

The Dissenting Tradition in English Medicine of the Seventeenth and Eighteenth Centuries

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In England, medicine has always been something of a refuge for individuals whose lives have been dislocated by religious and political strife. This was particularly true in the seventeenth century when changes in Church and State were occurring at a blinding speed. In his book *The experience of defeat*, Christopher Hill has described the erratic careers of a number of radical clergy and intellectuals who studied and practised medicine in times of dislocation. A list pulled together from Hill's book would include: John Pordage, Samuel Pordage, Henry Stubbe, John Webster, John Rogers, Abiezer Coppe, William Walwyn and Marchamont Nedham.¹ Medicine as a practical option for a lost career, or to supplement and subsidize uncertain careers, can also be found among Royalists and Anglicans when their lives were similarly disrupted during the Interregnum. Among these were the brilliant Vaughan twins, Thomas, the Hermetic philosopher, and Henry, the metaphysical poet and clergyman; the poet, Abraham Cowley; and the mercurial Nedham, who was dislocated both as a republican *and* as a royalist. The Anglicans Ralph Bathurst and Mathew Robinson were forced to abandon temporarily their clerical careers for medicine, only to return to the Church when times were more propitious. In the middle of the eighteenth century the political and religious disabilities of non-juring Anglicanism were still potent enough to impel Sir Richard Jebb to a successful medical career. But by and large the greatest impact on medicine came from the much larger group of the displaced, the English Dissenters, whose combination of religion and medicine were nothing short of remarkable.

Dissent and the Medical Profession

To those familiar with the work of Erwin Ackerknecht the identification of Dissent with medicine will come as no surprise. Among the examples cited by Ackerknecht were four graduates of the dissenting academy at Warrington: Dr Thomas Percival (1740–1804), Dr Caleb Hillier Perry (1755–1822), Dr John Aikin (1747–1822), and Dr John Bostock (1773–1846). Other dissenting physicians noted by Ackerknecht were: Dr John Hope (1725–1786), Dr William Withering (1741–1799), and Dr Richard Fowler (1765–1863). Finally, Ackerknecht referred to a very long list of prominent Quaker physicians including: Dr John Rutty (1698–1775), Dr John Fothergill (1712–1780), Dr

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¹ Christopher Hill, *The experience of defeat: Milton and some contemporaries*, New York, Penguin, 1985.

To Jane, for everything.

Thomas Dimsdale (1712–1800), Dr John Coakley Lettsom (1744–1815), Dr Thomas Young (1773–1829), Dr Thomas Hancock (1783–1849), Dr Thomas Hodgkin (1798–1866), Dr Daniel Hack Tuke (1827–1895) and Dr Joseph Lister (1827–1912). One might also add the Quaker physician, Dr Gilbert Thompson (1728–1803); Dr Richard Brocklesby (1722–1797), who was of Quaker parentage; the Presbyterian physician, Dr Thomas Cogan (1736–1818); and Dr John Bostock (1740–1774), the younger Bostock's dissenting father, who was also a physician. The peak of dissenter influence, writes Ackerknecht, "was reached in the late eighteenth and in the nineteenth century".² Ackerknecht does, however, recognize a dissenter tradition in medicine "as early as the seventeenth century," though citing only one physician, the illustrious Dr Thomas Sydenham (1624–1689).

Beyond Sydenham, it is not at all clear on what basis Ackerknecht extended his dissenter-medicine thesis to the seventeenth century. Perhaps, at the root of it all, was his inability to believe that the enormous impact dissenters had on late-eighteenth- and early-nineteenth-century medicine could not find its parallel in the century in which Dissent was born, and its forebear, Puritanism, flourished. He may also have been familiar with the work of A G Matthews who, in 1934, revised and supplemented Edmund Calamy's eighteenth-century account of Nonconformist ministers and university dons who were forced out of the Anglican Church between 1660 and 1662. According to Matthews' figures, there were 1,766 individuals in this mass expulsion. Of these, one hundred "or so" had "considerable private means" to fall back on, but for the rest the loss of their livelihoods was catastrophic, particularly since anti-dissenter legislation also hampered them from entering new fields like medicine by barring them from university degrees. None the less, wrote Matthews, inconsistent enforcement of the law allowed at least 101 to keep schools (9 of which were dissenter ministerial academies); 47 to take chaplaincies in noble or gentry households; 10 to enter farming; and 9 to enter trade. Relatively speaking, medicine did quite well, as Matthews calculated: "There were 59 more who practised medicine, of whom two, Edward Hulse and Richard Morton, rose to the front rank of their profession."³

Framed thus, the figures seem to indicate a strong link between Dissent and the medical profession. On the other hand, 59 men out of a total of 1,766 ejected ministers would seem to argue even more strongly against such a linkage. It is probably this ambiguity which has prevented Matthews' work from being more widely known. Yet the 59 really do have something to tell us if we look more closely. Apart from Hulse and Morton, Matthews did not name any of his minister-physicians. Using his criteria and biographies, I have been able partially to reconstruct his list, with a fair degree of accuracy (see Appendix I). Examining these men for the first time reveals that more than half secured either a medical degree (usually foreign) or a licence to practise medicine from the Royal College of Physicians of London (usually an extra-licence for provincial practice), or both. This may not seem significant on the surface, but we now know, thanks to R S Roberts, Charles Webster, Margaret Pelling, and others, that the vast majority of English

² Erwin H Ackerknecht, 'German Jews, English dissenters, French protestants: nineteenth-century pioneers of modern medicine and science', in C E Rosenberg (ed.), *Healing and history*, Folkestone, Kent, Dawson, 1979, pp. 86–95, on pp. 89–90.

³ A G Matthews, *Calamy revised: being a revision of Edmund Calamy's account of the ministers and others ejected and silenced, 1660–2*, Oxford, Clarendon Press, 1934, p. lvi.

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medical practitioners had none of these qualifications.⁴ Nor was the most prolific medical licensing body in England any of these august institutions. The Henrician legislation which created the College of Physicians to regulate practice in London, also created the authority of the Church of England and its bishops to license medical practice in the rest of England. The bishops' authority lapsed during the Civil War in the seventeenth century, but returned with a vengeance in the Restoration to bedevil any dissenter seeking to practise medicine legally. The driving force behind the renewed power was the determined Archbishop of Canterbury, Gilbert Sheldon, who had himself lost the Wardenship of All Souls College, Oxford, to a physician, Dr John Palmer, on Parliamentary authority.

Episcopal Licensing and Dissenters

In 1665, Sheldon issued a charge to his bishops, probably little different from that issued by his predecessors in compliance with the medical licensing laws:

That before the said feast day of our blessed lady St. Mary the virgin, they and every of them particularly certify me the names, surnames, degrees and qualities of all practisers of physic within their respective dioceses; in what towns, villages or places they live; whether licensed, and by whom; and how they appear affected to his majesty's government, and the doctrine and discipline of the Church of England.⁵

Though some ejected ministers and dissenters managed to get episcopal licences through the leniency of individual bishops and other local and personal factors, the law acted for the most part to suppress dissenter medical practice and was probably responsible for the relatively low percentage of the ejected minister-doctors represented by Matthews' list. Their predicament and frustration was given voice in 1667 by one of their number, John Allin, who objected that a doctor ought not to be judged by the same religious measure that had already driven him from the Church:

Not holding to bee done without subscribing in such as no man may come neere ym; for a Physician hath nothing at all to doe either with abrenuntiation of ye covenant, nor with the adopting of ceremonies!⁶

Allin's remarks suggested that he had been practising within the dissenter community, and he worried that conformity would lose him patients. But dissenters also practised with great success among non-dissenters, and in the case of Giles Firmin, James Stephenson, Edward Warren, Andrew Barnet, John Reynolds, and Richard Gilpin, this gained them the protection of their neighbouring gentry against the stringency of both religious and medical laws. But even Gilpin, as his biographer wrote, in order "to legalise his practice he graduated M.D. at Leyden on 6 July 1676".⁷

⁴ Margaret Pelling and Charles Webster, 'Medical practitioners', in Charles Webster (ed.), *Health, medicine, and mortality in the sixteenth century*, Cambridge University Press, 1979, pp. 165–235.

