

“BRED UP IN THE STUDY OF THAT FACULTY”: LICENSED PHYSICIANS IN NORTH-WEST ENGLAND, 1660–1760

by

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The structure of medical practice in early modern England has been the subject of considerable historiographical attention in recent years. There has been discussion of the declining authority of learned physicians, the increasing supply and diverse character of practitioners, and the role of medicine as a market commodity in the nascent consumer society.¹ The shift of focus away from corporate institutions and a handful of “great men” towards ordinary patients and practitioners is clearly leading to a far more sophisticated understanding of the history of medicine, but the ubiquitous metaphor of the “medical marketplace” also has its potential pitfalls. Among them are the implicit tendencies to treat practitioners as if they were social equals, supplying an undifferentiated commodity, and to ignore restrictions on the freedom of trade. The collapse of the medical hierarchy and the growth of a free market need to be balanced against social stratification and the factors that shaped both demand and supply. Without such an account, many of the tensions and conflicts in early modern medicine must remain incomprehensible.

Any effective system of medical licensing limits competition between practitioners by restricting entry into the market and punishing interlopers. It divides practitioners both by inclusion within a hierarchy and by exclusion, on such grounds as sex, education, and religion.² In assessing the medical services available in the past, it is necessary to discover

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This essay is dedicated to the memory of Geoffrey Holmes, who first encouraged me to undertake the subject. It has also been influenced by the work of Hal Cook, Luis García Ballester, Margaret Pelling and Charles Webster. Details of education have been drawn without citation from J. Venn and J. A. Venn's *Alumni Cantabrigienses*, Cambridge University Press, 1922–54, and Joseph Foster's *Alumni Oxonienses*, Oxford and London, Parker, 1891–2.

¹ G. Holmes, *Augustan England: professions, state and society, 1680–1730*, London, George Allen and Unwin, 1982, pp. 166–235; M. Pelling, ‘Medical practice in early modern England: trade or profession?’, in *The professions in early modern England*, ed. W. Prest, London and New York, Croom Helm, 1987, pp. 90–128; D. Porter and R. Porter, *Patient's progress: doctors and doctoring in eighteenth-century England*, Cambridge, Polity Press, 1989; H. Cook, ‘Good advice and little medicine: the professional authority of early modern English physicians’, *J. Br. Stud.*, 1994, 33: 1–31.

² Most historical studies of licensing focus on medical guilds, e.g. K. Park, *Doctors and medicine in early Renaissance Florence*, Princeton University Press, 1985, pp. 20–8. For non-gild systems, see J. T. Lanning, *The royal protomedicato*, ed. J. J. TePaske, Durham, N. C., Duke University Press, 1985; L. García Ballester, M. R. McVaugh and A. Rubio Vela, *Medical licensing and learning in fourteenth-century Valencia*, *Trans. Amer. Phil. Soc.*, 79, pt. 6, 1989.

how important it was for practitioners to receive official approbation and which kinds of practitioner were recognized, while remaining sceptical about the correlation between recognition and actual medical practice. Early modern England had several overlapping systems of licensing, quite apart from the gilds regulating surgeons and apothecaries in some corporate towns. There was a system of episcopal licensing for midwives, surgeons and physicians.³ Licences to practise physic throughout England, except London, were also issued by the universities of Oxford and Cambridge and by the College of Physicians. Until the licensing of non-graduate physicians is regularly included in studies of provincial medical personnel, the influence of regional variations in regulation on the market for health services will remain unknown.⁴

Some of the best detailed work has studied London and Bristol, where episcopal licensing did not fully function, or the period after its decline.⁵ In London, the College of Physicians claimed sole jurisdiction over all practitioners of physic within a seven-mile radius. Licences to practise in London were mainly issued to graduates and the College did not accept the validity of episcopal licences, but its ability to enforce its authority declined sharply at the end of the seventeenth century.⁶ In Bristol, the Bishop attempted to reinstate licensing after the Restoration but was resisted by the Barber-Surgeons' Company. Consequently, licensing did not affect the rapid development of Bristol's medical services market.⁷

Several licensed physicians in seventeenth-century England, such as Richard Napier, William Lilly, John Locke and Percival Willoughby, are well known to historians.⁸ William Butler of Cambridge "never tooke the Degree of Doctor, though he was the greatest Physitian of his time".⁹ Although satisfied with his episcopal licence, James Yonge of Plymouth was persuaded to sit the College's examination in 1702.¹⁰ However, historians often define eighteenth-century physicians as men with medical degrees, thus ignoring those who practised before taking their medical degrees, those who simply described themselves as physicians, and the many licensed physicians throughout the

³ J. H. Bloom and R. R. James, *Medical practitioners in the Diocese of London*, Cambridge University Press, 1935; R. R. James, 'Licences to practise medicine and surgery issued by the Archbishops of Canterbury, 1580–1775', *Janus*, 1937, 41: 97–106; E. W. Carter, *The Norwich subscription books*, London, T. Nelson, 1937, pp. 133–47; J. H. Raach, *A directory of English country physicians, 1603–1643*, London, Dawsons, 1962; J. R. Guy, 'The episcopal licensing of physicians, surgeons and midwives', *Bull. Hist. Med.*, 1982, 56: 528–42; Holmes, op. cit., note 1 above, pp. 172–6.

⁴ M. Pelling and C. Webster, 'Medical practitioners', in *Health, medicine, and mortality in the sixteenth century*, ed. C. Webster, Cambridge University Press, 1979; R. S. Roberts, 'The personnel and practice of medicine in Tudor and Stuart England, Part I. The provinces', *Med. Hist.*, 1962, 6: 363–82.

⁵ The century after 1750 was one of the least regulated periods of English medicine: I. Loudon, *Medical care and the general practitioner, 1750–1850*, Oxford University Press, 1986; J. Lane, 'The medical practitioners of provincial England in 1783', *Med. Hist.*, 1984, 28: 353–71.

⁶ H. J. Cook, *The decline of the old medical regime in Stuart London*, Ithaca, Cornell University Press, 1986. Margaret Pelling is currently working on London practitioners below the level of the College of Physicians.

⁷ *Articles to be ministered . . . in the second episcopal visitation of . . . Gilbert . . . Lord Bishop of Bristol*, London, 1665, p. 6; Bristol Record Office: MS 04264, p. 209, Bristol Common Council proceedings, Sept. 1670; M. E. Fissell, *Patients, power, and the poor in eighteenth-century Bristol*, Cambridge University Press, 1991.

⁸ Bodleian Library [Bod.]: MS Ashm. Rolls 5 (1); MS Ashm. 222; Lambeth Palace Library [Lamb.]: VX/1A/10, no. 29; Bod.: MS Locke b. 5, no. 10; W. Munk, *The roll of the College of Physicians of London*, 2nd ed., 3 vols., London, Royal College of Physicians, 1878, vol. 1, p. 231.

⁹ *Aubrey's brief lives.*, ed. O. L. Dick, London, Secker and Warburg, 1949, p. 48.

¹⁰ *The journal of James Yonge, 1647–1721*, ed. F. N. L. Poynter, London, Longmans, 1963, pp. 215–20.

country. There is a danger of adopting the viewpoint of a graduate elite within eighteenth-century medicine.

In a sense, many medical degrees were little more than elaborate licences. This is true not only of many Scottish and European degrees but also of Oxford and Cambridge degrees, often granted without examination to practitioners recommended by the government of the day. The physicians who will be considered here, however, had no medical degree but only licences to practise. In choosing which degree or licence to seek, practitioners considered not only the prestige of the qualification but also the cost in money and time, the area covered by the licence and the influence they could bring to bear. Arthur Jessop, a Presbyterian apothecary in Yorkshire, needed a licence in 1730:

Dr. Nettleton was extraordinarily kind to me and promises me freely to write to London to enquire if it be possible to obtain a Licence from the College of Physicians. I expect to make application to York. In the event both fail I shall write to North Britain & do not doubt of succeeding there.¹¹

The wide variety of qualifications led to uncertainties about the relative status of medical practitioners. Licentiates were expected to defer to graduates, accepting lower fees, but competition and inflation tended to undermine the status relationship.¹² Where competition was stiff, graduates did not always respect the authority of licences. In the 1670s, York medical graduates opposed unlicensed physicians but also refused to consult with licentiates: "Mr Clamp showed a licence from the Colledg at London, but has no degree & therefore we hold no compliance with him".¹³ A Dorset physician sneered that his rival was "neither Doctor of Physick, nor yet a Licentiat that I know of, other than by the Bishop's Officer of the Diocess".¹⁴ Surgeons and apothecaries, however, seem to have been willing to accept the authority of licentiates who were able to comport themselves like physicians. Edmund Watson of Salford, a licentiate of the College, arbitrated a dispute between the surgeon Richard Kay of Bury and a Stockport surgeon-apothecary.¹⁵ Patients were less certain about the hierarchy of skill and status. A parson's wife alleged that a Nantwich midwife had said that a licensed surgeon-physician, "whom she in scorn call'd Doctor Walley, had with his silver sawes killed many a one".¹⁶

Attempting both to increase its own powers and to respond to the concerns of provincial graduates, the College of Physicians sought to resolve the uncertainties concerning

¹¹ 'The diary of Arthur Jessop', in *Two Yorkshire diaries*, ed. C. E. Whiting, Yorks. Arch. Soc., Record Series, vol. 117, 1952, p. 4. For a discussion of costs, see *Diary of the Rev. John Ward, M.A. (1648-1679)*, ed. C. Severn, London, H. Colburn, 1839, pp. 12-14.

¹² D. Irish, *Levamen infirmi*, London, 1700, p. 30; D. Harley, 'Honour and property: the structure of professional disputes in eighteenth-century English medicine', in *The medical enlightenment of the eighteenth century*, ed. A. Cunningham and R. French, Cambridge University Press, 1990, pp. 138-64.

¹³ British Library [B.L.]: MS Sloane 1393, f. 15, letter from R. Wittie to colleagues in Doncaster, 6 May 1672. Martin Lister was the only member of the York association who did not yet have a medical degree.

¹⁴ *Alius Medicus. Animadversions on the medicinal observations of . . . Mr. Frederick Loss*, London, 1674, p. 1. Loss, an immigrant, had been resident in Dorchester for many years.

¹⁵ *The diary of Richard Kay, 1716-51*, ed. W. Brockbank and F. Kenworthy, Chetham Soc., 3rd ser., vol. 16, 1968, pp. 33-4; Munk, *Roll*, vol. 2, p. 128. Kay was unhappy about the result, suspecting avarice.

