"Worse than a Physician": Shakespeare and Early Modern Medical Practice

by

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"Worse than a Physician": Shakespeare and Early Modern Medical Practice

Abstract

In the sixteenth and seventeenth century, England saw a rising effort on the part of university-trained medical men to create a distinct hierarchy in medical practice. This hierarchy placed medical doctors, particularly the physicians of the Royal College in London, at the top, other licensed practitioners below them, and left a large number of the remaining practitioners unable to practise at all without risking fine and imprisonment. Still, the College's legal power was limited, and to further enforce the emerging medical hierarchy, to solidify its place as a controlling profession, physicians used rhetorical attack to discredit unlicensed healers and to reinforce their own power over practitioners of all kinds. Despite legal measures and printed words, however, traditional healers continued to practice their trade, and many continued to support them. Moreover, authorized practitioners such as apothecaries and surgeons continued to practise in ways that were supposed to be forbidden to them, all the while insisting that their own work deserved more recognition and that their own organizations deserved more power.

It is amid this social controversy that Shakespeare creates a variety of medical practitioners in his plays. Medical discourse in his own time created and sustained a variety of available narratives about medical practice, and Shakespeare responds to these narratives in a variety of ways. In some cases, he tells a story that runs directly against the position of the College, England's main medical authority. In other cases, he seems to take a wholly conventional stance. How can such a contradiction be explained? The study finds answers by placing Shakespeare's medical characters in context.

The first chapter explores the way in which scholars have conceptualized the connection between Shakespeare and early modern medicine. It divides the criticism into two main traditions: those studies that explore early modern medical belief as displayed in the plays, and those that provide ahistorical overviews of medical practitioners in the plays of Shakespeare and his contemporaries. I argue that the two schools of thought can be usefully fused to provide an account of Shakespeare's practitioners that is historical in its approach.

The second chapter examines Helena, the female empiric in *All's Well that Ends Well* and argues that the play adapts well-known narratives about female medical practice to develop the healing plot. I further suggest that the king's initial rejection of Helena is not merely a matter of medical propriety or straightforward patriarchal oppression, but rather an instance of the complex interweaving of gender and class that was part of early modern practice. The chapter continues the study of female medical practice in Shakespeare by contrasting Helena with Paulina in *The Winter's Tale*. Paulina, as a member of the nobility, would have been largely shielded from conventional attacks on female healers. She uses this privilege – or rather the fact that these privileges were well-known – to gain a rhetorical

advantage in her efforts to save Hermione and restore the kingdom to health.

The third chapter considers those practitioners who did not have the status of physicians, but made some claim to legitimate practice. Impostors, men who derived a feigned authority by claiming to be physicians, were widely denounced. The thesis suggests that Caius in *The Merry Wives of Windsor* is such an impostor – a supposition that would explain his perplexing name. The chapter further considers the role of apothecaries in early modern medicine and traces anxieties over poisoning through to the apothecary in *Romeo and Juliet*. The chapter also includes a consideration of surgeons in Shakespeare; it asks why there are none. The conspicuous absence, I argue, can best be explained by the difficulty an early modern audience member would have had in distinguishing the social roles played by surgeons and physicians. Surgeons, though different in many ways from physicians, were nevertheless rhetorically indistinct in their identity and so were difficult to use on stage. The chapter also notes how the apparent criticism of the apothecary in *Romeo and Juliet* is ideologically at odds with the support of the empiric in *All's Well*. The former provides an implied critique of the "congregated college" while the latter supports its very position. I suggest that this seeming contradiction is best explained by suggesting that Shakespeare creates medical plots and characters with the aim of furthering the dramatic needs of the play, and that the ideological effects, though significant, are, nevertheless, a side-effect, a by-product of the play's original intent.

The next two chapters explore the implications of this *ad hoc* progression of ideology. Friar Francis (*Much Ado About Nothing*) and Friar Laurence (*Romeo and Juliet*) are the focus of the first part of Chapter 4 which looks at the relationship between medical practice and the use of the supernatural. Along the same lines, I consider the magical healing of Prospero (*The Tempest*) and Cerimon (*Pericles*). Chapter 5 considers the physicians in *Macbeth* and *King Lear* and outlines the difficult position of the royal physician who must attend to a patient in crisis. Here, I argue that the shadow of the executed Doctor Roderigo Lopez still loomed over the court physician in the early seventeenth century. For the early modern audience, Lopez represented the danger one faced in ceding control of his or her body to another; for the physician, Lopez was reminder of the danger in being caught up in political plotting.

The battles fought over medical practice in Shakespeare's England were essentially a matter of *credit*, by which Elizabethans meant credibility or trustworthiness. Through rhetoric, practitioners attempted to raise their credit, and consequently their social power. It is amidst this struggle that Shakespeare creates his medical characters, and it is to this struggle that Shakespeare's medical characters speak.