⁵ Vernon Staley, *The life and times of Gilbert Sheldon*, Milwaukee, Young Churchman, 1913, p. 56; professional medicine, Puritanism, and religious dissent shared a common enemy in the seventeenth

century, the Anglican episcopate. For Medicine's argument against the episcopal medical system, as voiced by a professional physician of Puritan background, see ch. 7 of Nathaniel Hodges, *Vindiciae medicinae et medicorum*, London, 1666.

⁶ Matthews, op. cit., note 3 above, p. 6.

⁷ *Dictionary of national biography*, eds Leslie Stephen and Sidney Lee, 21 vols, London, Smith, Elder, 1908–1909 [hereafter *DNB*].

Foreign medical degrees represented one way dissenting ministers might skirt the bishops in order to practise medicine. More often than not their medical degrees were taken at Leiden, though William Burnet and John Peachy received MDs at Anjou and Caen respectively. In addition to Gilpin, Leiden MDs went to Francis Cross in 1663; Edward Richardson in 1664; Gilbert Rule in 1665; Richard Brinsley, George Long, and Henry Sampson, all in 1668; Edward Hulse in 1669; and Nathaniel Fairfax in 1670.⁸ On one extraordinary day in 1670 and only through the influence of the visiting Prince of Orange (the future William III of England), two ejected dissenters, Abraham Clifford and Richard Morton, received Oxford MDs, otherwise forbidden in the Restoration.⁹ Also extraordinary was the Cambridge MD granted to the ejected Independent minister, Leonard Hoar, in 1671. But these were exceptions. At least three ejected ministers, William Marshall, Robert Perrot, and John Pratt had the good sense and fortune to take Cambridge medical degrees in the Interregnum when they were more readily available to Puritans and when some places at university, intended for the preparation of ministers, were converted to the support of medical studies.¹⁰ With the experience of the early seventeenth century before these mid-century ministers, a medical degree was beginning to be perceived as an excellent insurance policy against the uncertainty of clerical careers. Earlier Puritans had a much tougher go of it, both with those careers and the medical livelihoods they tried to erect on the ruins.

Dissenters who Emigrated

Many solved their problems by emigrating to New England, often with both skills in tow. Among these was John Fiske, who had entered the ministry after his graduation from Cambridge in 1628. Harassed by the Laudians for nonconformity, he wrote to John Winthrop in New England that, “seeing the danger of the Times”, he had, “changed his profession of divinitie into physic, [and] was licensed” for medical practice. A short time later he was helping in the settlement of Wenham, Massachusetts. Assisting in the settlement of another community, Roxbury, Massachusetts, in 1639, was Ezekiel Rogers, who also recalled the “hottest persecution” and the “bloody hierarchy” of bishops. “Being enlightened concerning the evil and snare of subscription and ceremonies”, Rogers had been advised, “to give over the thought of the ministry” and pursue “the study and practice of physic”. Rogers was relieved though when events pushed him to his New England ministry. He continued to practise medicine all the while, yet felt that, though it was a “good and necessary calling”, he had little love for physicians, “the most, through their own corruption, have made it to themselves the very temptation to covetousness or lust, or both”.¹¹ Many Puritans, like Giles Firmin, would have agreed, yet found themselves forced into practice for want of a clerical living. Firmin’s letter to his relative, John Winthrop, in 1639, is often quoted in this context: “Further: I am strongly sett upon to

⁸ R W Innes Smith, *English-speaking students of medicine at the University of Leyden*, Edinburgh, Oliver & Boyd, 1932.

⁹ Anthony à Wood, *Athenae Oxonienses*, ed. Philip Bliss, 4 vols, London, Rivington, 1820, vol. 4, col. 549.

¹⁰ John Twigg, *The University of Cambridge and the English revolution, 1625–1688*, Woodbridge, Suffolk, Boydell Press, 1990, p. 173.

¹¹ Patricia Ann Watson, *The angelical conjunction: the preacher physicians of colonial New England*, Knoxville, University of Tennessee, 1991, pp. 49–50.

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study Divinitie. my studyes else must be lost: for Physick is but a meane helpe.”¹² In this, serious Anglicans and Puritans would have been in agreement. But Puritanism and then Dissent had to call upon this “meane helpe” so frequently during the course of the seventeenth century that eventually a virtue was made out of this necessity.

When Puritans were freed from the medical and ministerial grasp of the bishops, as they were in New England, they could as easily as Anglicans practise medical and clerical careers simultaneously, without guilt or hindrance. Ousted from his English living during the period of Charles I’s personal rule, Charles Chauncy emigrated to Massachusetts Bay, armed with “an eminent skill in physic”. He prepared his six sons for both the ministry and medical practice. He brought the same philosophy to Harvard College when he became its President. Two sons, Isaac and Ichabod Chauncy, returned to England with the triumph of the Puritans, only to suffer as dissenters in the Restoration. The training given them by their father and Harvard in the dual practice of medicine and the ministry proved invaluable and both were able to gain extra-licences to practise medicine from the Royal College of Physicians of London; Ichabod in 1666 and Isaac in 1669.

A close friend and relation of the Chauncys, John Bulkley, was one of Harvard’s first graduates in 1642 and, like the younger Chauncys, returned to England and a Church living during the Interregnum, only to be ejected in 1660. He retired to the London suburb of Wapping, “where he practised physic for several years with good success”. Bulkley was of an especially sweet and gentle nature, and like many of his dissenter brethren, he continued to practise as much of his ministry as possible, blending it with his medical practice, to the admiration of Edmund Calamy:

He was eminent in learning, and equally so in piety. Tho’ he was not often in the pulpit, after his ejection, he might truly be said to preach every day of the week. His whole life was a continued sermon. He seldom visited his patients without reading a lecture of divinity to them, and praying with them.¹³

Harvard’s early commitment to both theology and medicine continued with the Presidency of Leonard Hoar, an ejected minister who tried to bring the gospel of chemistry to the College.¹⁴ A third President, John Rogers (1682–1684), graduated from the school in theology and medicine in 1649, and practised medicine in the Massachusetts Bay colony, before abandoning it to assist his father in his Ipswich ministry.¹⁵

The RCP’s Support for Dissenters

Dual practice, which was a commonplace among the ministers of New England, was difficult, if not impossible for the ejected ministers of 1660–1662 who chose to remain in England. There were a variety of reasons why the 59 whom we know to have practised medicine were allowed to continue doing so. Foreign medical degrees, medical skill, and

¹² *Winthrop papers, 1498–1649*, 5 vols, Boston, The Massachusetts Historical Society, 1929–1947, vol. 4, p. 164.

¹³ Edmund Calamy, *An account of the ministers, lecturers, masters and fellows of colleges and schoolmasters who were ejected or silenced after the Restoration in 1660, by or before the Act for*

Uniformity, 2 vols, London, J Lawrence, 1713, vol. 2, p. 311; Watson, op. cit., note 11 above, p. 116.

¹⁴ *Dictionary of American biography*, ed. Dumas Malone, 20 vols, New York, Charles Scribner’s Sons, 1928–1937.