¹⁶ Cheshire Record Office [C.R.O.]: EDC 5/1663/16, depositions in a slander case brought by Anne Knutsford of Nantwich, 1663. The licentiate's wife appeared as a witness for the midwife.

episcopal licensing. In the spring of 1687/8, the College sent a letter to every bishop, insisting that only physicians who had been examined in London could be licensed. Dr Elliot told the Committee that the Bishop of Oxford had recalled the order for a licence that he had issued. The hapless physician was “ordered to bring Testimoniall Letters from the President and Elects”. Dr Johnston reported that the Bishop of Chester “ordered his Secretary immediately to register it”.¹⁷ Sir Thomas Witherly’s letter was indeed transcribed into the Chester register but it had no lasting effect.¹⁸ Having been closely identified with James II’s policies, Bishop Cartwright went into exile and Witherly lost his post as royal physician and the presidency of the College.

Provincial graduates continued to complain about the episcopal system of regulation and sought authority to prosecute unlicensed practitioners directly.¹⁹ The Royal College of Physicians was sympathetic but ineffectual. In 1710, the College informed Dr Musgrave of Exeter that a bishop’s licence was believed to be void without examination by the President and Elects, but the College could not issue a commission to prosecute. In 1713, physicians in Norfolk and Suffolk sought the College’s support for a bill to suppress quacks. The College reiterated its position on bishops’ licences but hesitated to endorse the proposed bill.²⁰

One of the most thorough attacks on the system of episcopal licensing was published by a Worcestershire physician, John Tristram, in 1727. He suggested that even some of the bishops were unsure whether licensing continued to be legal after the Reformation. Tristram objected to licences being granted to “great numbers of Gentlemen that are bred Abroad” whose urban practice crowded out the graduates of Oxford and Cambridge, “abundance of meer Formalists” who practised from books without experience, and “many illiterate and ignorant Persons besides, and that without due examination and necessary Tryal before competent Judges”. Tristram claimed that the court officials, “for the sake of Perquisites, are ready Solicitors for this Tribe of Candidates”. He criticized the testimonials because “our regular Physicians themselves are too easily importuned to sign Certificates to many of these humble Petitioners”. Tristram advanced several explanations. Physicians thought these men unable to damage their practice, because they lived far away or would practise among the poor. They might wish to “oblige some good Patient of their own, that Intreats this Favour of them for a poor Parson, that otherwise hath not wherewithal to Support his Family”. They might think that “another Simple Fellow may do good in a few Cases, (or in other make Work for them)”. Physicians thus assisted the impostor who eventually “supplants their Character, as well as supplies their Place”.²¹ Tristram’s damning indictment of the system should not be accepted without scrutiny. His basic assumption, that only men educated at Oxford or Cambridge were competent to practise physic, led him to indulge in special pleading.

¹⁷ Cook, *op. cit.*, note 6 above, p. 196; Royal College of Physicians [R.C.P.]: *Annals*, 4 Feb. 1687/8; B.L.: MS Sloane 3915, ff. 58v–60v, 62r, minutes of the Committee of the College of Physicians. Previous writers misread these minutes.

¹⁸ C.R.O.: EDA 3/1, p. 489; cf. Bod.: MS Rawl. Lett. 93, f. 329, Witherly to the Bishop of Ely.

¹⁹ Few used the civil courts, as George Heale MD of Leeds did against three Anglican clergymen, a dissenting minister, and a gentleman: Public Record Office [P.R.O.]: ASSI 44/25, Northern Assize indictments for 1677.

²⁰ R.C.P. *Annals*, 24 March 1709/10, 3 April 1710, 8 Oct. 1713.

²¹ J. Tristram, *The ill state of physick in Great Britain*, London, 1727, pp. 49–50.

When the ecclesiastical courts were restored in the 1660s, medical licensing was not a priority.²² In the Diocese of Chester, an effective court system was created only in the Archdeaconry of Chester, so the best evidence for licensing in the region comes from Cheshire and Lancashire south of the River Ribble.²³ Surviving testimonials show the kinds of practitioner that were licensed and who supported their applications. Visitations list people expected to exhibit licences or suspected of unlicensed practice.²⁴ Unfortunately, because many physicians were never summoned and the clerks often failed to record who appeared to exhibit licences, reliable statistics for this diocese may be unattainable.²⁵ The system was fully operational throughout the Archdeaconry of Chester in the late seventeenth century, and it functioned sporadically in the northern Archdeaconry of Richmond. In this diocese, decline set in during the early eighteenth century and licensing fell into desuetude after the mid-century.

It is not clear if any bishops believed that their licensing powers were illegal, as Tristram suggested, although Witherly's campaign may have sown some doubts. A bishop did assert that Lambeth medical degrees lacked authority without a licence to practise.²⁶ This was strictly true but any medical degree was normally accepted as sufficient licence, which was why degrees from Leiden, Utrecht, and Scottish universities were popular with dissenters, since they did not require the swearing of any "ensnaring oaths". Even a notorious Catholic presenting a Leiden degree at a visitation could be accepted as licensed to practise.²⁷

A few practitioners in this region had taken the examination of the College of Physicians. Sometimes this was merely a stage in the career of a future MD. Thomas Whalley was practising in Sussex when he obtained a licence in June 1705. By September, he was living in Manchester. He obtained an MB in 1708 and an MD in 1711. In 1712, he inherited the family estate of Sparth, in Clayton-le-Moors. He was noted for his charity

²² A. O. Whiteman, 'The re-establishment of the Church of England, 1660–1663', *Trans. R. Hist. Soc.*, 5th ser., 1955, 5: 111–31; I. M. Green, *The re-establishment of the Church of England, 1660–1663*, Oxford University Press, 1978, pp. 117–42.

²³ Examples will also be drawn from the Western Deaneries of the Archdeaconry of Richmond, covering northern Lancashire and parts of Cumberland and Westmorland.

²⁴ For Chester visitations, see W. Fergusson Irvine, 'Church discipline after the Restoration', *Trans. Hist. Soc. Lancs. and Ches.*, 1912, 64: 43–71; 'List of clergymen, etc., in the Diocese of Chester, 1691', ed. J. Brownbill, in *Chetham Miscellanies*, n.s., vol. iii, Chetham Soc., n.s., 1915, p. 73. For photographs of the 1734 Chester Correction Book and the courtroom of the Chester Consistory Court, see *Before the bawdy court*, ed. P. E. H. Hair, London, Elek, 1972, pp. 34, 101.

²⁵ The metropolitan visitations of the Archbishops of York are at the Borthwick Institute; York V. The visitations of the Diocese and the Archdeaconry of Chester are at the Cheshire Record Office: EDV. Most records of the Archdeaconry of Richmond are at the Lancashire Record Office [L.R.O.]: ARR, DRCh. The main source of testimonials is three bundles of documents, unnumbered when consulted [C.R.O.: Diocesan Miscellany]. Some seventeenth-century medical licences are recorded in *Marriage licences granted within the Archdeaconry of Chester*, ed. W. F. Irvine, vols 5–8, Lancashire and Cheshire Record Society [L.C.R.S.] vols 65, 69, 73, 77, 1912–24 [C.M.L.].

²⁶ F. Gastrell, *The Bishop of Chester's case*, Oxford, 1721, pp. 12–13, 40–3. Medical degrees from Oxford and Cambridge were accompanied by licences.

²⁷ C.R.O.: EDV 2/8, f. 28r; L.R.O.: WCW 1675 supra, will and inv. of William Anderton of Horwich; O. Heywood, *Autobiography*, ed. J. H. Turner, 4 vols., Brighouse, A. B. Bayes, 1882–5, vol. 3, p. 211. The Leiden Annals for 10 March 1652, when Anderton took his degree, are missing. In 1775, the President of the Royal College of Physicians stated that a doctoral degree was licence in itself: J. Wiltshire, *Samuel Johnson in the medical world*, Cambridge University Press, 1991, p. 206.

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and his skill in botany, medical theory, and therapeutics.²⁸ Few licentiates in this region were quite so regularly educated.

An advantage of the College's licence was that religious oaths were not required. Robert Whitaker, a nonconformist gentleman of Healey Hall, Burnley, was licensed by the College in 1669.²⁹ John Carte, an ejected minister's son, left Cambridge without a degree and obtained a College licence in 1674 before setting up as a physician in Manchester.³⁰ Samuel Jollie of Pendleton, a member of a family of nonconformist ministers, was granted a licence in the early 1680s. He later moved to Sheffield, where his brother taught at the dissenting academy.³¹

The College's licence provided a useful protection from the church courts anywhere in England. Thomas Hodgson, a Lancaster apothecary, was presented for "practiceing phisick or Chirurgery without Licence" in September 1698. The vicar criticized the officiousness of the churchwardens and supported his claim that he only practised medicine out of charity. To avoid a repetition, he obtained a College licence in March 1704/5.³² Sir Roger Bradshaigh wrote to Hans Sloane in 1734 asking him to help William Mushel Maynard of Wigan obtain a licence,

to enable him to act in his Pro[fe]ssion wth safety & unmolested, Which I find [he's] not likely to doe by reason of a Peivish [person] of ye same Profession amongst us. Who [is] go[ing] to prosecute him for no other Reason [that] I can learn, but his having obtain'd a [good] Character & robb'd him of most of his [Patie]nts.³³

Passing the examination of the College was not always easy and the Elects were apt to give advice to borderline cases. Benjamin Temple was licensed by the College in 1677, having practised in Wigan for three years, with a caution that he should consult with a more experienced physician in difficult cases. Temple accordingly went to study in Holland, where he was recruited by the Duke of Monmouth. Captured at Sedgemoor, he was executed in 1685.³⁴ Ottiwell Johnson of Lancashire was examined in 1723 and "advis'd to study more before he aim'd att a Licence".³⁵

University licentiates were rare in this region, only one surviving from before the Restoration. Samuel Smith of Salford lost his 1630 Oxford licence during the Civil War, so he was granted a diocesan dispensation in February 1661/2.³⁶ After 1660, university

²⁸ Munk, *Roll*, vol. 2, p. 14; *Marriage bonds of the ancient Archdeaconry of Chester, Part 1*, L.C.R.S., vol. 82, 1933, p. 184; W. A. Abram, *A history of Blackburn*, Blackburn, J. G. and J. Toulmin, 1877, p. 406.

²⁹ R.C.P. Annals, 30 June 1669; Munk, *Roll*, vol. 1, p. 359; L.R.O.: WCW 1704 supra, will of Robert Whitaker; W. Bennett, *The history of Burnley, 1650–1850*, 4 vols., Burnley Corporation, 1948, vol. 3, p. 23.

³⁰ R.C.P. Annals, 7 May 1674; Munk, *Roll*, vol. 1, p. 369; A. G. Matthews, *Calamy revised*, Oxford University Press, 1934, p. 102.

³¹ R.C.P. Annals, 10 April 1680 and 12 March 1682/3; Munk, *Roll*, vol. 1, pp. 405, 426; J. E. Manning, *A history of Upper Chapel, Sheffield*, Sheffield, Independent Press, 1900, pp. 45–6; *Dictionary of national biography*, entries under 'Jollie'.

³² C.R.O.: EDV 1/67, f. 4; Munk, *Roll*, vol. 2, p. 14.

³³ B.L.: MS Sloane 4053, f. 229, letter from Bradshaigh to Sloane, 7 June 1734 (left edge frayed); Munk, *Roll*, vol. 2, pp. 129–30.