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for Vanessa

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1

Art that God Allows; or,

Cymbeline's Question

This story shall the good man teach his son -Henry V 4.3.56

In 1651, James Primrose published his *Popular Errours; or, the Errours of the People in matter of Physick.* The frontispiece of the book contains a remarkable illustration: it shows an angel by the bed of a sick man. A woman has come to the man offering him remedies, but the angel pushes her back to make way for a physician. As the "explication" that accompanies the picture says,

> But lo, an angel gently puts her back
>
> Lest such erroneous course the sick do wrack

Leads the physician, and guides his hand,

Approves his art, and what he doth must stand.

'Tis art that God allows, by him 'tis blessed

To cure diseases, leave then all the rest.

The message could not be more clear. Old-fashioned practitioners of medicine with their store of experience – as opposed to the "art" of the physician – are neither helpful, for they will "wrack" the poor bodies of their patients, nor are they authorized, since God himself allows only the physician to treat and cure the sick. Primrose's tract gains its confidence in part from the fact that by the mid-seventeenth century the case that it makes in favour of learned "doctors" over unlearned herbalists and empirics, was one that the medical establishment had been building for over a century. Nevertheless, the project was far from complete. As Lucinda McCray Beier points out, the high fees of the authorized physicians, their refusal to modernize, and their over-zealous attempts at prosecution prevented them, at least in the seventeenth century, from securing the full monopoly they desired (12). Learned physicians were, however, considering the privileges and power they had to regulate medical practice in the early modern period, fighting from a position of legal strength.

But it had not always been so. In 1517, the humanist scholar Erasmus wrote to Wolfgang Fabritius Capito, relating the myriad advancements in civilized learning throughout Europe. "Medicine," Erasmus notes, "has a host of champions; at Rome, Nicolas of Leonice; at Venice, Ambrosius Leo of Nola; in France, William Cop and John Ruelle; and in England, Thomas Linacre" (qtd. in Clements and Levant 16). Erasmus was no doubt pleased to learn that the following year Linacre was successful in gaining a charter

from Henry VIII for the Royal College of Physicians of London.

While Bishops, partly in an effort to eradicate sorcery, had had the right to license medical practice since 1511, the College was given sweeping powers to regulate medical practice in the city and its immediate area. Not only did the College provide a governing body for physicians, it provided Henry with an accessible source of medical advice, for 1518 was a plague year (Cook *Decline* 71-72). Though humble in its beginnings (its first home was Linacre's own house), the College would, by Shakespeare's day, be the centre of the fight to create a powerful new profession. Copeman celebrates the formation of the College as "the greatest single event in English medical history" (2). Harold Cook looks more deeply, contending that this new profession was simply one aspect of the rise of the capitalist, market-driven economy:

> All over Europe, the urban markets created milieus in which the 'professions' flourished; notaries, lawyers, and medical practitioners provided knowledgeable services to middling and well-to-do clients and in England, this rising professionalism was centred in London (*Decline* 35).

Whatever else it was, the formation of the College was the clear beginning of a war that would be fought into the next century, a war in which university-educated medical men, armed with a huge array of classical medical authorities, set out to destroy or subvert those forms of medicine that did not conform to their ideals of learned practice.

The present study endeavours to trace some of the means by which these authorized practitioners attempted to devalue and discredit the body of, now, unlicensed practitioners

such as empirics, impostors, rural priests and the like, as well as to discipline and subdue licensed but – as they saw it – inferior practitioners such as surgeons and apothecaries. In so doing, it will suggest that the main strategy in their fight was not legal action, but rhetorical attack. That is, the most significant way medical authorities could stop illegal practice was not through legal retribution, but rather through tracts and books which endeavoured to change the ways that the English understood the very idea of medical practice. The authorities' emphasis on rhetoric over legislation is predictable for at least two reasons. First, in an age without telecommunications, the College could not watch every medical practitioner very closely. Its members could never be sure that an apothecary was not prescribing medicines or that a surgeon was not treating more than external wounds and sores. Second, the College's legal authority was confined to London and the immediate area. Rural practice was beyond its scope. With textual attack, though, the medical elite could extend its influence as far as there were those who could read and to all those who turned to such educated men and women for advice on medical matters. By making the war largely one of words, rather than relying on the clumsy machinery of investigation and incarceration, by fighting a battle of mind rather than of body, doctors could maximize their social control.

Understanding the ways in which the English could understand medicine – and there were many, despite the best efforts of the medical men – is crucial to understanding the ways in which early modern dramatists such as Shakespeare represented such practitioners in their plays. Artistic discourse is not created in isolation; it participates in a complex dialogue with other discourses that shape its own culture. The play, then, can be seen as more than a text for aesthetic appreciation; it is also a product of, and a producer of, social structures.