¹⁵ *DNB*, see entry for Nathaniel Rogers.

lenient bishops provided some of the reasons, but one of the most important was supplied by the Royal College of Physicians. Between 1649 and 1683, the London College extended its licences, extra-licences, candidacies, fellowships, and honorary fellowships to no fewer than 18 dissenting or ejected ministers, 12 of them during the period from 1661 to 1667, when the plight of the ejected was at its worst. In 1679, probably seizing on the rabid Protestantism of the Exclusion Crisis, the College conferred its Fellowship on Dr Richard Morton, one of the most prominent of all the dissenting and ejected minister-physicians. In the following year, still capitalizing on the crisis and the Popish Plot, the College made Honorary Fellows of two more distinguished dissenter physicians, the ejected Dr Henry Sampson and his half-brother, Dr Nehemiah Grew, one of the great lights of Restoration science. James II had a long memory however, and when he restructured the College charter in 1687, Morton, Sampson and Grew were purged from its rolls.¹⁶ The Revolution of 1688 and the advent of William III found all three physicians reinstated. Morton continued to be active in College affairs and made major contributions to medical science. Sampson continued balancing his medical practice with his ministerial duties. His death in 1700 occasioned a eulogy from his Presbyterian minister, the Rev. John Howe, who shared the admiration of many for the character of Dr Sampson:

In his calling he sincerely studied the good of mankind; and in his skill was not unequal to his sincerity, nor his charity to his skill; being as ready to attend the poor as the rich: and when his art could not heal their bodies, he did all he could to save their souls. So that his ministerial qualifications were not lost: and they were eminently useful to his own family. In every relation in life he was desirable and exemplary to others, and enjoyed continual peace within.¹⁷

Presbyterian Presidents of the RCP

A clue to the role of the Royal College of Physicians in the medical rescue of ejected dissenting ministers is contained in the story of John Hutchinson. Like Sampson, after his ejection in 1660 Hutchinson travelled to France and Italy to improve his medical knowledge, particularly in anatomy. He may have taken a degree there for on his return to England, Calamy tells us, he was invited to become a Fellow of the College of Physicians, He declined, but asked to be examined for an extra-licence, at which he was successful. Calamy notes the time of the successful examination, “when Dr. Micklethwaite was Censor”, which would put it in 1662 or 1663.¹⁸ But more importantly, it hints at friendships among College Fellows, like Micklethwaite, which proved invaluable in helping ejected ministers build new lives in medicine. Many of the senior and most influential Fellows of the College had seen it through two decades of Civil War and Cromwellian rule. Though most welcomed the Restoration, they still retained the Parliamentary and Puritan sympathies which so many of them had when they themselves were young Fellows. Micklethwaite, for instance, had tied his career closely

¹⁶ Sir George Clark, *A history of the Royal College of Physicians*, 2 vols, Oxford, Clarendon Press, 1964–1966, vol. 1, p. 357.

¹⁷ Samuel Palmer, *The nonconformist memorial: being an account of the lives, sufferings, . . .*

originally written by Edmund Calamy, 3 vols, London, Button and Son, 1802–1803, vol. 1, p. 272.

¹⁸ Edmund Calamy, *A continuation of the account . . .*, London, R Hett, 1727, p. 124.

to that of his father-in-law, Dr John Clark, the staunchly Presbyterian President of the College of Physicians in the Civil War years.¹⁹ In 1643, Dr Clark was intruded by Parliament in the place of Dr William Harvey at St Bartholomew's Hospital. In 1648, his son-in-law, Dr John Micklethwaite, became his assistant there. In 1653, upon Clark's death, Micklethwaite succeeded to the physicianship and was in this position in 1665, when the ejected Scots Presbyterian minister, Dr Gilbert Rule, dedicated his medical thesis at Leiden to him and to Dr Thomas Wharton, who was physician to St Thomas's Hospital.²⁰

Nonconformity was never very far from Dr Micklethwaite. His father, the Rev. Thomas Micklethwaite, had been the rector of Cherry Burton, Yorkshire, for nearly fifty years when he was ejected for nonconformity in 1662. His brother-in-law, the Rev. Luke Clayton, suffered the same fate. Micklethwaite was also physician and friend to the most illustrious of all dissenters, Richard Baxter, who stayed in the physician's house when he came to London. Micklethwaite died in 1682 and was buried in the church of St Botolph's, Aldersgate, London. Shortly thereafter, the Presbyterian minister, Thomas Jacombe, asked in his will to be buried as close to the body of Sir John Micklethwaite as was convenient.²¹ Like his father-in-law, Dr John Clark, Dr Micklethwaite was President of the College of Physicians for a number of years, from 1676 to 1681. In 1684, he was remembered by another close friend, Dr Charles Goodall, in his history of the College of Physicians. In words that tell us as much about Goodall as they do of Micklethwaite, he wrote of his departed colleague, whose "piety towards God, and charity to the poor was very exemplary".²²

Attending Micklethwaite's funeral was his successor and predecessor in the College Presidency, Sir George Ent, whose own medical career had been remarkably similar. Like Micklethwaite, Ent married the daughter of a former President of the College, Dr Othowell Meverall, who had worked in tandem with John Clark in firmly aligning the College with Parliament in the English Civil War. Meverall's tenure lasted from 1641 to 1644; Clark's from 1645 to 1649. Like Micklethwaite, Ent was himself President for a number of years, from 1670 to 1675, in 1682 and again, in 1684. Married to Sarah Meverall in 1646, Ent shared the Puritan and Parliamentarian sympathies of Meverall and Clark. Ent's family, like the families of other College Fellows, Dr Assuerus Regemorter, Dr John King, and Dr Baldwin Hamey the younger, were Flemish religious refugees who worshipped in the so-called "Dutch" churches of south-east England. These churches, Calvinist in doctrine and presbyterian in organization, along with the French Huguenot churches, shared the persecution of English Puritans at the hands of Laudian bishops in the 1630s. They were hated because they provided a living example of the kind of national Church many Puritans would like to have seen in England. In the drive for Anglican uniformity, they could no longer be tolerated by the Anglican hierarchy. Their increased persecution was but one of many aggravating factors that contributed to the rupture of Crown and Parliament.²³

¹⁹ Cyril Hart, 'John Clark, M.D.', *St. Bart.'s Hosp. J.*, 1951, 55: 34–40.

²⁰ Innes Smith, *op. cit.*, note 8 above.

²¹ Dr Williams's Library, London, MS 38. 59, p. 563a.

²² Charles Goodall, 'Epistle dedicatory', *The Royal College of Physicians in London, founded and established by law*, London, The College, 1684.

²³ William Birken, 'Dr. John King (1614–1681) and Dr. Assuerus Regemorter (1615–1650): brethren in the Dutch Church and in the Royal College of Physicians of London, with added references to other "Dutch" congregants in the Royal College, Dr. Baldwin Hamey and Dr. George Ent', *Med. Hist.*, 1976, 20: 276–95.

Huguenot Fellows of the RCP

Among the Huguenot contributions to the London College were two Fellows: Paul Delaune, who was among the first to volunteer his medical services to the Parliamentary armies; and Peter Chamberlen, the radical Baptist and social visionary, about whom Christopher Hill has written so eloquently. The Delaunes and Chamberlens were bound by marriage as well as by their churches. The grand-sire of the Delaunes in England was the Rev. William Delaune who, in 1582, threw himself on the mercy of the College in a desperate bid for a medical licence. With his ministerial career all but destroyed in the French wars of religion, he asked the College to lay aside its usual strictures against the practice of medicine by ordained clergymen:

O most humane and blessed doctors a suppliant fifty-two years of age, beseeches you by your charity to bestow your privilege and license as a favour to an experienced man, either until he is able to live without the need to practise medicine or until ecclesiastical authority recalls him to fulfill his duties as a clergyman again.²⁴

The College recognized the extraordinariness of his plight and gave him its licence. In 1583, Delaune published an epitome of Calvin's *Institutes of the Christian religion*, but continued his practice of medicine till his death in 1611. At the centre of Huguenot Calvinism in England from the early seventeenth century was the greatest physician of his time, Sir Theodore Turquet de Mayerne, a Genevan born and bred, whose godfather and namesake had been Calvin's chief lieutenant, Theodore Beza. Mayerne was so much an agent of international Calvinism and of the interests of Geneva, that Charles I forbade his chief physician all further travel to the Continent because it compromised his policy of steering clear of the Protestant cause in the Thirty Years war against the Hapsburgs. When civil war came to England, Mayerne did not hesitate to join the Parliamentarians, to their great joy.²⁵

Edward Alston and Francis Glisson

Royal College Presidents sympathetic to dissenters and Puritanism continued in the person of Sir Edward Alston. Raised like John Clark, in the intense Puritanism of East Anglia, Alston was the College's President from 1655 to 1666, and like all the College Presbyterians, welcomed the Restoration. He was joined in this by the leader of the Parliamentary Presbyterians, Sir Harbottle Grimston, whose son married Alston's daughter. Alston's Puritanism was also reflected in his eldest daughter, Lady Mary Langham: "[She] looked after Heaven very young; would frequently bless God for the religious Education which she had under her parents . . . She was a woman mighty in Scriptures." Her father-in-law, Sir John Langham, sheltered ejected ministers in Northamptonshire, and there is little doubt her father did the same at the College.²⁶

²⁴ Annals of the Royal College of Physicians of London, vol. 2, p. 16. [English translation used with the kind permission of the College Registrar.]