³⁴ R.C.P. Annals, 30 March 1677; Munk, *Roll*, vol. 1, p. 393; G. N. Clark, *A history of the Royal College of Physicians of London*, 2 vols, Oxford, Clarendon Press, 1964–6, vol. 1, p. 353.

³⁵ R.C.P. Annals, 22 April 1723.

³⁶ C.M.L., vol. 5, p. 21; York V 1669/70/Exh.Bk., p. 51. Not in Foster.

licences were useful to men more willing to undergo examination than to undertake lengthy study. Robert Angell MA moved to Chester after obtaining a Cambridge licence in July 1660. His refusal to support the parish church suggests he was a nonconformist.³⁷ In 1666, Nathaniel Banne MA, a former minister, obtained a Cambridge licence to equip him for practice in Manchester.³⁸

The most useful ecclesiastical licences were those issued by the two archbishops, who could permit practice in several dioceses. The Archbishop of Canterbury also issued a few medical degrees to favoured applicants such as the anatomists Edmund King and John Mayow. William Fyfe of Weddicar Hall, near Garstang, who had been educated at Trinity College, Oxford, was granted a Lambeth MD in May 1663. He was politically active and a Justice of the Peace. Nonconformists attributed his untimely death to an ungodly demeanour and the arrogant prediction of a patient's death.³⁹

Lambeth licentiates were not necessarily supporters of the Restoration regime. John Witter, a Chester apothecary, had been prominent in the administration of the city during the Interregnum. In February 1661/2, having sworn the oaths of allegiance and supremacy, he was given a diocesan licence limited to the City and Deanery of Chester. He was stripped of his civic offices in August 1662 for not taking the oaths demanded by the Corporation Act. He obtained a Lambeth licence in 1668, presumably to be free to travel further afield when treating dissenting ministers such as Adam Martindale and William Cook.⁴⁰ Peter Tarbock was licensed by the Archbishop in 1675 to practise medicine in the diocese of Chester. He practised surgery in Liverpool but never exhibited the licence, so he was probably a nonconformist who had it as a precaution.⁴¹

The large area usually covered by Lambeth licences permitted flexibility in relocation. Practitioners born in the diocese of Chester were licensed for several southern dioceses.⁴² Lambeth licences also supported movement into Cheshire. William Walley had been licensed in 1637 for four Midlands dioceses. Having moved to Nantwich, he showed his licence to the Archbishop of York's visitation of 1662–3 and later used it to obtain a Chester licence.⁴³ Charles Smith, living in Chester in 1738, had a 1712 licence for the whole province of Canterbury and the dioceses of Durham, Chester and Carlisle.⁴⁴

The scope of an Archbishop's licence could assist an itinerant career too. Honoratus Le Begg of Canterbury was granted a diocesan licence in 1668, which he exchanged in 1675 for a licence for physic and surgery throughout the province of Canterbury, presenting a testimonial from four physicians and a surgeon. Two years later, he was licensed in

³⁷ C.R.O.: EDV 2/8, f. 8v; EDV 1/42, f. 9.

³⁸ Matthews, *op. cit.*, note 30 above, p. 27; York V 1669–70/Exh.Bk., p. 28.

³⁹ Lamb.: F1/C, f. 124; M. Mullett, "To dwell together in unity": the search for agreement in Preston politics, 1660–1690", *Trans. Hist. Soc. Lancs. and Ches.*, 1974, 125: 64–5; [O. Heywood] *Memoirs of the Rev. Nathaniel Heywood*, London, 1694, pp. 23–4.

⁴⁰ Chester City R.O.: A/B/2, ff. 105r, 124v, 135r; *C.M.L.*, vol. 5, p. 21; Lamb.: F1/C, f. 237v; *The life of Adam Martindale*, ed. R. Parkinson, Chetham Soc., o.s., 1845, vol. 4, p. 209; C.R.O.: WS 1679, will of John Witter. The oaths declared resistance to the King treasonous and the Solemn League and Covenant illegal. Taking Anglican communion was also required.

⁴¹ Lamb.: F1/D, f. 100v. In 1704, he acted as bondsman for the daughter of a Baptist practitioner: *Chester marriage bonds, pt. 1*, *op. cit.*, note 28 above, p. 123.

⁴² Lamb.: F1/D, ff. 105v, 118v, licences for Roger Berkenhead and Moses Bruck.

⁴³ York V 1662–3/CB2, f. 44; *C.M.L.*, vol. 5, pp. 212–13. He was living in St Margaret Pattens, London, in 1637: Lamb.: Laud I, f. 276v.

⁴⁴ C.R.O.: EDV 2/28, f. 27v.

Norwich “to erect a stage at the Guildhall to sell his medicines and perform cures upon the stage”. He later settled in Lancaster, sending remedies by post. He was moderately prosperous and his son became a Cheshire clergyman after attending Cambridge University.⁴⁵

More common than Lambeth licences in this diocese were those issued on behalf of the Archbishop of York. Some were issued during the visitation conducted by recently installed archbishops. John Webster junior, who practised with his more famous uncle in Clitheroe, was licensed during the metropolitan visitation of 1669, as was Christopher Baron of Hough End, Manchester.⁴⁶ Some practitioners living near Yorkshire applied to York for their licences. Edward Ogden of Oldham was licensed to practise as a physician throughout the Province of York by the Archbishop’s Chancellor in April 1667.⁴⁷ Occasionally, practitioners moving from another part of the Province applied to York. After Robert Malyn moved from Nottingham to “an estate he has in Cheshire”, a friend wrote in July 1704 to the Chancellor of York recommending him for a licence, enclosing a testimonial from John Bee MD and two other Nottingham practitioners.⁴⁸

Most licensed physicians in the Diocese of Chester possessed licences from the Bishop or his two surrogates. To assess criticisms of the system, it is necessary to consider why and by whom licences were obtained, who wrote testimonials, and what kinds of practice were justified by the possession of licences. Whereas surgeons and midwives in the Diocese of Chester were frequently prompted to obtain licences by presentation for unlicensed practice, this does not often appear to have been the case with physicians.⁴⁹

The churchwardens were frequently rather loose in their application of the word “physician” when they replied to the visitation articles, not differentiating between physic and surgery. Since they were appointed annually, they were even vaguer about who held licences to practise. The Ormskirk wardens presented two practitioners in 1671, Mr John Cooper and Daniel Ambrose, “for practicing Physicke and Surgery, but whether licensed is not knowne”. In fact, Cooper had been licensed in 1662 and Ambrose in 1665.⁵⁰ Even Oxford graduates were sometimes presented as unlicensed.

Those accused varied widely in social status. Thomas Bracy, a Prestbury gentleman who denied before the metropolitan visitation of 1684–5 that he practised physic, was warned not to practise in future and dismissed.⁵¹ In 1712, the Tarporley wardens presented George Brookes, “a Pensioner in Chelsea College, as practicing physic & chirurgery”. He was presented again in 1722. To judge by his handwriting, he was barely literate. His goods were valued at £28 13s 0d. when he died in 1725, the main item being “Bookes and wearing Apparel, Cash 16.07.00”. In his shop, along with the gun, pistols and swords of

⁴⁵ Lamb.: VX/IA/10, no. 76; *Extracts from the court books of the City of Norwich, 1666–1688*, ed. W. Rye, Norwich, Norfolk and Norwich Archaeological Society, 1905, p. 144; *The great diurnal of Nicholas Blundell*, ed. J. J. Bagley, 3 vols., L.C.R.S., vols. 110, 112, 114, 1968–72, vol. 1, pp. 18, 30, 56; L.R.O.: WRW 1705, inv. of Honoratus Lebeg of Lancaster.

⁴⁶ C.R.O.: EDV 2/8, f. 29v; York V 1669–70/Exh.Bk., p. 56.

⁴⁷ York V 1669–70/Exh.Bk., p. 55.

⁴⁸ Borthwick: Surg. Nom., letter and test. for Robert Malyn, July 1704. The estate was at Ashton on Mersey but he practised mainly around Manchester.

⁴⁹ D. Harley, ‘English provincial midwives: Lancashire and Cheshire, 1660–1760’, in *The art of midwifery*, ed. H. Marland, London, Routledge, 1993, pp. 27–48.

⁵⁰ C.R.O.: EDV 1/38, f. 81; York V 1669–70/Exh.Bk., pp. 27, 32.

⁵¹ York V 1684–5/CB2, f. 331.

his military past, he had three brass mortars, two pairs of scales, and “Some few druggs Bottles Mugs, Flasks with his own distill’d waters in”.⁵² The overwhelming majority of those presented by churchwardens for the unlicensed practice of physic never obtained licences as physicians, either because their practice would more properly have been described as minor surgery or because they would have been unable to obtain adequate testimonials.

Presentations for unlicensed practice were somewhat erratic and it is difficult to discern a clear pattern in their incidence. The concerns of a new rural dean or parish priest sometimes led to a flurry of citations in an area, especially of surgeons and midwives. Personal motives lay behind some accusations, but those responsible usually concealed their involvement by using intermediaries, as did the York group of physicians.⁵³ The laconic entries in visitation records do not often permit consideration of the reasons for practitioners being presented.

Three groups of people seem to have inspired malicious presentations for unlicensed practice: rival practitioners, clergymen, and local notables. Thomas Alston of Clitheroe had been licensed in 1662 for practice as a surgeon and physician but he was summoned by the 1669–70 metropolitan visitation, “for practicing Physick & Chirurgery without Lycence: let him not be licensed for that he is illiterate & not skilled in either Science & exacts great fees”. This seems to have been inspired by John Webster senior, who was beginning a protracted legal struggle against Alston, claiming apprenticeship fees.⁵⁴ In 1678, Richard Clegg, the vicar of Kirkham, presented Cuthbert Harrison of Singleton for unlicensed physic, for baptising his own children, and for his wife not being churched after childbirth. This was part of a long campaign against the Congregational minister which made Clegg deeply unpopular among his parishioners, who eventually secured his dismissal.⁵⁵ Even a Catholic squire could use the system to pursue personal quarrels. In 1725, during a dispute over grazing rights, Nicholas Blundell accused a skinner of slander. He also ordered the churchwarden “to Present William Davy for Practising Phisick without a Licence”. The archdeaconry court dismissed him with a warning.⁵⁶

In theory, the ecclesiastical courts possessed draconian powers since an excommunicated person was supposed to be a social outcast and could be imprisoned by the civil authorities. In practice, the penalties imposed relied for their efficacy on the co-operation of the guilty parties and their neighbours. Penance and excommunication were very rarely imposed on unlicensed physicians, the courts preferring to rely on warnings. Most of those who were charged with unlicensed physic either claimed they did not practise or apologized and were cautioned. Some were indeed guilty and obtained a licence, although physicians seem to have been less intimidated by the ecclesiastical court

⁵² C.R.O.: EDV 1/84, f. 2v; EDV 1/102, f. 23v; WS 1725, will and inv. of George Brookes of Tarporley.

