonstrate against what has been requested of them, Doctor Cornelius does this from the beginning; *Cymbeline* focuses not on the doctor's potential for harm but on his sense of ethical responsibility. Instead of being easy to manipulate, Cornelius is aware of the ethical problematics of his profession, yet is inherently loyal to the crown. This self-awareness sets him apart from the other physicians.

The physician in *Macbeth* faces a similar challenge, but it is complicated by the queen's descent into madness and his recognition that he can do nothing for her. Margaret Healy describes *Macbeth* as part of 'the highly topical and medically-sanctioned debate about the transmission of evil', a crucial part of which concerns how evil actions affected the mind and the body, and, therefore, whether the mind or the body should be treated.²⁰⁷ Notably neither the figure of the doctor nor the healing figure of King Edward appears in Holinshed, Shakespeare's main source for the *Macbeth* story.²⁰⁸ Shakespeare invents the doctor in order to focus on the medical issues in Lady Macbeth's madness, and inserts King Edward to allude to the healing force of England.

In his discussion of the treatment of melancholy, Timothy Bright states that if its cause is guilt there is 'no medicine, no purgation, no cordial, no triacle or balme' that can ease patient's suffering.²⁰⁹ The doctor knows nothing of Lady Macbeth's involvement in Duncan's murder, but is able to guess at the origin of her suffering: 'Unnatural deeds / Do breed unnatural troubles; infected minds / To their

²⁰⁷ Healy, *Fictions of Disease in Early Modern England*, p. 43.

²⁰⁸ Geoffrey Bullough, *Narrative and Dramatic Sources of Shakespeare*, 8 vols, (London: Routledge and Kegan Paul, 1957-1975), VII, (1973), pp. 448-451. Bullough notes these inventions and several more, including Banquo's ghost; the execution of the Thane of Cawdor; Macduff's refusal to kill Macbeth's soldiers and his reluctance to kill Macbeth.

²⁰⁹ Timothy Bright, *A Treatise of Melancholy* (London: William Stansby, 1613), Q3v. All further references are to this edition and in-text page references given.

deaf pillows will discharge their secrets' (5.1.61-3).²¹⁰ The queen's distress is beyond his practice and all he can recommend is that her waiting woman should 'Remove from her the means of all annoyance' (66). Her physical environment should be kept as calm and safe as possible, but her mind cannot experience tranquillity. Her illness is caused by her actions, and is also a metaphorical representation of the distress which they caused to the country. The country itself will only recover when the source of its disturbance is purged.

The doctor then faces the difficult task of telling Macbeth that his wife's illness is an affliction of the mind and is incurable. She is 'troubled with thick-coming fancies / That keep her from her rest' (5.3.40-1) to which there is no antidote: 'Therein the patient / Must minister to himself' (47-8). Instead, the doctor cedes responsibility for her cure to the church: the queen needs 'the divine [rather] than the physician' (5.1.64). There is no medical treatment that can aid her; the doctor accepts the limitations of medical science and cedes responsibility to the clergy. The combination of a peaceful kingdom and religious attention could, possibly, heal the queen but the doctor cannot 'Pluck from the memory a rooted sorrow, / Raze out the written troubles of the brain, / And with some sweet oblivious antidote / Cleanse the fraught bosom of that perilous stuff / Which weighs upon the heart' (5.3.43-7), as Macbeth asks. Similarly, Macbeth asks the doctor to cure his land, which he figures as a person whose urine can be read and purged. The doctor once again acknowledges this is beyond his medical abilities; his medicine cannot cure either the queen or Scotland. There is no 'rhubarb, cyme' or other purgative that can 'scour these English hence' (5.3.57-8).²¹¹ Evil can only be purged from the

²¹⁰ William Shakespeare, *Macbeth*, in *The Norton Shakespeare*, gen. ed., Stephen Greenblatt (New York; London: W. W. Norton, 1997). All further references are to this edition and in-text line references given.

²¹¹ Cyme refers to senna; a purgative, like rhubarb. James Edric Shaw and Evelyn S. Welch's *Making and Marketing Medicine in Renaissance Florence* (Amsterdam; New

land by martial action and moral penitence. The doctor's inability to use his medical knowledge is combined with a desire to be free of the situation, telling the audience that if he were 'from Dunsinane away and clear, / Profit again should hardly draw me here' (5.3.63-4). Doctors were commonly figured as being willing to do anything for money, but the doctor by this point would not return for any amount of money even if that is what initially tempted him to join Macbeth's court. There is no moral imperative to stay because his medical abilities are unsuitable to the task, and no financial reward could be high enough.

Ultimately *Macbeth* speaks to the relative helplessness of a physician faced with the limits of his art. The queen cannot be healed because her illness is essentially psychosomatic, and the only effective physic is the death of Macbeth and the crowning of Malcolm. The poison of *Macbeth* is that of unrestrained ambition. The doctor's somewhat despairing remark that the only cure the queen can hope for will come from religion speaks to the need to preserve life and act ethically. The queen will take her own life, adding another deadly sin to her list, before any religious aid can be provided. The failure of medicine in Macbeth's Scotland is inextricably connected to the presence of unsuitable usurpers, which Shakespeare makes excessively clear through reference to King Edward and his ability to cure people 'All swoll'n and ulcerous, pitiful to the eye' (4.3.152) with nothing more than his touch. The idea that the king could cure scrofula through touch was pervasive in the early modern period and Shakespeare uses Edward's miraculous talent in order to contrast the two rulers; one king heals and the other murders. As mentioned earlier, Edward has no place in Holinshed; he is placed within the narrative by Shakespeare in order to highlight the idea that the aid provided by

York: Rodopi, 2011) notes that a 'Florentine herbal of the fifteenth century describes how rhubarb was useful at all stages of an illness: as a stimulant and strengthener at the early stage, as a mild laxative in the critical stage, and as a purgative at times of crisis' (pp. 240-1).

England will bring with it some of his holy virtues, allowing the country to be purged of Macbeth's malign influence.²¹² Healing in *Macbeth* is powerless within Scotland and referenced as an offstage miracle in England.

The public bodies of *Cymbeline* and *Macbeth* are poisoned and then healed in different ways. Doctor Cornelius's overarching honesty to those he sees as the true representatives of the bloodline and the doctor of *Macbeth*'s admission that only religion can save the queen and, therefore, Scotland are two variations upon the idea of how to heal a rotten state. Barbara Howard Traister defines the doctor in *Macbeth* as an authenticator rather than a healer, through testifying 'to the limits of his profession and its inability to deal with moral illness'.²¹³ This lack of healing is not unusual in contemporary medical practice; doctors were often employed to create a health regime rather than to cure a specific illness, and these regimes included mental health as part of their remit. Medicine in *Macbeth* fails because of political instability and the difficulty of treating moral illness; the doctor's inability to prescribe a purgative for Scotland mirrors his inability to heal the queen. Doctor Cornelius, in contrast, does find a course through professional manipulation of the queen's wishes. Both plays relate the legitimisation of political power to discussions of medical authority. The physicians are crucial to these plays because they represent the limits of medical knowledge and a physician's ability to provide immediate medical attention and information whilst remaining true to ethical boundaries; Doctor Cornelius must deceive the queen in order to save the nation, and the physician of *Macbeth* must admit he is helpless in the face of mental distress.

²¹² Bryan Adams Hampton, 'Purgation, Exorcism, and the Civilizing Process in *Macbeth*', *SEL, 1500-1900*, 51.2 (Spring, 2011), pp. 327-47, reads the narration of Edward's ability as casting doubt upon the efficacy of his holy power by not staging it.

²¹³ Traister, "Note Her A Little Farther", p. 46.

Violent Physic in *The White Devil* and *The Duchess of Malfi*

Thus far words and poisoning have been seen as closely interlinked; the poisoning of Infelice in *The Patient Man* is justified by the declared effect of words upon her state of mind and Hippolito's poisoning is entirely created by Doctor Benedict's words. Verbal descriptions of the effects of poison catalyse the poisoning scenes of *Match Me in London* and Cornelius thwarts Innogen's poisoning by interpreting the queen's words. It is only in John Webster's *The White Devil* that words are not important currency. The poisoning is, instead, presented through dumbshow. This lack of vocalisation sets *The White Devil* apart; poison is visual spectacle rather than verbal act. *The Duchess of Malfi* shows Julia's death by poison, the play is littered with references to poison, and Ferdinand is so mentally poisoned by melancholy that he thinks himself a werewolf. Whereas dangerous people entrap the physicians into performing physic in the other plays, Webster presents medicine performed violently.

In *The White Devil*, poison is used to dispose of an unwanted wife. Isabella, the wife of the Duke of Bracciano is murdered in order that he can marry Vittoria Corombona. The murder is shown at several removes; Bracciano and a conjuror enter onto an empty stage at the beginning of Act 2 Scene 2 and Bracciano tells the audience that it is 'dead midnight, / The time prefixed to show me by your art' how the murders will be committed (2.2.1-2).²¹⁴ The conjuror gives a detailed explanation of how the Duke's payment has brought him to practise an art he normally disdains, because all the other practitioners of this art 'only live by stealth / Since they do merely lie about stol'n goods' (2.2.17-8). The conjuror's self-

²¹⁴ John Webster, *The White Devil*, ed. by John Russell Brown (Manchester: Manchester University Press, 1996). All further references are to this edition and in-text line references given.

aggrandising confidence contrasts sharply with Doctor Julio's introduction a scene earlier. Indeed, his introduction is that of a quacksalver: Flamineo describes him as being able to 'shoot pills into a man's guts, shall make them have more ventages than a cornet or a lamprey' (2.1.299-300) and so cunning that he 'prepared a deadly vapour in a Spaniard's fart that should have poisoned all Dublin' (302-4). Julio is a 'poor quack-salving knave' (293) who is skilled with poison and inventive in its uses. A doctor who works as a quacksalver and who is presented as deceitful and able to pervert justice is exactly the right kind of physician for *The White Devil*. It is no surprise to the audience that a character noted for being 'one that should have been lashed for's lechery, but that he confessed a judgement' (2.1.293-5), avoiding punishment by claiming he had previously been sentenced for debt, should display the same disdain for moral strictures in the case of poisoning or that Bracciano would employ him. The conjuror advertises and advocates for himself and his power. Julio, however, is content to stand and listen to Flamineo's assessment of his character and his abilities. He acquiesces in Bracciano's request for him to come to Padua and states 'I'll make her sure' (2.1.318) when Isabella's death is mentioned. Doctor Julio it seems has no desire to narrate his skills or the possibilities for how he will poison Isabella. This lack of narration from the doctor character extends to the dramatic presentation of the poisoning; there is no interaction between the conjuror and the doctor. Julio and the conjuror are two representatives of scientific enquiry and medical expertise that can be called upon and their lack of interaction highlights the fractured world of the play.

Bracciano is told he must 'Put on this night-cap sir, 'tis charmed' (2.2.21) in order to witness Isabella's death. Webster uses the conjuror to place Bracciano at one remove from Isabella's murder and the audience at two removes. Her murder is seen through the means of the dumb show and both Bracciano and the audience

experience it through theatre. The use of the dumb show also allows Webster to condense Isabella's murder into a limited time frame whilst giving the audience access to an event taking place in the shadows of a private space. As will be seen in Chapter Four, many of the concerns about medicine and medical professionals staged in the early 1600s are related to worries about the access granted to private spaces through the assumption of medical authority. Doctor Julio and an accomplice enter Isabella's bedchamber and '*draw a curtain where Bracciano's picture is*' (2.2.23.2). The Duke watches the action in two ways; firstly through the medium of the enchanted nightcap and secondly as a painted figure. The curtain is drawn from his eyes once by the conjurer and then again by Julio.

Sight and seeing are as important in *The White Devil* as touch is to Hippolito in *The Patient Man*, a fact emphasised by Webster having Julio and his accomplice '*put on spectacles of glass*' (23.3) to protect themselves from the poisonous wash with which they paint the portrait. Their poisonous painting complete, they remove their glasses and '*depart laughing*' (23.6). The quacksalving-physician shows no regret at any point, instead revelling in his task. Webster does not attempt to use the medical characters to infuse the play with any sense of morality. There is no one, at this point in the play, who can be viewed with sympathy, and presenting medical characters who are as ethically irredeemable as those they serve allows Webster to reinforce the moral bankruptcy of the doomed court. Unlike the other plays discussed in this chapter there is no potential for redemption until the very end of *The White Devil*, and Webster's presentation of unrepentant medical characters creates a significant part of this lack of redemptive arc.

Isabella's death is watched not only by Bracciano and the audience, but also by her servants, reminding us that she is still the wife of the Duke and that the private space we, the audience, are intruding upon is not completely secret and

sealed but occupies the hinterland of private space within an early modern household. Mary Thomas Crane reminds us that there was a lack of ‘truly private space in homes of the relatively wealthy (where servants were ubiquitous and often slept in the same bedchamber as family members) [...] The presence of servants meant that even a closet could provide only minimal privacy’.²¹⁵ The poisoning is subtle but it is not private. Isabella kneels to the portrait of Bracciano, ‘*does three reverences to it, and kisses it thrice*’ (2.2.23.9-10). Bracciano has arranged to have her murdered and she is treating him as if he were God, in a move that Lara Bovilsky describes as being redolent of Catholic worship and, therefore, laden with potentially negative associations.²¹⁶ She then dies and is ‘*conveyed out solemnly*’ (23.12). For some members of the audience it is likely that Isabella’s death was seen as punishment for her Catholicism and violation of the Biblical commandment forbidding the worship of false idols. Certainly there is a grim irony inherent in watching Isabella kiss the portrait of someone who has just told her ‘this divorce shall be as truly kept / As if the judge had doomed it. Fare you well; / Our sleeps are severed’ (2.1.196-8).

Webster is far from alone in presenting a murder through poisoned object on the early modern stage. The anonymous *Arden of Faversham* (1592) contains discussion of whether a poisoned crucifix would be of any use and how one can poison an object without succumbing to the poison oneself, a question seemingly answered in *The White Devil* through the use of spectacles. Philip Massinger’s *The Duke of Milan* (c. 1622) shows Sforza dying after kissing Marcella’s painted lips in a piece of imagery that would have been very familiar to anyone who had seen Middleton’s *The Revenger’s Tragedy* (1606), in which the Duke kisses the poisoned

²¹⁵ Mary Thomas Crane, ‘Illicit Privacy and Outdoor Spaces in Early Modern England’, *Early Modern Cultural Studies*, 9.1 (2009), pp. 4-22 (p. 5).

²¹⁶ Lara Bovilsky, ‘Black Beauties, White Devils: The English Italian in Milton and Webster’, *ELH*, 70.3 (Fall, 2003), pp. 625-651 (p. 638).

skull, or *The Second Maiden's Tragedy* (1611) in which the Tyrant dies after kissing poison from the lips of the Lady's corpse.²¹⁷ There are no doctors involved in the poisonings in these plays; Webster brings a conjuror and a doctor into the court from outside to act as poisoners, adding another layer of deception to this already endangered and unhealthy environment. The malignancy of the play is highlighted by the entrance and exit of the conjuror and Doctor Julio – it is not just to be found within the confines of the court as a result of political power struggles. Webster is drawing upon, and contributing to, a theatrical tradition that allows poisoning to be staged in an intensely dramatic manner without using words; it is the dramatic spectacle itself that is so chilling. This silent poisoning highlights many of the fears surrounding poison in the early modern period: if it can be applied invisibly to everyday domestic items and taken into the body secretly, how can anyone feel safe? The creation of unsafe domestic spaces is integral to revenge tragedy, and Webster intensifies this by placing these spaces within a dangerous courtly setting.

Julio and the conjurer disappear from *The White Devil* once Isabella's body has been carried from her bedchamber. Lodovico provides the final allusion to poison in the play describing Bracciano as 'the famous politician; / Whose art was poison' (5.3.156-7). Poison inhabits the whole of *The White Devil* in literal and metaphorical form. The end of the play asks the audience to decide if Giovanni will be a better ruler or if the poison of the state has infected him and doomed him to failure before he begins. Kerwin in his exploration of medicine in *The Duchess of Malfi* posits that 'Webster connects political injustice with a particular style of medical professionalism, asking a viewer to consider connections between rituals of

²¹⁷ For a more exhaustive list of poisoned lips on the early modern stage see Annette Drew-Bear's *Painted Faces on the Renaissance Stage: The Moral Significance of Face-Painting Conventions* (London: Associated University Presses, 1994), pp. 49-61.

physic and autocratic misrule'.²¹⁸ If this also holds true for *The White Devil* we can read the disappearance of the conjurer and Doctor Julio as a positive sign for Giovanni's rule; he is left surrounded by English ambassadors who have shot the remaining villainous members of Giovanni's family. The only physic present in *The White Devil* by the end of the play is Giovanni's awareness that 'black deeds / Do lean on crutches, made of slender reeds' (5.6.300-1).

Physic in the *The Duchess of Malfi* is considerably different than in the other plays considered here – there is a poisoning scene, in which Julia dies at the hands of the Cardinal, but the play is overwhelmingly a reflection upon how minds and nations can be poisoned. Ferdinand becomes so maddened that he can no longer retain his humanity and believes himself transformed into a wolf. The doctor's treatment of Ferdinand is in general agreement with early modern treatments for melancholy, which will be discussed in more detail in Chapter Five. What is of interest here is how the doctor displays none of the deferential reticence that has marked the other physicians' interactions with their superiors. Instead his conversations about, and with, Ferdinand are marked by violence. This is entirely fitting for *The Duchess of Malfi*; madness is a result of the brutal environment of the play and Webster presents it as needing equally violent treatment. Unlike in *Macbeth* there is no suggestion that mental illness should be treated by divine means; violence in *The Duchess of Malfi* warrants corresponding violence.

The doctor fears a relapse on Ferdinand's part and states that 'If he grow to his fit again, / I'll go a nearer way to work with him / Than ever Paracelsus dreamed of: if / They'll give me leave, I'll buffet his madness out of him' (5.2.23-6).²¹⁹ To

²¹⁸ William Kerwin, "'Physicians are like Kings": Medical Politics and *The Duchess of Malfi*', *ELR*, 28.1 (1998), pp. 95-117 (p. 97).

²¹⁹ John Webster, *The Duchess of Malfi*, ed. by John Russell Brown (Manchester: Manchester University Press, 1997). All further references are to this edition and in-text line references given.

buffet is to whip; whipping was a normal method of treatment and control for madmen and can also be seen in *The Changeling* when Lollio tells the audience there are ‘but two sorts of people in the house, and both under the whip’.²²⁰ The notion of getting closer than Paracelsus could is crucial. In the other plays, poison is dangerous because of its near invisibility and ability to kill from the inside. The doctor compares physical violence to be inflicted on the outside of the body to a poison designed for internal use in order to cure an illness of the mind. At its root this is partly Paracelsian thinking; if mental pain has caused mental illness then the pain is a poison which must be expelled by another poison, physical pain. Ferdinand foils the doctor’s plan by countering his violent forms of treatment with more threats of violence. Ferdinand declares that ‘Physicians are like kings, / They brook no contradiction’ (5.2.67-8). For Kerwin, this statement points at how Webster’s ‘treatment of medicine actively participated in a critique of Stuart autocracy, both medical and monarchical’.²²¹ Ferdinand draws the parallel between physicians and kings, leaving it open to interpretation whether he thinks himself a king or not. The doctor has constructed a narrative in advance of how he will treat Ferdinand and the results he will gain, but the actual treatment singularly fails to adhere to his script. Physicians, kings, and mad noblemen may believe they are inviolable, but by the end of these plays this has been consistently questioned.

The doctor removes his gown to treat Ferdinand in a visual move which is then paralleled by Ferdinand’s threat to ‘flay off his skin, to cover one of the anatomies this rogue hath set i’th’ cold yonder, in Barber-Chirurgion’s Hall’ (77-9). This gown is the doctor’s sign of professional identity and his removal of it signifies

²²⁰ Thomas Middleton and William Rowley, *The Changeling*, ed. by Douglas Bruster in *The Collected Works*, 1.2.44-5.

²²¹ Kerwin, “Physicians are like Kings”, p. 99.

that he is stepping beyond the boundaries of his personal medical practice.²²²

Pescara's comment that Ferdinand did not fear the doctor enough highlights the fact that his method of treatment can only work if his authority is respected. Ferdinand does not fear the doctor because he sees him as an inferior kind of doctor. Removing his gown has removed the signifier of his profession and it seems that his costuming would be necessary if his treatment were to have had any effect. The ritual of medicine fails once its costume is removed because the ceremonial trappings of the profession have disappeared. Physicians are like kings in that they require physical trappings in order for there to be recognition of their power. Equally, the doctor's professional ability also fails to protect him. He, like the other physicians, is fallible.

Webster's presentation of poison and physic is notably different from that of Middleton, Dekker, and Shakespeare. Doctor Julio works in silence and displays no remorse, and the physician of *The Duchess of Malfi* is brusque rather than deferential. The rhetoric of the doctor's profession is less important in both Webster plays than in the others: *The White Devil*'s poisoning scene is wordless and it is physical violence that is presented in *The Duchess of Malfi* as a cure for madness rather than speech. Poison – whether applied to a portrait or of the mind – is, however, still integrally linked to fissures in society. Doctor Julio need show no remorse because he has already been established as a lecher who escaped his punishment in a flawed system. The doctor of *The Duchess of Malfi* is enacting the same violent tyranny on Ferdinand as Ferdinand enacted on the Duchess. Whereas there is a clear sense of the nation or family having been healed in the other plays discussed in this chapter, Webster presents considerably more ambivalent endings to *The White Devil* and *The Duchess of Malfi*. Giovanni may or may not be able to rule

²²² Beier, *Sufferers and Healers*, contains a reproduction of an etching in the Wellcome Collection depicting a physician in his gown. The lettering underneath notes that the physician's gown is the same as that of a practitioner of Civil Law (p. 98).

effectively once the ambassadors leave, and the audience has no way of knowing if Delio once established will be able to restore his fractured duchy. Rather than having characters come to a realisation about their need to change, Webster brings young members of a family back from exile and places them at the head of their states resetting them to a *tabula rasa*. Physic will only be needed if Giovanni and Delio repeat the failures of their predecessors.

Conclusion

The Patient Man and the Honest Whore, Match Me in London, Cymbeline and *The White Devil* all consider the role of the physician in relation to the state using poison partly as a metaphor for political flaws. All of these plays are, in some way, about the body politic and its need for healing and reformation, and whilst the physicians are not major characters they are crucial to their plays. Several of them are called upon to murder at the behest of their social superior, and they fulfil this demand in different ways. This variety is also reflected in their relationship to the ethics of their profession. The doctors of *The Patient Man, Match Me in London* and *Cymbeline* all display their loyalty to the codes of their profession, whereas Doctor Julio and the conjurer are seemingly outside any notion of moral restriction and expectation. Medical treatment in *Macbeth* and *The Duchess of Malfi* attempts to cure metaphorical poison, but the doctors are notably unsuccessful; they have reached the end of their abilities. Their loyalty to their rulers is tested by this inability; they can take no effective action against illness caused by sin.

The behaviour of the physicians in these plays reflects the fractured political states they are working within and the complexities of professionalism in the period. Securis and Oberndorf's attempts to codify acceptable behaviour – both for licensed

physicians and empirical practitioners – are part of a cultural need to define how members of the medical profession should behave and work together. But the physicians of these plays work alone; they are alienated from the reality of their profession and parallel the increasing isolation of the noble characters. The College of Physicians may have been weak and ineffective in its licensing, but these physicians do not even have recourse to its theoretical powers. Middleton, Dekker, Shakespeare, and Webster use the cultural fear of a physician's power to kill as a way of extending this scrutiny of kingship, nation, and loyalty. The controls enacted upon the physicians echo those of political restriction and the establishment of power.

The physicians of *The Patient Man*, *Match Me in London*, *Cymbeline* and, to some extent, *The White Devil*, are all entrapped by one particular weakness – the susceptibility of their profession to coercion. Physicians inhabit a contentious space for they can kill as well as cure. Because of this they are also useful to others who wish to use their knowledge to evil ends. Securis's reiteration of the Hippocratic tenet that poison should never be administered upon request has a dual meaning for physicians: it both reinforces the moral code of the profession and warns them that their knowledge can be used against them. Staging doctors struggling with the restrictions of their profession and the demands of their rarefied court status – most licensed physicians were not working in court situations – allows the playwrights to focus on the potential for harm, just as physicians writing about the dangers of empirical practitioners did.

These plays also emphasise the theatrical nature of medical practice. Herring's translation of Oberndorf emphasises the negative associations of empirical practitioners with actors. This, however, elides the fact that physicians created a persona for themselves in their interactions with patients and in their self-

aggrandising positioning at the top of the medical ladder. As part of the curative process, acting the part of physician is almost as important as the medical knowledge and therapies conveyed. The physicians of these plays are all aware of the need to narrate, dramatise, and perform their profession. In questioning the ethical practice of licensed physicians the playwrights considered in this chapter are also exploring the ethics of the theatre, and what it means to give a performance – whether that of the actors pretending to be the duke, or the physician pretending to poison somebody. Paul Yachnin states that ‘Of the three [Middleton, Shakespeare and Jonson], Middleton best represents the recursive and somewhat risky capacity of dramatic literature to provide a political and ethical critique of itself’.²²³ Yachnin goes on to claim that dramatists were able to ‘revalue the activity of playing and playwriting in other, culturally legitimate currencies’.²²⁴ If this is the case then these plays are concerned with questioning the value of play-acting as part of medical professionalism.

The playwrights also reflect social concerns about the power granted to members of the College of Physicians by placing these physicians in a subordinate position. The language of the profession is used against the physicians by their superiors, highlighting the vulnerability of the medical profession; it is not just physicians who are untrustworthy when words are as effective a poison as arsenic. As discussed in Chapter One, physicians such as John Cotta and William Bullein expressed concerns about the expansion of access to medical knowledge and the assumption of power and professional identity that this was feared to bring. The concern here is how medicine can be used to give even more power to dangerous rulers. Middleton, Dekker, Shakespeare, and Webster are questioning the power

²²³ Paul Yachnin, *Stage-Wrights: Shakespeare, Jonson, Middleton, and the Making of Theatrical Value* (Philadelphia: University of Pennsylvania Press, 1997), p. 52.

²²⁴ Yachnin, *Stage-Wrights*, p. 53.

given to licensed physicians and the danger of poisons, but they also engage with anxieties about those already in possession of the most power attempting to accrue more. In the following chapter we will see how the same concerns about the application of medical knowledge, assumption of power and intrusions into domestic spaces were given life by playwrights in the context of unlicensed medical practitioners. Poison is one form of medical knowledge that can be abused, but, amongst others, *A Chaste Maid in Cheapside*, *A Mad World*, *My Masters* and *The Family of Love* show that professing to have medical knowledge and abusing the position of trust it granted can be just as dangerous.