²⁵ H R Trevor-Roper, 'Medicine at the early Stuart court' (1978), in his *From counter-reformation to glorious revolution*, University of Chicago Press, 1992, pp. 27–46, on pp. 37, 41; Thomas Gibson, 'A sketch of the career of Theodore Turquet de Mayerne', *Ann. med. Hist.*, 1933, 4: 315–26, p. 320.

²⁶ William Birken, 'The Puritan connexions of Sir Edward Alston, President of the Royal College of Physicians 1655–1666', *Med. Hist.*, 1974, 18: 370–4. Alston's in-laws, the Langhams and the Grimstons, are discussed at length in J T Cliffe, *The puritan gentry besieged, 1650–1700*, London, Routledge, 1993.

Succeeding Alston in the Presidency of the Royal College in 1667, and continuing in that office till 1669, was perhaps the greatest scientist who has ever occupied that position, certainly in the seventeenth century. Francis Glisson's family, like that of Thomas Sydenham, were more than Parliamentary supporters, they were among the engines that drove that cause.²⁷ As the Civil War was winding down in England, the College's President, Dr John Clark, approached Glisson about a great work he had in mind. Tapping the experience of some of the staunchest Puritan Fellows in the College, Clark asked Glisson to lead this team in the first large-scale study of rickets undertaken in England. The result was a classic of English medicine, *De rachitide*, first published by Glisson in the Netherlands in 1650, but appearing almost immediately in England as well. The work was also a monument to Puritan medicine in the seventeenth century.²⁸

Dr Glisson's two principal assistants were Dr Assuerus Regemorter, the son of a pastor of the Dutch Church at Austin Friars, London, and Dr George Bate, after Mayerne perhaps the pre-eminent physician of his time. Considered a Puritan in his student years at Oxford, Bate left a thriving practice in Oxford and the newly-established court of Charles I, to go to Parliamentary London in the early stages of the Civil War. Later, after the Restoration, he would write a history of that war from a Presbyterian perspective. He was at one time thought to be the father of the famous Presbyterian divine, Dr William Bates, but this is no longer accepted.²⁹

The other five College Fellows who contributed their case histories of rickets to Dr Glisson's study were: Dr Thomas Sheafe, who joined Dr Paul Delaune as the first College volunteers for service with the Parliamentary armies; Dr Nathan Paget, the scion of a fiery Presbyterian family, who introduced his friend, John Milton, to his third wife, who was also Paget's cousin; Dr Jonathan Goddard, a staunch Cromwellian and one of the moving forces behind the Royal Society; Dr Lawrence Wright, a devout Independent, who was considered the "last of the Dogmaticke Galenists" when he died in 1657; and finally, Dr Edmund Trench, who should be better known.³⁰

Medicine and the Ministry

In the Restoration, a godly nonconformist minister, the Rev. Thomas Gouge, took the occasion to praise three godly physicians who had managed to combine piety with a successful medical practice. Sabbath fees always went to the poor. They were: Dr John Clark, Dr John Bathurst (who along with Drs Wright and Bate had been one of Oliver Cromwell's physicians), and Dr Edmund Trench.³¹ Dr Trench was also a very good father

²⁷ H D Rolleston, *The Cambridge Medical School*, Cambridge University Press, 1932, p. 152. Glisson's brother, Dr Henry Glisson, was a physician to the Parliamentary army. Another brother, James Glisson, was a Parliamentary captain. Clive Holmes, *The Eastern Association in the English civil war*, London, Cambridge University Press, 1974, p. 174; G E Aylmer, *The state's servants: the civil service of the English Republic, 1649–1660*, London, Routledge & Kegan Paul, 1973, p. 229.

²⁸ Charles Webster, 'The College of Physicians: "Solomon's House" in Commonwealth England', *Bull. Hist. Med.*, 1967, 41: 393–412.

²⁹ Palmer, op. cit., note 17 above, vol. 1, p. 434; Rev. John Ward, *Diary . . . from 1648 to 1679*, ed. Charles Severn, London, Colburn, 1839, p. 100; Wood, op. cit., note 9 above, vol. 3, col. 827.

³⁰ *Winthrop papers*, note 12 above, vol. 5, p. 138; A H T Robb-Smith, 'Cambridge medicine', in Allen G Debus (ed.), *Medicine in seventeenth century England*, Berkeley, University of California Press, 1974, pp. 327–69, on p. 361.

³¹ Richard B Schlatter, *The social ideas of religious leaders, 1660–1688*, New York, Oxford University Press, 1940, p. 129.

and in this role attempted to direct his son to a medical career, knowing all too well that a Puritan clerical career in the Restoration could only invite persecution. None the less, after a brief stay at Leiden, the young Edmund Trench found his calling as a nonconformist minister. Of his father, he wrote lovingly:

Prescribing no more than he judg'd needful, and frequently refusing fees which even his Patients thought he might as well have taken. He was still the same, sincere plain-hearted Man, free and open without Deceits and Tricks in his calling and all other Affairs.³²

Called a "Puritan" at Cambridge for his "seriousness, study, and Piety", Trench eventually took his MD at Bourges in 1638. He died as he had lived, assured of his election, and ultimate salvation:

He cou'd appeal to God through his infinite goodness that since his youth he had walk't before him with an upright heart, never wasting his Conscience with any gross sin, that he comfortably believ'd his Regeneration by the Holy Spirit and saving Interest in his dearest Saviour, and accordingly enjoy'd a constant Tranquillity of Mind, not without some short and seldom more ravishing Joys.³³

Trench's brother-in-law, Dr Roger Drake, was not far behind him in his piety and his devotion to medicine and the ministry. Taking a Leiden MD in 1639, Drake used his thesis to make one of the earliest defences of Harvey's circulation of the blood. He was admitted a candidate of the London College of Physicians in 1643, but his heart was always on the ministry. In 1646, in the atmosphere of Puritan hopes for a New Jerusalem, Dr Drake gave over his candidacy in the College and became the Presbyterian minister of a London parish.³⁴

The cases of Trench and Drake, though striking, were not exceptional. Many Puritan families had no trouble in reconciling their religiosity with the medical profession. When the former was impossible because of persecution, the latter was usually available. One might not like a doctor because of his religion, yet still rely upon him for his medical skills. Medicine and its profession could help a Puritan family survive till times more propitious for practising their faith more openly. For many Puritans medicine and the ministry became two sides of the same coin and family members were placed in both professions, depending on circumstances. Families where this mixing occurred, and where the line between medical and theological interests were blurred, were those of the Puritan physicians and London College Fellows, Edmund Wilson, Thomas Sheafe, Samuel Rand and Helkiah Crooke.³⁵

Ironically, the physicians in these Puritan clerical families may have been *more* zealously Puritan and therefore less conformable to the Church of England, than more moderate Puritan brothers who still might hope to continue their family's ministerial tradition in that Church. A choice between pursuing the ministry or medicine was best made early in life because of the extreme difficulty of changing over to medicine once

³² Edmund Trench, *Some remarkable passages in the holy life and death of the late Reverend Mr. Edmund Trench, most of them drawn out of his own diary*, ed. J Boyse, London, T Warren, 1693, p. 11.

³³ *Ibid.*, pp. 15–16.

³⁴ Dr Drake is discussed in Christopher Hill, 'William Harvey and the idea of monarchy', *Past and Present*, 1964, 27: 54–72.

³⁵ Detailed histories of these physicians and their families can be found in ch. 3 of William Birken, 'The Fellows of the Royal College of Physicians of London, 1603–1643: a social study', PhD thesis, University of North Carolina at Chapel Hill, 1977, pp. 37–114.

holy orders had been taken. The practice of medicine by ex-clergymen was frowned on by the London College of Physicians in the very early seventeenth century, and well-nigh impossible in the provinces where bishops were unlikely to grant medical licences to former Puritan ministers. The Puritan minister John Burgess, hounded from his living by James I, took an MD at Leiden in 1612. To the consternation of the king, he was able to incorporate as an MD at Cambridge. None the less, he still ran foul of the College statutes concerning ex-ministers and had to move his practice to Isleworth to avoid its London jurisdiction. In 1619, Dr Alexander Leighton appeared before the College, confessing that he had been in priest's orders, but could not exercise his ministry "because of his scruples against ceremonies". As a result he had taken a Leiden MD in 1617.³⁶ The College was not impressed by Leighton's medical knowledge, and his relationship with them remained stormy for many years to come. This was also the case with another and earlier Puritan minister, Dr Leonard Poe, who eventually became a Fellow of the College after many years of turmoil.³⁷ Dr Poe's son-in-law, Dr John Bastwick, with these histories before him, made his choice of medicine early. His election as a College candidate, with a Padua MD in hand, was a triumph, only to be thrown away by his violent Puritanism. He and Dr Leighton were the authors of two of the most scathing attacks on the Anglican episcopacy in the early seventeenth century and both men received severe physical punishments.