⁵³ B.L.: MS Sloane 1393, ff. 12, 15, letters from Wittie to colleagues in Doncaster, 21 March 1671/2 and 6 May 1672.

⁵⁴ *C.M.L.*, vol. 5, p. 34; York V 1662–3/CB2, f. 152v; York V 1669–70/CB, p. 237; L.R.O.: DDKe/9/41 (63), DDKe/9/42 (15, 94), DDKe/9/43 (3), letters from Thomas Alston to Roger Kenyon, 1670–72. I am grateful to Michael Mullett for drawing these letters to my attention.

⁵⁵ L.R.O.: DRCh/1, 1678, loose letter from Clegg dated 17 March 1677/8; C.R.O.: EDC 5 (1707) no. 4, depositions against Clegg; B. Nightingale, *The romance of Cuthbert Harrison*, Manchester, John Heywood, 1926, pp. 28, 31.

⁵⁶ *Blundell's diurnal*, op. cit., note 45 above, vol. 3, p. 155; C.R.O.: EDV 1/108, f. 14.

than were surgeons or midwives. Some were forewarned and took precautions. John Walton MA practised medicine in Ormskirk. He was summoned by the 1662–3 metropolitan visitation but when he appeared in August 1663 he was able to produce a licence he had obtained a year earlier. He became the vicar of Walton during the same year, so it would appear that he had been waiting for a suitable benefice.⁵⁷ Others carried on regardless. Richard Massey of Preston-on-the-Hill near Runcorn was presented to the metropolitan visitation of 1662–3 as an unlicensed physician. He denied the charge so he was warned and dismissed. In December 1665, he failed to appear before the archidiaconal visitation on the same charge but he obtained a surgical licence in April 1666. He was still practising as an unlicensed physician in 1680, when a clergyman visited Preston-on-the-Hill to “advise with one Massie yt pretends to physick”.⁵⁸ John Kent of Warrington was presented at the Archbishop’s visitation of 1684–5 but failed to appear. It was not until 1691 that he obtained his licence to practise medicine and surgery, on a testimonial from a graduate and a licentiate, both resident in Chester.⁵⁹

The Catholic practitioners of Lancashire appear in the lists of the unlicensed only rarely, which is perhaps rather surprising since it was illegal for them to practise medicine and surgery at all. A Dr Billing of Billing in the parish of Wigan was known to be practising medicine at least as early as 1661 but he was never presented for unlicensed practice and does not appear in the ecclesiastical court records until 1670, when a presentation for recusancy was made “con[tra]_____Billinge medicu[m] pr[eten]su[m] et Joh[ann]em Billinge for Recusants”. By the time the court met, he was already dead.⁶⁰ The wife of Robert Garlick of Cuerden, in the parish of Leyland, was presented “for practizeing phisicke without License being alsoe a papist” in 1669–70, but the case was dismissed.⁶¹ The Worthington family of Wigan, the most conspicuous Catholic physicians and surgeon-physicians in the region, only featured in the Call Book of the 1684–5 metropolitan visitation when two of them were mentioned among the medical practitioners and later among the recusants.⁶² No members of the family were ever listed among the medical practitioners in diocesan or archidiaconal visitations, despite the parish of Wigan being held *in commendam* by the Bishops of Chester, whose curates included fervent anti-Catholics such as Zachary Taylor.⁶³

Although religious conformity was a major concern of the ecclesiastical courts, Quakers and Baptists were the only Protestant dissenters who were excluded from obtaining licences. Quakers were unwilling to swear any oaths. This could lead to severe persecution. Richard Smith, a Quaker surgeon-physician in Chester, was imprisoned for

⁵⁷ York V 1662–3/CB2, f. 137v; *C.M.L.*, vol. 5, p. 33; L.R.O.: WS 1665 supra, inv. of John Walton.

⁵⁸ York V 1662–3/CB2, f. 60; C.R.O.: EDV 1/34, f. 124; *C.M.L.* vol. 5, p. 187; Manchester Central Library: MS 922.3.N21, p. 44, the memoranda book of Henry Newcome the younger.

⁵⁹ York V 1684–5/CB2, f. 263v; *C.M.L.*, vol. 8, p. 3.

⁶⁰ *Upholland register*, Lancashire Parish Register Society, [L.P.R.S.], vol. 23, 1904, his daughter’s burial on 17 April 1661; C.R.O.: EDV 1/35, f. 179v.

⁶¹ York V 1669–70/CB, p. 258. This presentation was probably inspired by the squire, Richard Kuerden MD, who held in contempt the Catholic poor.

⁶² York V 1684–5/CB 2, ff. 16v, 268r. The grand jury indicted two of the Worthingtons for unlicensed practice in July 1681; L.R.O.: QSR 75. This probably resulted from their vigorous resistance to the penal laws.

⁶³ The Worthingtons did occasionally write testimonials for Protestant colleagues and midwives. For Taylor’s vehement opposition to Catholicism, see Z. Taylor, *The devil turned casuist*, London, 1696.

five years after the 1662–3 metropolitan visitation. Since he was standing excommunicate and refusing to submit, he was arrested under a civil writ, *de excommunicato capiendo*, a procedure that was too complex and costly to be used frequently. After his release, he was repeatedly harassed by both magistrates and church courts until he submitted in December 1678.⁶⁴ Perhaps partly as a consequence of this case, there were hardly any Quaker medical practitioners anywhere in the region until well into the eighteenth century. Baptists did not apply for licences either, although some practised chemical physic as apothecaries.⁶⁵

Other nonconformists were able to obtain licences provided they could accept the taking of the oaths of allegiance and supremacy, as did John Witter, mentioned above. John Pemberton of Liverpool had served his apprenticeship to a Chester apothecary, married in 1658, and then moved to Liverpool. He was bailiff in 1660 but he was excluded from the Common Council in 1662 as a nonconformist. Nevertheless, in the same year, he obtained a licence “to practise Medicine in the Market Towns of Liverpool and Ormskirk and not elsewhere, when necessary, and when no Doctor or Bachelor of Medicine be resident there”.⁶⁶ As in the case of John Witter, the limitation was probably imposed because Pemberton was a nonconformist.

Dissenters who were occasional conformists could readily obtain licences. When Daniel Wild of Saddleworth was licensed by the Archbishop of York in 1663, his testimonial stated that he was “conformable to the Rites of the Church of England as it is now by the Lawes of this nac[i]on established”. He practised in the parish of Stockport and at Manchester, regularly exhibiting his licence at visitations, but he was not an Anglican at heart. His Stockport home was in Dukinfield, where the Congregational minister Samuel Angier had his meeting house. He boarded students for the nonconformist ministry in his Manchester house. He bequeathed money to dissenting ministers and a trust fund for the poor of Dukinfield.⁶⁷ Most nonconformist practitioners were rather less conspicuous. Jonathan Brereton, licensed in 1673 as living in Garstang, had moved to Warrington by 1677, his father having left him property and family responsibilities there. Although he wrote a testimonial in 1682, he seems to have ignored visitations, except when summoned by the Archbishop’s court in 1684. His will suggests that he was fairly learned. He left “all my bookes of Phesick & medicine and all my other lattine bookes” to his nephew, a recent

⁶⁴ York V 1662–3/CB2, f. 1v; Chester City R.O.: QSF/79/91, 102; QSP 79/106, 136, 136v, 143; C.R.O.: EDV 1/35, f. 11v, 12, 21v; [and most until] 1/51, f. 1v; EFC/1/10/1, p. 8, Sufferings Book of Cheshire Friends; J Besse, *A collection of the sufferings of the people called Quakers*, 2 vols, London, 1753, vol. 1, pp. 103, 105.

⁶⁵ Virtually the only Quaker was an immigrant apothecary-physician who settled in Ulverston in 1698: H. Lampe, *Curriculum vitae*, ed. J. J. Green, London, Headley Bros., 1895; L.R.O.: EDV 1/73, f. 10. The most notable Baptists were the Fabius family: L.R.O.: QSP 849/32, house licensed for worship, 1700; WCW 1705 supra, will and inv. of Daniel Fabius (senior) of Low Hill, Everton; P.R.O.: IR 1/43/96, 1713 apprenticeship; for their practice, see *Blundell’s diurnal*, op. cit., note 45 above, vol. 1, pp. 50–1, 54, 59, 61–2, 64, 71, 78, 82, 124, 134–5, 139, 175.

⁶⁶ *C.M.L.*, vol. 5, pp. 79–80; F. Nicholson, *Memorials of the family of Nicholson*, ed. E. Axon, Kendal, privately published, 1928, p. 38n. Another Liverpool physician, Henry Ambrose, had been licensed a year earlier: *C.M.L.*, vol. 5, p. 38.

⁶⁷ York V 1662–3/C: Nom/Sur: test. for Daniel Wild, 7 Nov. 1663; York V 1669–70/Exh.Bk., p. 50; *The diary of James Clegg*, ed. V. S. Doe, 3 vols, Matlock, Derbyshire Record Society, 1978–81, p. 913; L.R.O.: WCW 1703 supra, will of Daniel Wild; A. Gordon, *Historical account of Dukinfield Chapel*, Manchester, Cartwright & Rattray, 1896.

biblical commentary to his brother-in-law, and “all the Bookes wch weare bought & given between us” to a nonconformist apothecary.⁶⁸

Unlike nonconformist laymen, the ejected ministers were too well known to avoid attention. John Webster senior, ejected from his curacy in the 1630s, had been a Parliamentarian army surgeon, a critic of the universities, and a famous religious radical. He was licensed as a physician by the Archbishop of York in March 1661/2, although his sincerity in taking the oaths was doubted by some.⁶⁹ Webster had left the ministry long before the Restoration but some of those ejected in 1660–62 practised medicine while continuing to minister to a nonconformist congregation. Even they could obtain episcopal licences, although they more commonly acquired foreign degrees. Richard Holbrooke of Prestwich, an ejected minister and a member of a Manchester medical family, was licensed as a Presbyterian preacher in 1672 and as a physician in 1673, on the testimonial of two Manchester physicians who held university licences.⁷⁰ Many nonconformists in this region disliked their ministers practising medicine but necessity forced it onto some of them.⁷¹ By contrast, there is little evidence in this region for the practice of medicine by Anglican clergymen, which seems to have been more common in Yorkshire.