This connection has been the focus of much modern criticism.[1]

The manner in which the dramatic text makes this social contribution is not always clear. The principles by which we can trace the effects of discourse have sometimes been left uncertain. Most importantly, the point of intersection between text and culture, the subject, is a difficult one to understand. If the text stands in a dialogic relationship with its culture, how does it learn to speak and how does it hear? How do workings of large social forces, the circulation of social energy happen? Clearly, there must be some set of mechanisms by which an author or a member of a play's audience absorbs the discourses around him or her and integrates those discourses into texts and into social action. Consider, for example, Malvolio's musings on his chances of marrying Olivia in *Twelfth Night*:

> To be Count Malvolio!
>
> . . .
>
> There is example for't: the Lady of the Strachy married the
>
> yeoman of the wardrobe. (2.5.35-40)

Malvolio builds an argument for the likelihood of his advancement by calling in a narrative "example" by which the proposition is made to seem more reasonable. In the same play, Sebastian endeavours to understand the apparently sudden affections of Olivia:

> For though my soul disputes well with my sense,
>
> That this may be some error, but no madness,

---

[1] According to Robert Con Davis and Ronald Schleifer: "This approach assumes that a historical moment – enormously complex in its diverse representations – produces factors that shape a particular work of literary art (433). According to David Richter: "the genuine innovation Greenblatt has brought to literary history is implicit in the poststructuralist notion that history and literature are equally 'texts'" (954).

> Yet doth this accident and flood of fortune
>
> So far exceed all instance, all discourse,
>
> That I am ready to distrust mine eyes,
>
> And wrangle with my reason that persuades me
>
> To any other trust but that I am mad. (4.3.9-15)

As with Malvolio, Sebastian looks to examples in his memory to find an "instance" similar enough to his current situation that one would make the other comprehensible. In the absence of such "discourse," Sebastian is at a loss. This study traces this same mechanism of understanding, narrative example, and explores how that mechanism functions where Shakespeare's dramatic texts intersect with medical ideologies. It is *ideologies* (not the singular) because the medical work of early modern England contained more than one way of conceiving of medical practice, and each particular conception included its own complications, concessions, and qualifications. Understanding, then as now, was decidedly plural. Indeed, one wonders how often one can ever speak confidently of a single *ideology*.

Throughout, I attempt to set the Shakespeare plays in the context of discourses that dealt directly with the social importance of medical practice. In general I have analysed vernacular medical texts on the grounds that it was this body of work, rather than the Latin editions of ancient authors, that most intended to shape the understanding of English men and women. Indeed, many of those texts were specifically directed at ordinary people, so that individuals could better minister to their own health and make better choices of practitioners. Those who had libraries owned medical texts and placed them alongside literature and works of history. Even learned medical men would sometimes consult

vernacular books for practical guidance (Poynter 152). As Beier points out, the "utility of the popular press for forming popular opinion" was well known to a medical establishment that had not yet developed the administrative muscle to discipline the profession or fully enforce its legal privilege (33). Finally, it is the English medical book that is able to comment directly on the English medical scene, the specific conditions of practice in Shakespeare's culture. It is plausible that Shakespeare himself read some of them. His ideas about medicine came from somewhere and the famous limits of his Latin might have made the Englishman Gale more appetizing than the Roman Galen.

The most interesting example of the English book of medical practice is John Cotta's *A Short Discoverie of the Unobserved Dangers of several sorts of ignorant and unconsiderate Practisers of Physicke in England.* It is of special import, first, because it offers the clearest delineation of unauthorized medical practice in the period. Second, it is representative in its use of rhetoric; the main difference between the *Short Discoverie* and similar works is that the *Short Discoverie* is more thorough in its attack and consequently longer. Third, it is of especial interest to Shakespeare scholars because it appeared in 1612, and was based, according to the author, on twenty years of medical practice. In other words, the *Short Discoverie* is an analysis of early modern medical practice from 1592 to 1612. It thus fairly neatly parallels Shakespeare's dramatic career.

Most striking about Cotta and others who write on medical matters is the way in which they use narrative example to demonstrate their points about medical privileges. Consider the following passage from Eleazar Duncon's 1606 tract against those who practised physic without the benefit of university medical training:

> A learned physician having a melancholic patient . . .amongst other things in the cure, appointed his head to be shaven and then to be anointed and bathed according to art. An empiric, hearing of this cure got the receipt of the outward medicine, used it, and not long after, lighting upon one sick of a frenzy . . .followed the steps of the other, with great confidence of the cure. This grievous error in mistaking both the disease and the cause of it brought the miserable man to a speedy end. (26)

This story is typical in its form among physicians writing to bolster their own reputations and discredit those without the humanist education of the medical elite. Its main theme is presumption: a practitioner, thinking he or she can minister to a patient just as well as one with more learning, ventures a cure. The inevitable result is distress on the part of the patient; the afflicted soul often perishes, or, if not, is saved only by the fortunate arrival of the learned practitioner.