Most Puritan physicians were more discreet. Their choice of medicine in itself was a discreet action which allowed their survival and their ability to help the Puritan cause where possible. Dr Mayerne took up the cause of Dr Burgess, as well those of his Huguenot co-religionists. In 1639, Dr Daniel Oxenbridge stood surety for the Puritan canon of Durham Cathedral, Peter Smart, in his attempt to resist the Laudian innovations of its Dean, Dr John Cosin.³⁸ In the Restoration, Dr Thomas Coxe used his influence at Court to protect dissenters like Richard Baxter. Dr Richard Lower did likewise at that same Court on behalf of Quakers, of which his brother, Thomas Lower, was one of the most prominent.³⁹ Try as they might though, dropping their medical shield made their religion and politics all the more vulnerable. Lower's ardent Whiggery during the Exclusion Crisis cost him his fashionable practice, while Coxe's religious and political sympathies caused his own ouster from the Royal College Presidency in 1683. Best known as the physician who encouraged Sydenham to join the medical profession, Coxe was also the brother of Henry Coxe, an ejected dissenting minister. Dr Coxe's wife was apparently a Presbyterian as well and her funeral sermon was preached by Baxter himself, who presented it to the physician.⁴⁰

Puritan ministers wishing to practise medicine could not turn to the Anglican medical system and receive a licence. In most cases they were forced to go elsewhere to become medically qualified. As the seventeenth century progressed, more and more looked to foreign degrees and perhaps some accreditation from the Royal College of Physicians.

³⁶ Clark, *op. cit.*, note 16 above, vol. 1, p. 247.

³⁷ R R James, 'Licenses to practice medicine and surgery issued by the Archbishops of Canterbury, 1580–1775', *Janus*, 1937, 41: 97–106, p. 101.

³⁸ *Calendar of State papers, domestic series, of the reign of Charles I, 1638–1639*, ed. John Bruce, London, Longman, 1871, p. 457 [hereinafter

referred to as *CSPD*]; *CSPD, James I, 1611–1618*, ed. Mary Anne Everett Green, London, Longman, 1858, p. 197.

³⁹ Gerald R Cragg, *Puritanism in the period of the great persecution, 1660–1688* (1957), repr. New York, Russell & Russell, 1971, p. 103.

⁴⁰ Schlatter, *op. cit.*, note 31 above, p. 183.

Puritan Presidents of the College, like Dr John Clark and Dr Othowell Meverall, sought to introduce reforms that would allow the College to license foreign degree-holders, without the need to incorporate at Oxford or Cambridge.⁴¹ Harsh circumstances pushed Puritans further into medical professionalization. Godly times tempted them back to their first love, the ministry.

The Oxenbridge Family

Few families exemplified this frenetic, bipolar existence more, both within and across generations, than the family of the Puritan preacher John Oxenbridge. Silenced in 1588, he was unsuccessful in his efforts to regain his Warwickshire living. In his will of 1617, Oxenbridge referred to himself as a “preacher of the Word of God in Coventry and late minister of Southam in the county of Warwick”.⁴² Dr Daniel Oxenbridge grew up in the shadow of his father’s trials and for that reason perhaps, he chose the relative security of a medical career. He took an MD at Oxford in 1620 and embarked on the life of a successful physician, practising first in Daventry, Northamptonshire, and then in London, where he was elected a Fellow of the College of Physicians in 1627.

There is little doubt, however, that Dr Oxenbridge had not abandoned his family’s Puritanism. He owned lands and tenements in the radical Puritan parish of St Stephen’s, Coleman Street (where the Presbyterian Dr Nathan Paget also resided).⁴³ His wife, whom he married at Daventry, was Katherine Harby, of one of the two more prominent Puritan families of the Midlands, the Harbys, and the Throgmortons. One of the physician’s sons, Clement Oxenbridge, was an undertaker or contractor for confiscated Church and Royalist lands during the Interregnum.⁴⁴ He was described as an “anabaptist” in the Restoration. One daughter married the Cromwellian Major-General Philip Skippon, while another was the wife of the Puritan and Parliamentarian leader, Oliver St John. Dr Oxenbridge’s eldest son, John, born at Daventry, took an MA at Oxford and seemed destined for medicine probably at his father’s urging as Dr Trench had urged his son. John Oxenbridge dutifully matriculated to study “physick” at Leiden, in 1631. But youth has its own logic and the young Oxenbridge, like the young Edmund Trench, found his heart “more and more inclin’d to the Study of Divinity”. Disturbed by “the increased stringency of Church ceremonies”, he emigrated to Bermuda; returned to England with Puritanism’s triumph at mid-century; and found himself ejected again in 1660. He emigrated again to Surinam, to Barbados, and finally to New England. Like the Rev. John Wilson, the brother of the Puritan physician, Dr Edmund Wilson, Oxenbridge died as pastor of the First Church of Boston, in 1674. And like so many New England ministers of this generation, he continued to combine his ministry with the practice of medicine. His

⁴¹ Harold Cook, *The decline of the old medical regime in Stuart London*, Ithaca, Cornell University Press, 1986, p. 105.

⁴² *New England historical and genealogical Register*, 1890, 44: p. 83.

⁴³ D A Williams, ‘London puritanism: the parish of St. Stephen, Coleman Street’, *Church Q. Rev.*, 1959, 160: pp. 464–82.

⁴⁴ Aylmer, op. cit., note 27 above, p. 230; Sir Henry Saint-George, *The visitation of London, anno Domini 1633, 1634, and 1635*, eds. Joseph Lemuel Chester and Joseph Jackson Howard, 2 vols, London, Harleian Society, 1880–1883, vol. 1, p. 346.

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son, Daniel Oxenbridge, went the way of his father and was ejected from a clerkship at Oxford in 1660. Almost instinctively, the youngest Oxenbridge enrolled at Leiden in 1661, and received his MD in 1662.⁴⁵

Medicine: a Dissenter Profession

Following the peregrinations of the younger John Oxenbridge and other Puritans who doggedly continued to pursue clerical careers, one wonders whether pragmatic physician fathers like Drs Trench and Oxenbridge might not have known best after all. By the last decade of the seventeenth century, medicine was well-established as an almost ideal dissenter profession, proof against the unwanted authority of English bishops and more than making up for the denial of Oxbridge medical degrees by attendance at increasingly prestigious foreign medical schools, like that at Leiden where a young Dutch minister's son, Hermann Boerhaave, was beginning his teaching career. Once a stop-gap for a dislocated clerical career, medicine was increasingly being seen as a positive good in itself. As English middle-class culture grew and prospered, so too did the respect for medicine. Men and women were still concerned about their souls' health and happiness, but a more secular spirit inclined them to look to their doctors for guidance and reasoned rules for living healthfully. In England, medicine showed its intellectual vitality, as an inordinate number of physicians, many from the Royal College of Physicians, became active members of the Royal Society and contributors to the New Science. Perhaps even more important than its new intellectual stature was a new moral stature which allowed medicine to challenge the ministry not only as a practical career, but as one motivated by the highest ideals of service and love for one's fellow man. It was in this atmosphere that one minister, the Rev. Joseph Eaton, left his nonconformist congregation at Macclesfield in 1696 in order solely to practise medicine.⁴⁶ If dissenters needed any further inducement to send their sons into medicine, they received it from the internecine religious strife that now plagued them.