In rural areas, minor gentlemen and yeoman farmers often held licences. Some appear to have achieved this status during their lifetimes. Alexander Potter had been licensed in 1628 as a surgeon and physician. When he died in 1691, he was described as a gentlemen of Foxdenton, in Chadderton, in the parish of Oldham. He left his lands to his wife and her sister, the co-heiresses of the family of Radcliffe of Foxdenton, and his goods were valued at nearly £600, most in money and bonds.⁷² Richard Cooper of Charnock Richard was a prosperous yeoman farmer with gentry connections who was described as a “lyceniante in physicke” in his will. His land was inherited from his cousin, a former High Sheriff.⁷³

Others were more established in their status. Robert Oldfield of Dunham Hall, near Chester, was licensed in 1689 on a testimonial from two graduate physicians, Allan Pennington MD and Phineas Fowke MD, FRCP. When he died in 1695, his goods were valued at £328.8s.6d. He left £20 per annum to pay for a preaching, resident, non-pluralist minister at a Chester church and he bequeathed folio medical works in Latin to three nonconformist physicians and the eldest son of his apothecary.⁷⁴ The Bentleys of Woodhouse Lane, Spotland in Rochdale, were a yeoman family who practised medicine for several generations. Arthur Bentley was first summoned by the metropolitan visitation

⁶⁸ *C.M.L.*, vol. 6, p. 129; York V 1684–5/CB2, f. 263v; *C.M.L.*, vol. 7, p. 40; L.R.O.: WCW 1690 supra, will of Jonathan Brereton of Warrington. His brother-in-law was Peter Aspinall, a prominent ejected minister.

⁶⁹ P. Elmer, *The library of John Webster, Medical History*, Supplement No. 6, London, Wellcome Institute, 1986, pp. 1–14; C.R.O.: EDV 2/8, f. 29v. The Corporation Act commissioners excluded him despite his willingness to take the oaths. He was reinstated when the commissioners’ powers lapsed.

⁷⁰ *C.M.L.*, vol. 6, p. 135; Matthews, *op. cit.*, note 30 above, p. 271.

⁷¹ *Diary of James Clegg*, *op. cit.*, note 67 above, p. 72; Bod.: MS Eng.misc.e.330, f. 50, Matthew Henry’s diary, April 1708.

⁷² York V 1669–70/Exh.Bk., p. 56; L.R.O.: WCW 1692 supra, will and inv. of Alexander Potter; *The private journal . . . of John Byrom*, ed. J. Parkinson, vol. 2, pt. 2, Chetham Soc., o.s., vol. 44, 1857, table, ‘The Byroms of Salford’.

⁷³ L.R.O.: WCW 1690 supra, will and inv. of Richard Cooper of Charnock Richard; R. C. Shaw, *The records of a Lancashire family*, Preston, privately published, 1940, pp. 141–3. He does not appear in extant licensing and visitation records.

⁷⁴ *C.M.L.*, vol. 8, p. 3; C.R.O.: WS 1700, will and inv. of Robert Oldfield of Dunham. He was perhaps at Trinity College, Cambridge, in 1682, not taking a degree because of his dissenting sympathies.

in 1662, when he was described as a gentleman. When he died in 1680, he left his land and buildings to his eldest son, William. His second son, Arthur, was summoned by the Archdeaconry visitation in 1716 for unlicensed practice. His grandson, William, practised at Newton near Manchester and founded a gentry family.⁷⁵ However, practice as a surgeon-physician could not guarantee the continued prosperity of a gentry household. John Finney, of Finney Green in Wilmslow, licensed in 1693, left “a numerous issue without any Estate” when he died in 1738. The ancestral home had to be sold.⁷⁶

Very few of the licensed physicians in this diocese can be identified as uneducated empirics, a phenomenon far more common among the licensed surgeons, although some of the yeomen who obtained licences were distinctly marginal.⁷⁷ Thomas Walker, a yeoman farmer of Mottram in Longendale, was summoned as a physician by visitations in 1671 and 1674. He exhibited a licence in January 1674/5. This must have represented a considerable outlay for him, unless he was helped to pay the fee by a local gentleman or clergyman. He appears to have practised empirical medicine in a small way in his remote rural community, having ten small books, seven urine glasses, seven bottles of medicine and two lancets. When he died in 1680, his inventory totalled less than £10 and his creditors had to accept ten shillings in the pound.⁷⁸ Daniel Tetlowe of Warrington was licensed in March 1664/5 to practise “amongst the poor in the Deanery of Warrington and Market Town of Congleton”.⁷⁹ Miles Atkinson of Troutbeck Bridge, Windermere, was licensed in January 1708/9, the Westmorland magistrates having written that he “hath assisted many poor people and servants when sick or out of health by bleeding, Phisick or outward Applycations”. His application was also supported by ministers, local residents, and John Archer MB of Kendal.⁸⁰ Such examples are too rare to confirm Tristram’s criticisms, at least as far as physicians’ licences are concerned.

There being no foreign Protestant community in the region, foreign practitioners probably found episcopal licences especially useful. Severin Peterson moved from London to Liverpool in about 1690 and quickly established himself as a surgeon-physician, consulting on difficult cases with country surgeons. In 1692, he obtained a Latin certificate of examination, which said that he was skilled in medical practice and delivering difficult births, signed by London physicians, including Christopher Crell and Joannes Groenveldt.⁸¹ In 1696, Nathaniel Banne wrote a testimonial on behalf of Guion Bosquet, a refugee formerly living in Manchester and now in Preston, where he was known as “ye French Chirurgion”:

⁷⁵ York V 1662–3/CB2, f. 110v; L.R.O.: WCW 1681 supra, will of Arthur Bentley of Spotland; C.R.O.: EDV 1/92, f. 27v; *The admission register of the Manchester School*, ed. J. Finch Smith, vol. 1, Chetham Soc., o.s., vol. 69, 1866, p. 27.

⁷⁶ York V 1684–5/CB2, f. 11; C.R.O.: EDV 2/15, f. 27v; T. W. Barlow, quoting Finney family memoirs, in *The Lancashire and Cheshire historical collector*, vol. 1, London, 1853, p. 50.

⁷⁷ Tristram would, of course, have called them all empirics because they did not have Oxford or Cambridge medical degrees. This is not a useful definition; Pelling and Webster, op. cit., note 4 above, p. 166.

⁷⁸ C.R.O.: EDV 1/38, f. 41; EDV 1/38, f. 48; WS 1680, inventory of Thomas Walker.

⁷⁹ *C.M.L.*, vol. 5, p. 142.

⁸⁰ C.R.O.: Dioc. Misc. 1/107, test. for Miles Atkinson, 4 June 1708.

⁸¹ *Liverpool parish register*, L.P.R.S., vol. 35, 1909, births 1690–98; P.R.O.: PL 27/2, deposition of Thomas Orme, surgeon of Prescott, at inquest in Knowsley, 13 June 1692; C.R.O.: EDC 6/1/1, no. 7, cert. for Severin Peterson, 14 Sept. 1692; Bloom and James, op. cit., note 3 above, p. 51; H. J. Cook, ‘Medical innovation or medical malpractice? or, a Dutch physician in London: Joannes Groenveldt, 1694–1700’, *Tractrix*, 1990, 2: 63–91.

I found him ingenious & knowing, & gave a good acct. of French Physitians, he tells me he was brought up in the same from his infancy, his Father being of the same profession, & that he was student in ye University of Montpellier for a considerable time.⁸²

Although plenty of apothecaries justified their general practice with a surgeon's licence, few who were licensed as physicians were particularly prominent. Chester apothecaries who took out licences as physicians seem to have been struggling to compete with more established members of the gild. John Witter was the only leading apothecary in Chester with a physician's licence. Thomas Bostock, admitted to the gild in 1667, was licensed for surgery and medicine in 1675 on the basis of a testimonial from two Nantwich practitioners. He was among the minor apothecaries of Chester, with shop goods worth about £70, out of a total inventory of less than £100.⁸³ In 1696, John Basnett, who had been an apothecary in Chester since 1680, presented a testimonial in physic and surgery signed by three graduate physicians. He was licensed only as a physician, having no surgeon to vouch for his ability. As Chester's leading nonconformist apothecary, Nathaniel Basnett had made large profits from his shop but his son appears to have had to diversify into a broader practice.⁸⁴

It was more common for apothecaries in non-gild towns to obtain licences as physicians. Nathan Abram, a Warrington apothecary, was licensed as a surgeon and physician in 1671, on the basis of testimonials from two physicians and a surgeon. Although he managed to send his son to study medicine abroad, his goods were valued at less than £30 when he died.⁸⁵ Thomas Pont was licensed as a surgeon in 1709, having practised "with very Good success both in the army and for some years last in Liverpool". In 1717, he obtained a College licence, but he continued to take apprentices as an apothecary.⁸⁶ Thomas White of Manchester, the most celebrated surgeon-physician of the region, was originally apprenticed to a London apothecary. In 1733, he obtained a licence from the College.⁸⁷

The use of ecclesiastical licences to justify practice as an apothecary-physician or an apothecary-surgeon suggests a desire for protection from prosecution while attending patients in their own homes rather than depending on customers visiting the shop. The licence thus validated a widespread form of general practice.⁸⁸ William Walley, "pharmacopola" of Nantwich, had been educated at Brasenose College and possessed a Lambeth licence for medicine and surgery. Elias Ashmole regarded him sufficiently highly to preserve one of his recipes. The parish register described him as "Dr of

⁸² P.R.O.: PL 27/2, deposition of Charles Leigh, June 1695; C.R.O.: EDC 6/1/1, test. and letter for G. Bosquet, April 1696. He appears to have moved to Warrington after receiving his licence.

⁸³ *C.M.L.*, vol. 6, p. 155; Chester Mercers' Company Account Book, p. 473; C.R.O.: WS 1678, inv. of Thomas Bostock of Chester. He was an apprentice of Nathaniel Basnett, who appraised his inventory.

⁸⁴ C.R.O.: EDC 6/1/1 (No. 12), test. for John Basnett of Chester, Aug. 1696; WS 1699, will of Nathaniel Basnett of Chester.

⁸⁵ *C.M.L.*, vol. 6, p. 100; L.R.O.: WCW 1709 *supra*, inv. of Nathan Abram; R. W. Innes-Smith, *English-speaking students of medicine at the University of Leyden*, Edinburgh, Oliver and Boyd, 1932, p. 1. The son travelled with another Lancashire student, Robert Sheppard, so he may have had financial assistance.

⁸⁶ C.R.O.: Dioc. Misc. 1/101, test. for Thomas Pont, April 1709; Munk, *Roll*, vol. 2, p. 57; P.R.O.: IR 1/44/71, IR 1/47/30.

⁸⁷ P.R.O.: IR 1/1/179; Munk, *Roll*, vol. 2, p. 129. To him are attributed many of the methods that brought fame to his son, Charles White.

⁸⁸ Holmes, *op. cit.*, note 1 above, pp. 184–92; Loudon, *op. cit.*, note 5 above.