Chapter Four: “Shaming the college”: Quacksalvers, Mountebanks and Empirics in City Comedy

Penitent Brothel, the faux-quacksalver of Thomas Middleton’s *A Mad World, My Masters* (c. 1605) fears that he will ‘shame the whole college’ (2.4.42) by assuming the disguise of a physician.²²⁵ The College of Physicians was greatly concerned with protecting its reputation, but the ever-increasing number of quacksalvers and empirics within the medical marketplace presented a challenge to their authority. The College was unable to act particularly effectively when challenged, and contemporary consumers of medical treatment were more likely to consult someone who was not a member.²²⁶ This chapter explores how some of these practitioners were presented on the stage, alongside examples of licensed practitioners behaving in ways contemporaneously ascribed to empirics. Middleton stages the unauthorised assumption of medical knowledge and practice for sexual and monetary gain in two plays, *A Mad World, My Masters* and *A Chaste Maid in Cheapside* (c. 1613).²²⁷ Middleton’s *A Fair Quarrel* (c. 1615-6) depicts licensed practitioners acting in ways that, it will be argued, more closely resemble the empiric practitioners of the other plays under discussion than the behavioural model promoted by the College. Middleton’s *The Widow* (c. 1615-6) and the variously attributed *The Family of Love* (1607) move the staging of medicine from entirely domestic spaces into business settings; medical practice in *The Family of Love* is licensed and regulated but the social behaviour of Glister, the physician, has much in common with that of the

²²⁵ Thomas Middleton, *A Mad World, My Masters*, ed. by Peter Saccio in *The Collected Works*. All further references are to this edition and in-text line references given.

²²⁶ Pelling, *Medical Conflicts in Early Modern London*, pp. 225-74 explores how patients made decisions about which practitioners to employ.

²²⁷ Thomas Middleton, *A Chaste Maid in Cheapside*, ed. by Linda Woodbridge in *The Collected Works*. All further references are to this edition and in-text line references given.

Physician in *A Fair Quarrel*.²²⁸ Empiric medicine in *The Widow* is a piece of trickery set up by a gang of thieves as a money-making venture.

If city comedy is, as Jean E. Howard characterises it, ‘about new ways of making money and of losing it’, then it is unsurprising that characters from the wider medical community made it onto the stage.²²⁹ The expansion of access to medical knowledge in the early 1600s and the simultaneous growth of the merchant classes helped create an environment in which medicine was not just a calling but also a profitable endeavour.²³⁰ City comedy’s function as an examination of ‘city vices and follies such as greed and lechery’ is germane to the theme of medical practice as something to be exploited for gain.²³¹ Angela Stock and Anne-Julia Zwierlein note that in city comedy ‘[c]onflicts about precedence, rank and boundaries were carried out on all levels of social life, and claims were staked symbolically as well as quite literally’.²³² These plays explore the close connection between medical practice and the mercantile world of London, particularly through the complicated interactions between the expanding merchant classes and the landed gentry. By bringing medical, or medicalised, characters into the drama, the playwrights exploit the ‘troublesome and potentially subversive social phenomenon’²³³ of city comedy through medicine. City comedies were not passive

²²⁸ Gary Taylor, Paul Mulholland and MacDonald P. Jackson, ‘Thomas Middleton, Lording Barry, and *The Family of Love*’, *Papers of the Bibliographical Society of America*, 93 (1999), pp. 213-242, argues that authorship of *The Family of Love* should be solely given to Lording Barry. Charles Cathcart, *Marston, Rivalry, Rapprochement, and Jonson* (Aldershot: Ashgate, 2008) argues for Marston’s authorship.

²²⁹ Jean. E. Howard, *Theater of a City: The Places of London Comedy, 1598-1642* (Philadelphia: University of Pennsylvania Press, 2007), pp. 2-3.

²³⁰ Slack, ‘Mirrors of Health and Treasures of Poor Men’, pp. 237-73, notes that 153 different vernacular texts, in 392 editions, were published in England from 1486 to the end of 1604 whereas the number of texts published in Latin was negligible.

²³¹ Howard, *Theater of a City*, p. 19.

²³² Angela Stock and Anne-Julia Zwierlein, ‘Our scene is London ...’ in *Plotting Early Modern London: New Essays on Jacobean City Comedy*, ed. by Dieter Mehl, Angela Stock and Anne-Julia Zwierlein (Aldershot: Ashgate, 2004), pp. 1-26 (p. 8).

²³³ Steven Mullaney, *The Place of the Stage: License, Play and Power in Renaissance England* (Chicago; London: University of Chicago Press, 1998), p. vii.

participants in the social conversations they presented upon the stage but were also responsible for pushing them forward. These plays present characters assuming the mantle of physician or empiric in order to exploit sexual and financial networks; pretending to have medical knowledge is one more way of making money, and buying it is a new way of losing it.

Much of the current scholarship on medicine and city comedies is concerned with the humoral body and the effect of the humours upon bodily health and state of mind, in particular the porous body in, through and out of which the humours can flow, changing its makeup. Gail Kern Paster considers how ‘the language of the humoral body constructs a bodily self-experience that is often tumultuous and dramatic’ and how the ‘phenomenological character of early modern experiences of emotion’ affect this porous body.²³⁴ Michael Schoenfeldt has examined anxieties surrounding the porous body and the corresponding strictness in early modern ideology about the body’s boundaries.²³⁵ City comedy provides a valuable nexus for these discussions, with its concentration on the increasingly blurred social divisions arising from urban development. There has also been a growth in the study of commodities and commerce in the early modern period. Katherine Eisaman Maus has considered the relationship between outward displays and interior materiality in the late sixteenth and early seventeenth century theatre, and Howard discusses how ‘City comedy captures both the pleasures and the danger of burgeoning commercial life, and [...] uses the figure of woman to embody both the problems of the marketplace and their imagined resolutions’.²³⁶ The body as the site of the emotions

²³⁴ Paster, *The Body Embarrassed*, p. 10; Paster, *Humoring the Body*, p. iv.

²³⁵ Michael C. Schoenfeldt, *Bodies and Selves in Early Modern England: Physiology and Inwardness in Spenser, Shakespeare, Herbert, and Milton* (Cambridge: Cambridge University Press, 1999), p. 50.

²³⁶ Katherine Eisaman Maus, *Inwardness and Theatre in the English Renaissance* (Chicago; London: University of Chicago Press, 1995), p. 13; Jean E. Howard, ‘The Evidence of Fiction: Women’s Relationships to Goods in London City Drama’, in *Culture and Change:*

and humours, and as a focal point for commerce and market forces through its fungibility and openness, has been extensively discussed. There is, however, space for consideration of how the characters claiming to tend to these fungible and porous bodies are presented on stage. It is not solely the body of the patient that is susceptible to the humours or burgeoning capitalism, but also the medical professional.

This chapter builds upon current scholarship to consider the presentation of empiric practitioners and quacksalvers as dramatic depictions of contentious members of the medical marketplace. The playwrights use medicine on the stage to explore anxieties about changing social forms and networks whilst exploiting contemporary concerns about the development of medical science and the expansion of access to medical knowledge. In part this chapter analyses the playwrights' presentation of medicine for financial reward, adding to the current scholarly debate about commodities, purchasing and fiscally negotiated social relationships. Primarily, however, it is concerned with how the frequently disguised characters and alterable social spheres of city comedy provide a dramatic space in which the threat of the mutable self can be explored: the physician's power is made into a disguise, challenging its authority by showing how easily it could be faked, exploiting contemporary concerns about physicians and their access to bodies and spaces.

Entering the Bedroom in *A Mad World, My Masters* and *A Chaste Maid in Cheapside*

Middleton's *A Mad World, My Masters* and *A Chaste Maid in Cheapside* both stage medical subplots in which a character pretends to be a quacksalver in order to gain entrance to a domestic space. As discussed in Chapter One, the term quacksalver is not entirely accurate for England in the early 1600s, but it is the term used by Middleton in *A Mad World, My Masters* to refer to the speech patterns used by Penitent Brothel: 'any quacksalving term will do' (2.5.43). Middleton exploits contemporary uncertainty over what constituted quacksalving through Penitent Brothel and Touchwood Senior. Jonson also questions what constitutes a quacksalver through Sir Politic Would-Be and Peregrine's discussion in *Volpone* about the merits of quacksalvers and mountebanks. Unlike Volpone in the disguise of Scoto, neither Penitent Brothel nor Touchwood Senior sells their medical knowledge on the street; their quacksalving is a domestic display rather than the *commedia dell'arte* of *Volpone*. Middleton brings quacksalving into the domestic sphere in order to create a dramatic space in which to represent urban trickery, domestic order, and the development and expansion of the wider medical marketplace.

The medical and domestic subplot of *A Mad World, My Masters* presents the audience with a cuckolding plot engineered by Brothel and Frank Gullman. In order for Penitent Brothel to gain access to the closely controlled Harebrain household Gullman enacts a scheme in which she will feign illness, allowing Brothel, dressed a member of the College of Physicians, to enter the household and consummate his desire for Mistress Harebrain. Through this trick *A Mad World, My Masters* engages

with contemporary concerns about the early modern household and its security, particularly when brought into contact with emerging market forces: the Harebrain household becomes an extension of Gullman's place of business. Penitent Brothel assumes the dress of a licensed physician in order to enter the Harebrain residence, but his speech is that of the quacksalver. *A Mad World, My Masters* is involved in the continual early modern discussion about the power of physicians and the danger of quacksalvers. Unlike the physicians of Chapter Three, Brothel's actions have no potential for bodily harm; his treatment is entirely rhetorical, but his ability to enter a closely guarded space becomes a focal point for concern about the power of medical practitioners.

Intriguingly, Middleton splits the two anxieties laid bare in this part of *A Mad World, My Masters*. Brothel cuckolds Master Harebrain, proving his jealous fears correct and gaining access to Mistress Harebrain's body, but the body that the physician is granted access to is Gullman's. The power of the physician to enter theoretically closed spaces allows Brothel intimate access to two female bodies. Harebrain's concern over his wife's fidelity is established when he gives the watchmen money, telling them there is 'a cunning plot laid, but happily discovered, / To rob my house' where someone 'Shall in the form of my familiar friend / Be received privately into my house / By some perfidious servant of my own' (1.2.9-16). The irony inherent in the whole speech is that it is 'Lady Gullman, my wife's only company' (29), who has already been received into the household and will procure entrance for Brothel. Harebrain sees Gullman as chaste and a suitable companion for his wife, whereas the audience knows her as 'The close courtesan, whose mother is her bawd' (1.1.121). Gullman's assumption of the demeanour of a respectable gentlewoman allows her the same domestic access as Brothel's

physician's garb. Master Harebrain is mistrustful of his wife but blind to the trickery of the London he inhabits.

Gullman's declaration that she will 'counterfeit a fit of violent sickness' (2.5.23-4) in order to necessitate Brothel's visit in the disguise of a physician is both amusing stageplay and a comment on early modern ideas about the inherent instability of female bodies. Women, in Gullman's words, 'can be sick when we have a mind to't, catch an ague with the wind of our fans, surfeit upon the rump of a lark and bestow ten pounds in physic on't' (32-4). The trick relies upon Gullman's innate duplicitousness as a courtesan and the facility for disguise and deceit that she brings into the Harebrain household. The trick ends with the provision of a chamber pot; excretion marks a successful cure through the purgation of the body, and also returns Gullman to her position as courtesan and provider of sexual interactions, this time between Brothel and Mistress Harebrain. Middleton positions Brothel as a potentially stabilizing force whilst showing him exploiting the sexual imbalances of the Harebrain household.

The power of language is integral to the Harebrain plot. Master Harebrain believes that through removing the lascivious pamphlets and replacing them with religious texts, and having Gullman talk to Mistress Harebrain about the dangers of adultery, that his wife will remain chaste. In Act 2 Scene 5 the power of words is no less potent. Brothel initially dismisses Gullman's plan, telling her to 'Talk not on't, I beseech you. I shall shame the whole college' (2.5.41-2). Gullman takes this to mean that Brothel believes he cannot impersonate the speech of a member of the College, and reassures him that 'any quacksalving terms will serve for this purpose' (43): let 'gold, amber, and dissolved pearl be common ingredients' (50-1). Brothel's worries are intriguing, as at this point in the play his concerns about illicit sexual activity have not entirely come to the fore. He is, instead, worried about the

assumption of a power to which he is not entitled. Brothel's worry is unconnected to any possibility of medical treatment; the trick is entirely rhetorical. Reassurance is only found in the idea that he need not impersonate the speech of a member of the College, but a quacksalver. Brothel's concern is not that he will be caught by the College and pursued through the legal system but that he will be found out.

The intensely theatrical nature of the quacksalving scene highlights its importance as performance. Gullman is discovered surrounded by 'Vials, gallipots, plate, and an hourglass' with Brothel dressed as a 'Doctor of Physic' (3.2.0.1-4). The scene must convince both Master Harebrain and Sir Bounteous Progress that Gullman is in need of extensive and, crucially, expensive medical treatment. At the beginning of 3.2 it seems that convincing Sir Bounteous is going to be considerably more difficult than Master Harebrain, who has already been duped. Sir Bounteous's reaction to the sight of a physician at Gullman's bedside is to ask 'What are you with the plague in your mouth?' (15-16). Plague was present in London in 1606, although it did not reach epidemic proportions as it had in 1603, and such concerns would have been entirely valid upon encountering a physician at the bedside of someone who had unexpectedly fallen ill. Sir Bounteous's reference to plague, however, also intersects with his belief that a physician is 'a loose liver' (3.2.18) or immoral person, particularly because, in humoral theory, the liver was believed to be the seat of passion. Plague becomes dual-purpose at this point in the play. It is both a terrifying spectre hanging over the characters, and symbolic of speaking ill and deception. Sir Bounteous, of course, unwittingly hits on the truth; Brothel is acting immorally and is ruled by his passions even if he is not, technically, a doctor.

Brothel may have been worried about shaming the college, but he proves himself able to wield the quacksalver's language with great dexterity. His prescriptions of a 'precious cordial, some costly refocillation, a composure

comfortable and restorative' (3.2.57-8) can be understood as separate cures, instead of three descriptions of a single cordial or mixture. This cordial, or cordials, is to be made of 'No poorer ingredients than the liquor of coral, clear amber of *succinum*, unicorn's horn six grains, *magisterium perlarum* one scruple' (60-2) and '*Ossis de corde cervi* half a scruple, *aurum potabile* or his tincture' (64-5). The ingredients will then be 'finely contended and mixed in a stone or glass mortal with the spirit of diamber' (67-8) to which 'When it is almost exsiccate or dry, I add thereto *olei succini*, *olei masi*, and *cinnamoni*' (75-6). Unicorn horn was a frequently prescribed antidote to poison.²³⁷ The rest of the ingredients given by Brothel are also common medical prescriptions. Pliny, for example, cited clear amber as being beneficial for ear and eye disease, and *Ossis de corde cervi* are the small bones in the heart and womb of a deer, believed to be helpful for pregnant women. *Aurum potabile* or drinkable gold was a well known alchemical medicine; the 'underlying theory reasoned that since gold was the most perfect metal, medicines so derived would be unusually salutary, dispatching their virtues in the curing of all diseases'.²³⁸ For Brothel and Gullman's purposes it would also have been exceptionally expensive, as would spirit of diamber, which contained ambergris and *magisterium perlarum* – or, dissolved pearls. Brothel obeys Gullman's instructions to recommend 'gold, amber, and dissolved pearl' (50) to the letter.

The medical scene allows Middleton to mix two recognisable styles of medical treatment: the bedside diagnosis by a licensed physician and the commercial patter of the empirical practitioner. Indeed, the scene parodies the traditional collaborative relationship between the patient and the physician, where they both decide upon a treatment regimen, by having Brothel and Gullman choose how far

²³⁷ See Chapter Two.

²³⁸ *The Alchemy Reader: From Hermes Trismegistus to Isaac Newton*, ed. by Stanton J. Linden, p. 170.

they can push the trick for monetary gain. Those members of the audience who knew the medical terms would have recognised the prescriptions as expensive, and those unaware of the meanings would still have understood the parodic nature of the speech. Importantly, Gullman understands the monetary value of what is asked for, using it as a test of how much she is worth. *A Mad World, My Masters* presents the increasingly commercial nature of early modern medicine coming into direct contact with the learned style that the College was at pains to present as being the best. The scene is stage-managed by Gullman and driven by her knowledge of convincing terms, which are then translated into Latin and given to Brothel, who is the quintessential actor in this scene. He has no pretence to actual medical knowledge, just the ability to speak convincingly. As we saw in Chapter Three, it is this talent that Securis and Oberndorf found dangerous in quacksalvers, they gain access to the language of medicine and exploit it for their own gain. Indeed, Brothel's recommendation of *aurum potabile* directly connects with one of Oberndorf's criticisms of quacksalvers: that they spend 'Tyme, the most noble and precious creature of God, either with dooing nothing, or vainly and foolishly about toyes, as in finding the Foolosophers stone, making Potable gold' (B3r). The combination of technical terms and expensive ingredients highlights the play's interest in the fiscal networks of early modern London. The more rarefied a treatment is then the better it is presumed to be, and the ability to prescribe it gives a higher value to the physician, just as, being prescribed, it raises Gullman's economic status, however briefly.

A Mad World, My Masters presents a development in Middleton's depiction of medical characters. The untrustworthy quacksalvers of *News From Gravesend* become the licensed physician handling poison in *The Patient Man and the Honest Whore* and evolve into a character assuming the rhetorical power of the quacksalver

for illicit means in *A Mad World, My Masters*. There is no actual medical treatment in the play, only references to it. Medicine, and medical authority, are performances of rhetorical power intended to gull certain targets. Swapan Chakravorty describes Follywit's disguise as an actor as the play reaching a climax in the 'swirl of disguises' which 'exploit the indeterminacy of social selves'.²³⁹ Brothel's disguise as a physician and quacksalver's speech exploits this same indeterminacy. The evolution of the medical marketplace had brought traditional learned medicine into contact with a more urban commercial model, in which the idealised notion of the physician as caretaker of health was competing with quacksalvers and their nostrums and cure-alls. Brothel inhabits the liminal space between these two types of practitioner, because it allows him access to both the perceived social credit of the College of Physicians and the fiscally exploitative practice of the quacksalvers.

In contrast to the closed domestic world of *A Mad World, My Masters*, the quacksalving plot of *A Chaste Maid in Cheapside* is considerably easier to achieve. There is no costume necessary and no elaborate stage-dressing. Instead Middleton ties the empiric to cuckoldry and the commodification of fertility. Master Harebrain's concerns about his wife's sexual desires and freedom are re-staged in *A Chaste Maid in Cheapside* when Touchwood Senior gulls Sir Oliver and Lady Kix, selling his fertility as an elixir that will cure Lady Kix's barrenness. Touchwood Senior laments that he and his wife must be separated because 'Some only can get riches and no children, / We only can get children and no riches' (1.2.11-12). Middleton's presentation of fertility as a saleable commodity is then enacted partly as a negotiation between two forms of medical practice. Shannon Miller comments that in *A Chaste Maid*, Middleton presents a 'complex negotiation of the metaphoric

²³⁹ Swapan Chakravorty, *Society and Politics in the Plays of Thomas Middleton* (Oxford: Clarendon Press, 1996), p. 55.

links between women's bodies and the market'.²⁴⁰ This is certainly true, but it must be acknowledged that Touchwood's body also becomes part of the commodity exchange of a play in which everything is for sale.

The Kixes have seen licensed physicians and apothecaries to no avail, and Sir Oliver appears to have resigned himself to helping the needy of London through 'the erecting of bridewells and spittlehouses' (2.1.146) rather than spending his money on fertility treatments and raising children. Licensed traditional medicine fails in *A Chaste Maid* and the Kixes' maid fortuitously introduces them to Touchwood Senior. Unlike Penitent Brothel, Touchwood makes no use of the clothing of the College of Physicians; he is, effectively, the next stage of English quacksalving. Brothel acts the part of physician, and true quacksalvers orchestrated the whole of their public theatrical displays of commerce, Touchwood is somewhere in the middle: his fertility is a saleable commodity but it has to be presented as such by another character. His fertility is displayed on the streets, early in the play, but this is the airing of dirty linen in public, not a deliberate advertisement. Volpone, in the disguise of Scoto, can publicly declare the benefits of the 'Oglio del Scoto' because he has access to the longer Italian quackery tradition (2.2.139). Roy Porter notes that the 'traditional quack in Renaissance Europe' modeled 'himself on the Italian ciarlatani [prefacing] his act by defining a public space, a theatre where his word was king'.²⁴¹ English quacksalving was, on the stage at least, a considerably more domestic affair.

Touchwood Senior is a decayed gentleman with no obvious means of entry into the developing mercantile economy of London, which provides much of the play's dramatic tension, and so his entrance into this world must be conducted

²⁴⁰ Shannon Miller, 'Consuming Mothers/Consuming Merchants: The Carnavalesque Economy of Jacobean City Comedy', *Modern Language Studies*, 26.2/3 (1996), pp. 73-97 (p. 75).

²⁴¹ Porter, *Health for Sale*, p. 95.

domestically and clandestinely. He is not the young country gentleman who has come to London to make his fortune, but has previously benefited from the old system. The Kixes are in danger of losing status; they are gentry, but lack the children who could protect their line in the next generation and be the means of receiving the inheritance from their competitor, Sir Walter. Douglas Bruster refers to the ‘commodification of the personal’, explicitly connecting it to marriage being ‘frequently seen as a middle-class transaction, one which could remain financially profitable well after the ceremony and the exchange of dowry’.²⁴² Middleton expands this into the commodification of physical abilities that can be sold for personal gain. In order for the Kixes and Touchwood Senior to enact this financial exchange it must be conducted within the home.

The need for this transaction to take place in a domestic space requires that it be somehow disguised. Touchwood’s ability is disguised as a medical or scientific wonder which has been described as a ‘certain remedy / That has been taught and proved and never failed’ (2.1.176-7). He can provide a ‘water’ (180) that is so efficacious he is now ‘run behindhand much with getting children’ (184). Whereas the language of the medical trick in *A Mad World, My Masters* is pseudo-scientific, Middleton is much more linguistically restrained in *A Chaste Maid*. The trick instead rests upon the visual joke of the vial of almond milk and its resemblance to semen. The only words spoken about the magical elixir are Touchwood’s bragging aside that it stood him ‘in some threepence’ (3.3.90). Unlike Oberndorf’s quacksalvers who ‘excell in Garrultie, and much Rabling: his Tongue being like a Lamb’s Tale or Aspen Leaf’ (C2r), Touchwood does not extravagantly describe the medicine. Rather, he has the fewest lines in 3.3 and mainly addresses the audience,

²⁴² Douglas Bruster, *Drama and the Market in the Age of Shakespeare* (Cambridge: Cambridge University Press, 1992), pp. 42-3.

not the Kixes. Middleton chooses not to show Touchwood's exposition of his drug's power; he has already been engaged by the Kixes to provide a fertility treatment, and the scene instead highlights the monetary exchanges that will take place if the medicine succeeds.

Touchwood Senior does not need to inveigle entrance to the Kixes' domestic space because they freely offer it to him. Whereas Penitent Brothel deliberately straddled the boundaries between licensed professional and quacksalver, Touchwood occupies an odd hinterland. His 'drugs' are those of a quack practitioner, and his place of business is that of a member of the College, but linguistically he is neither. Middleton's interest is less in the rhetorical grandeur of a mountebank operating in the traditional way, as in *Volpone*, but in the nexus between domestic space, mercantile exchange and medical practice. The language is, therefore, that of contracts and not cures. Payment is staggered throughout the stages of impregnation, pregnancy and childbirth. Even if Touchwood fails to impregnate Lady Kix he will have made one hundred pounds, which as a return on an investment of threepence for almond milk, and some of his readily available bodily fluids, is not inconsiderable. He will receive another hundred if Lady Kix is 'quick', a third if she is 'brought a-bed' and the final if 'the child cries, for if it should be still-born / It doth no good' (3.3.135-8). Sir Oliver's contract is specific and controlled; he has absorbed the message and forms of the emerging merchant economy. The delaying of payment is characteristic of contemporary practice; the commodification of the body and its fluids subvert this depiction of medical attention.

Middleton presents Touchwood Senior as having been left behind by economic change. He does not advertise his fertility as a continually available cure that could be bought by anyone, but sells it in what begins as a single, one-time,

transaction. By the end of the play, however, he, and his wife and children, have become part of the Kix household. The Kixes have had their financial security established and Sir Oliver is so grateful that he tells Touchwood ‘Get children, and I’ll keep them’ (5.4.80). The implication clearly is that Touchwood should get another child on Lady Kix, and he becomes a warped representation of the family physician, whose only duty is to ensure a continued family lineage. Howard sees this as Middleton taking delight in ‘rewriting “scandal” simply as fact [because] *A Chaste Maid in Cheapside* simply accepts the amoral logic of market forces and calls in question the alibi of gender whereby women bear the blame for the excesses and dangers of a changing economic order’.²⁴³ All of Master Harebrain’s fears in *A Mad World, My Masters* are brought to life on the stage in *A Chaste Maid*. The integration of the Touchwood family with the Kixes highlights the collision of the landed classes with the rising urban tricksters who, as Aaron Kitch makes clear, ‘capitalize on their superior position within urban credit economies that depends increasingly on fictional impersonation as a means of establishing trust and generating commerce’.²⁴⁴ However, Touchwood is only partly an urban trickster and his means of generating commerce is a more lengthy agreement than others seen in city comedy. Just as Gullman uses urban commercial trickery to marry into money, Touchwood uses it to gain ‘purse, and bed, and board’ (5.4.78) from the Kixes. He is very much not a young gentleman up from the country but he knows enough of the changing London to be able to imitate it.

Part of this imitation can be seen in the medical trick: Touchwood’s quacksalver persona inverts social norms, allowing him to order Sir Oliver to caper around the stage. Once the Kixes’ bickering has been temporarily soothed,

²⁴³ Howard, ‘The Evidence of Fiction: Women’s Relationships to Goods in London City Drama’, p. 173.

²⁴⁴ Aaron Kitch, ‘The city’s money’ in *Thomas Middleton in Context*, pp. 68-74 (p. 72).

Touchwood dispenses the medicine, telling Sir Oliver to ‘ride upon’t five hours’ (3.3.108) and to caper. The necessity of riding to activate the medicine is another visual joke, and Sir Oliver’s declaration that he will ‘take a whore along and ride to Ware’ (110) further accentuates the sexual allusions. Having him exit the stage also allows Touchwood to give Lady Kix her medicine. Touchwood Senior cuckolds Sir Oliver in his own house and with his permission. At which point, exactly, Lady Kix becomes aware of how the medical trick will be carried out is never made explicit in the text. The scene’s humour comes from her understanding of the trick’s sexual nature but the fact that she does not know that Touchwood Senior has falsely assumed his medical persona gives it a slightly uneasy edge. It is not her cuckolding of Sir Oliver that is a little concerning, but that the audience is never sure if she has guessed the truth about Touchwood’s disguise by this point.

The presentation of Touchwood as both a semi-quacksalver and a gentleman, trading on the quacksalver’s knowledge of oils and elixirs but requiring an introduction in order to be brought into the Kixes’ social sphere, extends the play’s engagement with concerns about the power of medical professionals and domestic boundaries. The Kixes are not the only couple in *A Chaste Maid in Cheapside* to bring a cuckold into their house. Sir Walter Whorehound is the father of Mrs. Allwit’s children and Howard comments that for the Allwits ‘the household *is* the place of prostitution’.²⁴⁵ By the end of the play this no longer holds true for the Allwits, but it begins to be so for the Kixes. Lent and Easter provide the temporal boundaries of *A Chaste Maid* and meat, in the sense of human flesh, can only be consumed in the household. Just as the play shows people breaking the Lenten restrictions upon the consumption of meat, Middleton also presents rewritings of how families might be brought together.

²⁴⁵ Howard, *Theater of a City*, p. 139.