Medical Sons of Dissenting Ministers

What had once been the "Happy Union" of Presbyterians and Independents dissolved completely in these years. At the very centre of these violent disagreements were dissenting ministers like Mathew Mead, John Howe, Joshua Oldfield, and Stephen Lobb, all of whose sons went into the medical profession, where they achieved notable success, particularly Dr Richard Mead, the medical exemplar of his age.⁴⁷ The flood of dissenter and ejected ministers' sons that poured into the medical profession in the late seventeenth and early eighteenth centuries has generally remained unknown and unstudied. Virtually ignored too have been the invaluable observations of Samuel Johnson's "other" biographer, Sir John Hawkins, who had been struck by the enormous representation of dissenters in medicine, something with which he had been personally familiar from the

⁴⁵ Innes Smith, *op. cit.*, note 8 above; *CSPD, Charles I, 1633–1634*, ed. John Bruce, London, Longman, 1863, pp. 563, 571; F J Varley (ed.), 'Restoration visitation of the University of Oxford

and its colleges', *Camden Miscellany*, 1948, 41: 1–64, on p. 26.

⁴⁶ Innes Smith, *op. cit.*, note 8 above.

⁴⁷ Matthews, *op. cit.*, note 3 above, p. lxxi.

early to the late eighteenth century. He acknowledged that his comments were based on his experience in London and did not claim knowledge of medicine outside the metropolis. None the less, we should attend to what he had to say, for these were his cherished personal observations, specifically recorded for posterity, yet entirely ignored by his biographers:

Mead was the son of a non-conformist minister the teacher of a numerous congregation who trusting to his influence over them, bred his son a physician, with what success is well known. He raised the medical character to such a height of dignity as was never seen in this or any other country. His example was an inducement with others of the dissenting ministers to make physicians of their sons. Oldfield, Clark, Nesbit, Lobb and Munckley were the sons of dissenting teachers, and they generally succeeded. The hospital of St. Thomas, and that of Guy, in Southwark, were both under the government of dissenters and Whigs; and as soon as any one became physicians of either, his fortune was looked upon as made.⁴⁸

I have not made a systematic study of the medical careers of ejected ministers' and dissenters' sons, but what I have gleaned from Matthews' biographies confirms the powerful links between the ministry and medicine at this time. For reference I have given a very loose and partial list of some of the individuals involved (see Appendix III). Hawkins refined his argument for dissenter medical success by emphasizing the power which dissenting ministers once had to promote their sons' medical practice among their congregation and other dissenters. He concluded, "Political associations and religious sects are excellent nurses to young men of professions".⁴⁹ I would add, however, that had medicine not been as congenial or proved itself to be as effective an anchor in the political and religious storms of the sixteenth and seventeenth centuries, I doubt that the promise of success alone would have been sufficient to carry so many of them into the profession. Dr Robert Sibbald, the guiding genius of the Royal College of Physicians of Edinburgh, explained his own decision to become a physician in words that might have rung true for late-seventeenth-century dissenter-physicians as well, tired of religious conflict:

I saw none could enter to the ministrie without ingadging in factions of Church and State. I fixed upon the studie of medicine, wherein I thought I might be of no faction and might be useful to my generation.⁵⁰

The wave of Dissent, the best and brightest of the sons of ejected ministers, dissenting ministers, and dissenters, that swept over English medicine in the late seventeenth and early eighteenth centuries, continued to send out ripples well into the eighteenth century. Dr Richard Mead died in 1754; Sir Edward Hulse in 1761; and in 1778 perhaps the last ripple of that once great wave, Dr Mathew Clarke. Other notable dissenter-physicians in the early eighteenth century included: Dr Thomas Secker, who would subsequently conform to the Anglican Church, and lead it as the Archbishop of Canterbury; Dr Mark Akenside, a Presbyterian butcher's son who prepared for the nonconformist ministry, but became a talented poet and a distinguished doctor; Dr Thomas Gibson, a Presbyterian physician who married a daughter of Richard Cromwell; Dr John Quincy, a friend of Mead, who remained prominent both as a dissenter and a Whig; three dissenter minister-

⁴⁸ Sir John Hawkins, *Life of Samuel Johnson*, *LL.D.*, 2nd ed., rev. and corr., London, J Buckland, 1787, pp. 236–7.

⁴⁹ *Ibid.*, p. 248.

⁵⁰ Michael Lynch, *A new history of Scotland*, London, Century, 1991, p. 298.

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physicians, Drs Thomas Dixon, Samuel Latham, and James Clegg; and two additional converts to Anglicanism, the minister-physician Dr Caleb Threlkeld, who turned exclusively to medicine, and the brilliant physician-scientist, Dr John Huxham, an orphan raised by a dissenting minister.⁵¹ Erwin Ackerknecht's glittering galaxy of late-eighteenth- and nineteenth-century dissenter physicians did not create a dissenting tradition in medicine, they were the heirs of one already in place, that had been 150 years in the making.

The Dissenter Medical Tradition

Till the mid-eighteenth century, this dissenter tradition was pre-eminently a learned and very professional one, a situation that had been forced on it by law and historical circumstance. Dissenters generally did not have the luxury of simple medical practice, licensed by local authority. Since that authority was the Church of England, they had to find some other way of realizing a medical career. Though Puritans took medical degrees at English universities in the early seventeenth century, particularly at "Puritan seminaries" like Emmanuel and Christ's Colleges, Cambridge, the aggressiveness of the Laudian Church which gradually made Puritans less comfortable there, culminated in the Restoration with a complete ban on nonconformist degrees. Fortunately, Puritans and dissenters had many outstanding foreign universities from which they could take medical degrees. Anglicans who lost their livings during the Interregnum or who were discouraged from pursuing clerical careers also had to learn the medical value of foreign universities.

Early in the Restoration, the unemployed Anglican John Ward, whose family had suffered for the Royalist cause, wished to be licensed for medical practice. He seemed confused about episcopal medical licences, probably because that authority had been non-existent for most of his adult life. He asked his friend, the nonconformist minister William Burnet, who had been ejected in 1660, for advice on becoming medically qualified. Burnet proved a ready source of information, down to exact calculations of the expense of a medical degree at various foreign universities. Much of Ward's problem, however, disappeared in 1662 when he received the living of Stratford-on-Avon. His interest in medicine remained strong and he was probably the "John Ward" who was granted an episcopal medical licence in 1666. There was no return to a living for "Mr Burnet", however, who continued to practise medicine in London legally thanks to an Anjou MD, taken in 1663.⁵² The success of his London practice was crowned by an honorary fellowship from the Royal College of Physicians in 1680. John Ward and Dr Burnet were bound together by friendship, intelligence, ministerial callings, and strong interest in medicine, yet how different were their careers because of historical circumstances.

Like it or not, the path to medicine was the path of least resistance for many Puritans who found themselves pushed, time and again, outside the doors of the Church of England. In his book, *Godly learning*, which ignores the medical profession entirely, John

⁵¹ All can be found in the *DNB*, among many other sources.

⁵² Ward, *op. cit.*, note 29 above, pp. 12–14; Joseph Foster, *Alumni Oxonienses: the members of*

the University of Oxford 1500–1714, 8 vols, Oxford, James Parker & Co., 1891–1892; Matthews, *op. cit.*, note 3 above, p. 90.