Phisick".⁸⁹ Robert Winterbotham of Macclesfield was licensed for the diocese in 1661 and again during the Archbishop's visitation of 1662. When he died, he was described as a practitioner in physick. His books were to be divided, unless "either of my daughters doe happen to marry A scholler". From the fragment of his inventory that survives, however, it is clear that he was carrying on a general practice. In his shop, he had a counter, a nest of boxes, apothecary pots and glasses, and two gilded boxes of instruments.⁹⁰

Several licensed physicians in the Diocese of Chester had attended university, although their academic careers were often curtailed for religious or financial reasons.⁹¹ When Thomas Massey of Huyton, near Liverpool, obtained a licence in 1665, "on a Certificate and at the request of Richard Sherlocke, S.T.P.", he was said to have been a student at Oxford.⁹² Francis Gray MA of Kendal obtained a licence from the Bishop of Chester during the 1674 visitation.⁹³ John Gerard of Werneth in Stockport took a BA at Cambridge in 1680 and then returned to Cheshire, perhaps because his parents were educating two sons at once. In February 1681/2, he was licensed on the basis of testimonials from two Manchester physicians and then moved to Chester.⁹⁴ William Pennington was the son of Allan Pennington MD of Chester. He attended Brasenose College, Oxford, from March 1679/80, without taking a degree. His father later badgered Bishop Cartwright to give him a licence. Perhaps unable to practise alone after his father's death, he joined the army as a lieutenant.⁹⁵ Anthony Askew of Kendal was briefly at Cambridge before obtaining a physician's licence in 1693 on the recommendation of two graduate physicians. His sons went to Cambridge but he took apprentices for five-year terms, charging £100.⁹⁶

Such men combined an arts education, and perhaps some medical studies, with skills taught to them by a practising physician or developed in the course of practice. It was widely believed that English universities did not adequately train a man to practise as a physician, despite providing a good general education. As Edmund Borlase wrote, "ye methode & mode of ye universities abroad are generally more intent upon every Faculty apart, By wch Physick is sooner & more easily acquired".⁹⁷ There was also an opinion, associated with Sydenham, that "the old way of breeding up physitians in a way of apprenticeship to y^c facultie" was of more practical use than academic studies.⁹⁸ Such views were especially attractive to dissenters but also found support among conformists.

⁸⁹ C.R.O.: EDC 5/1663/16, depositions in the case of Anne Knutsford; Nantwich Parish Register 4 (transcript 8, p. 8), burial 4 Feb. 1681; *C.M.L.*, vol. 5, pp. 212–13; Bod.: MS Ashm. 1399, ff. 5–6, recipe for a domestic clyster from "William Walley Dr.". Not in Foster.

⁹⁰ *C.M.L.*, vol. 5, p. 6; York V 1662–3/CB2, f. 83; C.R.O.: WS 1678, will and inv. of Robert Winterbotham of Macclesfield.

⁹¹ An applicant for a Canterbury licence in 1679 stated that his parents had been able to keep him at Oxford for only three years, so he had become an apothecary's apprentice: Lamb.: VX/1A/10, no. 140.

⁹² *C.M.L.*, vol. 5, p. 163; C.R.O.: EDV 2/8, f. 25r. Not in Foster. Sherlock was famous for training clergymen.

⁹³ York V 1694/Exh.Bk., f. 103v. The source of his degree is unknown.

⁹⁴ *C.M.L.*, vol. 7, p. 31; *Parish register of the Holy and Undivided Trinity in the City of Chester*, ed. L. M. Farrall, Chester, 1914, pp. 138–9, 336, 854. His younger brother obtained an MB in 1693.

⁹⁵ *The diary of Dr. Thomas Cartwright*, ed. J. Hunter, Camden Soc., o.s., vol. 22, 1843, pp. 22, 39–40; *English army lists and commission registers, 1661–1714*, ed. C. Dalton, 6 vols., London, Eyre and Spottiswoode 1892–1904, vol. 5, pp. 200–1; vol. 6, p. 248; C.R.O.: WS 1714, admin. of William Pennington.

⁹⁶ *C.M.L.*, vol. 8, p. 62; P.R.O.: IR 1/43/73, IR 1/49/163. Anthony Askew MD, FRS, FRCP was his grandson.

⁹⁷ C.R.O.: WS 1682, will of Edmund Borlase.

⁹⁸ Folger Library: MS V.a.287, ff. 49v–50r, John Ward's notebook, c.1665; *Diary of the Rev. John Ward*, op. cit., note 11 above, p. 242.

Consequently, it was not uncommon for young physicians to study under experienced practitioners, whether before, after, or instead of university, forming a close and often lasting relationship with their teachers.⁹⁹

For those who preferred a practical education, who were religious dissidents, or who could not afford the lengthy education normally required to obtain an English medical degree, there were two alternative routes to becoming a recognized physician, a foreign degree obtained without long residence or a licence. Either might be readily obtained after pupillage with a graduate physician. During the early 1670s, Edmund Borlase MD of Chester had two pupils. Henry Williamson had previously studied at Trinity College, Dublin, and went on to take his degree at Leiden in 1676. Thomas Bramhall, on the other hand, was described as the family's servant in 1671. In April 1676, by now living in Middlewich, Bramhall obtained a Latin testimonial signed in London by Lewis du Moulin MD, a correspondent of his former master, and by Borlase in Chester. Bramhall had difficulty establishing himself, later moving to Macclesfield and then to Liverpool, but he piously thanked God for providing him with a competent subsistence. He remained friendly with his master who bequeathed to him money and books, including a folio Hippocrates, describing him as "One bread & instructed by mee Licentiate in Physick an Efficient Botanick & one whose diligence & studies in ye greatest Concerne . . . hath bespoken him successfull & deserving".¹⁰⁰

Other physicians' servants were less learned and reputable. Their licensing had long caused concern to academics and the College.¹⁰¹ Bernard Crist of Prestwich was licensed for physic and surgery in 1704, having served under "a person of great eminency viz' Dr. Ashworth, when by special patent or Lycense under the great seal he did practise both in England and Ireland". In 1707, his reputation was dashed when letters and affidavits began to arrive from Dublin, revealing him to be a bigamist.¹⁰²

Apprentices were taken by some licensed physicians, such as Askew, but they rarely became sufficiently polished or confident to practise as physicians themselves. John Tarleton described himself as "Practitioner in Physick" in July 1716, when he took a widow's son, Edmund Livesey, as his apprentice for five years for a fee of £50. Livesey practised as a surgeon after training in Paris.¹⁰³ When the surgeon Ralph Holt of Liverpool applied for a licence in 1755, his former master, Henry Bracken, wrote that Holt had been apprenticed "to be instructed in the buisnesses I do profess (that is to say) as a Surgeon, Physician, and ManMidwife, & I do also further certify that the sd. Ra. Holt is capable &

⁹⁹ R. Boulton, *A treatise concerning the heat of the blood*, London, A. & J. Churchill, 1698, dedication to Robert Angell; Dr. Williams's Library: MS 91.25, M. Henry, 'Life of John Tylston', pp. 5–8; Bod.: MS Ashm. 1829, ff. 135–6, Archer to Lhuyd from London, 1697. Such a relationship was commonplace among surgeons and apothecaries, of course.

¹⁰⁰ Irvine, *op. cit.*, note 24 above, p. 55; C.R.O.: EDV 1/38, f. 3v; Dioc. Misc. 1/118, test. for Thomas Bramhall, April 1676; B.L.: MS Sloane 1008, f. 220, Bramhall to Borlase, 13 Oct. 1679; WS 1682, will of Edmund Borlase of Chester; *C.M.L.*, vol. 6, p. 186, and vol. 7, p. 27; *Liverpool parish register*, burial 4 Nov. 1686. Pupils were able to perform many of the house calls normally delegated to an apothecary. Borlase's apothecary, Nathaniel Basnett, seems to have concentrated on his shop.

¹⁰¹ Ralph Winterton, Professor of Physic at Cambridge, to the College of Physicians, 25 Aug. 1635, quoted in C. Goodall, *The Royal College of Physicians, founded and established by law*, London, 1684, pp. 443–5.

¹⁰² C.R.O.: Dioc. Misc. 1/43, test. for Bernard Crist, 27 May 1704; Newcome's memoranda, *op. cit.*, note 58 above, pp. 255, 259, 261.

¹⁰³ P.R.O.: IR 1/44/122; *Blundell's diurnal*, *op. cit.*, note 45 above, vol. 3, p. 191. One of Livesey's brothers was apprenticed in the same month for 7 years to an apothecary for £70: IR 1/44/122.

hath practized the same for many years with Credit".¹⁰⁴ Occasionally, even graduates took apprentices, as did the apothecary John Heslop MD of Whitehaven whose apprentices also became apothecary-physicians.¹⁰⁵

Having obtained a licence, from whatever source, the licensed physician was free to practise alongside graduate physicians without fear of the courts. Little distinguished the best licensed physicians from their graduate colleagues, except perhaps in matters of religion. Nathaniel Banne was prominent among the godly in South East Lancashire and North East Cheshire. He was closely associated with Henry Newcome the elder, the leading Manchester Presbyterian.¹⁰⁶ Banne continued to treat Henry Newcome the younger when he became a parish priest near Chester, until he had established relations with local physicians.¹⁰⁷ Thereafter, the younger Newcome obtained occasional advice from Banne, who continued to advise the Manchester members of the family and attended the deathbed of the elder Newcome.¹⁰⁸ Although he had not received a formal medical education, Banne corresponded on medical topics with Henry Sampson MD, Hon.FRCP, an ejected minister who had studied medicine in Padua and Leiden.¹⁰⁹ He practised among Low Church Anglicans and Presbyterians, such as the family of Lord Willoughby of Parham. As a learned physician, he mainly gave advice in internal afflictions, avoiding the provision of drugs and minor surgery, and received a Cambridge MD in 1690.¹¹⁰

Pious physicians such as Banne were in great demand in this region although their opposition to superstition did not always make them welcome at the bedsides of the poor. In 1680, John Carte of Manchester confiscated a popish charm from a patient and found that it contained wax from an Easter candle, holy water, vervain and rue, together with the words "Agnus Dei qui tollis peccata Mundi". The owner was infuriated at the dissection of her prized possession, threatening to sue Carte, but he was delighted to be able "to expose ye Knavery of ye Romish Priests y^l gull their superstitious & credulous Votarys wth such fopperys".¹¹¹

Most Protestants would endorse this opposition to superstition, but other forms of sickroom behaviour were increasingly confined to nonconformists. Prayer and fasting, formerly widespread, long remained at least as important a part of the nonconformist response to sickness as the application of remedies. Thomas Jollie wrote of Robert Whitaker's sickbed,

Brother Dr. Whitaker being in a dying condition but litle in a dying posture the lord wrought in mee a sens of his case and wrestling for how above ordinary, the lord heard

¹⁰⁴ C.R.O.: Dioc. Misc. 3/118, test. for Ralph Holt of Liverpool, 12 Sept. 1755.

¹⁰⁵ P.R.O.: IR 1/42/70, IR 1/45/98; *Marriage bonds for the deaneries of Lonsdale, Kendal . . .*, pt. 3, (L.C.R.S. 80, 1932) p. 167; *ibid.*, pt. 6, (L.C.R.S. 100, 1949) p. 169. One of these pupils, Thomas Aery of Egremont, had a son and grandson who took medical degrees (Rheims 1744, Leiden 1772).