A Mad World, My Masters and *A Chaste Maid in Cheapside* show Middleton urbanising his presentation of the medical practitioner. Oberndorf may have been scathing about the quacksalvers, but they formed a not inconsiderable part of the medical marketplace. The quacksalvers derided in *News From Gravesend* are shown in the city comedies as semi-urban tricksters who have one foot in the world of business and the other in a more traditional social landscape. Penitent Brothel's impersonation of the quacksalver is a one-time event that allows him to bypass Master Harebrain's strict controls on his domestic space. In comparison, Touchwood Senior's pretence of medical knowledge starts a longer familial transaction. Certainly they are not to be trusted; Middleton's representation does not entirely belie the mistrust of *News From Gravesend*, but Penitent Brothel and Touchwood Senior do bear some credit for bringing about broadly positive changes within the Harebrain and Kix households. By the end of their respective plays the two faux-quacksalvers have aided the replacement of distrustful and contentious marital relationships with calmer and more stable families. The restoration of order is partly attributable to the magical, if fictitious, elixirs they sell.

The difference between Middleton's presentation of quacksalvers and Ben Jonson's could not be more striking. Like Touchwood Senior and Penitent Brothel, Volpone assumes the mantle of Scoto the mountebank for one purpose, the seduction of Celia. If Penitent Brothel shows us nascent English quacksalving then Scoto represents Italian mountebank shows and their power. Touchwood and Penitent define their spaces but they are domestic and any audience has been carefully chosen. By contrast, Volpone impersonates Scoto of Mantua, a leader of a *commedia dell'arte* troupe who was licensed by the Duke of Mantua and had performed conjuring tricks before Queen Elizabeth in 1576. This is a public performance both of quacksalving and of another persona. Medical practice as a

whole may require staging and performance, but mountebanks took this to its extreme. Crucially, however, this scene is performed to an English audience; part of its power comes from Jonson's presentation of a foreign experience. Theatricality and illusion are seen as Italianate and, therefore, easily seen through by the informed English observer.

Peregrine, speaking for much of the audience, conflates the terms mountebank and quacksalver.²⁴⁶ Sir Politic Would-Be asks him if his instructor did 'never discourse to you / Of the Italian mountebanks' and Peregrine answers that he knows them to be 'quacksalvers, / Fellows that live by venting oils and drugs' (2.2.6). There is no difference, for him, between the two professions. Sir Politic's idiocy colours his response, but it also emphasises one aspect of the quacksalver's reputation; 'They are the only knowing men of Europe! / Great general scholars, excellent physicians, / Most admired statesmen, professed favourites, / And cabinet counsellors to the greatest princes! / The only languaged men of all the world!' (9-13). Any members of the College of Physicians in the audience would, no doubt, have been horrified at Politic's inflation of the quacksalvers' trade and his conflation of it with theirs. For Politic, mountebanks are the epitome of learning and gravitas, and their travels around Europe have allowed them to gain knowledge unknown in provincial England. Peregrine has heard the other side of the story, that they are 'lewd impostors; / Made of all terms and shreds; no less beliers / Of great men's favours than their own vile medicines' (14-6) who sell 'that drug for twopence, ere they part, / Which they have valued at twelve crowns before' (18-9). The quandary of how to categorise quacksalvers and their knowledge is played out upon the stage

²⁴⁶ For a more detailed discussion of the terminology used within this thesis, see Chapter One.

in *Volpone*, and Peregrine, it seems, embodies much of the skepticism surrounding their claims.

Volpone's language when playing Scoto is that of Penitent Brothel magnified. His quacksalving terms include 'this blessed *unguento*, this rare extraction, that hath only power to disperse all malignant humours that proceed either of hot, cold, mist or windy causes' (90-3). He can 'by virtue of chemical art [...] extract the four elements – that is to say, the fire, air, water, and earth' (156-8) from a hat, and eventually lowers the price of his unguent, resting finally at 'six-pence' (200). The price may not have fallen as far as Peregrine's caustic assertion earlier in the scene, but Volpone's rhetoric neatly fulfils his expectations of a quacksalver. Importantly, Sir Politic is also satisfied; the mountebank's speech is convincingly filled with references to medical authority, myth, legend and disparaging remarks about other practitioners. He claims to have been 'authorized, upon notice taken of the admirable virtues of my medicaments, and mine own excellency in matter of rare and unknown secrets' (2.2.135-7) by the Signory of the Sanità and the College of Physicians. The Signory of the Sanità did indeed grant licences to physicians and to mountebanks but the reference to the College of Physicians must surely be aimed at the English tourists in the audience, lending a further false impression of authority to Scoto's practice.²⁴⁷

Volpone is 'preoccupied with the competing attractions and dangers of theatrical pretense' within a medical framework.²⁴⁸ Corvino is disturbed by Celia's attentions to Scoto in part because he is a 'juggling, tooth-drawing, prating

²⁴⁷ Sarah Knight, "'He is indeed a kind of Scholler-Mountebank': Academic Liars in Jacobean Satire" in *Shell Games: Studies in Scams, Frauds, and Deceits (1300-1650)*, ed. by Mark Crane, Richard Raiswell, Margaret Reeves (Toronto: CRRS Publications, 2004), pp. 59-80, explores the connections between Francis Bacon's *The Advancement of Learning* and Jonson's representation of a mountebank in *Volpone* with particular emphasis upon Volpone's insistence upon his academic credentials (p. 66).

²⁴⁸ Pollard, *Drugs and Theater in Early Modern England*, p. 43.

mountebank' (2.5.2). Scoto's visibility as a mountebank causes Corvino's discomfort to be immediate and explicable; Middleton's depictions rely upon deception of a different kind. Brothel's quacksalving terms are convincing enough to be attributed to an over-reaching physician whereas Scoto is rhetorically seducing a large public audience. Corvino reads Celia as a willing participant in the mountebank's performance. She is 'an actor, with your handkerchief' (2.5.40). Both Lady Kix and Gullman are active co-conspirators in their respective medical tricks, but *Volpone* magnifies the language and arena of the empiric's ability to draw people into the situation. Volpone exploits the mountebank character for personal and financial gain and Jonson's staging of the scene is as ornate as the rest of the play. The innate performativity of medicine is combined with the mountebank's easily identifiable speech patterns and methods of reference, creating a display that seduces for a short time and can be dismantled in minutes.

Reading *Volpone* against *A Mad World, My Masters* and *A Chaste Maid in Cheapside* emphasises Middleton's interest in depicting contemporary concerns about access to closed domestic spaces and the expansion of medical practice. His concern is with the intrusion of empiric practitioners into households and familial networks rather than with displays on the public street. City comedies are frequently situated in domestic or business spaces, and Middleton stages quack practitioners insinuating themselves into areas they did not belong. Volpone, as Scoto, can be chased out of the public piazza, but Touchood Senior seems set to remain with the Kixes for the rest of his life. Unlike a public display which can be controlled through wider urban powers, domestic intrusions must be managed by the inhabitants. Worry about medicine as a trade is joined with concern about shifting social relations and the evolution of families. In many ways the danger of this is negated in both plays: Brothel's medical trick leads to a religious conversion and a

positive change in the Harebrain's marriage, and the combining of the Touchwood and Kix families brings financial stability to both. Inverting the trope allows Middleton to present a changing London in which change need not be considered innately dangerous because the stabilising force of the family and a domestic setting is still intact.

Places of Business and Trickery: *The Widow* and *The Family of Love*

Whereas the medical plots of *A Mad World*, *My Masters* and *A Chaste Maid* are confined to domestic spaces, in *The Family of Love* and *The Widow* medicine is integrally tied to commerce and business spaces. *The Family of Love* has two plots, each concerned with the family of a medical practitioner. Domestic spaces in early modern London were highly flexible and there was frequently little technical separation between the home of a merchant and their business space. This is highlighted in *The Family of Love*, where the entanglements brought about by the cooperative model of medical provision are dramatised through the human sexual relationships played out on the stage. The play's first plot revolves around Maria, the niece of Doctor Glister, and her romantic entanglement with Gerardine, which Glister unsuccessfully seeks to prevent. The second is centred upon Mistress Purge, devoted Familist and wife of the apothecary, who is Glister's mistress and is also being pursued by two gallants, Lipsalve and Gudgeon, because they have heard rumours of her sexual promiscuity with members of the Family of Love. Lipsalve and Gudgeon ask Glister for aid in seducing her but are foiled, and then prevented from seducing Mistress Glister through the prescription of violent purges by Glister that render them helpless. The play ends with a mock trial scene where sexual misbehaviour – whether real or alleged – is put on the stand.

The Family of Love is notable because it presents the theoretical division of medical consultation and work between Glister, the physician, and Purge, the apothecary. This representation of the traditional model of medical practice and the social divisions brought about through the differentiation of physic as a profession and apothecaries as tradesmen is challenged within the play by the romantic entanglement of Glister and Mistress Purge. Richard Levin comments with regard to Gerardine's manipulations that 'the trial itself, the culmination of Gerardine's strategy, juxtaposes these actions in a manner that emphasizes the parallels between them' through Dryfat, a Familist and the only champion of Gerardine and Maria's relationship, in his disguise as Poppin the lawyer.²⁴⁹ Dryfat acts as lawyer for both Purge, who seeks to prosecute his wife for adultery, and Glister, whose wife has initiated an adultery suit. Given that Glister and Purge's businesses are co-dependent, there is a satisfying dramatic cohesion to them both having engaged the same lawyer for legal suits in which both are implicated.

Just as in *A Mad World, My Masters*, it is medical authority that allows entrance to a domestic space. Purge is not allowed to treat his own wife, because of the legal restrictions placed on his practice, and must obey Glister's instructions: he 'hath given her counsel to keep her bed: master doctor should indeed minister to her' (2.1.8-10).²⁵⁰ Purge's speech hints at his potential knowledge of Mistress Purge's adultery at this early point in the play, going on to accept that the knights and gallants who 'come in term-time, hire chambers, and perhaps kiss our wives' (15-6) are necessary because, without their susceptibility to gullery, 'drugs would be dog-cheap, but for my private well-practised doctor and such customers' (19-21).

²⁴⁹ Richard Levin, 'The Family of Lust and *The Family of Love*', *SEL*, 1500-1900, 6.2 (Spring, 1966), pp. 309-322 (p. 312).

²⁵⁰ Lording Barry, *The Family of Love*, ed. by A. H. Bullen in *The Works of Thomas Middleton*, 8 vols. (London: Nimmo, 1885-6), III (1885). All further references are to this edition and in-text line references given.

Medicine is a trade for Purge, and a profitable one. Medical gullery is acceptable, even if it becomes sexualized, because it allows financial gain. Any punishment this garners within the play is focused upon sexual trickery rather than upon mercantile mores. It is only when he overhears Mistress Purge's saying 'we fructify best i' th' dark' (3.3.21) and talking about how 'we crowd and thrust a man and a woman together' (45-5) at meetings of the Family of Love, that Purge reconsiders his permissiveness. The sale of kisses to further the sale of drugs is a sensible business decision, unlike the sexual rendezvous he imagines happen at the Family's meeting place.

Throughout *The Family of Love*, Mistress Purge acts as the focal point for medical allusions and references. Gudgeon and Lipsalve's declarations of love for her are infused with medical terminology. She is figured as literally disrupting the humours of Gudgeon's body: 'she makes civil wars and insurrections in the state of my stomach: I had thought to have bound myself from love, but her purging comfits makes me loose-bodied still' (2.3.57-60). Gudgeon's body becomes the site of a battle, which can be healed with comfits and electuaries that then leave him open to love. In contrast to the bodily experience of love that Mistress Purge provokes in Gudgeon, Lipsalve's conception of love is free from metaphors of physic. For him, Mistress Purge 'speaks pure devotion: she's impenetrable; no gold or oratory, no virtue in herbs nor no physic will make her love' (74-6). Contrastingly, Glister, who is already involved in a sexual relationship with her, describes love as 'an idle fantasy, bred by desire, nursed by delight, an humour that [...] pricks up the flesh, fills all the body with a libidinous humour' (1.1.23-8). Love is controlled by the stars, which bring the blood to the surface to give a sensation mistaken for pure love. Glister, the physician, refuses explanations of love that do not accord with Galenic theory.

The confrontation between Lipsalve and Glister is coded as a discussion of medical practice. Lipsalve voices the concerns about the ability of doctors to enter closed spaces, stating ‘You physicians are as good as false doors behind hangings to ladies’ necessary uses: you know the very hour in which they have neither will to deny nor wit to mistrust’ (2.4.114-6). Glister’s response is that of a patient in consultation with his physician, asking ‘Shall I unbutton myself unto you? After the receipt of a purgation, for then are their pores most open’ (118-9). Both Gudgeon and Lipsalve ask Glister separately for help in seducing Mistress Purge. He tells them both that they should go to Lipsalve’s chambers where a spirit will appear in the guise of the other, and once the spirit has been whipped Mistress Purge will appear and they will be able to seduce her. This trick unites Lipsalve and Gudgeon in their wish to cuckold Glister so much that ‘he shall not be able to put his head in at’s doors’ and they will ‘make his precise, puritanical, and peculiar punk, his ‘pothecary’s drug there, a known cockatrice to the world’ (3.6.57-60). They wish to punish Glister but become themselves the victims of an overzealous purging that leaves them in pain and unable to revenge themselves upon him, firstly because they are physically debilitated and cannot give useful evidence at the mock trial and, secondly, because everyone’s sexual sins, including theirs, have come to light. Lipsalve and Gudgeon are punished not only for their lechery but also for requesting unnecessary medical treatment. Entering into a contract with a physician for a health regimen would have been entirely understandable; conspicuous overconsumption, both medical and sexual, is being satirized here.²⁵¹ However, it is not just Lipsalve and Gudgeon who are being criticised. Glister is depicted as using his medical knowledge for his own benefit rather than his patient’s wellbeing. Purgings was a

²⁵¹ Paster, ‘Purgation as the Allure of Mastery: Early Modern Medicine and the Technology of the Self’, in *Material London, ca. 1600*, ed. by Lena Cowen Orlin (Philadelphia: University of Pennsylvania Press, 2000), pp. 193-205, examines the idea of choosing purgations as part of a health regimen in more detail.

perfectly acceptable aspect of medical treatment, but it should not be used as a punishment. There are no empirics in *The Family of Love*, but Glister's behaviour accords with many of the criticisms leveled against quacksalvers and mountebanks in the period.

Medical practice in *The Widow* is given a business space as part of a trick enacted by Latrocinio, the leader of a group of thieves, and his companions. Jonson's earlier play, *The Alchemist* sets up a similar situation, but Jonson is not as interested in cures as Middleton is. Whereas Drugger and Subtle are not easily distracted from their financial aims, the thieves of *The Widow* find themselves contending with the need to fulfil the medical contract and help their hapless patients. Latrocinio enacts the medical trick because it is winter and 'the highways grow thin with travellers' (21) and the pickings, therefore, are slim for highwaymen.²⁵² All trades have dead times, and pretending to be an empiric practitioner allows him to work from a place of comfort, making it a better opportunity in the cold months than robbing people from the side of the road. He and his companions set up an empiric's practice in order to sell false cures, such as gunpowder for a kidney complaint. According to the prologue, *The Widow* is 'A sport only for Christmas' (P.1), and the play exults in festivity and turning the world upside down. Ultimately, order is restored and balance brought back; by the end the thieves are arrested, but the preceding events are riotous. Latrocinio's impersonation of an empiric practitioner reinforces fears about empirics, laying bare their claims to knowledge, and highlights the entrepreneurial spirit of the urban marketplace.

Medicine in *The Widow* is a trick on the same level as an earlier act by the thieves in which they robbed Ansaldo, a young traveler, leaving him tied to a tree

²⁵² Thomas Middleton, *The Widow*, ed. by Gary Taylor in *The Collected Works*. All further references are to this edition and in-text line references given.

and entirely dispossessed. Latrocinio and his compatriots see no qualitative difference between the two events; Ansaldo was an easy target because he was travelling alone, and their customers should have known better than to trust a new empiric. The flaw in the plan is revealed when one of their patients, the ‘old mason troubled with the stone’ (4.2.3), raises some concern for Occulto, Latrocinio’s second-in-command, because Latrocinio has no idea how to treat him. Accosting people travelling on the roads is a largely harmless crime within the play. Ansaldo’s ego may have been bruised but he was not injured. Someone who is ill, however, must be treated. The patient has been gulled by the false shop-front and the empiric’s spreading reputation, but Occulto views him as a patient to whom they have a responsibility. Latrocinio must ‘do somewhat, sir, for he’s swoll’n most piteously; / Has urine in him now was brewed last March’ (7-8). Latrocinio’s callous remark that ‘T’will be rich gear for dyers’ (9) emphasises the difference between the two thieves; as long as someone makes a profit, suffering does not matter. Latrocinio’s further uncaring prescription of ‘a whole musketcharge of gunpowder’ because it ‘breaks stone walls and castles down’ (12-5) is indicative of their two approaches to empirical medical practice. One adopts the serious practice of an alternative to licensed physicians and the other is just willing to make money at any cost to the patient. Occulto is dismissed by Latrocinio as ‘a coxcomb to make question on’t’ (19) because he expresses a wish to help the unfortunate patient who has unwittingly become part of the trick.

The criticisms of opportunistic quacksalvers in *News From Gravesend* seem, once more, to be well founded. Latrocinio’s fellow thieves, Silvio, Stratio and Fiducio, are dressed up as, respectively, a farmer, a grazier and a miller, and pose as satisfied customers, providing an advertisement for his services. ‘There are few arts / But have their shadows, sirs, to set ’em off’ (51-2) declares Latrocinio, in an overt

statement of the need for empirics to advertise their successes. It is not solely word of mouth that brings people to Latrocinio's shop. Ansaldo reads from a paper advertisement that claims:

Here within this place is cured
 All the griefs that were e'er endured
 [...] Palsy, gout, hydropic humour,
 Breath that stinks beyond perfumer,
 Fistula *in ano*, ulcer, mègrum,
 Or what disease soe'er beleag'r 'em,
 Stone, rupture, squinancy, impostume,
 Yet too dear it shall not cost 'em.
 [...] In brief, you cannot, I assure you,
 Be unsound so fast as I can cure you. (4.2.87-99)

There is nothing, according to the advert, that cannot be cured, whether the patient is suffering from an ulcer, a migraine, or squinancy, also known as quinsy, which is a complication of tonsillitis. The advert is necessary for explaining how customers have come to hear of Latrocinio's business venture. In a medical marketplace so full of practitioners, it would be surprising if customers were willing to place themselves in the hands of a new practitioner so readily. The importance of publicity and theatrical staging feeds into the medical scene. It is curiously before its time; the golden age of quack practitioners and printed advertising was the latter half of the seventeenth century. Latrocinio is reaching ahead of himself, but Middleton is making use of something he would have known well – playbills and theatrical advertising – and placing it in another sphere that also relied upon disguise, trickery and word of mouth.²⁵³ This is no simple trick being enacted by Latrocinio, but an organised and deliberate entrance into the medical marketplace and all its associated paraphernalia. Volpone, as Scoto, advertises his oils and his knowledge verbally, and the performance of a mountebank is so well known that his audience knows

²⁵³ Tiffany Stern's, 'On each Wall and Corner Poast': Playbills, Title-Pages, and Advertising in Early Modern London', *ELR*, 36 (2006), pp. 57-89, gives an idea of how advertising may have worked in the period but is necessarily speculative as Stern is working without extant playbills from the period.

what to expect. What is interesting in *The Widow* is that some of the advertising is on paper; Latrocinio's trick is remarkably pervasive and accommodating of early modern business practice for a short-term temporary means of gulling money out of fools.

The other members of Latrocinio's group act as walking advertisements in one of the plays most meta-theatrical, and amusing, moments; Stratio leaps about to prove he is cured of gout, Silvio walks in a 'bow-legged manner' (158.sd) to show he has made some improvement thanks to Latrocinio's treatment of his '*hernia in scrotum*' (157), and Fiducio's palsy has abated enough that he can hold a glass without spilling its contents. The parade of patients is presented entirely positively. They are either cured or in the process of being cured. It is not solely past medical treatments that are staged; Occulto removes Martino's tooth and Latrocinio applies an eye-cup full of water and breast-milk to cure Brandino's sore eyes. Both of these treatments are distractions whilst Martino and Brandino have their pockets picked. Empirical practice is thievery both because no cure can be truly given, and because it provides another space for physical theft. Occulto is able to draw Martino's tooth because he 'was bound prentice to a barber once, / But ran away i'th' second year' (267-8), but his lack of training emerges when he has to draw another tooth after initially taking the wrong one. Latrocinio, who has no medical experience, is the better choice for his patients than Occulto.

By the end of the medical trick, Latrocinio and his gang have 'Some threescore dollars i' the master's purse / And sixteen in the clerk's, a silver seal, / Two or three amber beads, and four blank warrants' (4.2.271-3), plus Brandino's seal-ring which he leaves as collateral for his unpaid medical bills. The seal and warrants are of more immediate use, allowing the thieves to release one of their group from prison, but the collection of pick-pocketed money demonstrates the real

success. Furthermore, the large amount of money collected highlights empiric practice as nothing more than theft. Latrocinio declares that ‘There’s nothing done merely for pity nowadays; / Money or ware must help too’ (4.2.282-3). Unlicensed medicine is a business venture or opportunity for gullery. Unlike *The Family of Love* there is no sexual aspect to medical practice in *The Widow*; it is solely an opportunity for financial gain.

The movement of unlicensed medical practice from the domestic sphere to a business space in many ways makes little difference in *The Family of Love*; it is still sexual misbehaviour that is presented and medicalised. Glister takes advantage of his status in order to ‘minister’ to Mistress Purge and the gallants discuss their love for her in medico-scientific terms. Medicine in *The Widow* is solely a business transaction. Latrocinio and his companions view their thievery as a mercantile prospect, and the empirics’ shop is merely one more way of fleecing their customers. This diversity of approaches to medical practice is, in some small way, representative of the range of London’s medical marketplace in the early 1600s. Latrocinio’s trick plays into one contemporary conception of empirics, and their practice, as does the sexual incontinence of Glister and the gallants. Medicine and business are integrally tied together because of the possibility of explaining sexual desire through medical terms, thus commodifying it as something to be bought and sold. It is not medicine itself that is satirized in the two plays, but the actions of those providing it.

Dangerous Practice in *A Fair Quarrel* and *Anything For A Quiet Life*

A Fair Quarrel (c. 1615-6) is a collaboration between Thomas Middleton and William Rowley which presents licensed practitioners rather than quacksalvers or

charlatans.²⁵⁴ It is under consideration in this chapter because, whilst technically a tragicomedy, the play is rooted in contemporary London and the behaviour of the Physician and the Surgeon is more akin to their counterparts in the city comedies than in the plays discussed in Chapter Three. The Physician of *A Fair Quarrel* is dangerous, not because he wields poison but because of his lecherous nature and his attempted sexual control of Jane. These medical practitioners are urban creations and they act in ways that highlight the trickery at the heart of the play. Unlike their colleagues in Chapter Three, they are not working in court positions but earn their livings as did most members of the College of Physicians, the Barber-Surgeons' Company and apothecaries in the Grocers' Company.

The Physician of *A Fair Quarrel* is brought into the Russell house to tend to Russell's daughter, Jane, who has just watched her *de praesenti* husband, Fitzallen, taken to prison. Like Sir Oliver Kix, Russell is willing to pay good money for medical treatment and declares that Jane 'shalt have a physician then, / The best that gold can fetch upon his footcloth' (1.1.411-2).²⁵⁵ The lines following are an exercise in irony: Russell tells his daughter that she can have anything she asks for, but she has just witnessed her husband being taken to prison for debt. Like *A Mad World*, *My Masters* and *A Chaste Maid in Cheapside*, *A Fair Quarrel* is centred upon marriage and children. These two core concerns are intrinsically linked to honour. Maurice Hunt summarises the play as 'showing characters of honor trying to live in a complex world hostile to that virtue', arguing this emphasises the plot's tragic

²⁵⁴ Suzanne Gossett, 'Introduction' to *A Fair Quarrel* in *The Collected Works*, pp. 1209-1212, notes that Middleton's contribution is considered to be 1.1.1-93, 1.1.394-425, 2.1, 3.1, 3.3, 4.2, 4.3 and 5.1.393-448, with some uncertainty over the opening and closing of the first act, and the end of the last (p. 1211).

²⁵⁵ Thomas Middleton and William Rowley, *A Fair Quarrel*, ed. by Suzanne Gossett in *The Collected Works*. All further references are to this edition and in-text line references given.

elements.²⁵⁶ Russell tells Jane that ‘Honour and attendance, these will bring thee health, / And the way to ’em is to climb by wealth’ (424-5). Russell aims to achieve this through marrying Jane to Chough, but she is already contracted in a *de praesenti* marriage to Fitzallen and is pregnant with his child.

Jane’s first meeting with the Physician lays open one of the perceived difficulties of the early modern medical profession. The physician is frustrated by her reticence because he is unable to read her bodily condition. Caroline Bicks notes that Middleton foregrounds the early modern problem of identifying pregnancy and paternity ‘by making most of the advanced pregnancies in his plays undetectable’.²⁵⁷ The Physician tells Jane that ‘The patient must ope to the physician / All her dearest sorrows: art is blinded else, / And cannot show her mystical effects’ (2.2.2-4). He cannot discern what is wrong with her merely by looking at her; any diagnosis must come from conversation. She is understandably unwilling to disclose what ails her. She is technically married, but no one knows this, and the repercussions of being thought pregnant out of wedlock make it unsurprising that her response is to bait the physician by casting aspersions on his abilities. Like Don John in *Match Me in London*, she compares the Physician to a conjuror who ‘from the help of his examinant, / By the near guess of his suspicion / Appoints out the thief by the marks he tells him’ (9-11). The Physician, for Jane, is nothing more than a conman who makes a good guess based on reactions and a hunch, and her demands that he prove his skill recollect the similar insinuations of Sir Bounteous Progress.

Despite this danger, Jane’s first interaction with the Physician involves the revelation of small pieces of information that later become crucial. Jane asks what

²⁵⁶ Maurice Hunt, ‘Romance and Tragicomedy’ in *A Companion to Renaissance Drama*, ed. Arthur F. Kinney (Oxford: Blackwell, 2002; 2005), pp. 384-98 (p. 396); Richard Levin, ‘The Three Quarrels of *A Fair Quarrel*’, *Studies in Philology*, 61.2 (April, 1964), pp. 219-231.

²⁵⁷ Caroline Bicks, ‘Gender and sexuality’ in *Thomas Middleton in Context*, pp. 263-70 (p. 266).

colour her disease is, given that she is ‘unmarried, and it cannot be yellow; / If it be maiden green, you cannot miss it’ (2.2.14-5). This gives a somewhat explicit hint to the physician, and a helpful reminder for any member of the audience who may have missed her saying ‘I too soon fear my delivery’ (1.1.194) in an aside, or who did not recognise the inference. Her reaction to the Physician’s diagnosis of her sickness as love is to challenge his medical practice and ability: ‘Can all your Paracelsian mixtures cure it?’ (2.2.35). Love is a disturbance of the passions, but it is beyond the remit of medical knowledge. The only cure for Jane’s predicament is the freeing of Fitzallen from prison, and Russell’s change of heart. Her increasingly combative reactions to the Physician have as much to do with her desire for secrecy and privacy as with her concerns about the Physician’s authority.