It is remarkable how widely this type of narrative example is used. Writers repeat the same basic story, altering the details, but leaving the basic structure in place. Even non-medical writers take up the strategy when dealing with medical issues. Thus Henry Chettle writes in 1593 of a woman who has prepared an expensive cordial for her patients:

> A gentlewoman about London whose husband is heir of a right worshipful house, was induced to take this drench from this wise woman. For every drop of that strong water she

> must have twelve pence. A spoonful at the least was prized at forty shillings. Thus daily for almost a month she ministered. The gentlewoman, having still good hope, at last was put by her husband quite out of comfort for any good at this woman's hands, for he, by chance getting the deceiver's glass, would needs pour out a spoonful whatever he paid. She cried out she could not spare it. All helped not: he took it and tasted, and found it to be no other then fountain water. (23)

The standard medical narrative is repeated: an ignorant practitioner, often female, does harm to an ignorant, naive or foolish patient (here only monetary harm, though horrible physical harm is common in such tales) but is exposed by a more thoughtful man. That Chettle himself is not a medical man is of additional significance, for he shows how non-medical writers can adopt the techniques and narrative patterns of medical writers.

The emphasis on narratives is not surprising since ancient medical texts often used a case study approach to demonstrate medical techniques and approaches. Moreover, the example of the New Testament showed how short narrative (i.e. parables) could be used to summarize a particular moral message. Cotta, for one, does not hide the purpose of his storytelling. Speaking of priests who practise medicine, he notes that he need not give a large number of examples to demonstrate the insufficiencies of such men: "I will only give two known instances wherein (as in a glass) men may view the divers faces of many more of the like sort" (*Discoverie* 89). In other words, the two examples are enough to provide the reader with a model by which he may recognize all others who fall into a similar pattern. His

stories provide a kind of psychological template by which other practitioners can be measured and understood.

Early modern rhetoricians commonly recognized the way in which narrative example could be employed for moral enlightenment of the reader or hearer. According to Erasmus, for example, one may enrich an argument by including *exempla*, sayings and tales that could be used "to produce belief, to move, or to entertain" (68). For early modern medical writers, producing belief was the chief end, mostly by instilling fear in the reader. And medical writers seemed to have absorbed Erasmus' advice to search for this belief-producing material wherever it might be found:

> Thus a great number and variety of these [*exempla*] should be gathered for each one of the places, gathered not only from every type of Greek and Latin author, but even from the annals of the barbarians, and in fact from the common talk of the crowd. For we are moved most strongly by *exempla* that deal with illustrious events of our own past or the present day, of our own race and people, or even with inferior subjects such as women, children, slaves, and barbarians. (68)

Such "inferior" subjects are a favourite topic for medical writers since their project is to all the more firmly establish the inferiority of women, slaves to greed, and those of a barbaric turn of mind.

English writers of rhetoric handbooks also understood the importance of using

narratives to persuade and enlighten.[2] Henry Peacham's well known *Garden of Eloquence*, first published in 1577, notes the importance of *Paradigma*, the use of existing stories to teach men moral lessons:

> it is of great force to persuade, move, and inflame men with the love of virtue and also to deter them from vice and not used only to confirm matters but also to augment. . . In Chronicles we find how cruelty hath been requited, how pride hath been cast down, how good men have prospered, and the wicked died in misery (Peacham [Uii^{v}])

Consistent with the recommendations of both Peacham and Erasmus, early modern medical writers often rely on the testimony of ancient authorities – which take the rhetorical place of Peacham's chronicles – to provide useful tales of admonition. Medical books are filled with examples of proud, would-be healers who, crossing into areas in which they have no expertise, leave either themselves or their patients dying in misery.

Peacham tended to *The Garden* in 1593, and produced a new version that placed even more emphasis on the use of narrative example as a rhetorical strategy. The most significant addition is the term *Martyria* (Latin *Testatio*) in which the speaker "confirmeth some thing by his own experience" (85). Peacham gives several examples of social circumstances in which *martyria* proves useful. Judges bring down previous cases, experienced military leaders teach younger warriors from their own arsenal of war stories,

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[2] A good resource for the study of early modern rhetorical theory is Sonnino's *A Handbook to Sixteenth-Century Rhetoric* (1968).

and doctors reproduce the wisdom of their years:

> The physician maketh report of his own proof in diseases and cures, and sometimes doth record them to the great benefit and good of the posterity. (85)

Rhetoric, one might say, in that it is what we leave for posterity, is the art of shaping the future, and early modern medical writers are acutely aware of its power. The surgeon William Bullein deals with the question in his *Bulwarke of Defence* (1562). In one of the book's dialogues, Chyrurgi tells Sorenes not to apologize for any lack of verbal skill:

> sweet words are pleasant to women and young children, but plain, true tales ought to be among men of knowledge, without curious circumstances or rhetorical colours. Therefore, go to your matter. (Aaii^{v})

Bullein's own rhetoric is superb here. By denying the importance of "rhetorical colours", he implies that "tales" are not rhetorical in nature, that they are simply "plain" and "true" and thus beyond question.