¹⁰⁶ *The autobiography of Henry Newcome*, ed. R. Parkinson, 2 vols., Chetham Soc., 1849–52, vol. 2, pp. 229–30, 235, 248.

¹⁰⁷ *Ibid.*, pp. 230, 248; Newcome's memoranda, *op. cit.*, note 58 above, pp. 38, 57.

¹⁰⁸ Newcome's memoranda, *op. cit.*, note 58 above, pp. 83, 94, 133, 135–6, 138, 153.

¹⁰⁹ B.L.: MS Sloane 123, ff. 4, 9, 11, transcripts of letters from Banne to Sampson, 1681; Matthews, *op. cit.*, note 30 above, p. 425.

¹¹⁰ *The manuscripts of Lord Kenyon*, Historical Manuscripts Commission, 14th Rep., app. 4, 1894, pp. 419–21; Newcome's memoranda, *op. cit.*, note 58 above, p. 148.

¹¹¹ Newcome's memoranda, *op. cit.*, note 58 above, p. 41.

Licensed physicians in north-west England, 1660–1760

prayers speedely, hee gave a notable testimony for the wayes and servants of Christ in the face of death then the lord rebuked his distemper and restored him to health.¹¹²

When Andrew Bruen, a Chester licensed physician, was seriously ill in 1709, his friend Matthew Henry prayed with him seven times in six days.¹¹³

Nonconformist licensed physicians such as Whitaker and Jollie's son Samuel continued to accept the possibility of demonic possession, which Protestants could combat only by prayer and fasting, long after it had been rejected by most graduates. In the notorious Surey demoniac case, they attempted to cure the boy by natural means but accepted that the cure had been achieved by "the Word of God and Prayer, with Fasting". Zachary Taylor attacked them as Jollie's creatures, one his own son and the other "sometimes a petty School-master, and then ventured to set up for a Doctor". Jollie replied that they were "judicious, conscientious Persons, Licentiates by the Colledg of Physicians". He protested that his friend was "both a Gentleman and a Scholar". Taylor "might have been more civil to Dr. Whittaker as a Physician, than to call him a Medicaster, whenas he underwent the strick Trial of the Colledg of Physicians, and hath his Diploma from them to show". By contrast, the only Anglican practitioners directly involved were a clerical astrologer and a surgeon.¹¹⁴

The religious beliefs of godly physicians shaped their ethics and self-presentation, but other licensed physicians could be as jealous of their professional honour and their fees as the graduates. Claiming to be the family's physician, Robert Angell was offended when a pupil of Henry Newcome the younger was attended in 1694 by John Tylston, so "to quiet Dr Angel he was also sent for". In 1710, Newcome was trapped between haemorrhoids and opiate addiction, so he tried to get Robert Malyn to see him after visiting a dying patient nearby,

but upon some Punctilio he refused to come, till some of my Friends representing to him the Inhumanity of Such a refusal in one of his Profession, he came March: 22 so early as to see my Piles, with great Acknowledgements of his former Rudeness.

This conflict between ethics and etiquette probably resulted from Malyn's desire to avoid offending Newcome's graduate physician.¹¹⁵

Most licensed physicians who were not apothecaries practised the same kinds of physic as the graduates, although religious beliefs might give a rather old-fashioned air to some aspects of their conduct. There was, however, one prominent and distinctive group of licensed physicians that has been largely ignored by historians, the surgeon-physicians. These men practised in the major non-gild towns and their hinterlands, providing some of the best surgical care in the region but also acting as prescribing physicians. Their fees could be as punitive as those of graduates. When a boy was born near Manchester "without

¹¹² *The notebook of the Rev. Thomas Jolly*, ed. H. Fishwick, Chetham Society, n.s., 1894, vol. 33, p. 42.

¹¹³ Bod.: MS Eng. misc. c.330, f. 68v, M. Henry's diary, 5–10 June 1709. Bruen's Latin certificate of examination was signed by two nonconformist graduates in 1698: C.R.O.: EDC 6/1/1 (no. 6).

¹¹⁴ D. Harley, 'Mental illness, magical medicine and the devil in northern England, 1650–1700', in *The medical revolution of the seventeenth century*, ed. R. French and A. Wear, Cambridge University Press, 1989, pp. 131–44.

¹¹⁵ Newcome's memoranda, op. cit., note 58 above, pp. 117–18, 286. A joint consultation was later arranged between Malyn and William Holbrooke MB.

anny Ishu at his Fundament”, his father “wass forced to sell my clothes and my wifs w[ith] all that I could mak any money of” in order to pay the fees of two licensed surgeon-physicians, Alexander Potter and William Hartley, who cured the child.¹¹⁶

Such men came into general practice by several routes, but Henry Bracken of Lancaster depicted his own training as the ideal education for a surgeon-physician, in contrast to the booklearning available at Oxford or Cambridge. He spent six years with one of the Worthingtons of Wigan, observing his practice and studying in his laboratory and library. He studied clinical medicine and morbid anatomy at St. Thomas’s in London and the Hôtel-Dieu in Paris. He then attended Boerhaave’s lectures in Leiden and followed his practice for eighteen months before returning to London to compare practice there with what he had seen abroad. Bracken repeatedly asserted that his education was superior to that of the young graduates who were his political opponents and professional rivals.¹¹⁷

The most prosperous surgeon-physician in the Diocese of Chester was Sylvester Richmond, a former naval surgeon. He was “severe, but generous and ingenious”, according to his apprentice, James Yonge of Plymouth. He obtained a physician’s licence in July 1663 from the Dean and Chapter of York.¹¹⁸ Richmond made such profits from his practice and the Atlantic trade that when he was Mayor of Liverpool, in 1672–3, he was described as a prince.¹¹⁹ His closest colleague appears to have been Stephen Alcock of Ormskirk, a surgeon-physician for whom he signed a testimonial in 1675. Both were borough magistrates and staunch Tories who had difficulties signing the oaths required in 1689.¹²⁰

Able surgeon-physicians practised a combination of learned physic and highly skilled surgery. Three of Richmond’s cases will suffice to illustrate their practice. He was sent a supposed demoniac who had been diagnosed as epileptic by a clergyman: “He began with more general Evacuations, which proving less effectual, he fell to the purgation of his head, and by Gargarisms, Fumigations, Sternutaments and the like, he thinn’d, dislodged all that viscous morbifick matter that had caused his sad distemper”.¹²¹ In 1674, Richmond amputated the leg of a poor widow’s daughter and charitably supervised her care for 33 weeks. The mother petitioned the magistrates for help with the apothecary’s bill.¹²² In February 1681/2, Richmond and Alcock attended a group of bailiffs attacked by rioters.

¹¹⁶ L.R.O.: QSP 469/16, petition of John Beswick of Chadderton, Mids. 1677; R. Sharpe France and A. Fessler, ‘A successfully operated case of membranous occlusion of the anus in the seventeenth century’, *Br. Med. J.*, 1949, i: 1048. Hartley was a Manchester apothecary, licensed as a surgeon in 1667 and as a physician in 1670: *C.M.L.*, vol. 6, pp. 14, 72.

¹¹⁷ Harley, op. cit., note 12 above, pp. 163–4; *idem*, ‘Ethics and dispute behaviour in the career of Henry Bracken of Lancaster, physician, surgeon and manmidwife’, in *The codification of medical morality*, vol. 1, eds. R. Baker, D. Porter, and R. Porter, Dordrecht, Kluwer, 1993, pp. 47–71. Bracken was aged 20 when he matriculated at Leiden in 1730. He did not take a degree. The Archdeaconry of Richmond records do not reveal what licence he had: L.R.O.: DRCh 11, f. 3v; DRCh 12, f. 4v.

¹¹⁸ *Yonge’s journal*, op. cit., note 10 above, pp. 27–8, 39, 52–3; J. Yonge, *Currus triumphalis, è terebinthô*, London, J. Martyn, 1679, sig. A5; York V 1669–70/Exh.Bk., p. 33; Lamb.: F1/C, f. 132.

¹¹⁹ *A cavalier’s notebook*, ed. T. E. Gibson, London, 1880, pp. 225, 247. Aristocrats visiting the town usually stayed with Richmond.

¹²⁰ *C.M.L.*, vol. 6, p. 157; *H.M.C. Kenyon*, op. cit., note 110 above, p. 223. Thomas Worthington of Wigan signed the testimonials of both men.

¹²¹ Taylor, op. cit., note 63 above, sig. B2r. The date of this case is unknown but it was in the mid-1670s. Richmond’s method is essentially that of Thomas Willis.

¹²² L.R.O.: QSP 432/1, petition of Ann Mercer, Easter 1675.

One had a depressed cranial fracture so they “concluded there could be noe way to doe him good but by cutting away that part of the scull that did so much prejudice the braine, which Dr. Richmond did by a round dented instrument”. Richmond later raised the skull, “since which time hee hath been something better, and the Doctors hope he may recover”.¹²³

Another prosperous surgeon-physician was John Tarleton, the son of a Liverpool gentleman. During his father’s life, he lived in Lancaster. In 1674, he was presented for unlicensed practice but he did not obtain a physician’s licence until August 1683, perhaps because he initially worked as an urban surgeon. He was a leader of the Tory faction and married an East India trade heiress.¹²⁴ Tarleton developed a riding practice after he was licensed. The township of Warton, eight miles north of Lancaster, employed him to treat a poor man. Among his patients was Thomas Bellingham of Preston, twenty miles to the south, whose wife was afraid of getting gangrene: “Nabby was in so great torture with her thumb yt I sent for Doctor Tarlton, who apply’d pultices and oyntmt”. Tarleton bled Bellingham and attended a relative stabbed in a brawl.¹²⁵ Although he was made Mayor of Lancaster, he returned to Liverpool on inheriting from his father.

Tarleton was on social terms with Nicholas Blundell, but his medical services were mainly confined to treating the family servants.¹²⁶ He was also friendly with his cousins, the sons of Sylvester Richmond, advising them on a variety of medical problems. When Thomas Brockbank was Henry Richmond’s curate at Garstang, he corresponded with Tarleton concerning his dental problems and the Richmond family’s ailments. When he was Richard Richmond’s curate at Walton, Brockbank had a pain in his chest, so he went into Liverpool for observation. Tarleton let blood and purged him, prescribing physic to take at home. Ten days later, Brockbank felt much better, although he had to carry on taking potions, a diet drink, and tobacco at bedtime.¹²⁷ Tarleton had a special interest in women’s diseases. He advised on the ailments of a wet nurse, delivered a stillborn child for the Richmonds, and treated Brockbank’s wife without charge.¹²⁸

The majority of the leading surgeon-physicians were Tories, although the most famous of them had a dubious past. John Webster senior appears to have renounced radicalism after 1660. Although not educated at university, he was extremely learned.¹²⁹ In his later writings, Webster remains loyal to the tradition of medical alchemy but he tests the assertions of chemists against his experience as a surgeon-physician. Vitriol he finds useful in surgery, for creating issues, cleaning wounds, and cauterizing stumps in amputation, but he doubts the benefits ascribed to its internal use. He is sceptical about

¹²³ *H.M.C. Kenyon*, op. cit., note 110 above, pp. 134–8. On trepanation and head wounds, see R. Wiseman, *Several chirurgical treatises*, 2nd ed., London, 1686, pp. 374–403; J. Yonge, *Wounds of the brain proved curable*, London, 1682.