Elizabeth Lane Furdell reads Jane’s disdain for the Physician as echoing ‘growing public antagonism towards formal medicine’, and suggests that her willingness to speak to Anne, the Physician’s sister, reflects public patronage of lay-healers rather than members of the College.²⁵⁸ Middleton and Rowley further position the Physician as medically untrustworthy by having him self-identify as an alchemist. Alchemy was part of Paracelsian science, which partly contributed to its lack of status, but the overwhelming contemporary echo was still likely to have been the implication of Simon Forman in the Overbury trial of 1613. The claim that physicians are ‘the truest / Alchemists, that from the ore and dross of sin / Can new distill a maidenhead again’ (2.2.132-4) would possibly have reminded the audience of the rumour that Frances Howard faked her court-ordered virginity test. Indeed, Middleton’s interest in the Overbury scandal can be seen throughout his works. *The Witch* (1616) is partly concerned with corrupt courtiers and slow deaths by poison,

²⁵⁸ Elizabeth Lane Furdell, ‘Life and death in Middleton’s London’, in *Thomas Middleton in Context*, pp. 61-67 (p. 66).

The Changeling (1622) presents a faked virginity test, and Chakravorty sees Allwit's reference to 'the foreman of a drug-shop' in *A Chaste Maid in Cheapside* (1.2.35-6) as an allusion to Simon Forman and suspicion of his involvement.²⁵⁹ The Physician of *A Fair Quarrel* is untrustworthy because of both his inherent moral laxity and contemporary concerns about the power and access of Paracelsian physicians with an interest in alchemy.

A Fair Quarrel also highlights notions of domestic space and safety. The Physician is brought into the Russell household, but Jane also goes into the Physician's domestic space. After she has told his sister about her pregnancy, the Physician convinces Russell that sending her to his house is necessary because she 'shall be private and near to my attendance' (2.2.189). Jane's social standing, honour, and physical health are threatened by the arrival of Chough, whose desire to wrestle threatens to reveal her pregnancy. The playwrights emphasise Jane's limited power by moving her from one domestic setting to another, in which the Physician's power over her becomes considerably heightened.

The birth of Jane and Fitzallen's child highlights how immersed in the Physician's household Jane now is. It is the Physician who engages the Dutch Nurse who, through calling Jane 'de godimother' (3.2.20), erases the maternal relationship, and he states he will often visit the child. Jane has been inserted into a domestic economy that she does not belong to, and the Physician then attempts to bring her into a sexual one as well. Just as De Flores is horrified in *The Changeling* by Beatrice's offer of money as payment for services, so the physician rejects coin.²⁶⁰ The only payment he wishes is love, which Jane is unwilling to give. 'O, you're a foul dissembling hypocrite [...] Is this the practice of your physic college?'

²⁵⁹ Chakravorty, *Society and Politics*, p. 106.

²⁶⁰ The parallel scene in *The Changeling* is generally considered to be Middleton's rather than Rowley's, indicating that confusion over how to pay for such services was recognised as dramatically valuable by both playwrights.

(3.2.103-6) is her cry. Love is reduced to a commodity; the Physician is owed it because of services rendered. Whilst the Physician is hardly a representative member of his class, Jane's lack of power, even in a domestic setting, highlights the extent to which physicians were able to enter their patients' lives, and the play depicts concerns about this access and power.

Love and desire turn poisonous in *A Fair Quarrel*, and the Physician who claims he can aid Jane turns out to be poison himself. Poison is a recurring image in the interactions between Jane and the Physician, and she is positioned as anti-Paracelsian with her injunction that the Physician should poison himself: 'Of thine own practice drink the theory' (3.2.136). Even Anne declares that Jane would be better to poison the Physician rather than acquiesce in his desires. She can only cast out the poison by telling the truth and revealing her marriage and child, electing to wear 'one spot upon [her] face / To keep [her] whole body from a leprosy' (3.2.166-7). The only true antidote for poison in the play is admitting to the truth. Unlike the turning of the plots by physicians that we saw in Chapter Three, the Physician does not intentionally act as the turning mechanism which flips the play from tragedy to comedy. This is, however, ultimately his role, and order is restored by the end, with Jane, Fitzallen, and their child, reunited.

The Surgeon in *A Fair Quarrel* is employed to heal the Colonel, after he is injured in a duel. His overly embellished Latinate dialogue quickly makes him a figure of fun and Furdell sees this language as Middleton tipping 'his hat to the College of Physicians and [deriding] its challengers by putting ridiculously pretentious words in the mouth of the surgeon in *Quarrel*, performed at court at the peak of Mayerne's medical influence'.²⁶¹ Importantly, when the Surgeon states that he has made the Colonel 'a quadrangular plumation, where I used sanguis draconis,

²⁶¹ Furdell, 'Life and Death in Middleton's London', p. 67.

by my faith, with powers incarnative, which I tempered with oil of hypericon, and other liquors mundificative' (4.2.17-20), he is not technically reaching beyond the boundaries of his profession. Surgeons were not allowed to conduct internal medicine, but could apply dressings to the wounds they treated. There is no doubt that his language is overblown and pretentious, but the conflict between Jane and the Physician casts some doubt on Furdell's reading of Middleton's positive feelings towards the College. It seems more credible to state that *A Fair Quarrel* reflects Middleton's concerns about medical practice as a whole. If Middleton was commenting acerbically on Mayerne's influence it is unlikely that he would have made the Surgeon's cant so distinctly Galenic. The Surgeon's Galenicism is revealed through his descriptions of the Colonel's wound as inclined 'to paralism, and I find his body cacochymic. Being then in fear of fever and inflammation, I nourish him altogether with viands refrigerative and give for potion the juice of sanicola, dissolved with water cerefolium' (4.2.30-4). He is hot and feverish, and in order to balance the humours, the Surgeon recommends cold and plant-based remedies.

Large sections of the Surgeon's dialogue come from the 1612 edition of Peter Lowe's *A Discourse of the Whole Art of Chirurgerie*, in particular from the first twenty pages of the sixth book, which is concerned with the treatment of wounds.²⁶² Lowe was a significant figure in the development of surgery, having been granted a charter by James VI, in 1599, giving him and two colleagues the right to supervise and examine all surgical practitioners in the west of Scotland, leading to the foundation of the Faculty of Physicians and Surgeons of Glasgow.²⁶³

²⁶² R. V. Holdsworth, 'The Medical Jargon in *A Fair Quarrel*', *Review of English Studies*, 23.92 (1972), pp. 448-54 (p. 449).

²⁶³ Helen M. Dingwall, 'Lowe, Peter (c.1550–1610)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/17086>, accessed 2 June 2013]

The source of the Surgeon's dialogue is one of the foundational texts of early modern surgical practice. Middleton is not mocking the knowledge behind the surgeon's words; instead the scene comments upon the perception of medical practice in London during the early 1600s. The surgeons too are capable of linguistic flights that render their speech incomprehensible. It is not a failure of medical knowledge, but of how to communicate it. The Surgeon's speech has more in common with the rhetoric of quacksalvers and mountebanks, and is as incomprehensible to the Colonel and his sister as it would have been to the audience in the theatre. This provides a parallel with the Physician, with whom Jane pleads for clarity when she cannot make sense of his demands for payment. Furthermore, the Surgeon's profusion of medical terminology can be read as an attempt, no matter how futile, to prove his professional worth through overemphasizing the education he has received.

The failure of language in *A Fair Quarrel* sets it apart from *A Mad World*, *My Masters* and *A Chaste Maid in Cheapside*, where medical language succeeds in enabling the trick to be carried out. Unlike these plays, medical language fails in *A Fair Quarrel* because the other participants in the conversation, including the audience, cannot understand it. A crucial part of early modern medical treatment was the laying out of a contract, as we saw in *A Chaste Maid*, in which both parties are clear about expectations. However, the first scene between Jane and the Physician places the two in opposition based on them misunderstanding each other, a disparity that is brought back with the confusion over acceptable methods of payment. The Physician claims to desire transparency and for his patients to open themselves to him, but does not deliver on this claim, and the Surgeon baffles his patient with over-complex medical rhetoric. Both are dangerous in their own way;

the Physician leaves Jane open to blackmail and the Surgeon's language means that the Colonel and his sister are unable to understand the severity of his injuries.

In part, *A Fair Quarrel* responds to concerns about medical knowledge and its transmission that still have meaning for a modern audience; if the patient and the patient's family cannot understand a diagnosis is it of any use? These two characters are licensed professionals, operating within the boundaries of their particular specialty, but their presentation has much in common with the criticisms made about empiric practitioners. The Physician's actions are designed to benefit him in the end, and whilst the Surgeon's dialogue comes from a medical text, it is unlikely to have been recognised as such in the public theatre. Instead, the Surgeon's speech works much more like that of Penitent Brothel or Volpone: as a parodic representation of how medical practitioners were thought to speak. The complex wording of Lowe's text is entirely fitting in its place, but that is the teaching spaces of the Barber-Surgeons' Company, not the sickroom of a wounded patient.

Like Doctor Benedict in *The Patient Man and the Honest Whore*, the Physician of *A Fair Quarrel* is responsible for a marriage by the end of the play. There is no church ceremony shown on stage because Jane and Fitzallen are already married, but they receive Russell's blessing in an abbreviated version of the marriage ceremony. Intriguingly *A Fair Quarrel* alludes to the parallel between physicians and clergymen when Chough's servant, Trimtram, questions the Physician and his desire to intervene in the wedding between Jane and Chough, noting that 'you would have none go to the church nor churchyard till you send them thither!' (5.1.52-3). The Physician seeks to thwart the union as revenge for Jane's refusal of him, but ultimately, he helps bring about her reunion with her husband and Russell's acceptance of the marriage. The Physician is declared mad by his sister, and Russell accepts his grandson, declaring 'If all bastards were banished, the

City would be thin / In the thickest term-time' (5.1.250-1). The Physician's malice prevents Jane from marrying Chough, but his bringing-about of the reconciliation of her with Russell and Fitzallen is entirely accidental. The best medicine in *A Fair Quarrel* is the truth, and it is only deployed when all other avenues have been exhausted.

The Surgeon's language may be overdone and hard to understand but the Colonel is recovered by the end of the play. His wound was 'a plain gastrolophe, and a deep one, but [he] closed the lips on't with bandages and sutures, which is a kind conjunction of the parts separated against the course of nature' (5.1.396-9). The Colonel has not only recovered from his wound but he is also reconciled with Captain Ager. Medicine in *A Fair Quarrel* is a case of bringing two separated things, or people, back together and the Surgeon is fittingly pleased with his abilities, telling Captain Ager that should he ever need surgical attention 'I'll give you the best' (5.1.408). Whilst the Surgeon is presented as a figure of ridicule, he succeeds at his task and, importantly, follows the rules of his profession. The Physician, in contrast, succeeds at nothing he sets out to do and violates the trust between physician and patient. Professionalism was integrally linked to social standing in the medical marketplace of the early 1600s and in many ways *A Fair Quarrel* works against this. The Physician is the best that can be afforded by Russell, but he is untrustworthy and unscrupulous. The Surgeon may be thought lower in the medical hierarchy but he acts within the legal boundaries of his profession and does no harm.

The same cannot entirely be said of Sweetball, the barber-surgeon of *Anything For A Quiet Life*, who, having been tricked into thinking Ralph has venereal disease, prepares to remove his penis. Barber-surgeons had been restricted to practising dentistry and barbering since 1540 but there is no reference in the play

to the fact that Sweetball is overstepping his grounds, possibly reflecting the prevalence of barber-surgeons performing surgery. Linguistically Sweetball's over-complex speech and the inability of Ralph to understand him means he has much in common with the Surgeon of *A Fair Quarrel*. Ralph and Sweetball are both victims of a trick which revolves around the double meanings of 'yard' and 'ware' as either a length of cloth or a slang term for the penis, and speak at odds with one another throughout their dialogue. Sweetball has been tricked into thinking Ralph has come to be treated for venereal disease, whilst Ralph merely wishes to be paid for the cloth he has brought. His inability to understand what is happening is caused by the trick and heightened by Sweetball's insistence on using medical terminology.

The confusion becomes medicalised by Sweetball who warns Ralph that without treatment 'the *symptoma* will follow, and this may come to frenzy' (2.4.37-8).²⁶⁴ Sweetball takes none of Ralph's protestations seriously because he reads them as symptoms, and also thinks that he is continuing the tailoring metaphors because he is shy. The scene eventually resolves itself thanks to the re-entry of Sweetball's assistant who tells them that the 'gentleman [Young Franklin] that sent away his man with the stuffs is gone a pretty while since; he has carried away our new brush' (2.4.52-4). Not only has Ralph's cloth been stolen, but also one of the tools of Sweetball's trade, and they are both made further fools of. Presumably Sweetball has been told that Ralph has venereal disease because Young Francis or George Cressingham have encountered him before and are aware of his loquacity. Medical treatment and the over-reaching barber-surgeon are combined with Ralph's innocence of the trick to provide time for the goods to be stolen away.

²⁶⁴ Thomas Middleton and John Webster, *Anything For A Quiet Life*, ed. by Leslie Thomson in *The Collected Works*. All further references are to this edition and in-text line references given.

In some ways Sweetball becomes a combination of the Physician and Surgeon. Like the Physician and Jane, he and Ralph have two entirely different conversations, and like the Surgeon his speech is full of professional references. However he is not entitled to use these as the Surgeon was; he should not use his ‘dismembering instrument’ or ‘cauterizer’. The scene is primarily amusing as a result of Sweetball’s incomprehensible language working at cross-purposes with Ralph’s need to be paid, but it is also slightly threatening. If the physicians considered in Chapter Three overstepped their boundaries, they were at least trained. It is somewhat surprising for the audience that the Colonel recovers in *A Fair Quarrel*; the Surgeon may think he engenders trust by spouting medical jargon, but the effect is the reverse. Sweetball sounds as if he has swallowed a medical textbook and he is acting beyond his licensed boundaries. His insistence on talking only in latinate terms and his misinterpretation of Ralph’s statements is undoubtedly funny, but they are a little concerning given the highly personal nature of the medical procedure being discussed.

If Sweetball were a surgeon, rather than a barber-surgeon, he would be within his legal rights to perform surgery on Ralph’s penis, but the scene highlights issues of consent to and understanding of medical procedures. Early modern medical practice was supposed to rely upon a series of consultations and negotiations between patient and practitioner, in which surgeons were involved alongside physicians and apothecaries. Sweetball and Ralph’s interaction operates on a series of misunderstandings that, whilst being bawdily comedic, are also slightly troubling. One of the concerns raised by writers such as Securis is the perceived foolhardiness of surgeons’ behaviour. Securis comments that surgeons ‘wyll launce, they wyll cauterize (whyche they calle searyng with a hot burning yron) they wyll sawe off a legge or an arme of the bodye’, doing so ‘without consyderynge the

circumstances of the whole matter [and] without the physicians advyce'.²⁶⁵ Securis was undoubtedly professionally biased, but dramatic representations of this kind tie into contemporary concerns about the methods of surgeons and barber-surgeons. It makes sense for Sweetball to be willing and prepared to remove Ralph's assumedly diseased penis; as Margaret Pelling notes, the barber-surgeon's shop was 'the most important locality outside the home for washing, grooming, and every function relevant to hygiene and the presentation of the body to the outside world'.²⁶⁶ If Ralph had been suffering from venereal disease it is likely that he would have turned to a barber-surgeon for some form of treatment.

The behaviour of licensed medical practitioners in these plays differs little from the cultural stereotype of empirics and quacks. The Physician's sexual motivations influence his less than principled actions towards Jane, and the Surgeon's language, whilst correct, could have come straight out of a satire of quacksalving. Sweetball's frantic willingness to operate without a clearly defined patient-practitioner understanding would probably have caused some mild alarm in the audience; even the thieves in *The Widow* explain their medical procedures more clearly. The actions of these medical practitioners are part of the continued exploration, and exploitation, of concern about their privileged position and the power granted to them. The Physician is the best that Russell's money can buy, but his buying power does not grant the patient a safe medical experience. The Surgeon is perfectly competent, but what makes him dangerous is his inability to communicate with his patients. He is a caricature of an over-learned professional, desperate to impress with technical language. Surgeons were considerably more practically trained but were often regarded as practising a trade, and the Surgeon's

²⁶⁵ Securis, *A Detection and Querimonie*, E3v-4r.

²⁶⁶ Margaret Pelling, 'Appearance and Reality: Barber-Surgeons, the Body and Disease', in *London 1500-1700: The Making of the Metropolis*, pp. 82-112 (p. 94).

relentless flood of words can be read as his desire to overtly display this learning in a way that the Physician does not need to. The representation of a licensed practitioner overstepping his legal boundaries lends a hard edge to the plays' medical characters. Prior to this everyone has behaved in accordance with the strictures of their profession, but Sweetball breaks the rules. The resulting miscommunication with Ralph is bawdily amusing but, more importantly, it grounds the concerns about medical practitioners and their abuse of power found in the other plays.

Conclusion

Quacksalving, empiric business, and licensed medical practice intersect in these plays with financial power and familial networks. Not only are concerns about the power of medical practitioners staged, but also worries about the financial nature of this access. The medical and social anxieties of these plays are, at heart, about changeability and movement. If gentlemen can pretend to be physicians or quacksalvers for sexual gain, what does this mean for licensed physicians operating within the remit of the College? How far is being a professional a matter of costume and disguise? If families are fluctuating and adaptable how can members of the older generation adapt and find a place within an altering society? Exploring these ideas through medical characters allows Middleton, and the other playwrights, to combine them with considerations of what it means to be a professional and what the markers of professionalism are.

It is not the medical behaviour of Glister or the Physician of *A Fair Quarrel* that is concerning, but their use of the associated social cachet to act on their sexual desires. Sweetball oversteps the legal boundaries of barber-surgery but the text does

not punish him for this act. Instead it highlights his inability to interact effectively with his patient. Similarly, whilst there is no medical treatment in *A Mad World* what is of concern is Penitent Brothel's assumption of the trappings of a profession he does not belong to. Middleton reminds the audience that whilst they may see someone in a doctor's cloak, speaking medical words, that that person is not necessarily what they seem to be. Touchwood, in *A Chaste Maid*, does not have a change of outfit for his medical trick, and his relative lack of dialogue is notable. It is his presence within the household, rather than in a defined space of business that is intriguing. Middleton seems to be attempting to reinforce the necessity of boundaries between business and social interactions through the opacity of the medical transactions of the plays.

Additionally, these plays question the idea of financial worth within medical practice more than in the other texts previously discussed. If the Physician is the best that could be employed, it is reasonable to assume that the Surgeon is of a similar standing. Penitent Brothel uses his ability to imitate the speech of a quacksalver to extract money for Gullman. Purge sells his wife's kisses in order to keep the price of drugs elevated, and Latrocinio sees a welcome gap in the winter market for an empiric's stall. Medicine in these plays is a commodity and can be bought and sold with money or sex, or both. Paster argues that in *The Family of Love* 'the three characters with the most avid appetites for medicine are also the characters with the most avid appetites for sex'.²⁶⁷ Sex can be bought alongside a medical treatment or, as in *A Chaste Maid in Cheapside*, as a medical cure. Through this commodification of both medicine and sex the plays exploit one of the main anxieties about doctors: their unparalleled access to the body. Penitent Brothel is allowed contact with Mistress Harebrain because Gullman, who already sells her body, makes her body

²⁶⁷ Paster, 'Purgation as the Allure of Mastery', p. 203.

into an ill object to be looked at, touched and cured. The openness of the female body to illness is a neat reversal of the need for women to be open to their physicians.

This openness is also found in the households infiltrated by medical characters. Howard notes that the households of city comedies are often infiltrated by ‘foreign people, foreign goods, or class elements who function as strangers or aliens’ and that this weakens the household as a container of its inhabitants – particularly women.²⁶⁸ Concerns about medical goods and their foreignness are beyond the remit of this thesis, but the dismantling of boundaries by ‘foreign’ people is germane to a discussion of medical practitioners. Touchwood enters the Kix household as an alien figure and becomes integrated; he and his family symbiotically join the Kix family, figuratively making them part of their host culture. Faux-quacksalving leads to cuckoldry; the impossibility of determining the father of a child in early modern medicine is reworked into a blessing.

The potentially dangerous power of medical practitioners is no less threatening in these city comedies, and the citizen-focused tragicomedy of *A Fair Quarrel*, than in the tragedies. The context may have moved from courts and affairs of state but the opportunity to alter one’s social standing is part of a considerably more widespread and recognisable context. These plays are about medicine and professionalism, but they are also involved in an exchange with their audiences. Part of the anti-theatricalist argument was that drama displays the possibility of disguise and change and that the social climbers depicted in the plays could inspire similar revolution outside the theatre. Howard comments that ‘[s]ocial mobility, unmooring people from their fixed identities and fixed stations, was a fact in the period, but a

²⁶⁸ Howard, ‘Women, Foreigners, and Urban Space in *Westward Ho*’, in *Material London*, pp. 150-167 (p. 154).

troubling one, as was the emergence of protocapitalist economic practices'.²⁶⁹ By showing characters assuming medical power to which they were not entitled by training, and profiting from it through protocapitalism, the playwrights tap into important cultural threads of distrust. Is *Latrocinio*, the embodiment of the lying and thieving empiric, a safer medical character than the Physician who abuses his position of authority? Or should trust be placed in the Physician who, after all, is trying to use marriage and children as a way of changing his social standing?

These plays reflect the expansion of medical practice from rarefied institutions to the literate public. The concerns raised and exploited by the dramatists are about the dangers both of physic and of social change. In the decidedly urban contexts of these plays, medicine is a commodity to be traded, just like bodies and rents. The final chapter examines the idea of medicine and cures within the context of lunacy and treatments for madness. The performativity of the medical profession is crucial to the quacksalvers and empirics discussed here, and Chapter Five extends that to the idea of performance as a cure itself, and considers the places of containment for lunacy as both physical spaces in the city and theatrical illusions.

²⁶⁹ Howard, *The Stage and Social Struggle in Early Modern England* (London: Routledge, 1994), p. 10.

Chapter Five: “The mind’s disease”:²⁷⁰ Exploring the Treatment of Lunacy on the Stage

Medical practice in early modern England was not solely concerned with treating illnesses of the body. It also attempted to grapple with mental disturbance and the mind-body relationship. The humours did not only affect the body but the mind, and medical regimens had to account for a person’s innate temperament as well as any imbalances caused by diet, environment, and illness. The doctor’s diagnosis of Lady Macbeth reflects that physical illness was recognised as sometimes originating from mental disturbance. Thomas Dekker and Thomas Middleton’s *The Patient Man and the Honest Whore* (1604), Middleton and William Rowley’s *The Changeling* (1622), John Webster’s *The Duchess of Malfi* (1623), John Ford’s *The Lover’s Melancholy* (1629) and Richard Brome’s *The Antipodes* (c. 1636) all present their audiences with ‘lunatic’ characters and their treatment. This chapter considers how treatment and cure are depicted on the stage, the possibility of madness as a communicable condition, and how far theatre can work as therapy.

Critical attention to the representation of madness over the past two decades has largely been focused upon the early modern experience of madness either as a physical state or a performed action. Duncan Salkeld notes that ‘apparent madness in Renaissance drama differs little from what the audience is asked to accept as real madness’ and must be ‘read, or interpreted, internally’.²⁷¹ Carol Thomas Neely engages with the ‘[d]istracted subjects’ and how they ‘became a newly urgent focus

²⁷⁰ John Ford, *The Lover’s Melancholy*, ed. by R. F. Hill (Manchester: Manchester University Press, 1985), 3.1.114. All further references are to this edition and in-text line references given.

²⁷¹ Duncan Salkeld, *Madness and Drama in the Age of Shakespeare* (Manchester: Manchester University Press, 1993), p. 7.

of representation, theorization, and treatment'.²⁷² Madness is both a performative state and a locus for concerns about the potential for alteration. There is a significant critical space, however, between Salkeld's approach, which focuses upon the internal diagnosis and understanding of madness, and Neely's wider cultural approach: that of the medical, rather than social, treatment of mad characters. This chapter discusses how playwrights represented the medical treatment of 'fools and madmen' and how such treatment was considered in contemporary treatises on madness. I concentrate on medical responses and the drama's connection to wider cultural changes in understanding the mind-body relationship. The chapter is concerned with how the medical professionals in the plays read their distracted subjects and use those readings as a basis for treatment.

Bethlem, or Bedlam, as a physical space, has been the subject of considerable scholarly attention, with the main critical work still being Robert Reed's *Bedlam on the Jacobean Stage*, from 1952. A recent study, *The History of Bethlem*, builds upon Reed's work, and its chapter considering Bedlam as 'a theatre-within-a-theatre' concentrates primarily upon the geographical errors made in its representation in drama, questioning how Bedlam is used as a space on the stage.²⁷³ Julie Sanders' term 'cultural geography' is important here; Sanders posits that 'drama was one of the key means by which early modern English society strove to make sense of space' and that we need to attend to the agency which representations of spaces held.²⁷⁴ Bethlem, as a real and imagined space, holds great potential

²⁷² Carol Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Ithaca, N.Y.: Cornell University Press, 2004), p. 2.

²⁷³ *The History of Bethlem*, ed. by Jonathan Andrews, Asa Briggs, Roy Porter et al (London: Routledge, 1997), p. 133. See also Duncan Salkeld's 'Literary Traces in Bridewell and Bethlem, 1602-1624', *Review of English Studies*, Vol. 56, No. 225 (June, 2005), pp. 379-85, which illuminates connections between people associated with theatrical production and the two asylums.

²⁷⁴ Julie Sanders, *The Cultural Geography of Early Modern Drama, 1620-1650* (Cambridge: Cambridge University Press, 2011), p. 9.

symbolically within the early modern conception of madness. Both the ‘real’ Bethlem and staged Bedlams were places of containment and exposure, and the fictional Bedlams provide meta-theatres of the experience of visiting the madmen. The audience can watch another audience, presented on the stage, viewing displays of madness. Concentrating upon their specific geographies offers an entrance point into discussions about mad spaces and how they are created, and also raises questions about restriction and confinement.

It is difficult to talk about the confinement of madness and madmen without reference to Foucault. Numerous criticisms of Foucault’s approach to madness in the sixteenth and seventeenth centuries have been raised: for example, his assertion that ‘Madmen then led an easy wandering existence’ does not acknowledge the relatively continuous confinement of those considered mad.²⁷⁵ His positioning of madmen as inhabiting a ‘*liminal*’ position on the horizon of concern – a position symbolized and made real at the same time by the madmen’s privilege of being *confined* within the city *gates*’ is, however, critically necessary.²⁷⁶ The early modern dramas in which a trip to Bedlam is made play upon this sectionalising of the city and its inhabitants.

The performance of madness – both within Bedlam and without – has been studied for its potential reflection of the reality of Bethlem. Kenneth S. Jackson argues that the governors began exhibiting the mad to elicit charity, because of the institution’s financial problems, so the display of madness was ‘a practice that

²⁷⁵ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. by Richard Howard (New York: Random House, 1988), p. 6; *Reassessing Foucault: Power, Medicine, and the Body*, ed. by Colin Jones and Roy Porter (London: Routledge, 1994); *The Cambridge Companion to Foucault*, ed. by Gary Gutting (Cambridge: Cambridge University Press, 1994) and H. C. Erik Midelfort, ‘Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault’, in *After the Reformation: Essays in Honor of J. H. Hexter*, ed. by Barbara C. Malament (Philadelphia: University of Pennsylvania Press, 1980), pp. 247-66, all provide useful and interesting ways of re-thinking Foucault and his impact upon studies of madness.