But Peacham warns that *martyria* is only as useful as the credibility of the one who uses it. If the "speaker be a man of gravity and known credit" the device is of "great strength" (86). Presumably the converse is also true. Personal narration is weakened in force if the credit of the user is called into question. Medical rhetoric, a rhetoric centred largely on the power of narratives, is, therefore, highly dependent on "credit," the perceived social value of the speaker, since the value of the speaker has a direct bearing on the value of that which is spoken.

Today, linguists and cognitive psychologists are paying increasing attention to the way in which narratives are fundamental to individuals' ability to organize and process information. Mark Turner has recently argued that narratives, like metaphors, do more than just provide material for literary art. Rather, using narratives is crucial to the way in which we understand the world. Stories are, says Turner, "essential to human thought" because they are fundamental to the way we make sense of our surroundings (*Mind* 12). A. J. Sanford and S. C. Garrod, have noted the importance of *scenarios*, miniature conventional narratives, in the structuring of thought and the processing of information. Significantly, Sanford and Garrod's research has suggested that texts are more easily comprehensible when they explicitly activate a scenario with which people are familiar. Told that a story happens in a court room, for example, people more easily grasp the idea *lawyer*. Such a view seems to agree with common sense: we are all familiar with stories told about courtrooms and we have certain expectations regarding the ways in which that story will progress. If those expectations are met, we follow along easily; if they are not, we are surprised and take special notice of the story. If the conventional elements of the narration are flouted in too severe a way, we may find the narrative incomprehensible (Brown and Yule 245-46). Similarly, members of Shakespeare's audience seem to have had conventional ideas about the way narratives of medical practice might go. It is this body of knowledge, this set of conventional scenarios that an early modern audience would have been able to activate, that I attempt to trace in this study.

Early modern rhetoricians such as Peacham and modern scholars alike realize that telling stories is not merely a matter of entertainment. People take lessons away from the

stories they hear. Stories shape understanding. But how? One explanation is that stories provide analogues: culturally-specific constructions that allow members of a culture to understand one another and communicate. Therefore, as Keith J. Holyoak and Paul Thagard suggest, "Because communication by analogy depends on shared knowledge, analogy and cultural experience are inextricably linked" (214). Stories contribute to a "web of culture" which plays a crucial role in maintaining, if only temporarily, a stable social order. We come to understand certain things by understanding them to work like other things.[3] This is the same process that both Malvolio and Sebastian engage in as they try to reason out their potential marriages to Olivia: understanding based on narrative example.

The importance of narratives in shaping understanding, particularly of what is right and wrong in cultures, an idea common to both modern analysts and to Elizabethan rhetoricians, assures us that the narratives told by medical writers and adapted by playwrights are part of a more significant system than simply that of one text providing material for another. Shakespeare's plays are part of a process, a process that creates, maintains, and

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[3] Holyoak and Thagard cite a study in which subjects are asked to consider how medical scientists might attack a tumour with radiation such that the tumour gets a dose large enough to damage it and yet the radiation is not intense enough to damage surrounding healthy tissue.

Some of the subjects in the study were first told a story in which a military leader seeks to assault a castle with a powerful onslaught but no one road can accommodate all the soldiers at once since the roads are mined such that only small groups to pass over them at once. The general solves the problem by splitting up the troops, having them take separate roads, converging at the castle simultaneously. Subjects who read this story first were better able to come up with a solution to the tumour problem (shoot several beams from different angles for a cumulative effect) presumably because they could reason by analogy: people found logical relations between the soldiers/castle/general and the radiation/tumour/doctor and came up with a creative solution (110-115).

modifies the web of early modern English culture. Shakespeare's plays both rely on existing cultural narrative and create new ones. Stories provide analogues by which people can understand the world; they recognize one situation as bearing a logical relation to another and conclude that the outcomes of one may well be similar to the outcomes of another.

If narratives constantly work to shape the understanding of individuals by providing them with ways of conceiving of things in the world, it follows that the stories that Shakespeare himself tells in his plays function in a similar way. That is, like medical texts that tell stories to give people certain ways of thinking about medical practice, plays in which medical practitioners appear must also provide ways of thinking about things. Of course, centuries have shown that Shakespeare's plays have provided no shortage of apt analogues for thought. The academy and pop culture alike are saturated with the sense that Shakespeare has already had all the good thoughts. Harold Bloom goes so far as to claim that "Freud is essentially prosified Shakespeare: Freud's vision of human psychology is derived, not altogether unconsciously, from his reading of the plays" (346). Can we assume that Shakespeare's original audience could have been affected in a similar, if altogether more modest way, that to some extent, those who saw Shakespeare's plays might have taken away a small sense of what it meant to be a king, or a bastard or even an apothecary?