Morgan has emphasized the disdain many Puritans had for worldly knowledge and their ultimate hope for a world sustained by religion alone.⁵³ While this may have been true on a theoretical level, Puritans were forced to survive in a world that was all too real, and that demanded pragmatic solutions to ensure survival. Medicine was one of these solutions, a learned survival skill in which many dissenters became adept. Furthermore, Puritans could be found in nearly every medical current of the seventeenth century, progressive and conservative, from the Galenism of Dr Theodore Goulston, whose scholarly edition of Galen was published posthumously by his friend, the Puritan minister, Thomas Gataker, to the modernity of Dr Nathan Paget, a contributor of case histories to Glisson's *Rickets*, who presented the College of Physicians with a handsome edition of the works of Francis Bacon, in 1647; and from the "last of the dogmaticke Galenists", the Cromwellian Independent, Dr Laurence Wright, to one of the first of Harvey's defenders, the Presbyterian Dr Roger Drake.⁵⁴

While the Anglican physiologists William Harvey and Thomas Willis were perhaps the two most creative medical thinkers of the century, Puritan physicians like Mayerne, Glisson and Sydenham were, in the words of Fielding Garrison, "the leading exponents of the bedside study of disease in England".⁵⁵ This tendency to the practical art of medicine, rather than its abstract philosophy or science, was reinforced by the clinical medicine taught at Leiden, where so many Puritans and dissenters attended. The careful observation of disease and the Baconian compiling of detailed case histories seemed to be a Puritan strength. Sir Hans Sloane's collection of medical manuscripts, which formed the core of the British Museum, contains not only the extensive casebooks of Mayerne, but also those of lesser known Puritan physicians like the President of the College of Physicians, Dr Othowell Meverall, who was also among the earliest English MDs at Leiden, in 1613.⁵⁶ Later in the century, Aphra Behn would satirize professional physicians by naming them "Leyden" and "Amsterdam" in her play, *Sir Patient Fancy*. Among the victims of her satire in the work was a rich chief physician, the Dutchified Frenchman, Monsieur Turboon, perhaps a veiled slight on Sir Theodore Turquet de Mayerne for the benefit of Behn's patron, the Catholic James II (who was the Duke of York when the play was performed in 1678.)⁵⁷

The Puritan physician's careful observation and attention to detail was also evident in a strong interest in anatomy. Dr Helkiah Crooke published one of the first English

⁵³ John Morgan, *Godly learning: puritan attitudes towards reason, learning, and education, 1560–1640*, Cambridge University Press, 1986. Samuel Crooke, Thomas Gataker, and John Oxenbridge the younger are all utilized to make Morgan's argument, but without any mention of their ties to medicine, respectively through the physician Helkiah Crooke; the editor of Galen, Dr Theodore Goulston; or the strongly medical cast of the Oxenbridge family.

⁵⁴ Sir Norman Moore, *The history of the study of medicine in the British Isles: the Fitz-Patrick lectures of 1905–6*, Oxford, Clarendon Press, 1908,

p. 202; *Annals RCPL*, op. cit., note 24 above, vol. 3, p. 570.

⁵⁵ Fielding H Garrison, *An introduction to the history of medicine*, 3rd ed., Philadelphia, Saunders, 1922, p. 283.

⁵⁶ William Munk, *Roll of the Royal College of Physicians of London*, 2nd ed., 4 vols., London, The College, 1878, vol. 1, 224; British Library, London, Sloane MSS 2606, 2614A & B, 2622, 2636.

⁵⁷ Though Mayerne died in 1655, his fame was great enough for a belated satire to strike a chord with a Restoration audience.

textbooks in anatomy, the *Mikrokosmographia*, in 1616.⁵⁸ Puritan discovery also gave to anatomy Glisson's capsule, the Haversian canals, and probably, Wharton's duct as well. Dr Crooke also achieved a measure of fame as the first physician to preside over the "insane" at Bethlehem hospital. Mental illness was always a strong Puritan interest, sitting on the boundary line between medicine and religion. Dr Alexander Leighton's thesis at Leiden in 1617 dealt with "melancholy", or depression.⁵⁹ John Courtman, one of the ejected minister-physicians of 1662, "practis'd physick with great success; being particularly famous for curing paralytick distempers, and distracted people", while Dr Thomas Dixon was one of the more notable "madhouse-keepers" of the early eighteenth century. Other ejected dissenter-physicians like Luke Cranwell, who discovered "some happy and effectual Medicines", and Nicholas Cary, who cured "ill affected eyes and ears more than many", were also successful in their practices.⁶⁰

I have seen no evidence of what might be called the Webster-Rattansi thesis that Puritans identified themselves with a revolutionary Paracelsianism, while their Anglican enemies took shelter behind a wall of Galenism and authority.⁶¹ Part of the problem may lie in the kinds of Puritans about which Webster and Rattansi wrote, sectarian elements that scared even the more conservative Presbyterian-types of Puritans that bulked so large in the London College of Physicians. It was this form of Puritanism, so often overlooked in history generally, that made the Revolution in 1642 and un-made it in 1660, when it threatened to tear apart the religious, intellectual, and social fabric of which it was a part in the College of Physicians and in the country at large.⁶² This and the failure to recognize

⁵⁸ C D O'Malley, 'Helkiah Crooke, M.D., F.R.C.P., 1576-1648', *Bull. Hist. Med.*, 1968, 42: 1-18. O'Malley is good on medical achievement, but silent on the powerful Puritanism of the physician and his family. Crooke's Leiden medical thesis of 1597, which signalled an early start for his interest in anatomy, was dedicated to, among others, his brother-in-law, the Puritan lecturer, Stephen Egerton. In 1598, just a year after receiving his MD, Crooke joined Egerton and others in an important Puritan undertaking, the editing of the works of the saintly minister, Richard Greenham. Crooke's contribution was two of Greenham's treatises on 'the comforting of an afflicted conscience', prefaced by a lengthy poem on the topic, written by the physician himself. Crooke's religiosity co-existed with his equally strong medical interests. Franklin B Williams, Jr, *Index of dedications and commendatory verses in English books before 1641*, London, The Bibliographical Society, 1962, pp. 29, 48.

⁵⁹ Innes Smith, op. cit., note 8 above.

⁶⁰ All are found in Matthews, op. cit., note 3 above.

⁶¹ Charles Webster, *The great instauration: science, medicine, and reform, 1626-1660*, London, Duckworth, 1975; P M Rattansi, 'Paracelsus and the puritan revolution', *Ambix*, 1963, 11: 23-32; *idem*, 'The Helmontian-Galenist controversy in restoration England', *ibid.*, 1964, 12: 1-23.

⁶² Many of the College's and medical profession's strongest defenders in the Restoration: Jonathan Goddard; Charles Goodall; Nathaniel Hodges (son of the conforming Puritan minister, Thomas Hodges); and Robert Wittie, were Puritan and Whig in their orientation, rather than Anglican and Tory. One of the more pronounced medical conservatives of the century was Wittie's good friend and colleague, Dr James Primrose, who conducted a relentless paper war against Harveian physiology. Primrose was a product of both Scots Presbyterianism and French Calvinism, whose clerical father and family suffered expulsion from France for their reformed faith. Primrose's grandfather had been a royal surgeon in Scotland. *DNB*; Peter Barwick, *The life of the Reverend Dr. John Barwick, D.D.*, ed. Hilkieh Bedford, London, J Bettenham, 1724, pp. 107-8; for the probable Puritanism of Dr James Hart and Dr John Cotta, two powerful defenders of the medical profession in the early seventeenth century, see Peter Elmer, 'Medicine, religion and the puritan revolution', in Roger French and Andrew Wear (eds), *The medical revolution of the seventeenth century*, Cambridge University Press, 1989, p. 14; for the compatibility of English Calvinism in general to the medical profession, see David Harley, 'Spiritual physic, providence and English medicine, 1560-1640', in Ole Peter Grell and Andrew Cunningham (eds), *Medicine and the Reformation*, London Routledge, 1993.

the intellectual vitality of the Royal College which placed so many of its Fellows, Coxe, Ent, Goddard, Bate, Glisson, Whistler, Grew, Havers, Lower, and many others, among the Fellowship of the Royal Society, has caused the presence of Puritans in the medical profession to be virtually unknown and the key role played by the profession in the New Science and other modern currents to be distorted and minimalized.⁶³

“Godly, Diligent Physicians”

As the vicar of Kidderminster, Worcestershire, from 1648 to his ejection in 1660, Richard Baxter was called upon to be the physician as well as the minister of his parish. It was not a job he relished, but it was forced upon him by the absence of a regular physician or practitioner in that locale. Considering medicine as part of his pastoral duties, as many pious Anglicans did as well, he charged no fee for his medical services. “At last”, he wrote:

I could endure it no longer, partly because it hindered my other studies, and partly because the very fear of miscarrying and doing anyone harm did make it an intolerable burden to me. So that after some years’ practice I procured a godly, diligent physician to come and live in the town, and bound myself by promise to practise no more.⁶⁴

Perhaps none of the elements of Baxter’s statement is more intriguing than his juxtaposition of the words “godly” and “physician”. This was, after all, the middle of the seventeenth century when the most famous book by a physician, Dr Thomas Browne’s *Religio medici*, sought to distance its author from “the general scandal of the profession”, the widely-held view that physicians had no religion. As we have seen, many Puritans believed this as well, and it was a charge with deep roots in English history and folklore. Baxter himself had little love for physicians. In a life plagued by chronic illness, he had seen more than his share of them and found few of their treatments of any value.⁶⁵ He did, however, except four physicians from his general indictment: his friends, Dr Thomas Coxe and Sir John Micklethwaite, Dr George Bate and Sir Theodore Turquet de Mayerne. All were consummate professionals. All were Fellows of the London College of Physicians (which became the Royal College of Physicians at the Restoration). All, like Baxter who shunned the title, were closer to Presbyterianism in preferred church organization and doctrine than they were to any other form of worship, and all, I would suggest, passed Baxter’s scrupulous muster as “godly, diligent physicians”.