²⁷⁶ Foucault, *Madness and Civilization*, p. 8.

involved a mix of charity, moral instruction, and disturbing freak show'.²⁷⁷ Natsu Hattori concentrates upon 'the theatricality of madness, or the conception of insanity as a *performed* and performable state'.²⁷⁸ Diagnosis and treatment of madness in drama is dependent upon madness being performed, and this chapter considers how madness can be feigned and what impact this might have upon its treatment. Knowledge of the therapeutic regimes in Bethlem is incomplete, and it is difficult to draw conclusions about them. We are, in some ways, reliant upon dramatic representations of this treatment for information, but whilst drama can reflect ideas about madness that were prevalent in contemporary culture, it is far from being a factual record. The drama raises questions about whether madness could be managed personally or whether it required public controls. The looming presence of Bethlem highlights the symbolic importance of social controls and management, but other contemporary sources of information about possible treatments are necessary where the personalisation of treatments for madness are concerned.

The earliest influential English treatises dealing with madness are Timothy Bright's *A Treatise of Melancholy* (1586, 1613) and Thomas Wright's *The Passions of the Mind* (1601, 1604). Their broad use of 'melancholy' aligns more closely with modern usage of madness as a diagnostic term which encompasses melancholy amongst other types of mental disorder. Both texts predate Robert Burton's *The Anatomy of Melancholy* (1621), and Burton references Bright in volume three of *The Anatomy*. Both Bright and Wright place imbalanced humours at the forefront of any explanation of melancholy. Bright tells 'M.', the purported recipient of the *Treatise*, that '[a]s all natural humours rise of nourishment, so melancholie being a part of

²⁷⁷ Kenneth S. Jackson, 'Bethlem and Bridewell in *The Honest Whore Plays*', *SEL*, 1500-1900, 43.2 (2003), 395-413; Kenneth S. Jackson, *Separate Theaters: Bethlem ("Bedlam") Hospital and the Shakespearean Stage* (Delaware: University of Delaware Press, 2005), p. 14.

²⁷⁸ Natsu Hattori, "'The Pleasure of your Bedlam": The Theatre of Madness in the Renaissance', *History of Psychiatry*, vi (1995), 283-308 (p. 284).

blood, from thence it springeth also'. Wright similarly states 'there is no passion very vehement, but that it altereth extreemly some of the four humours of the body'.²⁷⁹ Both Bright and Wright explicitly offer their texts as therapeutic or curative; Bright's *Treatise* claims to contain 'the Physicke Cure and spirituall consolation' for those suffering from melancholy (A1r), and Wright declares his authorial intent is to 'direct the Reader to doe some thing that may bee, eyther commodious to himselfe, or profitable to the commonweale' (B1r). Madness and melancholy need to be understood and treated not only as an illness which has an impact on the individual, but because their repercussions can be felt by the nation as a whole.

This chapter considers the dramatic representation of madness as something to be diagnosed, understood, and treated, arguing that the process of diagnosis – whether personal or external – is a crucial part of its early modern dramatic representations. The ways in which these diagnoses are staged are analysed alongside the treatments presented, querying what this can tell us about early modern experiences of madness. I propose to examine the importance of theatre and story-telling to these treatments and, therefore, the effect of theatre upon the audience. In part I do this by considering the physical spaces in which lunacy is shown on the early modern stage. Contemporary texts are considered for their approach to the treatment of madness, its intersection with unbalanced humours and, in the case of Wright, national identity. Through the use of these texts I discuss ideas about the categorisation of mental distress and the evolution of medical treatment, concentrating upon how changing ideas in medical practice can be seen on the stage.

²⁷⁹ Thomas Wright, *The Passions of the Mind* (London: V.S. for W.B., 1601), B3v. All further references are to this edition and in text page references given.

Contemporary Discourses of Madness

Madness in relation to the humours has been thoroughly examined and Nancy G. Siraisi notes that ‘the balance of humors was held to be responsible for psychological as well as physical disposition, a belief enshrined in the survival of the English adjectives sanguine, phlegmatic, choleric and melancholy to describe traits of character’.²⁸⁰ Salkeld remarks that madness in Renaissance drama is ‘in many respects, a fairly conventional matter. It is generally represented in typical humoral or ‘ecstatic’ language, melancholic or love-sick characters’.²⁸¹ The term ‘mad’ was frequently used interchangeably with ‘melancholy’; to be mad in early modern drama is often to be melancholic. Roy Porter posits that this ambiguity of categorisation can be attributed to melancholy being considered a form of genius which is ‘a blood relation to another class of madness [...] the poet as madman’.

Kenneth Jackson addresses the slippage between the two terms when he notes that Ben Jonson’s usage of ‘humour’ in *Every Man In His Humour* (1598) refers to ‘social affectation’ as well as to pathological imbalance, and that using it as a social term was relatively new, reminding the reader that Jonson himself ‘acknowledges the confusion surrounding the broadening semantic range’.²⁸² There are two main concerns at work here: is ‘madness’ the same as ‘melancholy’, and is ‘melancholy’ a real mental state or a fashionable mode of performance? The plays considered in this chapter address the distinctions between them, and present their audiences with the possibility that madness may be merely a performance.

Studies of melancholy as a performed behaviour have concentrated particularly upon the epidemic of melancholy that seemingly swept England and

²⁸⁰ Siraisi, *Medieval and Early Renaissance Medicine*, p. 106.

²⁸¹ Salkeld, *Madness and Drama*, p. 2.

²⁸² Jackson, *Separate Theaters*, p. 58

Europe during the seventeenth century.²⁸³ Jeremy Schmidt notes that ‘in the late sixteenth century, a series of works that explored the nature of the passions in detail and suggested remedies for these moral diseases were published in France and England’, going on to give a partial list of these texts.²⁸⁴ Most of these texts on melancholy belong to the later seventeenth century; Bright and Wright’s books were some of the earliest studies of the illness.²⁸⁵ The related works that precede them, such as Philip Barrough’s *Method of Phisicke* (1583), Andrew Boorde’s *Breviarie of Health* (1552) and Thomas Elyot’s *The Castel of Helth* (1539), are concerned with a multitude of illnesses, their symptoms and how to cure them.²⁸⁶ Bright and Wright are amongst the earliest writers to categorise and explain melancholy, and describe how it could be treated.

Bright’s text is seemingly the more personal of the two. It is addressed to ‘M.’, Bright’s melancholic friend, in response to a request from him that Bright ‘minister unto [him], what my slender skil either in divinity or physicke may afford’ (A1v). M. asks that Bright should ‘at large declare [...] the nature of melancholie, what causeth it, what effectes it worketh’ (A1v) and how it can be cured. The fiction that *A Treatise* is a personal text quickly disappears. Bright goes on to admit that M. is a stand-in for the readers. Mary Ann Lund argues that ‘Bright’s words to his addressee have only a limited application to the general reader [because] the thrust

²⁸³ Lawrence Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642* (East Lansing, Michigan: Michigan State College University Press, 1951); Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Reading ‘The Anatomy of Melancholy’* (Cambridge: Cambridge University Press, 2010) and Mary Floyd-Wilson, *English Ethnicity and Race in Early Modern Drama* (Cambridge: Cambridge University Press, 2003) which contains a chapter analysing the rise of melancholy in conjunction with the rise of travel.

²⁸⁴ Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot: Ashgate, 2007), p. 29

²⁸⁵ Angus Gowland, ‘The Problem of Early Modern Melancholy’, *Past and Present* 191.1 (May, 2006), 77-120, (p. 85, footnote 29).

²⁸⁶ Bridget Gellert Lyons, *Voices of Melancholy: Studies in Literary Treatments of Melancholy in Renaissance England* (London: Routledge & Kegan Paul, 1971), pp. 1-16, provides a helpful précis of the development of the genre with brief descriptions of some works.

of the argument is that the sufferer is capable of grace because the writer knows he is'.²⁸⁷ The crux of the problem is whether or not a book can ever provide a personal health regimen and treatment plan: if the readers are not M., can they benefit from it? Bright's text contains a list of chapters complete with précis of their contents; the *Treatise* is an attempt at creating a reference text, so that M. functions as a representative reader within the text, aiding the external readers in their attempts at diagnosing themselves.

Wright's text does not have the same singular intent. His preface to the readers addresses a public audience rather than one specific literary interlocutor. It sets out his view that, through long experience on the Continent, he believes 'Scots and Englishmen were ever equall, and rather deeper Scholers, than either Italians or Spaniardes' (A2r) and he reviews the reputation of the English as 'uncivil and barbarous' (A3r). Mary Floyd-Wilson notes that the 'classical tripartite scheme that constructed ancient Greece and Rome as the civilized middle between the barbaric lands north and south also determined the logic of geohumoralism. Thus, humoral temperance, like civility, was held to be attainable only in a temperate clime'.²⁸⁸ Wright is deeply concerned with civility, telling his readers that there is 'a naturall inclination to vertue and honesty [...] in these colder Countries, [more] than in those hotter climates' (A3v). Wright has, obviously, nationalist stereotypes that he wishes to disavow and others to rationalise. It is no surprise that he begins his argument with the claim that the English and Scottish are more humorally suited to 'fidelitie, sinceritie, and diligence' (A3v). He is less concerned with melancholy as a specific passion than with the passions as a whole range of emotion, one of which is melancholy.

²⁸⁷ Mary Ann Lund, 'Reading and the Cure of Despair in *The Anatomy of Melancholy*', *Studies in Philology*, 105.4 (Fall, 2008), 533-558 (p. 540).

²⁸⁸ Floyd-Wilson, *English Ethnicity and Race*, p. 2.

There is an interesting difference, therefore, between the two modes adopted by Bright and Wright. Bright's text is a more intimate investigation into the reasons for, and potential cure of the reader's melancholy, whereas Wright's resembles an anthropological investigation. Also, where Bright focuses upon melancholy in particular, Wright details the wider emotional tendencies of an entire population, including reactions to stimuli and an extensive exploration of the effects of diet. *The Passions* is not only engaged with the medicalised discourse of mental disorder and the humours, but with the contemporary idea of what it means to be English and the importance of nationhood. In part this is provoked by Wright's lengthy exile from England and interest in returning, and his religious background as a Roman Catholic priest can be seen in *The Passions*. Wright's justification of his text involves a direct appeal to Divines, or preachers, entreating that they should read it because 'The Passions likewise augment or diminish the deformitie of actuall sins, they blind reason, they seduce the wil' (B2r). However, both Bright and Wright invoke the need for religious faith and virtue as a cure for melancholy. Bright's initial address to M. posits that his suffering will ultimately bring him closer to God, because it has tested his faith. Both writers put forward the same central idea, that religious faith will aid in recovery from melancholy; it is their method that differs. Wright presents his text as useful for teaching preachers, physicians and philosophers to help large numbers of people, whereas Bright's is a textual, literary, version of the ideal early modern physician-patient relationship.

The two texts also display their differences in their chapters about diagnosis. *The Treatise of Melancholy* opens with a chapter entitled 'How diverslie the word Melancholie is taken', in which Bright undertakes to explain how the word is used before defining its actual meaning, which he never manages entirely satisfactorily. He offers a definition in the first paragraph, saying it 'signifieth in all, either a

certaine fearefull disposition of the mind altered from reason, or else an humour of the body' (B1r), going on to explain how the humours could come to be disturbed. He then briefly explores various ways that the word is used, including 'melancholie madnesse', 'vaine feare', and 'desperation' (B1v), concluding that the 'melancholie passion is a doting of reason through vayne fear procured by fault of the melancholie humour' (B2v). The difficulty of defining melancholy can be seen here. It is a subset of a larger set of emotions, which also contains smaller variations. Bright seems to find himself at a loss how to explain these different types, and how the word 'melancholy' can define all of them. Crucially it is clear that melancholy involves a loss of reason, further dimming its separation from madness.

The wider remit of *The Passions of the Mind* is seen in the chapter considering definitions, which addresses 'What we understand by Passions and Affections' (B6v), not solely madness and melancholy. Passions are located between two types of 'actions': the first are 'internall and immateriall, as the actes of our wits' and the second 'external and materiall, as the actes of our senses'. The passions, which Wright also calls 'affections' and 'perturbations', then 'alter the humours of our bodies, causing some passion or alteration in them' when they stir in the mind, resulting in corrupted judgement and a withdrawal from virtue (B7r-v). In addition to this bodily explanation, Wright adds that the passions follow the senses rather than reason because, 'passions are drowned in corporall organs and instruments, as well as sense; reason dependeth of no corporall subject' (B8r). The passions are created within the body, and man must engage his reason in order to combat their effect. In order to do this it is necessary for readers to know towards which of the passions their 'naturall constitution' is most inclined; 'cholericke men be subject to anger, melancholy men to sadnesse, sanguine to pleasure, phlegmatic to slouth and drunkennesse' (I1v). Ultimately, for Wright, self-control and self-

knowledge are the important factors in being able to mitigate these effects. The rest of *The Passions* details ways in which the passions of others can be manipulated and managed.

Melancholy is a naturally occurring passion in both Bright and Wright's taxonomies. The difficulty comes in knowing how to control and manage it. Wright's method is to advise self-control and resisting the temptations of self-love, or '*Amor proprius*'. This is 'the nurse, mother, or rather stepdame of all inordinate affections' (C2v), and allies itself with the senses to uproot reason. Rather than giving information on how to cure melancholy or any passion, Wright focuses upon diagnosing and understanding their causes, through which readers can learn to treat disturbed passions, whether their own or others. By contrast, Bright devotes five chapters to cures, which instruct melancholic patients how to order their senses, emotions, affections, diet, and apparel, and what cures are possible by medicine (A4r-v). As with all such Galenic remedies, the initial instruction is the 'removing of such causes as first procured the infirmitie' (V3v), adopting the benefits of moderation in all things in order to prevent disturbances of the passions which might increase melancholy. The chapter detailing potential medical treatments begins with the injunction that Bright's aim is not 'to make you [the reader] a Physition or to give warrant by this my labour to any rashly & without direction of the learned Physition, to adventure practise upon this advice' (Y1v). This warning has much in common with those found in *Securis*, discussed in Chapter Three. The medical cures advised are, unsurprisingly, purges and bloodletting, and the final chapter gives information on how to build a patient back up to full strength after a purging or bleeding without risking the recurrence of a melancholy humour. The medical cure is not the most important part of Bright's advice; he apologises to M. that the detail of physick is 'not so copious, and absolute, as peradventure may fitte your estate,

and leave no question of doubt, but for substance and ground of the cure you shall not neede to make farther inquirie' (Z5r). The inclusion of medical advice is necessary more for its warning against acting as one's own physician than for its part in Bright's argument. As with Wright, his primary objective is to aid readers in identifying the disturbance of their humours and managing it.

These two texts provide an insight into how contemporaries understood the causes of mental disorder – whether melancholy or a 'perturbation' of the mind – and its treatments, and they reveal the difficulties of defining what passions were and their effects. Both Bright and Wright, in accordance with contemporary medical discourse, ultimately ascribe the potential for a cure to God, and a religious faith that had been strengthened by adversity. There is a gap between medical science and theology and madness reveals this fault-line. How far can medicine be applied to an illness of the mind where reason is lost? The control of the passions is overwhelmingly internal in both texts. It relies on understanding the interactions between the senses, reason, and passion, and the humours and the body's liquids. This accords with the internal process required of the readers, who must delve into their inner emotional responses and analyse their own humoral makeup. Even Wright's text, which is aimed at a readership who will treat others rather than themselves, relies upon the need to draw out the internal turmoil. This, as we will see in the plays, is seemingly impossible when the patient has lost the ability to think logically about their own mental struggles.

Diagnosis, Division, and Violent Treatment in *The Patient Man and the Honest Whore*, *The Changeling*, and *The Duchess of Malfi*

There is a gap of eighteen years between *The Patient Man and the Honest Whore* and *The Changeling*, but the staging of the diagnosis and treatment of madness is much the same. The two plays present their audiences with characters feigning madness, ostensibly for romantic reasons, and offer a vision of treatment that is harsh and seemingly motivated by profit. *The Duchess of Malfi* also shows its audiences harsh cures, and madness as harsh treatment that can be visited upon someone. In dramatic versions of Bedlam mental disorder is something that needs to be restrained and physically controlled. Madmen are made to perform for personal profit and amusement; there is no therapeutic value. Diagnoses of madness are not subtle in these three plays; madness is in the eye of the beholder and there is little challenge to its feigning.

The recognition of madness and the different forms it takes is crucial to *The Changeling*. Hattori comments that ‘the mad were expected to announce or display their conditions by a proliferation of symptoms, in gait, physiognomy, demeanour, speech and habits’, a statement which is challenged here.²⁸⁹ Middleton and Rowley use Antonio and Franciscus to show the audience the madhouse, and their access relies upon their assumption of the clothing and demeanour of fool and madman. When bringing Antonio to the madhouse, Pedro states that his ‘business speaks itself: / This sight takes off the labour of my tongue’ (1.2.82-3). The physical appearance of being foolish is as important as a diagnosis. Franciscus displays no such visible signs of madness; his outward appearance is that of sanity and composure. There is nothing to be read on his body, creating an interesting lacuna

²⁸⁹ Hattori, ‘The pleasure of your Bedlam’, p. 286.

between the presentation of the madman and the fool. Both speak like a fool or a madman, but only the fool can be identified before speaking. The Court of Wards and Liveries, which had the responsibility of managing the idiots and natural fools in the king's custody, defined a natural fool as someone 'mentally subnormal from birth' and lunatics as those 'whose intellect and memory [failed] sometime after birth'.²⁹⁰ There is no textual indication of how Antonio is so easily identified as a fool, although it is possible he was brought to the section of the madhouse where fools rather than madmen were treated. Douglas Bruster suggests that he may be dressed like the figure in the frontispiece to Francis Kirkman's *The Wits, or Sport Upon Sport* (1662), with a dunce's cap, and a hornbook dangling from his wrist (1.2.81.1 *n.*). The idea of being able to see that someone is a fool, whilst being tricked by their feigning, however, is entirely in keeping with the rest of the play. *The Changeling* hinges upon people believing what they see, and mistaking this for insight.

Antonio's folly is then further diagnosed. Lollio tests him with logic puzzles, because he 'must try his wit a little, that I may know what form to place him in' (1.2.155-6). In *The Changeling* Bedlam operates, for the fools at least, as a way of schooling them into acceptable behaviour. Antonio deliberately misunderstands Lollio's questions, answering in a manner that would be correct if he really were a fool, just as he does later when introduced to Isabella. Six times five is also five times six, but one hundred and seven is not seven hundred and one (3.3.171-7). The logical reversal of the first question provides the correct answer, but the same system cannot be used on the second. Franciscus also constructs a mad identity for himself, his madness being explained as the result of his prior facility with words.

²⁹⁰ As quoted in Joost Daalder, 'Folly and Madness in *The Changeling*', *Essays in Criticism*, 38.1 (January, 1988), pp. 1-21 (p. 6).

He has been thwarted in love and his ‘muses forsook him’ (3.3.48), leading to a disturbance which shook him from sanity. This poetic explanation allows Franciscus to attempt to woo Isabella through poetry. When he compares Isabella to Titania and suggests himself as a substitute for Oberon, who is ‘out dancing with his Dryades’ (52), Lollo threatens him with a whipping. The speech, as Daalder notes, is mad because ‘it shows – at least if we take his act at face value – that the speaker is out of touch with reality’.²⁹¹ Antonio and Franciscus feign at being fools and madmen, but they do so remarkably well, and provide Lollo with the necessary information to place them in the correct areas of the madhouse.

Isabella acts as the audience’s guide to the madhouse when she is given a tour by Lollo, who tells her that after she has had ‘a taste of the madman, you shall (if you please) see Fool’s College, o’ th’ side. I seldom lock there; ’tis but shooting a bolt or two, and you are amongst ’em’ (3.3.36-9). The madmen and fools in Alibius’s establishment are, for the most part, interchangeable. The two are separated, but only barely; there is a difference between a fool and madman but the boundary is both physically and linguistically breakable. Middleton and Rowley make this explicit when Antonio ‘drops his mad guise’ (3.3.130.1). There is no point at which his outward appearance could alter drastically; the switch is marked through changes in his linguistic register and physical presence. As a fool, Antonio’s speech is simple and full of repeated phrases. When alone with Isabella, and no longer feigning madness, his dialogue becomes that of the courtly lover, and he urges her to ‘[t]ake no acquaintance of these outward follies; / There is within a gentleman that loves you’ (153-4). Isabella can see that his fooling was feigned because his speech makes sense; he is not ‘mentally subnormal from birth’. Despite this request, Antonio proves himself as unable to see the truth as are the other

²⁹¹ Daalder, ‘Folly and Madness in *The Changeling*’, p. 3.

characters: when Isabella enters dressed as a madwoman he cannot see through her disguise. Her performance of madness is impenetrable because he cannot read her as anything other than a mad woman. She has ‘no beauty now, / Nor never had, but what was in my garments’ (4.3.137-8). He loves her physical appearance rather than her interior self, and is unable to perform the same act of visual reading that he demands of her.

This pretence of madness gives the audience access to the inside of the madhouse and Middleton and Rowley offer a violent spectacle in their dramatized Bedlam. Jackson asserts that in *The Changeling* they ‘end the depiction of “Bedlam” madhouses on the stage by reflecting seriously and self-consciously on the distinction between the stage and the nature of the charitable shows of Bethlem’.²⁹² It is tempting to believe that they stage their mad scenes in order to elicit charity for the inhabitants of the real Bethlem, but this is ultimately implausible. The madhouse scenes are an elongated joke, and the play displays no sense of empathy towards the patients. Instead, it seems more plausible that *The Changeling* is the last example of this type of madhouse scene on the English stage because such scenes simply fell out of fashion after 1622. For modern audiences, performances of madness are frequently troubling, but the viewing of madmen was part of Jacobean London’s social pastimes. Isabella seems doubtful about whether pleasure can be found in viewing madness (3.28-9), but the sight would not have horrified contemporaries. Madshow scenes were popular and recur with enough frequency that ‘she runs lunatic’ is a sufficient stage direction, and Bedlam takes on a dramatic life of its own.²⁹³ Middleton and Rowley show how much of that life is business. Jackson compares Alibius with Helkiah Croke, the keeper of Bethlem from 1619 to 1634,

²⁹² Jackson, *Separate Theaters*, p. 234.

²⁹³ Maurice Charney and Hanna Charney, ‘The Language of Madwomen in Shakespeare and his Fellow Dramatists’, *Signs*, 3.2 (Winter, 1977), pp. 451-460 (p. 454).

whose tenure was marked by highly public discussions about the hospital's financial state and accusations that he had appropriated the allocated funds for his own purpose.²⁹⁴ The topical connection could bear onto the subplot, but there is no evidence within the play that Alibius ever had a charitable purpose in establishing his madhouse, or that payment for the wedding performance will go anywhere other than his own pocket. He states that curing madmen is his 'trade [...] I thrive by it' (1.2.50). He does not worry about the 'daily visitants that come to see / My brainsick patients' (52) out of concern about the ethics of exhibiting them, but because they may be a temptation to Isabella. Cure is not necessarily a good thing for Alibius and Lollo, because of the threat it poses to their livelihoods.

If madness can be feigned in *The Changeling*, it can be resisted in *The Duchess of Malfi*. The performance of madmen is intended to bring the Duchess 'to despair' (4.1.116). Ferdinand sends her 'masques of common courtesans [...] 'cause she'll needs be mad, I am resolved / To remove forth the common hospital / All the mad folk, and place them near her lodging' (124-8). Andrea Henderson characterises the Aragonian brothers as 'consummate showmen whose shows oppress the audience [...] that is, they function as playwright figures'.²⁹⁵ Ferdinand directs a masque within the play with the intention of bringing the Duchess to despair by shattering her sense of self. Notably, the madmen are presented as insane because the pressure of their professional identities has fractured their personalities; the astrologer runs mad because one of his predictions has failed to come true and a tailor who cannot keep abreast of changing fashions (4.2.45-51). 'I am Duchess of Malfi still' (141) is an impressive statement after the psychological torments

²⁹⁴ Jackson, *Separate Theaters*, p. 228; William Birken, 'Crooke, Helkiah (1576-1648)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/6775, accessed 13 October 2011].

²⁹⁵ Andrea Henderson, 'Death on the Stage, Death of the Stage: The Antitheatricality of *The Duchess of Malfi*', *Theatre Journal*, 42.2 (May, 1990), pp. 194-207 (p. 195).

inflicted on her by Ferdinand; this steadfast awareness of personhood is a refusal to allow him to separate the personal from the political. Whilst Ferdinand loses hold of his humanity, the Duchess reasserts ‘a continuity of public and private’.²⁹⁶ The world is ‘a tedious theatre’ (4.1.84) in which she is subject to a theatrical performance, but it lacks the power to alter her state of mind. Indeed, the parade of madmen is an assault on her senses but it fails to turn her mad because of the constancy of her humour. Melancholy was a disturbance of the humours but not a loss of reason.

If melancholy is the Duchess’s saving grace, it is far more dangerous for Ferdinand, since it convinces him that his physical body has turned to that of a wolf. Webster connects lycanthropy explicitly to melancholy, stating that ‘In those that are possessed with ’t there o’erflows / Such melancholy humour they imagine / Themselves to be transformèd into wolves’ (5.2.8-10). The ability of melancholy to alter the body physically was a crucial part of early modern writings about it, and Bright and Wright both attribute strong physical powers to it. Bright tells M. that ‘passions force the soule, even though the evill disposed instrument of the bodie [and] the soule is bent in the whole order of mans nature’ (D8r). Neither theorist positions melancholy as powerful enough to cause changes as drastic as lycanthropy, but they are both in agreement that a radical disturbance of the humours could disturb the mind enough to create the belief that a physical transformation had taken place. James I’s *Daemonologie* (1597) also mentions this idea, noting that ‘men-woolfes [...] have proceeded but of a naturall superabundance of Melancholie [which] hath so highlie occupyed them, that they have thought themselves verrie Woolfes indeede at these times’.²⁹⁷ The change is not

²⁹⁶ Alan Sinfield, *Faultlines: Cultural Materialism and the Politics of Dissident Reading* (Oxford: Clarendon Press, 1992), p. 60.

²⁹⁷ James I, *Daemonologie* (Edinburgh: Robert Waldegrave, 1597), I3r.

literal; it speaks to the power ascribed to melancholy and to fears about how it acted upon the mind. Webster extrapolates from this the idea that the body might be completely transformed. Brett D. Hirsch suggests that Webster constructs the ‘only werewolf to appear on the Jacobean stage’, comparing this play to *The Lover’s Melancholy* in which the lycanthrope is a courtier playing the part of a werewolf.²⁹⁸ The reality of Ferdinand’s lycanthropic transformation is knowable only to him; he says he is a wolf, ‘only the difference / Was, a wolf’s skin was hairy on the outside, / His on the inside’ (5.2.16-8). The power of melancholy and wrong-doing are visited upon his conception of his physical body, although there is no outward sign of it.

Not only melancholy is violent in *The Duchess of Malfi* but so too are the cures for it. The madmen’s performance is ironically presented as a cure, but it is no such thing. Its justification as a cure, by way of forcing laughter, is not entirely out of the bounds of possibility where contemporary treatments for madness are concerned, but it has no therapeutic value within the play. Similarly, the treatment Ferdinand receives is as violent as the ‘treatment’ he inflicts upon the Duchess and the reported symptoms of his own illness. The physician’s only ideas are to turn him into another, tamer animal: pelting him with rosewater will ‘make him tame as a dormouse’ (5.2.75). The difficulty of treatment emphasises the limits of medical knowledge in the face of a disorder that can present itself in such varied ways. If, as Bright and Wright posit, mental disorder can only be treated through internal recognition of suffering and a willingness to alter one’s habits, how can someone who has lost their sense of humanity be treated?