Throughout this study, I wish to pursue the idea that theatre contributed to the discourse of medical practice in important ways, but in ways which would not necessarily have been obvious to those immersed in early modern discourses themselves. Audience members at a Shakespearian play could take narratives into their store of examples without realizing that at some later time that narrative could serve as an analogue, a model by which

they could evaluate other texts or other practices. Even if a woman could not recall the specific events of the play, the basic pattern of the story might remain, contributing to her common sense notions, all as a largely unconscious effect of the theatre. Indeed, as Stephen Greenblatt has argued,

> Shakespeare's theater is powerful and effective precisely to the extent that the audience believes it to be nonuseful and hence nonpractical. And this belief gives the theater an unusually large license to conduct its negotiations and exchanges with surrounding institutions, authorities, discourses, and practices. (19)

The theatre is just the reverse of the medical texts. Where tracts on medicine engage in deliberate ideological manipulation of their readers and conceal their rhetorical colours, stage plays deliberately entertain with pleasing stories and leave their ideological effects unseen.

In considering what stories went into the fashioning of Shakespeare's plays, I am not thinking of narrative sources in the traditional sense. Rather, I am thinking of stories in a more general way, patterns of events rather than specific series of events. One can easily think of any number of such narrative patterns, such scenarios, in our own culture, and many of them, are medical. One macabre story involves the man who is lured to a hotel room, drugged, and wakes to find that some vital organ has been stolen for sale on the black market. Another is that of the patient to whom anaesthesia is incorrectly administered and who becomes aware of her heart operation while it is still in progress. A surgeon accidentally leaves his wrist-watch inside a sewn-up patient. A surgeon, with extraordinary

cunning and dedication, saves a patient who is, seemingly, hopeless. Afflicted people are healed through their faith while visiting shrines. Governments perform secret medical experiments on hapless citizens. Beings from other worlds perform secret medical experiments on hapless citizens. None of these stories requires citation for each is part of our culture, and writers can (and do) draw on such tales without necessarily drawing on any particular narrative source. Still, particular narratives do go into forming the general ones, and any particular take on the issue alters, however slightly, the overall narrative in the mind of the hearer or reader.

II

When the wife of Cymbeline dies, it is left to Cornelius, the doctor, to inform the king. Cymbeline's response is bitter: "Who worse than a physician/Would this report become?" (*Cymbeline* 5.5.27-28). The question is rhetorical in that physicians are, of course, meant to heal the sick, and the death of a patient obviously reflects poorly on the practitioner. But for Shakespeare's audience, the lines would have had more rich significance. Physicians, since the inception of the College, were recognized by many, including themselves, as occupying the uppermost position in the hierarchy of medical practice. Other kinds of medical practitioners – surgeons, apothecaries, empirics – all took their place below (some far below) the university-trained doctors of medicine, whose vast learning was supposed to set them apart from the supposedly more ignorant.

Cymbeline's question, then, is underlined by an implicit suggestion, a nasty undertone which hints that perhaps physicians are not as wise as they are thought to be, that perhaps for all their blustering, they may be no more effective as healers than those they denigrate. One

might expect bad results from a fraudulent mountebank, or a poor apothecary, or an ignorant herb-woman, but who worse than a physician, Cymbeline asks, who, by law, is supposed to be well above the others, should allow his patient to die? The full rhetorical impact of Cymbeline's question, then, relies on a shared body of knowledge in the members of the audience, and it is that shared body of knowledge – though not necessarily belief – and the way in which Shakespeare's plays interact with it, that is, as I have already suggested, the subject of this present study.

The study of medical discourse and its importance to Shakespearean drama is certainly nothing new. Indeed, the mass of material on the subject is so immense that finding a place for a new study on the importance of practice is a daunting one. One can, however, characterize the critical tradition as having two main streams and find a point at which the two can be made to flow together. This critical confluence produces interesting new whirls and eddies which deserve closer attention.

The broader of the two main streams is the long-standing tradition of setting the Shakespeare plays in the context of the medical knowledge of the sixteenth and seventeenth centuries. Since the mid-nineteenth century, scholars— often medical doctors themselves with a secondary interest in drama — have detailed Shakespeare's use of medical imagery and the way his plays reflect early modern ways of thinking about health and healing.