¹²⁴ C.R.O.: EDV 1/44, f. 121v; ‘List of the clergy’, p. 51; M. A. Mullett, ‘Conflict, politics and elections in Lancaster, 1660–1688’, *Northern History*, 1983, 19: 61–86.

¹²⁵ L.R.O.: QSP 635/3, petition of Jennett Jackson for reimbursement of Tarleton’s bill, Mids. 1687; *Diary of Thomas Bellingham*, ed. A. Hewitson and A. R. Maddison, Preston, G. Toulmin Sons, 1908, pp. 3, 99, 106.

¹²⁶ *Blundell’s diurnal*, op. cit., note 45 above, vol. 1, pp. 15, 20, 22, 31, 43–4, 52, 71, 129, 150, 157, 313–14.

¹²⁷ *The diary and letter book of the Rev. Thomas Brockbank, 1671–1709*, ed. R. Trappes-Lomax, Chetham Society, n.s., vol. 89, 1930, pp. 191, 193, 199, 204–5, 245–8.

¹²⁸ *Ibid.*, pp. 203, 302, 307, 366.

¹²⁹ Elmer, op. cit., note 69 above, pp. 1–43. It would be anachronistic to describe him as a “Tory” but he supported Cavalier interests after the Restoration, anti-Calvinism and contentions being his abiding characteristics. No evidence has been found to support Antony Wood’s jibe that he was educated at Cambridge.

steel and lead medicines, and he warns against some of the mercurial preparations that he had formerly used.¹³⁰ In his book on witchcraft, Webster rejects demonic explanations of epileptic convulsions and the use of charms, except to calm the patient, but he accepts the weapon-salve as natural.¹³¹ He seems to have practised medicine and surgery successfully as a moderate Helmontian-Galenist.¹³²

Richmond and Webster in the seventeenth century or White and Bracken in the eighteenth century were unusually able, but the combination of surgery and physic was well established in this diocese, except in Chester, where the gild system acted as a brake on diversification.¹³³ Richard Williamson of Liverpool was licensed to practice surgery and medicine in 1665. He served as bailiff and common councillor of Liverpool, and appears to have practised as an urban surgeon, accumulating substantial property in the town.¹³⁴ William Smith of Knutsford was licensed as a surgeon in 1665 and as a physician in 1673. His wife was licensed as a midwife in 1674. At death, his goods were valued at £242 19s. 10½d., including livestock, books, instruments, and shop goods worth £40, and he left property to his daughters.¹³⁵ Surgeon-physicians could readily pursue successful careers and achieve modest prosperity.

Viewed as a regulatory system, the jurisdiction of the ecclesiastical courts in England looks rather haphazard but its greatest strength was its flexibility in recognizing a wide range of skills, from the village midwife, herbalist or bonesetter to the non-graduate physician.¹³⁶ It is clear that the description, “licensed physician”, covered several different forms of practice. There were learned physicians who for a variety of reasons did not possess medical degrees, apothecaries who had riding practices, surgeons who also practised physic, and yeomen farmers and minor gentlemen who practised medicine in their localities. In order to obtain licences, they had to be recognized as competent by established physicians. Although some licentiates might be regarded as falling rather far below the best contemporary standards, historians who merely count the possessors of doctoral degrees, from whatever university, will underestimate the availability of learned physic. It has been suggested that Kendal, with a population of 2,159 in August 1695, had no resident physicians. In fact, Francis Gray and Anthony Askew were resident and they were soon joined by John Archer, who took his MB in May 1695.¹³⁷

This study has focused largely on the nominal aspect of medical practice rather than what actually happened. To some extent, this is inevitable, since medical licensing is often

¹³⁰ J. Webster, *Metallographia*, London, 1671, pp. 1–16, 252–3, 268–9, 283–6, 318–20.

¹³¹ *Idem*, *The displaying of supposed witchcraft*, London, 1677, pp. 62, 124–5, 321–46; Harley, op. cit., note 114 above, pp. 116, 121, 140.

¹³² He dismissed the claims of the radical chemist William Simpson, for example: Bod.: MS Lister 34, f. 157, Webster to Lister, 6 March 1674.

¹³³ The Chester Barber-Surgeons' Company appears to have been more restrictive in this respect than the Mercers' Company. No other town in the diocese possessed a system of trade gilds.

¹³⁴ *C.M.L.*, vol. 5, p. 145; L.R.O.: WCW 1686 supra, inv. of Richard Williamson; Liverpool City Library: Bickerton MS D248.14.

¹³⁵ C.R.O.: EDV 2/10A, f. 10v; WS 1701, will and inv. of William Smith.

¹³⁶ Unlike the Spanish *protomedicato*, the system did not separately recognize empirical skills but geographical or technical limitations were often inserted into surgical licences.

¹³⁷ Holmes, op. cit., note 1 above, p. 192. This must be based on the census for the Marriage Duty Act: Cumbria R.O., Kendal: WD/Ry, box 32. One “doctor” was found in the census by J. D. Marshall, ‘Kendal in the late seventeenth and eighteenth centuries’, *Trans. Cumb. and Westm. Antiquarian and Archaeological Soc.*, 1975, 75: 229. James Sutch MB, later of Whitehaven, may also have been resident.

more visibly concerned with legitimating nomenclature than with regulating practice. The paucity of evidence concerning most of the individuals mentioned here is also a limiting factor. Nevertheless, the acquisition of a licence to practise physic does indicate that the licentiate was regarded as practising physic by established practitioners and the competent authorities. It is thus a better indication of practice than the possession of a degree, although the nature of the practice remains to be determined. However important a licence might have been as a protection against prosecution in some dioceses, its possession was only one of the characteristics that qualified a physician in the eyes of patients.¹³⁸ Some rural licensed practitioners would not have been accepted as physicians in even a small town.

There is clearly a need for a more highly differentiated classification of medical practitioners. Although the tripartite division of medicine has long been recognized as too rigid a system to describe the realities of medical practice even in gild towns, it continues to be used by historians. This leads to an assumption that general practice was a creation of eighteenth-century surgeon-apothecaries. As has been seen, surgeons and apothecaries had long obtained physicians' licences to justify their general practice.¹³⁹ The label "physician" should be applied, with due qualification, to a much wider range of early modern medical men than has been customary, recognizing the contemporary use of such terms as "licentiate physician" or "practitioner of physic". Some licentiates were more respected and successful than most graduates, especially if they combined surgical skills with a convincing use of medical theory.¹⁴⁰

Medical graduates and the more polished licentiates generally recognized that they belonged to a single community of interest. They usually co-operated in consultations and the writing of testimonials. Tensions could develop, especially in conditions of over-supply, but too many groups were excluded from Oxford and Cambridge for the universities to be the only recognized route to the practice of physic.¹⁴¹ Obtaining a licence was the easiest way to legitimize practice, although it was not open to all of the excluded groups. The Diocese of Chester did not grant licences to women except as midwives, although some other dioceses did. Licences were not available to Quakers and Catholics. For others, however, obtaining a physician's licence was the key to a respected career.

Differential pricing, charitable treatment, credit, and the Poor Law brought physicians within the reach of even the poor, when the case was serious. Once the licensed physicians have been added to the graduates, it becomes clear that every market town had at least one

¹³⁸ Having a licence and exhibiting it to the authorities was the second of the 23 parallels between Christ and a physician explored by Benjamin Keach, *Τροπολογία: a key to open scripture metaphors*, London, 1682, Book 2, p. 112. A self-educated Baptist, he had no vested interest in the system.

¹³⁹ The two commonest forms of general practice have hardly been mentioned here, surgeons who provided drugs and apothecaries who obtained surgical licences. For a related criticism of narrow definitions, see M. Pelling, 'Occupational diversity: barber surgeons and the trades of Norwich, 1550–1640', *Bull. Hist. Med.*, 1982, 56: 484–511.

¹⁴⁰ On the relation between these parts of medicine, see *Medical theory, surgical practice*, ed. C. Lawrence, London, Routledge, 1992. By contrast with some of these licensed physicians, Henry Williamson of Chester died owning goods worth less than £20: C.R.O.: WS 1702, admin. of Henry Williamson MD, annotation.

¹⁴¹ Historians of medicine have a tendency to see university education as the best qualification for medical practice. This problem arises most blatantly with groups excluded for racial reasons: L. García Ballester, *Los moriscos y la medicina*, Barcelona, Labor Universitaria, 1984, pp. 67–70.

physician. Both patients and practitioners were prepared to travel considerable distances, making it difficult to estimate population ratios, but most of the inhabitants of north-west England, except in the remotest parishes, had ready access to someone who was “bred up in the Study of that Faculty and licentiated in the practise thereof”.¹⁴² How often they availed themselves of this opportunity is a separate question.¹⁴³

Whether the decline of the licensing system had any deleterious effect on the supply of competent practitioners is open to doubt. Further research will be needed to compare the state of the medical market in dioceses without an effective system with dioceses where unlicensed practitioners continued to be pursued in the early eighteenth century. The survival of the system could have been secured only by significant reform, in order to improve enforcement and to eliminate the abuses criticized by Tristram, however rare they might have been. Reform was rendered impossible by the decline of the ecclesiastical court system as a whole rather than the contempt of graduate physicians, who had formerly been happy enough to co-operate with licensing and visitations.

Tristram’s strident criticisms of the licensing system assumed that the demand for medical services could be shifted by increased restrictions on supply. Nothing short of the abolition of licensing and a return to an imagined golden age, when graduate physicians were the unquestioned lords of the tripartite system, would have satisfied him. He called for a more rigid stratification and a decreased diversity of practitioners in the belief that this would strengthen the position of his own elite group. Severe restrictions might have shifted some of the demand but enforcement would have been difficult in eighteenth-century England, in the absence of the political will to place the burden of compliance onto patients. In the event, licensed physicians and surgeon-physicians were increasingly replaced by hospital-trained surgeon-apothecaries, who saw their interests as quite distinct from the interests of graduates. While the ecclesiastical licensing system operated effectively, it had cemented ties between graduates and non-graduates, offering opportunities for intra-professional patronage and reminding licentiates of their subaltern status. Graduate physicians might well have been better served by a reformed licensing system which would have enabled them to retain some control over their competitors.

¹⁴² H. Brooke, ‘Υγεινη’. *Or a conservatory of health*, London, 1650, sig. A3r.

¹⁴³ Nancy Cox is preparing a study of the family of Richard Latham of Scarisbrick, who seems to have used only surgeon-apothecaries. This was the main type of practitioner in mid-eighteenth-century Ormskirk but it may also be the case that less prosperous farmers had the most restricted access to practitioners.