The idea that melancholy could so alter the body speaks to contemporary concerns about the flexible boundaries of the early modern self. If the body can be

²⁹⁸ Brett D. Hirsch, ‘An Italian Werewolf in London: Lycanthropy and *The Duchess of Malfi*’, *Early Modern Literary Studies*, 11.2 (September, 2005) 2.1-43 <URL: <http://purl.oclc.org/emls/11-2/hirswere.htm>> [accessed 20 October 2012].

altered by outside influences which then lead to changes in the humours, or such changes in the humours can be made visible on the outside of the body, then treatment must engage with this porousness. Galenic medical theory allowed for this, with its health regimens and purgations. Webster, however, represents the treatment for madness as futile. The doctor can think of no way to cure Ferdinand, and the best he can do is try to get closer than ‘ever Paracelsus dreamed of’ and ‘buffet his madness out of him’ (5.2.25-6). As shown in Chapter Three, the doctor is comparing physical violence to a poison which can hopefully be used as a cure. Additionally, the play positions madness as something which is potentially communicable; Ferdinand hopes that watching the madmen will send the Duchess to despair. Wright tells his reader that Saint Thomas Aquinas’s listing of the passions portrayed ‘despaire’ as an invading force or external pressure (D5r). Despair is not melancholy, but if it can disturb the passions it can, logically, lead to melancholy. If she could be sent mad in this way, so too might those coming into contact with Ferdinand.

There is no possibility for redemption or cure in *The Duchess of Malfi*. Ferdinand will not emerge from his lycanthropic state, the Cardinal is slain by Bosola in revenge ‘for the Duchess of Malfi’ (5.5.81), and Bosola dies at Ferdinand’s hand. The play’s political machinations are too much for the fragile human bodies and they must, by the end, be dead upon the stage. The doctor can do nothing for Ferdinand’s madness because his humours are so disrupted that he perceives himself to have changed bodily. Lycanthropy suggests the truth in Ferdinand’s dying words: ‘My sister! O, my sister! There’s the cause on ’t’ (5.5.71). It is not that she caused his madness, but that Ferdinand unsuccessfully cast himself as a ‘great physician’ (4.2.39). There are two medical objects of scorn in the play;

doctors that are unable to cure their patient, and people who assume the mantle of doctor and still fail.

The madhouse scenes of *The Patient Man and the Honest Whore* align the madness of the world outside Bedlam and the lunacy inside it in much the same way as does *The Changeling*. The Duke asks the Sweeper, a former inmate who now works for the asylum, ‘how long is’t ere you recover any’ (15.138) of the inmates, and he replies that the patients’ recovery depends on ‘the quantity of the moon that’s got into ’em’ (140-1).²⁹⁹ Aldermen’s sons will be mad for a lengthy period of time – especially if they have been well provided for financially – and puritans will never recover unless they hang themselves with the bell ropes. Additionally, citizens will stay in the madhouse because the social and financial frictions that have driven them mad will never be resolved. The ‘punk is mad that the merchant’s wife is no whore, the merchant’s wife is mad that the punk is so common a whore’ (150-2). Madness is, effectively, incurable, both because of financial incentives and the structures of society. Candido will be declared cured because the Duke declares that his form of insanity is, in fact, a necessary virtue for society to learn. This is not cure, in the sense that Candido was actually mad or that his madness has been effectively treated, but the recalibration of a perceived vice into a virtue.

The Patient Man also displays another concern later raised in *The Changeling*: how to know if someone is mad or not. In the tangle of plot at the end it is somewhat difficult to tell who might really be afflicted by lunacy but the first words spoken to Candido by the Duke are ‘You are not mad’ (501). Unlike Antonio, Alibius and Lollo, Candido, the patient madman of the title, can discern madness and whether or not it is feigned. Once the Duke’s sanity has been ascertained,

²⁹⁹ Thomas Middleton and Thomas Dekker, *The Patient Man and the Honest Whore*, ed. by Paul Mulholland in *The Collected Works*. All further references are to this edition and in-text line references given.

Candido posits that ‘Then may you know I am not mad, that know / You are not mad, and that you are the Duke’ (503-4). Madness, for Candido, would render him incapable of knowing if others were mad, so his ability to recognise both the Duke, and the Duke’s sanity, acts as proof that he himself is sane. There is an intriguing logical puzzle to Candido’s statement and, certainly, none of the ‘mad’ characters remaining on stage at the end of the final scene is mad. Candido was sent to Bedlam under his wife’s false pretences, but the willingness of those in charge of the madhouse to accept patience as madness casts considerable doubt upon this Bedlam’s efficacy as a place of diagnosis and treatment.

Bellafront, the honest whore of the title, is feigning madness in order to be revenged on Matteo, her original suitor. As with Candido’s false madness, Bellafront can also be ‘cured’ by the Duke who orders Matteo to marry her because his having ‘rifled her of some paltry jewel’, her virginity, has ‘led her spirits into a lunacy’ (15.452-4). Once Matteo is reassured he will only have to marry her if Father Anselmo can restore her wits, Bellafront removes her disguise and Matteo is, in his own words, ‘Cony-catched, gulled!’ (474). In accordance with the need for unity at the end he decides, however, that it is better to ‘take a common wench, and make her good, / Than one that simpers and at first will scarce / Be tempted forth across the threshold door’ (480-2). Revenge, as well as love, seems to be an adequate cure for feigned lunacy. Bellafront’s depiction of madness relies upon the linguistic flexibility of being mad *for* someone. Matteo was ‘mad for me once, and I was mad for him once, and he was mad for her once’ (434-5). Love conveys its own forms of madness, and it is this that must be cured. Father Anselmo takes charge of the treatment of the madmen, and also of the marriage of Infelice and Hippolito. The two lovers have their ‘vexed souls’ (411) united in marriage and the Duke must accept it.

These plays concentrate on two problematic aspects of madness: that it can be feigned and what is read as madness may be an act, and secondly, that it is somehow infectious and resistant to treatment and cure. If Antonio and Franciscus can ape the mannerisms of a fool and a madman, gaining entrance to a closed space run by experts, what is to stop a madmen feigning sanity? And if madness can be inflicted upon someone, whether through an incurable disturbance in their humours, or a supernatural force how can one protect oneself against it? Middleton and Rowley present their audiences with staged madmen performing for profit, dispelling any notion that Alibius's madhouse is a philanthropic endeavour. *The Changeling* does not question whether madness can be cured, as much as it questions how much people wanted it to be cured. Whilst Bright and Wright attempt to position the diagnosis and treatment of melancholy as something to be done for the public good, the plays are ambivalent both about the potential for cure and whether those who cure people for a trade have any incentive to do so. In the resolution of *The Patient Man and the Honest Whore* the Friar replaces Doctor Benedict at Bethlem Monastery, and the financial benefit of not curing patients is explicitly debated. Displays and performances of madness are another way of making a profit. The madhouse scenes are entertainment for the audience. Father Anselmo may claim that his patients are there to be cured, but the audience is given no reason to believe this. If we are to take the Sweeper's words at face value, as long as the first madman, who was once a 'very grave and wealthy citizen' (15.174) can afford to remain in Bedlam, he will. In all three plays, madness challenges the limits of medical knowledge. Insanity is beyond the skill of the medical practitioners and, in Webster and Middleton, signals that the plays belong to tragic territory to which there are no easy human answers.³⁰⁰

³⁰⁰ Michael Neill, 'Middleton and the supernatural', in *Thomas Middleton in Context*, pp.

Theatrical Therapy in *The Lover's Melancholy* and *The Antipodes*

The Lover's Melancholy and *The Antipodes* present a very different version of the treatment of madness since Ford and Brome use theatre as a tool to diagnose and cure it. Whereas in the earlier plays treatment and cure is not really desired, here cure is a necessity and theatrical performance is positioned as the best way to bring it about. These plays, written towards the end of our period, suggest a change in how mental disorder was considered, and the role of the doctor. Corax and Hughball are playwrights as well as physicians, and they largely ignore the body, focusing instead on creating narratives of healing which allow their patients to balance their humours through drama.

Ford's play presents a vision of misplaced ardour tearing families and nations apart. King Agenor's attempted rape of Eroclea, the daughter of Meleander, occurs before the play begins, but its ramifications are the catalyst for the action. She was betrothed to Palador, Prince of Cyprus, and her absence, coupled with his father's actions, cast him and Meleander into different forms of madness. Various people know of Eroclea's survival and whereabouts: Rhetias helped her to flee and later returned to Cyprus with her, and Sophronos, Meleander's brother, arranged their escapes and returns. That they do not immediately disclose this information speaks to the heart of the play, which concerns itself with well-intentioned people trying to do the right thing and with the need to control and master the passions. The forms of melancholy and madness suffered by Palador and Meleander must be diagnosed and the process of cure begun before Eroclea's return can be revealed.

295-305, comments along the same lines about the supernatural elements of *The Changeling*.

The terminology used by early modern writers to refer to melancholy and madness is variable and complex, and *The Lover's Melancholy* exemplifies this.

Corax, the doctor, tells Aretus, the tutor, that

Melancholy
Is not, as you conceive, indisposition
Of body, but the mind's disease. So ecstasy,
Fantastic dotage, madness, phrenzy, rapture
Of mere imagination, differ partly
From melancholy, which is briefly this:
A mere commotion of the mind ... (3.1.108-14)

Unlike the diagnoses offered in the previous plays, Corax understands melancholy as more than a disruption of the humours, it is a mental disease: a personal affliction which must be carefully defined and which is not rooted in the body. Earlier in the play, Sophronos worries that the 'commonwealth is [...] sick the commons murmur, and the nobles grieve, / The court is now turned antic and grows wild' (2.1.1-5). Palador's fluctuating emotions affect the whole nation, not just himself. Two different conceptions of the effects of frenzy or antic behaviour are at work. Corax takes much the same line as Bright, seeing melancholy as a something that the individual must diagnose and learn to control. Sophronos's concerns about the health of the commonwealth do not negate his viewpoint; Corax is talking about one particular patient, not the nation. The body politic consists of more than the ruler, however, and the anxiety expressed in the play is that if the commons are murmuring and the nobles grieving, then melancholy has spread throughout the kingdom. The tight focus of the play precludes the audience ever knowing the truth of this, unlike *The Patient Man* where the court's madness is reflected in the citizens' behaviour.

Europe's epidemic of melancholy is given life on the stage through the voicing of anxiety about courtly disruption spreading to the whole of Cyprus.

William Kerwin argues that ‘Galenic authority could never produce a Corax. *The Lover’s Melancholy* is as much about social order as it is about melancholy, and its medical performance involves convincing an audience of the value of a certain kind of social experimentation’.³⁰¹ Bright’s personal approach may have more in common with Corax, who, as we shall see, delves into the psyches of Palador and Meleander, but the play accords broadly with Wright’s position, where melancholy is both a personal affliction and a public tragedy. The two sufferers must be cured because otherwise the stability of Cyprus is under political and mental threat.

The varied diagnoses of melancholy in the play highlight ways that melancholy and madness were thought to work. For Menaphon, Sophronos’s son, who has recently returned from Greece with the disguised Eroclea, ‘[t]o be man, my Lord, / Is to be but the exercise of cares / In several shapes’ (1.1.82-4). Melancholy is an intrinsic part of the human condition, and can neither be truly understood nor explained: ‘as miseries do grow, / They alter as men’s forms, but how none know’ (84-5). Palador’s melancholy is a consistent character trait; he was melancholy before Menaphon travelled abroad and is still ‘the same melancholy man / He was at’s father’s death’ (70-1). Time has not changed the situation, just as Menaphon did not find that his ‘travels / Disburthened [him] abroad of discontents’ (49-50). Ford figures melancholy as an unpreventable state of mind that cannot be eased by distraction, and, through Menaphon, discusses its frustrating opacity.

Menaphon’s diagnosis of Palador’s melancholy occurs before Corax enters the play. Neely notes that melancholy is ‘a supple conceptual framework that generates powerful diagnoses and practices’, a definition which adds a level of conceptual believability to Menaphon’s use of it.³⁰² Bright and Wright both grapple

³⁰¹ Kerwin, *Beyond the Body*, p. 184.

³⁰² Neely, *Distracted Subjects*, p. 1.

with the slipperiness of early modern definitions of melancholy. Wright tells his readers that ‘actions, then, which are common with us, and beasts, we call Passions, and Affections, or perturbations of the Mind’ (B7r), and Bright declares that before defining melancholy he must ‘lay forth divers manners of taking the name of melancholie, and whereto the name being one is applied diverslie’ (B1r).

‘Melancholy’ becomes an umbrella term encompassing a variety of mental disorders, and Palador’s melancholy is an overarching state of mind, the propensity to which was triggered by frustrated love, in which the cares and passions he displays are intrusions. Corax affirms the previous diagnosis and begins the process of tailoring a cure to Palador’s particular needs. The prince’s entrance onto the stage ‘*with a book in his hand*’ (2.1.47.1) is contrary to the ‘early exercise [...] great horse, your hounds, your set at tennis’ (49-52) that Corax has previously prescribed as the best course of action. Scholarly melancholy is one of the stock images of early modern theatre; Douglas Trevor notes that, prior to the rejection of Galenism, ‘melancholy will be repackaged as a mood that attests to bookishness and contemplativeness’.³⁰³ Palador’s apparent refusal to take Corax’s professional advice casts doubt on why he is even in the court, and he asks ‘free liberty to leave’ because Palador’s ‘wilful dulness’ makes him ‘a man / Of neither art nor honesty’ (56-62). Palador’s melancholy will be diagnosed in Act 3 as love melancholy, rather than an intellectual affliction, but here he is compounding his present suffering through behaviour which, it is feared, will lead to more mental distress. Corax tells Palador that rather than ‘following health, / Which all men covet, you pursue disease’ (49-50). He need not proffer a diagnosis at this point because the audience would have understood the stereotype of the melancholic scholar, which was

³⁰³ Douglas Trevor, *The Poetics of Melancholy in Early Modern England* (Cambridge: Cambridge University Press, 2004), p. 9.

nothing new by 1628, when *The Lover's Melancholy* was first performed. Hamlet had, after all, walked onto stage '[madly attired,] reading on a book' in 1601, and Hippolito in *The Patient Man* also exemplifies aspects of the melancholy scholar.³⁰⁴

The other lunatic character of the play, Meleander, is similarly introduced as mad by non-medical characters. Menaphon refers to 'Meleander's rare distractions' (1.1.183) and Rhetias, the cynical courtier, tells Amethus that he will 'keep the old madman in chat' (2.1.267) in order that he may court Cleophila, Meleander's daughter. The audience does not see the conversation between Rhetias and Meleander, relying instead on other hints which affirm the diagnosis. Trollio, Meleander's servant, asks if he should 'fetch a barber to steal away his rough beard while he sleeps' (2.2.11-2); Meleander's physical state is representative of his mental state. Trollio surely exaggerates when he says Meleander has not been shaved in almost four years – Eroclea has only been absent for two – but this statement highlights the important association between the mind and the body. Moreover, it points at the difference between diagnoses made by professionals and lay practitioners. Learned medicine in the play discounts the idea that madness, or melancholy, originates in the body, but for Trollio it is a logical assumption. Melancholy may not originate within the body, but, as Bright notes, the 'outward maintenance of life, and sustenation of our fraile bodies, consist in house or habitation, and apparel, which both must carrie these properties, to bee cleane and neat' (X8r). Not only does a disorderly appearance suggest that someone is suffering mental distress, but part of the curative process is the neatening of that appearance if only to bring comfort. Meleander's distance from sanity prevents him from bringing this change about by himself, and it must be provided by others.

³⁰⁴ William Shakespeare, *The Tragedy of Hamlet, Prince of Denmark*, in *The Norton Shakespeare*, gen. ed., Stephen Greenblatt (New York: W. W. Norton, 1997), 2.2.168.1.

Ford's careful depiction of Meleander's disorderly physical appearance provides the audience with a partial understanding of his mental distress. His speech then confirms the initial diagnosis. Upon awakening he begins 'The raven croaked and hollow shrieks of owls / Sung dirges at her funeral' (2.2.25-6), and he fails to recognise Cleophila, despite having called for her ten lines earlier. When discussing the past, however, his mind is entirely focused, and he recognises that 'So raved Agenor, that great man, mischief / Against the girl – 'twas a politic trick, / We were too old in honour' (41-3). The horrors inflicted upon Eroclea and the whole family, through their inability to recognise Agenor's immoral desires, are more real to Meleander than anything in the present. The challenge is how to restore the lucidity he has when recalling the past to his present.

In accordance with the unity between the body and the mind, it is not only outward appearance that must be restored, but also the health of the body. Trollio urges Meleander to eat, recommending 'warm porridge [...] 'tis a very good settle-brain' (23-4), and Meleander himself associates some of his distress to not having 'dined these three days' (45). Both Bright and Wright discuss the importance of nutrition, with Bright doing so in considerably more detail, stating that 'sodden wheat is of a grosse and melancholicke nourishment' (C8r). Given that Meleander is frenzied rather than melancholy, porridge would largely accord with the dietary suggestions laid down by Bright. Pulses are 'wholy to be eschued, of such as are disposed to melancholy' (C8v). They would be unhelpful for Palador, but might calm Meleander's mind. There is a more complicated argument about consumption occurring in the play than this fairly simple example about food and Ford also employs metaphors about the lack of satisfaction given by worldly pleasures. Meleander can see no happiness in the rush for 'gay reports, gay clothes, / Gay wives, huge empty buildings' (2.2.89-90) and declares that those chasing such

things are attempting ‘To charge your hungry souls with such full surfeits’ (94). Worldly pleasures are worthless, and the futile impulse behind the desire for them is a form of gluttony. Only the ‘troops / Of worms [who] crawl round and feast’ (98-9) benefit from conspicuous overconsumption. There is an interesting contradiction between Meleander’s two descriptions of consumption and the happiness associated with them. Meleander asks if he is ‘stark mad’, and is reassured that he is merely ‘but a little staring’, and that there is a ‘difference between staring and stark mad’ (48-50). There is a similar difference between the comfort occasioned by consuming food, which will settle the brain, and the false comfort he sees as accompanying the overconsumption of worldly goods by the court. Consumption is only a cure if it is given and received with restraint.

Trollio and Cleophila deliver the beginning of Meleander’s cure, but Corax will bring about the ultimate restitution of his mental health. Whilst Palador and Meleander’s need for treatment is presented without argument, Corax’s ability and larger concerns about the physician’s role are debated by him and the courtier Rhetias, who is cynical about the practice of medicine. Rhetias declares that the court knows Corax is ‘proud of your slovenry and practice; ’tis your virtue’ (1.2.106). Practice, in Rhetias’s usage, means trickery as well as the delivery of medical advice and treatment. As has been seen throughout the thesis, early modern opinion about doctors was considerably divided. They were necessary for the maintenance of health, but frequently figured as tricksters who aimed to exploit their patients and who did not care about their well-being. Corax and Rhetias’s confrontation is verbal, but framed as if it were physical. Corax ‘*Casts off his gown*’ (111.1) saying ‘I stand thee’ (112). Rhetias throws all the expected anti-physician arguments against him: ‘Mountebanks, empirics, quacksalvers, mineralists, wizards, alchemists, cast-apothecaries, old wives, and barbers, are all suppositors to the right

worshipful doctor' (113-5). The physician's tendency to disparage the work of other members of the medical marketplace and see them as capable only of purges is here appropriated as an argument against the physician himself. Rhetias further declares that Corax 'tak'st upon thee the habit of a grave physician, but art indeed an imposterous empiric' (131-2). The scene demonstrates not only contemporary concerns about the real ability of physicians versus their proclaimed ability, but also worries about Corax's ability to cure the prince. Physicians are 'the body's cobblers' who 'solder[s] our diseased flesh' (134-5). It is not Palador's body that is displaying sickness, but his mind, and Rhetias challenges Corax to show he is competent enough to treat mental disorder.

Corax takes Rhetias's insults as the challenge to his intellect that they are, and returns the favour. He declares Rhetias is entitled only 'to the dignity of a louse, a thing bred out of the filth and superfluity of ill humours', 'fortune's idiot, virtue's bankrupt', and that no man will trust him 'with as much money as will buy a halter; and all thy stock to be sold is not worth half as much as may procure it' (1.2.139-48). Rhetias's judgement is so impaired that anything he says about Corax must be false, so Corax is, therefore, proved perfectly able to treat the prince. Corax ends the verbal sparring, saying that 'these are but good-morrows between us' (150-1) and then declares that he will 'shape ye all for a device before the prince; we'll try how that can move him' (155-6). This device is 'The Masque of Melancholy' (3.3.10) which will be performed by members of the court.

Ford signals the masque as 'true' at the textual level: Corax brings all his professional education to bear upon the form of the drama. The masque is intended to allow Corax to identify which form of melancholy plagues Palador, by presenting him with various types. The categories of melancholy are drawn from Burton,

whose text is a core source for Ford.³⁰⁵ The masque will give Palador the dramatic space necessary for his identification with one of the forms of melancholy, in order that a cure can be developed. The masque itself will not cure, but it does provide Corax with the opportunity to reinforce the unconscious collusion between Palador and his own melancholy. By confronting him with all the forms of melancholy from which he does not suffer, he can be reassured that his suffering could be worse. This also reassures the court: despite the severity of Palador's melancholy, he is, at least, not lycanthropic or mad with sexual jealousy.

Palador does not recognise the philosopher-scholar's delirium as anything other than entertainment, and the depictions of female pride and wanton melancholy, which affects pregnant women, are unlikely to be recognised by him as his affliction. The masque is both a tool of diagnosis and of entertainment. There is no necessary narrative rationale, in the play, for the masque; Rhetias knows that the cause of Palador's melancholy is lovesickness for Eroclea, and several characters, including Corax, know that Eroclea has returned. Rather, its purpose is to provide therapy, both for Palador and the court, through drama. This dual purpose is recognised by Palador, who thanks Corax for 'the gift / Of this invention. But the plot deceives us; / What is this empty space?' (3.3.92-4). The imagined masque space is empty now the masquers have left in couples, and Palador feels the masque has no proper ending, it cannot 'personate the shadow of that fancy. / 'Tis named Love Melancholy' (96-7). There is no way to stage his particular form of suffering because 'Love is the tyrant of the heart; it darkens / Reason, confounds discretion' (105-6), and he forbids it to be mentioned again. The masque begins the process of

³⁰⁵ George F. Sensabaugh, *The Tragic Muse of John Ford* (Stanford, CA: Stanford University Press; London: Oxford University Press, 1944), pp. 36-42.

therapy but cannot do all the work. The important process of educating and comforting Palador has, however, begun.

Now that Palador's suffering is concretely diagnosed, the full cure can be brought about and Corax can restore him to sanity by bringing Eroclea back to the court. The physician must be the character who restores her; he re-balances not only Palador's humours but also those of the whole court. Personal tragedy caused Palador and Meleander's suffering, and only the disentangling of the complicated threads can return them to sanity. The overall plot of *The Lover's Melancholy* is slight but, as Lisa Hopkins notes, the play's point is that 'however hard people try to bring comfort to those around them, they find themselves frustrated by something that this play posits as an essential quality of the human psyche – a marked slowness in the changing of emotional gears'.³⁰⁶ The emotional intricacies of the play are its key: Palador's melancholy is a longstanding condition that cannot be cured immediately but rests upon the righting of old wrongs and human forgiveness. If Lady Macbeth was more in need of the divine than the physician, and resolution in *The Patient Man* can only be provided by the friar, it is notable that Ford depicts a physician who can provide that emotional unity which in other plays is the remit of religion. Curing mental distress requires more than pure physic, and Corax is the hero because he can dispense emotional cures as well as physical.

It is partially thanks to Corax's masque that Palador recognises that 'man's fair composition best accords / When 'tis in consort, not in single strains' (4.3.51-2). The overarching metaphor here is that of Boethian *musica humana*; the expression of man's natural harmony and his moral nature, and it works in conjunction with the

³⁰⁶ Lisa Hopkins, 'Staging Passion in Ford's *The Lover's Melancholy*', *SEL, 1500-1900*, 45.2 (2005), 443-459 (p. 443).

play's medical framework.³⁰⁷ The humours must be in balance for health to be achieved and maintained, and one way of balancing them is to reunite lost lovers and families. For Ford, the humours are as equally affected by external emotional disturbance as they are by internal bodily fluctuations. Palador's heart is 'untuned' because he lacks 'her presence, in whose equal love / True harmony existed' (53-5). The revelation of Eroclea and the verification of her identity brings Palador's heart back into tune, dispelling his melancholy, and he gains the ability to control his emotions: 'My ecstasy of joys would speak in passion / But that I would not lose that part of man / Which is reserved to entertain content' (138-40). Whilst melancholy entirely overtook his sense of self, he can now see ecstasy as something to be appreciated, but which must be held in check. Ford figures the binding of souls through marriage as another cordial for restoring humoral balance.

This restoration of balance is then displayed in Palador's ability to begin thinking about others. The cure of Meleander becomes the 'first task' (4.3.155) for Palador and Eroclea, and it comes through another form of masque, a series of messengers. Throughout *The Lover's Melancholy* there is a concordance between the beneficial effects of familial relationships and social status for both the singular body and the body politic. The revelation of Eroclea will be the final part of the healing masque, but Meleander must first be sartorially restored to some of his former glory. Accordingly, part of his restoration is his physical appearance, in order that he physically resembles someone who is worthy of the 'marshalship of Cyprus' and 'Grand Commander of the Ports' (5.3.56-65). Clothes come close to making the man, but Meleander must be drugged whilst his appearance is restored because too much change, too quickly, threatens future stability.

³⁰⁷ John Hollander, *The Untuning of the Sky: Ideas of Music in English Poetry, 1500-1700* (Princeton: Princeton University Press, 1961), pp. 24-5; David Lindley, *Shakespeare and Music* (London: Arden Shakespeare, 2006).

Unlike 'The Masque of Melancholy', Meleander's masque is intended to cure, and the cure must be taken in stages. It is a reflection upon the art of cure, of theatre, and the staging of a recovery. As part of the condensing of the curative process into a masque's fiction, Meleander must play some part in his own cure by exerting effort over his senses and mind. Eroclea's miniature is delivered along with a cryptic message that Palador wishes Meleander to 'call him son, for he will call you father' (5.2.76). This is an exhortation for Meleander to consider the possibility that his daughter may be returned to him. Importantly, the accompanying instruction to 'Be moderate in your joys' (79) acknowledges that an excess of happiness can be just as dangerous as melancholy. The fact that Meleander feels 'earthquakes / Roll in my flesh' but will 'look upon 'em' (81-90) shows the progress of Corax's cure: he can face the realities of his position. Meleander is guided through the process, and Eroclea's declaration that the 'best of my well-being / Consists in yours' (111-2) emphasises the interdependency of their emotional and physical states of wellbeing. Without both of them present, or returned to their original social status, neither can be healthy and nor can Cyprus. Corax has delivered a 'sure cordial' (219) and Kerwin sees him as Ford's representation of 'a noble mold of physician, one very like a playwright in its duty to imagine and persuade an entire culture coming into being'.³⁰⁸ Corax's healings are very public and they highlight the interdependence between the rulers of this fictional Cyprus and the country's health as a whole. They require the patient to take some initiative in their own medical treatment; both Meleander and Palador are forced to acknowledge that they, in some way, value their suffering and griefs before Corax can effect a cure.