The knowledge-based emphasis of medical criticism dates back at least as far as J. C. Bucknill's important early text, *The Medical Knowledge of Shakespeare*, which first appeared in 1865. Bucknill's book set the tone for over a century's worth of criticism in the area. Bucknill was himself a physician, and it is on the basis of his own professional

standing that he hopes to offer some insight into the plays. He was, he says in his introduction, "led to the belief that passages of medical significance would be overlooked unless they were expressly sought for by some one whom the bias of a medical education had qualified to execute the task" (1). The bias of a medical education may not, in fact, be the best qualifications in the study of medical practise, however, since modern physicians tend to sympathize with the early medical doctors and to be suspicious of non-licensed healers. Nevertheless, Bucknill is thorough and learned, and provides a useful summary of the medical references in the various plays, often, though, through the eyes of the diagnostician as much as the critic. On the occurrence of sleeplessness in the plays, Bucknill writes:

> There are few subjects that Shakespeare has treated with more pathetic truthfulness than the distress arising from want of sleep; so much so that the thought intrudes itself that he must, in his own person, have experienced this penalty of mental excitement exceeding the limits of health. (193)

Here, the medical implications of the text, not the textual implications of medicine, are paramount.

Less useful, though intriguing, is a book by Charles Stearns called *Shakespeare's Medical Knowledge*, which mainly reprints short quotations from the plays on medical matters, annotated with the author's own musings. I include two representative examples for the interest of the reader:

> The bag-pipe has lost none of its diuretic properties on persons of English descent, even on this side of the ocean.

(27)

> it has been the strife of the present day to provide for physical comforts, and to excel in debilitating luxury and ostentation. Hence neuralgia, dyspepsia, albuminuria and the whole cohort of uterine complaints. (44)

Stearns' book is practically a parody of Bucknill's earlier work, but it clearly demonstrates the trends that Bucknill established. First, there is a clear emphasis on medical references in the plays, not medical characters, maintaining the assumption that Shakespeare mainly reflects the general medical sense of his contemporaries. Second, early medicine is treated as a quaint antique, that those with more modern ideas of medicine can admire, even chuckle at, from a distance. Finally, like most early medical writers on Shakespeare, he is mainly concerned with learned physicians and pays little attention to the practice of unlicensed healers. In the same way, St Clair Thomson notes that of Shakepeare's thirty-six plays, "medical characters are represented seven times," an enumeration that ignores Helena who cures the king in *All's Well* and Friar Laurence who clearly studies and practises medicine in *Romeo and Juliet*, not to mention those characters for whom medical practice is relevant such as Paulina and Prospero (Thomson 264). Laurence and Helena do get mentioned later in the Thomson essay, but only dismissively and without real consideration of their possible value to the Elizabethans.[4]

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[4] An attention to historical detail distinguishes John Moyes' *Medicine & Kindred Arts in the Plays of Shakespeare* (1896). Moyes searches historical records and early modern medical texts as background for his otherwise conventional rehearsal of medical passages

The most comprehensive study of the subject appeared in 1992 with F. David Hoeniger's *Medicine and Shakespeare in the English Renaissance*. Hoeniger provides the most complete summary of early modern medicine currently available in a literary study, and clearly explains Shakespeare's use of early medical knowledge. The humoural system, herbal therapies, an explanation of the tripartite soul – all these are presented with an eye towards enriching and explaining Shakespeare's plays. Hoeniger combines the interest in clinical detail that characterized the work of physician-scholars with the historical rigour of more modern critics.

The recent appearance of the Hoeniger book illustrates the way in which the long-standing tradition inaugurated by Bucknill has, in a more thoughtful way, survived.[5] Hoeniger's book is more accurate, more comprehensive, more scholarly and more judicious than any previous, but its aim is largely the same as Bucknill's, and others': showing the intersection of playtexts with the medical knowledge of the time in as comprehensive a manner as possible. But, again, the political controversy surrounding medical practice, a controversy that touched all levels of society and into which even the grandest men and women of state entered, is largely ignored. The profound effect that the emerging medical profession had on Elizabethan ways of understanding medicine and how it was practically carried out are not considered.

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and their relation to medicine.

[5]Similarly, see David Bevington's recent essay "'More Need She the Divine than the Physician' (1996). Bevington's analysis is wide-ranging in its consideration of medical imagery in the plays, but there is little contextualization, and despite the fact that he begins with a suggestion about Shakespeare's doctors, his interest is not in medical practice.