Far from being a *rara avis* in the seventeenth century, “the godly physician” comprised a significant part of the most learned segment of the profession. Continually buffeted by

⁶³ A R Hall’s wise observation that of the first 100 members of the Royal Society, twenty were physicians, still remains telling. To which we also might add that of the rest of the 100 Fellows, Brouncker, Boyle and Hooke were honoured with medical degrees, while Dorchester stunned his aristocratic circle by becoming a Fellow of the College of Physicians in 1658 and demanding acknowledgment as a “physician”. Also among this charter group was another MD, Thomas Wren, perhaps the same who was rector of Willingham, Cambridgeshire, 1662–1679. Matthews, *op. cit.*,

note 3 above, p. 69. Dorchester’s special relationship to the College is dealt with in Lindsay Sharp, ‘The Royal College of Physicians and interregnum politics’, *Med. Hist.*, 1975, 19: 107–28.

⁶⁴ Richard Baxter, *The autobiography of Richard Baxter*, ed. J M Lloyd Thomas, London, J M Dent, 1931, p. 78.

⁶⁵ For Baxter’s relationship to medicine, see Andrew Wear, ‘Puritan perceptions of illness in seventeenth-century England’, in Roy Porter (ed.), *Patients and practitioners*, Cambridge University Press, 1985, pp. 55–99.

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fortune throughout the period, the godly soon learned the value of medicine as a practical alternative to an uncertain clerical career.⁶⁶ By the century's end, medicine had risen with dissenters to a level nearly on a par with the ministry, something it could not have done among Anglicans. The rising status of the profession itself throughout the century and beyond was owed in no small part to the single-minded dedication brought to it by some of the most talented of Puritans, dissenters, and dissenter sons who had transformed medicine into a kind of secular priesthood, with all the ardour and idealism that would have normally gone into their clerical vocations. A fascinating portrait of physician transformation during the course of the century, from reviled to revered, can be found as early as 1634 when Puritan infusions into the profession were well under way. In this year, the playwright Philip Massinger introduced to his audience the strange figure of Doctor Paulo, a kind, honest, humble, and yet successful physician, to whom early Stuart playgoers, and the play's principals, were totally unaccustomed:

Observe his Piety—I've heard, I know not, most Physicians, as they grow greater in skill, grow less in their religion; attributing so much to natural causes, that they have little faith in that they cannot deliver reason for: this doctor steers another course.⁶⁷

Steering "another course" around all obstacles in the seventeenth and eighteenth centuries, Puritans and dissenters had carved a permanent niche for themselves within the medical profession, a niche that would continue to produce outstanding doctors well into the nineteenth century.

Note on Appendices

All those listed below and in Appendix II qualified under Matthews' criteria of ejected ministers and university fellows who turned to medical practice after their ejections. The source here is primarily Matthews and Calamy (see notes 3 and 13), supplemented by the *DNB* and Innes Smith (note 8).

APPENDIX I

University medical students with degrees or licences, and/or RCP licences or Fellowships:

1. Robert Brinsley
2. William Burnet
3. Isaac Chauncy
4. John Chester
5. Joseph Clark
6. Abraham Clifford
7. Francis Cross

⁶⁶ In a recent interview with David Selbourne (himself the son of a doctor), Lord Goodman gave it as his opinion that the disproportionate number of Jews in the English medical profession were there because the profession was "portable", offering additional security to those who had known historic persecution and dislocation, an argument that could

also be made for English Dissenters. David Selbourne, *Not an Englishman: conversations with Lord Goodman*, London, Sinclair-Stevenson, 1993, p. 57.

⁶⁷ The passage is from Massinger's *A very woman; or, The prince of talent*.

William Birken

8. Thomas Douglas
9. Nathaniel Fairfax (may also have received episcopal licence in 1665)
10. Richard Gilpin
11. Henry Godman
12. Leonard Hoar
13. Paul Hobson
14. Edward Hulse
15. John Hutchinson
16. Richard Inglett
17. John Manship
18. William Marshall
19. Richard Morton
20. John Panton
21. John Peachy
22. Richard Perrott
23. Robert Perrot
24. John Pratt
25. John Pringle
26. John Reynolds
27. Edward Richardson
28. Samuel Rolls
29. Gilbert Rule
30. Henry Sampson
31. Philip Stevens
32. James Stephenson
33. Arthur Tristram
34. Edward Warren
35. Thomas Troit
36. Robert Wood
37. Thomas Woodcock

Others, not ejected:

1. Nathaniel Banne
2. Ichabod Chauncy
3. Richard Griffith

APPENDIX II

Medical men with no known university medical study, degree or licence (apart from episcopal), and no RCP licence or Fellowship:

1. John Allin
2. Andrew Barnet
3. Stephen Baxter
4. John Brett
5. Patrick Bromfield
6. John Bulkley
7. Thomas Carter
8. Nicholas Cary
9. John Clark

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10. John Courtman
11. Luke Cranwell
12. Giles Firmin
13. William Floyde
14. Richard Holbrooke (episcopal licence)
15. John Laughton (episcopal licence)
16. Robert Law
17. John Lomax
18. Edmund Mathews
19. John Reyner
20. Richard Resbury (licensed in 1639, but may have received a university not an episcopal licence)
21. Anthony Stevenson
22. Titus Thomas
23. John Wilson

Others not considered by Matthews:

1. Cuthbert Harrison (not ejected)
2. John French (in Calamy, but Matthews omitted Welsh parishes)
3. William Pell (medical practitioner in *DNB*, but not noted by Matthews as a practitioner)

APPENDIX III

Partial list of the sons of ejected or dissenting ministers who entered medicine in the late seventeenth and early eighteenth centuries.

Minister

1. Praisegod Barebones
2. Richard Byfield
3. John Chester
4. John Chishul
5. Mathew Clarke
6. John Courtman
7. John Crofts
8. William Durant
9. Benjamin Fairfax
10. Nathaniel Fairfax
11. Giles Firmin
12. Samuel Fones
13. Obadiah Grew
14. Edward Grove
15. John Gyles
16. Joseph Halsey
17. John Harding
18. Henry Havers
19. William Haworth
20. Richard Holbrooke
21. John Howe
22. Edward Hulse
23. Stephen Lobb

Physician

- Nicholas Barbon
Timothy Byfield
John Chester
John Chishul
Mathew Clarke
Robert Courtman
John Crofts
John Durant
Nathaniel Fairfax
Blackerby Fairfax
Nathaniel Firmin
Thomas Fones
Nehemiah Grew
Thomas Grove
John Gyles
Joseph Halsey
Edward Harding
Clopton Havers
Samuel Haworth
William Holbrooke
George Howe
Sir Edward Hulse
Theophilus Lobb

William Birken

Minister

24. John Luff
25. Mathew Mead
26. Martin Morland
27. Richard Morton
28. John Munckley
29. John Nesbitt
30. Philip Nye
31. Joshua Oldfield
32. John Oxenbridge
33. Mathew Poole
34. Gilbert Rule
35. Richard Sadler
36. James Stephenson
37. Edmund Thorpe
38. Thomas Woodcock

Physician

- John Luff
- Richard Mead
- Joseph Morland
- Richard Morton
- Nicholas Munckley
- Robert Nesbitt
- Rupert Nye
- John Oldfield
- Daniel Oxenbridge
- Mathew Poole
- Gilbert Rule
- Samuel Sadler
- John Stephenson
- Thomas Thorpe
- Samuel Woodcock