The Lover's Melancholy offers the most comprehensive cure for madness of all the plays under discussion here. Richard Brome's *The Antipodes* (c. 1636) also

³⁰⁸ Kerwin, *Beyond the Body*, p. 184.

presents a series of metatheatrical cures. The whole of *The Antipodes* is concerned with cure: Doctor Hughball is engaged to treat Peregrine's obsession with travel, and this curative process forms a play within the play in which Peregrine is transported to the country and told he has travelled to the Antipodes, which functions as an Anti-London. Peregrine and Martha's marriage remains unconsummated after three years and Hughball, who works 'not so much by bodily physic' as 'medicine of the mind' (1.1.22-4), eventually brings about its consummation by having Peregrine re-marry Martha, while supposing her to be the daughter of the last king of the Antipodes.³⁰⁹ Peregrine's 'troubled and confused brain / Will by the real knowledge of a woman be by degrees / Settled and rectified' (4.4.509-12), supported by Hughball's control of his diet and rest. Peregrine's madness has already been turned into mere folly, and sexual activity with his wife is another step towards sanity: in 5. 3 the message is delivered that 'The bride and bridegroom, both, are coming on / The sweetliest to their wits again' (250-1). The lack of sexual congress had previously caused 'extreme weepings', 'vehement laughter', 'sullen silence', and 'loudest exclamations' (1.1.163-5) in Martha. It is only in the Antipodes that Peregrine's desire to travel will be sated, and the possibility of consummating his marriage can be considered. This then brings satisfaction to Martha, allowing control of her emotions and bodily processes. Once this is achieved 'His kingship and her queenship are forgotten, / And all their melancholy and his travels passed, / And but supposed their dreams' (5.2.267-9). The world, in Brome's play, is literally turned upside down in order to bring about a cure. Unlike Ford's 'Masque of Melancholy' the whole of *The Antipodes* is about theatricalising a cure.

³⁰⁹ Richard Brome, *The Antipodes*, in *Three Renaissance Travel Plays* ed. by Anthony Parr (Manchester: Manchester University Press, 1995). All further references are to this edition and in text line references given.

The end of the play is a masque in which Discord enters ‘attended by Folly, Jealousy, Melancholy and Madness’ (5.3.327.1-2) as the anti-masque. Discord feeds folly, jealousy and melancholy, and madness is ‘he / That bear’st th’ effects of all those three’ (5.3.342-3). Discord and her followers are then defeated by Mercury, Cupid, Bacchus and Apollo. These ‘four great deities’ (347) are direct opponents to the anti-masque’s figures. Interestingly, melancholy is less dangerous in Brome’s play than in Ford’s; it can be cured through wine and good living. Madness is the ultimate danger and will be treated with Apollo, as ‘Health’ (350). Wit, love, wine and health are the ‘maintainers of [Harmony’s] commonwealth’ (5.3.355). The dispersal of Discord in the masque by large, encompassing ideas and symbols is reflective of the play’s medical framework. The whole of the play is Peregrine’s treatment, and it is not fully complete by the end. The travellers ‘are not yet arrived from off the seas’ (5.2.386) and until they are wafted home, both by the audience’s applause and the wind, Hughball does not know if his cure will be perfect. The audience’s ‘approbation may more raise the man / Than all the College of Physicians can’ (5.2.380-1). The responsibility for curing discord and, therefore, madness is placed upon the audience. It is they who can ensure that wit, love, wine and health are present in their lives, rather than a medical professional.

Hughball has been referred to as one of the first psychiatrists on the English stage, and it is certainly true that Brome’s play is considerably more extensive in its treatment of mental illness than the other plays discussed here.³¹⁰ Referring to him as a psychiatrist, however, risks imposing a modern viewpoint on a Caroline play, as does Ania Loomba’s use of ‘psychotherapy’.³¹¹ Early modern treatment for mental illness regarded it as coming partly from the body, of which the mind is part. Our

³¹⁰ R. J. Kaufmann, *Richard Brome, Caroline Playwright* (New York: Columbia University Press, 1961), p. 65.

³¹¹ Ania Loomba, *Gender, Race, Renaissance Drama* (Oxford: Oxford University Press, 1992), p. 137.

modern separation of mind and body maps inaccurately onto early modern literature and does a disservice to the physicians represented in the drama, who are attempting to bring unity to mind and body. Part of Peregrine's cure involves sexual relations with his wife, so that bodily pleasure and mental stability are inextricably linked. Hughball declares that Peregrine's recovery will be brought about 'without the help of Galen, / Hippocrates, Avicen, or Dioscorides' (1.3.12-3). He is not discarding the knowledge of these four important figures in the history of medicine, and their influence on the contemporary discourse of mental illness. Instead, he is noting that, in a world turned upside down, the same medical greats and theories will not be applicable. It is not the accumulated medical wisdom of the ages that will aid Peregrine, but the power of theatre and art.

This can also be read as a statement of how highly Hughball values his own knowledge and superiority. Anthony Parr notes that 'driven by professional zeal, [he] is determined to see mental disorder everywhere'.³¹² One of the most intriguing parts of Brome's representation of medical practice in *The Antipodes* is that whilst Blaze, the herald painter, gives such glowing descriptions of Hughball's abilities and refers to him as a doctor, he does not practise in public, 'nor endures the name' (1.1.93). It seems that for Hughball, who is recognisable as a doctor of physic and referred to as one by other characters, treating the mind requires a different professional distinction. This is, however, never named within the play. The desire to see him as a psychiatrist may come from this distinct treatment style which he is attempting to define. He 'sends few recipes to th'apothecaries' (1.1.23), but instead has built a reputation on solving conundrums which are largely social: the spendthrift country gentleman 'spending of his land before he sold it' (32), the lady in search of 'a way to love her husband' (53) and the disbarred attorney whose

³¹² Anthony Parr, 'Introduction', in *Three Renaissance Travel Plays*, p. 38.

brains ‘were quite topsy-turvy overturned’ (72). The methodology of his treatments is never explained but the inference, that they require no balancing of the humours but a restitution of mental balance and a sensible outlook upon the world, is clear. Hughball need send no instructions to an apothecary because his solution to mental distress is to consider the potential social causes of an illness. As in *The Lover’s Melancholy*, balancing the humours is taken in its metaphorical rather than bodily meaning.

Cure and diagnosis in *The Antipodes* and *The Lover’s Melancholy* are inextricably linked to theatre and performance. Without ‘The Masque of Melancholy’ Corax cannot accurately diagnose the form of melancholy Palador is suffering, and it is the second masque which allows Meleander to be cured. Similarly the entirety of Brome’s play is an exploration of the therapeutic value of drama: creating a topsy-turvy version of the world allows Peregrine to exorcise his desire for travel and acknowledge that there is enjoyment and pleasure to be found where he lives. The link between medicine and theatre was a source of contention for many licensed physicians who saw it as devaluing their profession, but Ford and Brome provide a theatrical vision of the powerful healing effect theatre could have. They dramatise the symptoms and effects of mental distress, and then explicitly link drama and story-telling to cure. The construction of a narrative of illness and healing was fundamental to the expected course of medical treatment within the 1600s and the playwrights are bringing this construction of narratives to the stage. Whilst the treatments for madness and melancholy in *The Duchess of Malfi*, *The Patient Man*, and *The Changeling* are physically violent, the assaults committed in the name of cure in *The Lover’s Melancholy* and *The Antipodes* are upon the mind and senses. Corax and Hughball are dramatists as well as physicians; theatre is no mere

diversion in these plays but positioned at the forefront of new techniques for healing diseases of the mind.

Conclusion

The plays considered here present their audiences with representations of various types of madness and potential treatments. These different forms are depicted through characters who are in the process of being read as mad and of reading themselves – or others – as mad. This process of identification and diagnosis is crucial to the plays, and speaks to contemporary concerns about labelling and diagnosing behaviour: distinguishing between madness and merely irrational behaviour. Bright and Wright's texts form part of the beginning of the process of categorisation and, as such, are concerned with the need to interpret madness. They raise questions about whether it can be read through apparel and speech, if it is something innate, whether it must be mastered, and, crucially, how far medicine can engage with and cure a disease of the mind.

As these concerns were played out on the stage, the playwrights had an opportunity to foreground the healing force of theatre. The staged Bedlams are not an attempt to recreate the actual world of Bethlem Hospital, but they offer an easily understood dramatic space for the presentation of social problems and their resolution. Jean E. Howard speculates that one of the reasons for the depiction of madmen on the stage in early 1604 is that witnessing cultural degeneracy would have had a cathartic effect after the horrors of the plague, lending a symbolic function to dramatic representation of madness. In '[r]ehearsing vice, the theater

could also stage its punishment [and] exorcise it'.³¹³ Much the same could be said about the staging of madness in less traumatic periods. Theatre and its function as a purgation of emotional and civil discord are strongly tested in these plays. The endings of *The Patient Man* and *The Changeling* where only those who feign madness ever leave the madhouse suggest that, as there can be no successful medical treatment of madness, containment is the only possible course of action. The representations of Bethlem act as microcosms of the main plots and of the world outside the theatre, asking if medicine is philanthropically motivated or a money-making exercise. This is a concern seen throughout the thesis, but there is more at stake in the treatment of mental disorder. One of the questions asked by the plays is how far, given that there is no possibility of cure, running a madhouse is a trade rather than a vocation.

The Patient Man, *The Changeling*, and *The Duchess of Malfi* show madness to be an insurmountable challenge to medical knowledge and practice. It can only be contained or treated violently in the hopes of buffeting it out of the sufferer. In the two later plays the difference in tone and scope is noticeable. Ford and Brome position emotions as controllable through aesthetic performance; they can be managed and dispelled through theatrical representation. Palador is confronted with types of madness from which he is not suffering in order both to enable Corax to make a diagnosis and also to show that his madness could be more dangerous than it is. *The Antipodes* also comes after a period of plague, but the containment of madness takes place in a play-within-a-play in another, upside-down, version of London. The dramatic thrust of the cure is to show that the world is even more unbalanced than the characters themselves. Peregrine and Joyless are shown the

³¹³ Jean E. Howard, 'Civic Institutions and Precarious Masculinity in Dekker's *The Honest Whore*', *Early Modern Culture: An Electronic Seminar* 1 (2000) <<http://emc.eserver.org/1-1/howard.html>> [accessed 20 July 2013].

topsy-turvy world of the Antipodes because it reveals their relative stability.

Madness infects the larger worlds of Ford's and Brome's plays; the commonwealth is sick because Palador is. Any restoration of sanity will, potentially, be passed down to the people of Cyprus or London through the same model of transmission.

The striking difference in the depiction of madness between the two groups of plays is crystallized by the possibility of successful therapy, if not outright cure, in *The Lover's Melancholy* and *The Antipodes*. The plays reveal tensions in medical theories about the treatment of mental disorder. Corax does not believe that there is a connection between madness and the body, seeing it solely as the province of the mind, and his treatment of Palador does not involve the body. Cure in *The Antipodes* displays a remarkable level of mind-body synthesis. Just as in *The Lover's Melancholy*, treatment and cure are entirely conducted through theatre, but close attention is paid to the body as well as the mind. Peregrine's mental distress is cured through a partial satiation of his wanderlust, which convinces him of the benefits of home, and through sexual congress with his wife, which balances both of their minds. Mind and body are settled and there is hope that this stability will continue.

Ford's and Brome's texts show an awareness that other types of treatment for mental disorder might be possible. Rather than showing violent treatments, these two texts present the idea of therapy through theatre. Drama and story-telling are presented as successful therapies for those patients with enough reason to engage with the process. By positioning drama as a potentially helpful therapy the playwrights question how far medical knowledge can even be applied to madness if it requires an aesthetic ordering of the mind. Use of the terms 'psychiatrist', 'psychologist' and 'psychotherapist' is misleading. Ford and Brome may show the beginnings of the process which will lead to those terms being in common use, but the social narrative of treatments for medicine remains messy and complex. We are

also left with an unspoken question about whether the treatments depicted by Ford and Brome correspond to anything in the medical landscape of the time. Is this all just fantasy, or are they offering a serious critique about understanding madness as a treatable condition?

Conclusion

The texts discussed in this thesis originate from a culture that was concerned about medicine and medical practice through necessity. Ill health was a real and terrifying prospect for the inhabitants of seventeenth-century London and it is no surprise that these concerns infiltrated the stage. This thesis has explored the importance of medicine and medical practitioners to a variety of plays and pamphlets from the first three decades of the seventeenth century in order to ask how and why the playwrights found medicine such a valuable framework for the dramatization of contemporary anxieties. My enquiry has asked a series of questions about how the providers of medicine were depicted in tragedy, comedy, tragicomedy and pamphlets. In doing so it seeks to enhance our critical understanding of why these medical characters proliferate and what they allow their playwrights to address.

One key concern of my thesis has been to consider whether the dramatists staged a narrative of progress about medicine and medical theory. I have argued that the playwrights were aware of the dramatic possibilities of Galenism and Paracelsianism, and whilst they may not have had, or needed, or wanted, a detailed understanding of the complexities of these two medical theories, they did understand how elements of both had become part of the cultural context and how they could be useful dramatically. Their tragicomedies and comedies tend to be Galenic in their medical frameworks, relying on a medical practitioner to balance the social humours of the plot. These plays do not just use medicine as a plot point but as a way of achieving resolution. Whilst physicians and theorists in the period may have wished to present the story of medicine as a straightforward one of progress or of dangerous developments, the drama is reflective of a more piecemeal and fragmented process

of change and gives us an entrance point into how it may have been understood by the audience.

In plays in which physicians grapple with the dual pressure of their ethical responsibilities and the power of their social superiors at court, allusions to Paracelsianism allowed playwrights to tap into a deep cultural thread of distrust about the possibilities of poison, the misuse of authority and concerns about the royal body. Similarly, the body politic is a familiar and important early modern concept which is also crucial both to representations of plague and of mental disorder. In their plague pamphlets Middleton and Dekker conclude that whilst James I's accession provided a stabilising force for the country, the prevention of future outbreaks relied on the moral reform of the citizens. A related argument is also found in how playwrights presented mental disorder on the stage and in contemporary medical writing about the treatment of madness. The plays explore the tensions between whether madness should be confined and restrained, or if attempts at cure should be made and how efficacious these could be. Mental disorder is a danger to the commonweal and the plays reflect that there was no definite medical opinion on how it was best treated.

The concept of the 'medical marketplace' is central to understanding the events represented in these texts and it does not emerge from this analysis as an orderly space. Rather it was a large, fluid and varied network of medical knowledge and provision which was defined and re-defined by those who worked within it. The self-fashioning of the College of Physicians and writings by its members formed an integral part of this. Whilst the members of the College may have wished to position themselves as the most authoritative part of the medical marketplace, the plays are more ambivalent about their power, authority and claims to ethical primacy. Instead, the city comedies discussed in the thesis seem to suggest that quacksalvers, or those

pretending to be quacksalvers, are sometimes more ethically inclined than the licensed physicians. Middleton, after all, presents a group of highwaymen enacting a quacksalving trick who find themselves administering medical treatment because of the doctor-patient contract to which they have unwittingly become a party. This contrasts starkly with his depiction of the Physician in *A Fair Quarrel*, who uses his medical authority and power in order to threaten and entrap Jane. It seems that, in the city comedies and tragicomedies at least, even faux-quacksalvers and empirics will be required to provide some sort of effective treatment when they enter the medical marketplace, whether it is the pulling of teeth in *The Widow* or helping to soothe marital discord in *A Mad World, My Masters*.

Another fundamental issue is the inherent theatricality of medicine. Whilst the physicians may have attempted to distance themselves from comparisons to actors, there is an undeniable element of theatricality in medical practice. In many of the plays discussed, the medical practitioners are playwrights and stage-managers as much as they are dispensers of medicine. This is not solely the case for Ford and Brome in Chapter Five, but can be seen in the dramatic representation of physicians trapped in poisoning plots, attempting to balance their adherence to ethical codes of conduct and their duty to their social superiors and patrons. The physicians turn their plots from tragedy to comedy and performing false-poisonings. The creation of narratives of treatment and cure was integral to contemporary medical practice and this is also found on the stage: it is not only the quacksalvers who perform, but also the licensed physicians.

All of the above suggests that we may understand the depiction of medicine by focusing on the practitioner as much as on the sick body. It does not, however, address a fundamental question: what do we gain by studying *Macbeth*, *Cymbeline*, *The Duchess of Malfi*, or *A Chaste Maid in Cheapside* through a medical framework

concentrated on the provider of physic? I have argued that Middleton, Dekker, Webster, Shakespeare, Ford, and Brome found medical practice to be a useful and valuable tool by which to address concerns about power, authority, the expansion of access to medical knowledge, and whether medicine is a vocation or a trade.

Looking at familiar plays through a different lens extends our understanding of the world of early modern London and demonstrates that medical practice, with its attendant problematics and anxieties, provides a rich and rewarding critical space in which to examine broad social concerns. *The Duchess of Malfi* is a play about gender relations and how political power is conferred, but it is also a play about madness as a communicable condition only to be treated with violence. *Cymbeline* is an attempt to write a period of English history and a form of folktale, and it has a doctor as its hero.

Middleton benefits from this realignment of the critical lens because it focuses attention on the spread of his career and his consistent interest in medical practice and practitioners. *A Chaste Maid in Cheapside* is hardly a little-studied play, but reading it as a play about the provision of medicine by a faux-quacksalver brings new light to its representation of bodies for sale in the urban marketplace, marital strife and urban trickery. Middleton's medical practitioners recur across tragedy, comedy, tragicomedy and pamphlets, and whilst his position on the power and authority of the licensed physicians is ambivalent, he has a more definite stance where the quacksalvers are concerned. *Penitent Brothel*, *Touchwood Senior*, *Latrocinio* and *Occulto* may have no valid claim to the knowledge they profess, but rather surprisingly they treat their patients and fulfil their medical duties. They represent the expansion of the urban marketplace as well as the medical marketplace and, by doing so, allow us a new way to read Middleton's well-documented interest in urban life and its complexities.

Bibliography

Primary Sources

Manuscripts

Corlyon, Mrs., *A Booke of Diverse Medicines* (1606), Wellcome Collection,
Wellcome Manuscript 213

Printed Books

Andrewes, Lancelot, *A Sermon of the Pestilence. Preached at Chiswick 1603*
(London, 1636)

Balmford, James, *A Short Dialogue Concerning the Plagues Infection* (London:
Richard Boyle, 1603)

Bostocke, Richard, *The Difference Betwene the Auncient Phisicke ... and the Latter*
Phisicke (London: Robert Walley, 1585)

Bright, Timothy, *A Treatise of Melancholy* (London, 1613)

Bullein, William, *Bulleins Bulwarke of Defence Againste all Sicknes, Sornes and*
Woundes (London, 1562)

Burton, Robert, *The Anatomy of Melancholy*, 3 vols (London: Dent, 1932)

Celsus, A. Cornelius, *De Medicine (On Medicine)*, trans. by W. G. Spencer, 3 vols,
Loeb Classical Library (Cambridge, Mass.: Harvard University Press, 1935-8)

Clapham, Henoeh, *An Epistle Discoursing Upon the Present Pestilence* (London,
1603)

-----, *His Demaundes and Answeres Touching the Pestilence* (London,
1604)

Cotta, John, *A Short Discovery of the Unobserved Dangers of Severall Sorts of
Ignorant and Unconsiderate Practisers of Physicke in England* (London, 1612)

Dekker, Thomas, *The Dramatic Works of Thomas Dekker*, ed. by Fredson Bowers, 4
vols (Cambridge: Cambridge University Press, 1958)

-----, *The Wonderful Year* (London, 1603)

Elizabeth I, *Orders, Thought Meete by Her Maiestie, and Her Priuie Councell, to be
Executed Throughout the Counties of this Realme, in Such Townes, Villages, and
Other Places, as Are, or May Be, Hereafter Infected with the Plague, For the
Stay of Further Increase of the Same* (London, 1578)

Ford, John, *The Lover's Melancholy*, ed. by R. F. Hill (Manchester: Manchester
University Press, 1985)

Galen, *On Diseases and Symptoms*, trans. by Ian Johnston (Cambridge: Cambridge University Press, 2006)

-----, *That The Best Physician is Also A Philosopher*, trans. by P. Brain, *South African Medical Journal*, 51 (July-December, 1977), 936-8

Garzoni, Tomaso, *The Hospitall of Incurable Fooles* (London, 1600)

Gerard, John, *The Herball, or Generall Historie of Plantes* (London, 1597)

Goodall, Charles, *The Colledge of Physicians Vindicated* (London, 1676)

Gosson, Stephen, *The School of Abuse* (London, 1579)

Harington, Sir John, *Ulysses Upon Ajax* (London, 1596)

Harriot, Thomas, *A Briefe and True Report of the New Found Land of Virginia* (London, 1588), ed. by Paul Royster, *Electronic Texts in American Studies*, Paper 20 <<http://digitalcommons.unl.edu/etas/20/>> [accessed 22 January 2013]

Holland, Henry, *Spiritual Preservatives Against the Pestilence* (London: T. Creede, 1593; 1603)

James VI and I, *A Counterblaste to Tobacco* (London: R. Barker, 1604)

-----, *Daemonologie* (Edinburgh, Robert Waldegrave, 1597)

Jonson, Ben, *Volpone*, ed. by Brian Parker and David Bevington (Manchester: Manchester University Press, 1999)

Josselin, Ralph, *The Diary of Ralph Josselin, 1616-1683*, ed. by Alan MacFarlane (Oxford: Oxford University Press for the British Academy, 1976; 1991)

Langton, Christopher, *An Introduction Into Physycke* (London, 1545-50?)

Lodge, Thomas, *A Treatise of the Plague* (London, 1603)

Lowe, Peter, *The Whole Course of Chirurgerie* (London, 1597; 1612)

Markham, Gervase, *The English House-Wife* (London, 1653)

Middleton, Thomas, *The Collected Works of Thomas Middleton*, gen. eds, Gary Taylor and John Lavagnino (Oxford: Clarendon Press, 2007)

-----, *The Works of Thomas Middleton*, ed. by A. H. Bullen, 8 vols (London: Nimmo, 1885-6)

Newton, Thomas, *The Old Mans Dietarie* (London, 1586)

Oberndorf, Johan, *The Anatomy of the True Physician*, trans. by Francis Herring (London: T. Creede for Arthur Jonson, 1602)

- Paracelsus, *A Hundred and Fourtene Experiments and Cures of the Famous Phisition Philippus Aureolus Theophrastus Paracelsus, Translated out of the Germane Tongue into the Latine [...] by B.G., a Portu Aquitano* (London, 1583)
- Parr, Anthony, ed., *Three Renaissance Travel Plays* (Manchester: Manchester University Press, 1995)
- Read, John, *A Most Excellent Method of Curing Wounds* (London 1588; 1612)
- Securis, John, *A Detection and Querimonie of the Daily Enormities and Abuses Committed in Physick* (London, 1566)
- Shakespeare, William, *Cymbeline*, ed. by Martin Butler, *The New Cambridge Shakespeare* (Cambridge: Cambridge University Press, 2005)
- , *The Norton Shakespeare*, gen. ed., Stephen Greenblatt (New York; London: W. W. Norton, 1997)
- Statutes of the Realm, [or The Statutes of the realm, Printed by Command of His Majesty King George the Third]*, [n.p.], 11 vols (1810-28) < <http://0-find.galegroup.com.wam.leeds.ac.uk/mome/infomark.do?&source=gale&prodId=MOME&userGroupName=leedsuni&tabID=T001&docId=U108176520&type=multipage&contentSet=MOMEArticles&version=1.0&docLevel=FA SCIMILE>> [accessed 20 September 2013]

Taylor, John, *The Fearefull Sommer* (London, 1625)

van Foreest, Pieter, *The Arraignment of Urines Wherein Are Set Downe the
Manifold Errors and Abuses of Ignorant Urine-Mongring Empirickes*, trans. by
James Hart (London, 1623)

Walkington, Thomas, *The Optick Glasse of Humors* (London, 1607; 1631(?); 1639;
1664)

Webster, John, *The Duchess of Malfi*, ed. by John Russell Brown (Manchester:
Manchester University Press, 1997)

-----, *The White Devil*, ed. by John Russell Brown (Manchester: Manchester
University Press, 1996)

Woodall, James, *The Surgions Mate, or A Treatise Discovering Faithfully and
Plainely the Due Contents of the Surgions Chest* (London, 1617)

Wright, Thomas, *The Passions of the Mind* (London: V. S. for W. B., 1601)

Secondary Sources

Achinstein, Sharon, 'Plagues and Publications: Ballads and the Representation of
Disease in the English Renaissance', *Criticism*, 34.1 (Winter, 1992), 27-49

Amundsen, D., 'Medicine and Faith in Early Christianity', *Bulletin of the History of Medicine*, 56.3 (Fall, 1982), 326-50

Andrews, Jonathan, Asa Briggs, Roy Porter, et al., eds, *The History of Bethlem* (London: Routledge, 1997)

Appleby, John H., 'Woodall, John (1570-1643)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) <<http://0-www.oxforddnb.wam.leeds.ac.uk/view/article/29902>> [accessed 2 December 2012]

Axtell, James, 'Education and Status in Stuart England: The London Physician', *History of Education Quarterly*, 10.2 (Summer, 1970), 141-59

Babb, Lawrence, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642* (East Lansing, Michigan: Michigan State College University Press, 1951)

Bagwell, Charles E., "'Respectful Image": Revenge of the Barber Surgeons', *Annals of Surgery*, 241.6 (June, 2005), 872-8

Beck, T., *The Cutting Edge: Early History of the Surgeons of London* (London: Lund Humphries, 1974)

Beier, A. L., and Roger Finlay, eds, *London 1500-1700; The Making of the Metropolis* (London: Longman, 1986)

- Beier, Lucinda McCray, *Sufferers and Healers: The Experience of Illness in Seventeenth Century England* (London: Routledge and Kegan Paul, 1987)
- Bicks, Caroline, 'Gender and sexuality' in *Thomas Middleton in Context*, ed. by Suzanne Gossett (Cambridge: Cambridge University Press, 2011), 263-70
- Birken, William, 'Crooke, Helkiah (1576–1648)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004)
<<http://www.oxforddnb.com/view/article/6775>> [accessed 13 October 2011]
- Bly, Mary, *Queer Virgins and Virgin Queans on the Early Modern Stage* (Oxford: Oxford University Press, 2000)
- Bovilsky, Lara, 'Black Beauties, White Devils: The English Italian in Milton and Webster', *ELH*, 70.3 (Fall, 2003), 625-651
- Bruster, Douglas, *Drama and the Market in the Age of Shakespeare* (Cambridge: Cambridge University Press, 1992)
- Buckingham, John, *Bitter Nemesis: The Intimate History of Strychnine* (Boca Raton, Florida: Taylor & Francis, 2008)
- Bullough, Geoffrey, *Narrative and Dramatic Sources of Shakespeare*, 8 vols, (London: Routledge and Kegan Paul, 1957-1975), VII, (1973)

Cathcart, Charles, 'Authorship, Indebtedness, and the Children of the King's Revels', *SEL, 1500-1900*, 45.2 (Spring, 2005), 357-74

-----, *Marston, Rivalry, Rapprochement, and Jonson* (Aldershot: Ashgate, 2008)

Chakravorty, Swapan, *Society and Politics in the Plays of Thomas Middleton* (Oxford: Clarendon Press, 1996)

Charney, Maurice, and Hanna Charney, 'The Language of Madwomen in Shakespeare and his Fellow Dramatists', *Signs*, 3.2 (Winter, 1977), 451-460

Clark, Sir George, *A History of the Royal College of Physicians*, 3 vols (Oxford: Clarendon Press for the Royal College of Physicians, 1964)

Cook, Harold, 'Good Advice and Little Medicine: The Professional Authority of Early Modern Physicians', *Journal of British Studies*, 33 (1994), 1-31

-----, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, N.Y.: Cornell University Press, 1986)

Cooke, Jennifer, *Legacies of Plague in Literature, Theory and Film* (Basingstoke: Palgrave Macmillan, 2009)

Corfield, Penelope J., 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine*, 221. (April, 2009), 1-21

Crane, Mary Thomas, 'Illicit Privacy and Outdoor Spaces in Early Modern England', *Early Modern Cultural Studies*, 9.1 (2009), 4-22

Crumley, Clinton J., 'Questioning History in *Cymbeline*', *SEL, 1500-1900*, 41.2 (2001), 297-315

Daalder, Joost, 'Folly and Madness in *The Changeling*', *Essays in Criticism*, 38.1 (January, 1988), 1-21

Dannenfeldt, Karl H., 'Egyptian Mumia: The Sixteenth Century Experience and Debate', *Sixteenth Century Journal*, 16.2 (Summer, 1985), 163-80

Debus, Allen G., ed.. *Alchemy and Early Modern Chemistry: Papers from Ambix* (Huddersfield: Jeremy Mills, 2004)

-----, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries* (New York: Science History Publications, 1977)

-----, 'Paracelsianism and the Diffusion of the Chemical Philosophy in Early Modern Europe', in *Paracelsus: The Man and His Reputation, His Ideas and their Transmission*, ed. by Ole Peter Grell (Leiden: Brill, 1998), 225-44

Dingwall, Helen M., 'Lowe, Peter (c.1550–1610)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) <<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/17086>> [accessed 2 June 2013]

Drew-Bear, Annette, *Painted Faces on the Renaissance Stage: The Moral Significance of Face-Painting Conventions* (London: Associated University Presses, 1994)

Ehrenreich, Barbara and Daphne English, *Witches, Midwives, and Nurses: A History of Women Healers* (Old Westbury, N.Y.: The Feminist Press, 1973)

Elmer, Peter, *The Healing Arts: Health, Disease and Society in Europe, 1500-1800* (Manchester: Manchester University Press, 2004)

Evenden, Doreen A., 'Gender Differences in the Licensing and Practice of Female and Male Surgeons in Early Modern England', *Medical History*, 42.2 (1998), 194-216

Ferngren, G., 'Early Christianity as a Religion of Healing', *Bulletin of the History of Medicine*, 66.1 (Winter, 1992), 1-15

Fissell, Mary E., 'Women in Healing Spaces', in *The Cambridge Companion to Early Modern Women's Writing*, ed. by Laura Lunger Knoppers (Cambridge: Cambridge University Press, 2009), 153-64

Floyd-Wilson, Mary, *English Ethnicity and Race in Early Modern Drama*

(Cambridge: Cambridge University Press, 2003)

Foucault, Michel, *Madness and Civilization: A History of Insanity in the Age of*

Reason, trans. by Richard Howard (New York: Random House, 1988)

Furdell, Elizabeth Lane, 'Life and death in Middleton's London', in *Thomas*

Middleton in Context, ed. by Suzanne Gossett (Cambridge: Cambridge

University Press, 2011), 61-67

-----, *Publishing and Medicine in Early Modern England*

(Rochester, N.Y.: University of Rochester Press, 2002)

-----, *The Royal Doctors, 1485-1714: Medical Personnel at the*

Tudor and Stuart Courts (Rochester, N.Y.: University of Rochester Press, 2001)

Gentilcore, David, "Charlatans, Mountebanks and Other Similar People": The

Regulation and Role of Itinerant Practitioners in Early Modern Italy', *Social*

History, 20.3 (October, 1995), 297-314

-----, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University

Press, 2006)

- Gieskes, Edward, *Representing the Professions: Administration, Law, and Theater in Early Modern England* (Newark: University of Delaware Press, 2006)
- Gill, C., T. Whitmarsh, and J. Wilkins, eds, *Galen and the World of Knowledge* (Cambridge: Cambridge University Press, 2009)
- Gilman, Ernest B., *Plague Writing in Early Modern England* (Chicago: University of Chicago Press, 2009)
- Goodwin, Gordon, 'Herring, Francis (d. 1628)', rev. by Sarah Bakewell, *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004)
<<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/13095>> [accessed 19 May 2011]
- Gowland, Angus, 'The Problem of Early Modern Melancholy', *Past and Present* 191.1 (May, 2006), 77-120
- Greenblatt, Stephen, *Renaissance Self-Fashioning: From More to Shakespeare* (Chicago: University of Chicago Press, 1980)
- Groves, Beatrice, 'Laughter in the Time of Plague: A Context for the Unstable Style of Nashe's *Christ's Tears over Jerusalem*', in *Studies in Philology*, 108.2 (2011), 238-260
- Gurr, Andrew, 'Coriolanus and the Body Politic', *Shakespeare Survey*, 28 (1975), 63-69

Gutting, Gary, ed., *The Cambridge Companion to Foucault* (Cambridge: Cambridge University Press, 1994)

Guy, John R., 'The Episcopal Licensing of Physicians, Surgeons and Midwives', *Bulletin of the History of Medicine*, 56.4 (Winter, 1982), 528-42

Hammond, Mitchell, 'Paracelsus and the Boundaries of Medicine in Early Modern Augsburg', in *Paracelsian Moments: Science, Medicine and Astrology in Early Modern Europe*, ed. by Gerhild Scholz Williams and Charles D. Gunnoe, Jr. (Kirksville, MO: Truman State University Press, 2002), 19-34

Hampton, Bryan Adams, 'Purgation, Exorcism, and the Civilizing Process in *Macbeth*', *SEL, 1500-1900*, 51.2 (Spring, 2011), 327-47

Hankinson, R. J., ed., *The Cambridge Companion to Galen* (Cambridge: Cambridge University Press, 2008)

Harkness, Deborah, *John Dee: Conversations With Angels: Cabala, Alchemy, and the End of Nature* (Cambridge: Cambridge University Press, 1999)

Harley, D., "'Bred up in the study of that faculty": licensed physicians in north-west England, 1660-1760', *Medical History*, 38.4 (October, 1994), 398-420

-----, 'James Hart of Northampton and the Calvinist critique of priest-physicians: an unpublished polemic of the early 1620s', *Medical History*, 42.3 (July, 1998), 362-86

Harris, Jonathan Gil, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge: Cambridge University Press, 1998)

-----, ““Some love that drew him oft from home””: Syphilis and International Commerce in *The Comedy of Errors*’, in *Disease, Diagnosis, and Cure on the Early Modern Stage*, ed. by Stephanie Moss and Kaara L. Peterson (Aldershot: Ashgate, 2004), 69-92

Harrison, Mark, *Disease and the Modern World: 1500 to the Present Day* (Cambridge: Polity, 2004)

Hattori, Natsu, ““The Pleasure of your Bedlam””: The Theatre of Madness in the Renaissance’, *History of Psychiatry*, vi (1995), 283-308

Healy, Margaret, ‘Defoe’s *Journal* and the English Plague Writing Tradition’, *Literature and Medicine*, 22.1 (2003), 25-44

-----, ‘Discourses of the Plague in Early Modern London, in *Epidemic Disease in London*, ed. by J. A. I. Champion (Centre for Metropolitan History Working Papers Series, No. 1, 1993),

<<http://www.history.ac.uk/cmh/epiheal.html>> [accessed 11 January 2012]

-----, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (New York: Palgrave, 2001)

- Henderson, Andrea, 'Death on the Stage, Death of the Stage: The Antitheatricity of *The Duchess of Malfi*', *Theatre Journal*, 42.2 (May, 1990), 194-207
- Hirsch, Brett D., 'An Italian Werewolf in London: Lycanthropy and *The Duchess of Malfi*', *Early Modern Literary Studies*, 11.2 (September, 2005) 2.1-43
<<http://purl.oclc.org/emls/11-2/hirswere.htm>> [accessed 20 October 2012]
- Holdsworth, R. V., 'The Medical Jargon in *A Fair Quarrel*', *Review of English Studies*, 23.92 (1972), 448-54
- Hollander, John, *The Untuning of the Sky: Ideas of Music in English Poetry, 1500-1700* (Princeton: Princeton University Press, 1961)
- Holmes, Clive, 'Holland, Henry (1555/6-1603)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) <<http://www.oxforddnb.com.wam.leeds.ac.uk/view/article/13521>> [accessed 12 September 2012]
- Hopkins, Lisa, 'Staging Passion in Ford's *The Lover's Melancholy*', *SEL, 1500-1900*, 45.2 (2005), 443-459
- Howard, Jean E., 'Civic Institutions and Precarious Masculinity in Dekker's *The Honest Whore*', *Early Modern Culture: An Electronic Seminar* 1 (2000)
<<http://emc.eserver.org/1-1/howard.html>> [accessed 20 July 2013]

- , 'The Evidence of Fiction: Women's Relationships to Goods in London City Drama', in *Culture and Change: Attending to Early Modern Women*, ed. by M. L. Mikesell and A. F. Seeff (Newark: University of Delaware Press, 2003), 161-76
- , *Theater of a City: The Places of London Comedy, 1598-1642* (Philadelphia: University of Pennsylvania Press, 2007)
- , 'Women, Foreigners, and Urban Space in *Westward Ho*', in *Material London, ca. 1600*, ed. by Lena Cowen Orlin (Philadelphia: University of Pennsylvania Press, 2000), 150-167
- , *The Stage and Social Struggle in Early Modern England* (London: Routledge, 1994)
- Hunt, Maurice, 'Dismemberment, Corporal Reconstitution, and the Body Politic in *Cymbeline*', *Studies in Philology*, 99.4 (Autumn, 2002), 404-31
- , 'Romance and Tragicomedy' in *A Companion to Renaissance Drama*, 2nd edn, ed. by Arthur F. Kinney (Oxford: Blackwell, 2002; 2005), 384-98
- Jackson, Kenneth S., 'Bethlem and Bridewell in *The Honest Whore Plays*', *SEL, 1500-1900*, 43.2 (2003), 395-413
- , *Separate Theaters: Bethlem ("Bedlam") Hospital and the Shakespearean Stage* (Delaware: University of Delaware Press, 2005)

Jenner, Mark, and Patrick Wallis, eds, *Medicine and the Market in England and its Colonies, c. 1450-c. 1850* (Basingstoke: Palgrave Macmillan, 2007)

Jones, Colin, and Roy Porter, eds, *Reassessing Foucault: Power, Medicine, and the Body* (London: Routledge, 1994)

Kantorowicz, Ernst H., *The King's Two Bodies: A Study in Mediaeval Political Theology* (Princeton: Princeton University Press, 1957)

Kassell, Lauren, *Medicine and Magic in Elizabethan London: Simon Forman – Astrologer, Alchemist, and Physician* (Oxford: Clarendon Press, 2005)

Katritzky, M. A., *Women, Medicine and Theatre, 1500-1750: Literary Mountebanks and Performing Quacks* (Aldershot: Ashgate, 2007)

Kaufmann, R. J., *Richard Brome: Caroline Playwright* (New York: Columbia University Press, 1961)

Kerwin, William, *Beyond the Body: The Boundaries of Medicine and English Renaissance Drama* (Amherst; Boston: University of Massachusetts Press, 2005)

-----, “Physicians are like Kings”: Medical Politics and *The Duchess of Malfi*, *ELR*, 28.1 (1998), 95-117

Kitch, Aaron, 'The city's money' in *Thomas Middleton in Context*, ed. by Suzanne Gossett (Cambridge: Cambridge University Press, 2011), 68-74

Klestinec, Cynthia, 'Medical Education in Padua: Students, Faculty and Facilities', in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham, Jon Arrizabalaga (Farnham; Ashgate, 2011), 193-220

Knapp, Peggy Ann, 'The Work of Alchemy', *Journal of Medieval and Early Modern Studies*, 303.3 (2000), 575-99

Knight, Sarah, "'He is indeed a kind of Scholler-Mountebank': Academic Liars in Jacobean Satire" in *Shell Games: Studies in Scams, Frauds, and Deceits (1300-1650)*, ed. by Mark Crane, Richard Raiswell, Margaret Reeves (Toronto: CRRS Publications, 2004), 59-80

Lake, Peter and Michael Questier, *The Antichrist's Lewd Hat: Protestants, Papists and Players in Post-Reformation England* (New Haven, CT.: Yale University Press, 2002)

Leong, Elaine, 'Making Medicines in the Early Modern Household', *Bulletin of the History of Medicine*, 82 (Spring, 2008), 145-68

Levin, Richard, 'The Family of Lust and *The Family of Love*', *SEL, 1500-1900*, 6.2 (Spring, 1966), 309-322

-----, 'The Three Quarrels of *A Fair Quarrel*', *Studies in Philology*, 61.2
(April, 1964), 219-231

Li, Chi-fang Sophia, 'Inheriting the Legacy: Dekker Reading Chaucer', *English Studies*, 93.1 (2012), 14-42

Linden, Stanton J., ed., *The Alchemy Reader: From Hermes Trismegistus to Isaac Newton* (Cambridge: Cambridge University Press, 2003)

Lindemann, Mary, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010)

Lindley, David, *The Trials of Frances Howard: Fact and Fiction at the Court of King James* (London: Routledge, 1993)

-----, *Shakespeare and Music* (London: Arden Shakespeare, 2006)

Loomba, Ania, *Gender, Race, Renaissance Drama* (Oxford: Oxford University Press, 1992)

Lund, Mary Ann, *Melancholy, Medicine and Religion in Early Modern England: Reading 'The Anatomy of Melancholy'* (Cambridge: Cambridge University Press, 2010)

-----, 'Reading and the Cure of Despair in *The Anatomy of Melancholy*', *Studies in Philology*, 105.4 (Fall, 2008), 533-558

- Lyons, Bridget Gellert, *Voices of Melancholy: Studies in Literary Treatments of Melancholy in Renaissance England* (London: Routledge & Kegan Paul, 1971)
- Macgregor, Arthur, 'Medicinal *terra sigillata*: a historical, geographical, and typographical review', in *A History of Geology and Medicine*, ed. by C. J. Duffin, R. T. J. Moody and C. Gardner-Thorpe, Geological Society, London, Special Publications, 375. First published online November 15, 2012 <<http://doi:10.1144/SP375.1>> [accessed 22 January 2013]
- McKee, F., 'The Paracelsian Kitchen', in *Paracelsus: The Man and His Reputation, His Ideas and their Transmission*, ed. by Ole Peter Grell (Leiden: Brill, 1998), 293-308
- Maus, Katharine Eisaman, *Inwardness and Theatre in the English Renaissance* (Chicago: University of Chicago Press, 1995)
- Midelfort, H. C. Erik, 'Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault', in *After the Reformation: Essays in Honor of J. H. Hexter*, ed. by Barbara C. Malament (Philadelphia: University of Pennsylvania Press, 1980), 247-66
- Miller, Shannon, 'Consuming Mothers/Consuming Merchants: The Carnavalesque Economy of Jacobean City Comedy', *Modern Language Studies*, 26.2/3 (1996), 73-97

- Moss, Stephanie and Kaara L. Peterson, eds, *Disease, Diagnosis and Cure on the Early Modern Stage* (Aldershot: Ashgate, 2004)
- Mulholland, Paul, 'The Middleton Canon: *The Patient Man and the Honest Whore*', in *Thomas Middleton and Early Modern Textual Culture: A Companion to the Collected Works*, ed. by Gary Taylor and John Lavagnino (Oxford: Clarendon Press, 2007), 351-3
- Mullaney, Steven, *The Place of the Stage: License, Play and Power in Renaissance England* (Chicago; London: University of Chicago Press, 1998)
- Munkhoff, Richelle, 'Contagious Figurations: Plague and the Impenetrable Nation after the Death of Elizabeth', in *Representing the Plague in Early Modern England*, ed. by Rebecca Totaro and Ernest Gilman (London: Routledge, 2011), 97-112
- Munro, Ian, *The Figure of the Crowd in Early Modern London: The City and its Double* (New York: Palgrave MacMillan, 2005)
- Musolff, Andreas, 'Is There Such A Thing As Discourse History? The Case of Metaphor', in *Cognitive Linguistics in Discourse Analysis: Application and Theory*, ed. by Christopher Hart and Dominik Lukeš (Newcastle: Cambridge Scholars Publishing, 2007), 1-27
- Neely, Carol Thomas, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Ithaca, N.Y.: Cornell University Press, 2004)

- Neill, Michael, 'Middleton and the supernatural', in *Thomas Middleton in Context*, ed. by Suzanne Gossett (Cambridge: Cambridge University Press, 2011), 295-305
- Newman, Kira L. S., 'Shutt Up: Bubonic Plague and Quarantine in Early Modern England', *Journal of Social History*, 45.3 (2012), 809-34
- Newman, William Royall, *Atoms and Alchemy: Chymistry and the Experimental Origins of the Scientific Revolution* (Chicago: University of Chicago Press, 2006)
- Newman, William Royall, and Anthony Grafton, 'Introduction: The Problematic Status of Astrology and Alchemy in Premodern Europe', in *Secrets of Nature: Astrology and Alchemy in Early Modern Europe*, ed. by Newman and Grafton (Cambridge, MA: MIT Press, 2001), 1-38
- Normand, Silje, 'Venomous Words and Political Poisons: Language(s) of Exclusion in Early Modern France', in *Exploring Cultural History: Essays in Honour of Peter Burke*, ed. Melissa Calaresu, Filippo de Vivo and Joan-Pau Rubiés (Farnham: Ashgate, 2010), 113-32
- Nunn, Hillary M., 'Home Bodies: Matters of Weight in Renaissance Women's Medical Manuals', in *The Body in Medical Culture*, ed. by Elizabeth Klaver (Albany, NY: SUNY Press, 2009), 15-36

O'Malley, C. D., 'Tudor Medicine and Biology', *Huntington Library Quarterly*,
32.1 (Nov., 1968), 1-27

Pagel, Walter, *Paracelsus: An Introduction to Philosophical Medicine in the Era of
the Renaissance*, 2nd edn (Basel: Karger, 1982)

Park, Katharine, *Doctors and Medicine in Early Renaissance Florence* (Princeton,
N.J.: Princeton University Press, 1985)

Paster, Gail Kern, *The Body Embarrassed: Drama and the Disciplines of Shame in
Early Modern England* (Ithaca, New York: Cornell University Press, 1993)

-----, *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago:
University of Chicago Press, 1994)

-----, 'Purgation as the Allure of Mastery: Early Modern Medicine and the
Technology of the Self', in *Material London, ca. 1600*, ed. by Lena Cowen
Orlin (Philadelphia: University of Pennsylvania Press, 2000), 193-205

Pelling, Margaret, 'Appearance and Reality: Barber-Surgeons, the Body and
Disease', in *London 1500-1700: The Making of the Metropolis*, ed. by A. L.
Beier and Roger Finlay (London; New York: Longman, 1986), 82-112

-----, *The Common Lot: Sickness, Medical Occupations and the Urban
Poor in Early Modern England* (London: Longman, 1998)

- , *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Oxford University Press, 2003)
- , 'Medical Practice in Early Modern England: Trade or Profession?', in *The Professions in Early Modern England*, ed. by Wilfrid Prest (London: Croom Helm, 1987), 90-128
- Pelling, Margaret and Charles Webster, 'Medical Practitioners', in *Health, Medicine and Mortality in the Sixteenth Century*, ed. by Charles Webster (Cambridge: Cambridge University Press, 1979), 165-236
- Pender, Stephen, 'Examples and Experience: On the Uncertainty of Medicine', *British Journal for the History of Science*, 39.1 (March, 2006), 1-28
- Pollard, Tanya, *Drugs and Theater in Early Modern England* (Oxford: Oxford University Press, 2005)
- , "'No Faith in Physic": Masquerades of Medicine Onstage and Off", in *Disease, Diagnosis and Cure on the Early Modern Stage*, ed. by Stephanie Moss and Kaara L. Peterson (Aldershot: Ashgate, 2004), 29-42
- Pollock, Linda, ed., *With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay, 1552-1620* (London: Collins & Brown, 1993)

Porter, Dorothy, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999)

Porter, Roy, *Disease, Medicine, and Society in England, 1550-1860* (Cambridge: Cambridge University Press, 1995)

-----, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989)

-----, 'The Patient's View: Doing Medical History From Below', *Theory and Society*, 14.2 (March, 1985), 175-98

Poynter, F. N. L., 'Medical Education in England Since 1600', in *The History of Medical Education*, ed. by C. D. O'Malley (Los Angeles: University of California Press, 1970), 235-50

Raach, John H., 'English Medical Licensing in the Early Seventeenth Century', *The Yale Journal of Biology and Medicine*, 16.4 (1944), 267-88

Rappaport, Steve, 'Social Structure and Mobility in Sixteenth-Century London: Part 1', *London Journal*, 9.2 (1983), 107-35

-----, 'Social Structure and Mobility in Sixteenth-Century London: Part 2', *London Journal*, 10.2 (1984), 107-34

- Rolleston, Humphrey Davy, Sir, *The Cambridge Medical School: A Biographical History* (Cambridge: Cambridge University Press, 2009)
- Säid, Edward, *Orientalism* (London: Routledge & Kegan Paul, 1978)
- Salkeld, Duncan, 'Literary Traces in Bridewell and Bethlem, 1602-1624', *Review of English Studies*, Vol. 65, No 225 (June, 2005), 379-85
- , *Madness and Drama in the Age of Shakespeare* (Manchester: Manchester University Press, 1993)
- Sanders, Julie, *The Cultural Geography of Early Modern Drama, 1620-1650* (Cambridge: Cambridge University Press, 2011)
- Schmidt, Jeremy, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot: Ashgate, 2007)
- Schoenfeldt, Michael C., *Bodies and Selves in Early Modern England: Physiology and Inwardness in Spenser, Shakespeare, Herbert, and Milton* (Cambridge: Cambridge University Press, 1999)
- Sensabaugh, George F., *The Tragic Muse of John Ford* (Stanford, CA: Stanford University Press; London: Oxford University Press, 1944)
- Seuntjens, Walter, 'Vapours and fumes, damp and qualms: Windy Passions in the Early Modern Age (1600-1800)', *English Studies*, 87.1 (2006), 35-52

Shanahan, John, 'Ben Jonson's *Alchemist* and Early Modern Laboratory Space',
Journal for Early Modern Cultural Studies, 8.1 (2008), 35-66

Shaw, James Edric and Evelyn S. Welch, *Making and Marketing Medicine in Renaissance Florence* (Amsterdam; New York: Rodopi, 2011)

Short, Bradford William, 'The Healing Philosopher: John Locke's Medical Ethics',
Issues in Law and Medicine, 20 (2004), 103-154

Sinfield, Alan, *Cultural Materialism and the Politics of Dissident Reading* (Oxford: Clarendon Press, 1992)

Siraisi, Nancy G., *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990)

Slack, Paul, 'Mirrors of Health and Treasures of Poor Men: the Uses of the Vernacular Medical Literature of Tudor England', in *Health, Medicine and Mortality in the Sixteenth Century*, ed. by Charles Webster (Cambridge: Cambridge University Press, 1979), 237-73

-----, *The Impact of Plague in Tudor and Stuart England*, 2nd edn (Oxford: Clarendon Press, 1985; 1990)

Snook, Edith, "'The Beautifying Part of Physic": Women's Cosmetic Practices in Early Modern England' *Journal of Women's History*, 20.3 (2008), 10-33

Soll, Jacob, 'Healing the Body Politic: French Royal Doctors, History and the Birth of a Nation 1560-1634', *Renaissance Quarterly*, 55.4 (Winter, 2002), 1259-86

Stage, Kelly J., 'Plague Space and Played Space in Urban Drama, 1604' in *Representing the Plague in Early Modern England*, ed. by Rebecca Totaro and Ernest Gilman (London: Routledge, 2011), 54-75

Stern, Tiffany, 'On each Wall and Corner Poast': Playbills, Title-Pages, and Advertising in Early Modern London', *ELR*, 36 (2006), 57-89

Stock, Angela and Anne-Julia Zwierlein, 'Our scene is London ...' in *Plotting Early Modern London: New Essays on Jacobean City Comedy*, ed. by Dieter Mehl, Angela Stock and Anne-Julia Zwierlein (Aldershot: Ashgate, 2004), 1-26

Szulakowska, Ursula, *The Sacrificial Body and the Day of Doom: Alchemy and Apocalyptic Discourse in the Protestant Reformation* (Leiden: Brill, 2006)

Taylor, Gary, and John Lavagnino, *Thomas Middleton and Early Modern Textual Culture: A Companion to the Collected Works* (Oxford: Clarendon Press, 2007)

Taylor, Gary, Paul Mulholland and MacDonal P. Jackson, 'Thomas Middleton, Lording Barry, and *The Family of Love*', *Papers of the Bibliographical Society of America*, 93 (1999), 213-242

Tillyard, E. M. W., *The Elizabethan World Picture* (Harmondsworth: Penguin, 1972)

Tobyn, Graeme, *Culpeper's Medicine: A Practice of Western Holistic Medicine*
(Shaftesbury: Element, 1997)

Totaro, Rebecca, *The Plague Epic in Early Modern England: Heroic Measures,
1603-1721* (Farnham, Surrey; Burlington, VT: Ashgate, 2012)

Traister, Barbara Howard, “‘Note Her a Little Farther’: Doctors and Healers in the
Drama of Shakespeare”, in *Disease, Diagnosis, and Cure on the Early
Modern Stage*, ed. by Stephanie Moss and Kaara L. Peterson (Aldershot:
Ashgate, 2004), 43-52

Trevor, Douglas, *The Poetics of Melancholy in Early Modern England* (Cambridge:
Cambridge University Press, 2004)

Trevor-Roper, Hugh, *Europe's Physician: The Life of Sir Theodore de Mayerne,
1573-1655* (New Haven, C.T.: Yale University Press, 2006)

van Elk, Martine, ‘Urban Misidentification in *The Comedy of Errors* and the Cony-
Catching Pamphlets’, *SEL, 1500-1900*, Vol. 43, No. 2 (Spring, 2003), 323-346

Wall, Wendy, ‘Women in the Household’, in *The Cambridge Companion to Early
Modern Women's Writing*, ed. by Laura Lunger Knoppers (Cambridge:
Cambridge University Press, 2009), 97-109

Walsham, Alexandra, 'Clapham, Henoeh (fl. 1585–1614)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) <<http://0-www.oxforddnb.com.wam.leeds.ac.uk/view/article/5431>> [accessed 2 February 2013]

Wear, Andrew, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2004)

Webster, Charles, ed., *Health, Medicine, and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979)

-----, *Paracelsus: Medicine, Magic and Mission at the End of Time* (New Haven, C.T.: Yale University Press, 2008)

Weeks, Andrew, *Paracelsus: Speculative Theory and the Crisis of the Early Reformation* (Albany, NY: SUNY Press, 1997)

Whaley, Leigh, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011)

Whitney, Charles, 'Dekker and Middleton's Plague Pamphlets as Environmental Literature', in *Representing the Plague in Early Modern England*, ed. by Rebecca Totaro and Ernest Gilman, 201-218

Whittet, T. D., 'Pepperers, Spicers and Grocers – Forerunners of the Apothecaries', *Proceedings of the Royal Society of Medicine*, 61.8 (August, 1968), 801-6

Wilson, Miranda, 'Watching Flesh: poison and the fantasy of temporal control in Renaissance England', *Renaissance Studies*, 27.1 (2011), 97-113

Yachnin, Paul, *Stage-Wrights: Shakespeare, Jonson, Middleton, and the Making of Theatrical Value* (Philadelphia: University of Pennsylvania Press, 1997)

Young, Sidney, *The Annals of the Barber-Surgeons of London* (London: Blades, East & Blades, 1890)