A related body of criticism that contains traces of Bucknill's tradition emerged in the 1980s. Based on the postmodern approaches to history propounded by Michel Foucault and others, a number of writers have focussed on the issue of the body in Elizabethan and Jacobean drama. For these critics, human bodies are not primarily objective, physical realities; they are social constructions and they are thus loaded with the same ideological weight as any other construction. Hence, criticism from this point of view asks how early modern medical discourse worked to construct a body, with special emphasis on the importance of sex, sexuality and gender.[6]

Most notable in this line of dramatic criticism is Gail Kern Paster's *The Body Embarrassed* (1993). Paster emphasizes the socially determined nature of the body: that "no

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[6] For a good, general study on this issue, see Jonathan Sawday's *The Body Emblazoned* (1995). Interestingly, Sawday has a mild but significant anxiety over the cultural study of the body: how can one argue that the human body be constructed in discourse, that it is not an objective given when it, above all else, is empirically available to every reader? Indeed, presupposing a reader simultaneously assumes enough objective corporeality on the part of that reader to actually physically encounter the text. Sawday's answer is to problematize the very notion of corporeality itself. He questions, for example, whether the notion of a body with a seemingly designed interior, like a carefully arranged piece of luggage, is a notion to whose temptation we should submit, or whether the medieval body, for example, might not have been radically different from our own:

> Is the body a carefully stowed cabin trunk, or is it. . .a mysteriously chaotic entity? Is this divergence just a question of people's observing the body's internal processes within different cultural frameworks? Or did bodies, in some obscure fashion, behave differently prior to the advent of a scientific view of the world?

Such questions lead to even more basic questions: if culture constructs human reality to some degree, how does it do so? And what is the relationship between the objectively existing human being, assuming there was a Shakespeare whose biological existence was much the same as any living individual, and the culture in which that individual lives? In short, what is the "obscure fashion" in which culture rules the world?

matter what the physical facts of any given bodily function may be, that function can be understood and experienced only in terms of culturally available discourses" (4). Frank Whigham is likewise interested in the way in which social discourse creates the body, investigating what he calls the "social coding of the alimentary tract" as well as other bodily functions, particularly sexual functions and organs. Similarly, Greenblatt explores the way in which the female body was understood as a kind of an inversion of male physiology and how a culture that views genders as "teleologically male...finds its supreme literary expression in a transvestite theatre" (79, 88). Greenblatt notes how these ideas are not necessarily rooted in the actual brain of the poet; rather, the understandings are "a set of interlocking tropes and similitudes" that find their expression in all kinds of early modern discourse.

Such studies of the body give a social perspective on medical criticism by historicizing the plays, placing them in a medical context that was clearly distinct from our own.[7] Understanding the ubiquitous nature of ideology and discourse, such critics expand

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[7] There is yet another, more distantly connected stream of criticism that analyses the body as a physical presence on stage, as distinct from the purely textual creation on the page. David Hillman, in "The Gastric Epic" takes the main issue of Troilus and Cressida to be "the relation between language and the body out of which it emanates" (295-96). See also Gayle Whittier, "The Sonnet's Body and the Body Sonnetized in *Romeo and Juliet*" (1989); Brian Gibbons, "The Human Body in *Titus Andronicus* and Other Early Shakespeare Plays (1989); John Hunt, "A Thing of Nothing" (1988).

Devon Leigh Hodges, in "Cut Adrift and 'Cut to the Brains'" (1981), takes up the idea of anatomy in *King Lear*, but he uses the term in the broadest possible way, taking anatomy not as the actual process of dissecting a human corpse for the purposes of medical research, but simply as "the process of stripping away forms" (202).

All of these studies may be said to take the body not so much as an historical, medical object, but rather as a theme in the plays. Though interesting and useful in understanding the semiotics of live performance, they are ahistorical, non-medical, and thus not strictly relevant to the matters that I am trying to explore.

the range of relevant issues in an important way. This line of criticism is, nevertheless, a variation on the long-standing tradition of knowledge-based criticism. Whether we call it contemporary medical knowledge, social coding or Shakespeare's familiarity with interlocking tropes, the overall direction of the investigations remains the same. Like earlier critics, there is an emphasis on the uniformity of medical ideas in the period. Gail Kern Paster, for example, argues that despite the multiplicity of discourses, certain ideologies became dominant and largely unquestioned. Such is the case with humoural theory in the period (Paster 6). And indeed, there seem to be few grounds for doubting such an assertion. Although critics of the humoural theory did exist, as a social narrative, the story of the humours was by far the most easily accepted. But in other medical situations, the domination of one particular narrative, one specific idea, was less secure.

In the case of medical practice, narratives certainly did compete vigorously. There was not, of course, in practice, an infinite number of narratives, but more than one scenario could simultaneously coalesce in the minds of Shakespeare's contemporaries when it came to the actual carrying out of medical work. Horst Breuer has argued that Shakespeare plays are useful indicators of Renaissance medical thought because they represent "the overall, psycho-cultural attitude of his times" (336) and in some instances that may, for all practical purposes, hold true. The truth about apothecaries or wise women or noble women or even physicians, however, was not simple; in these cases there seems to have been no easily identifiable overall "psycho-cultural attitude." Truth, in this case, is provocatively multiple.

The second stream of medical criticism which I would like to consider focusses not

so much the early modern author and his views, or even the world as a whole and its views, but rather on the individual medical characters that appear in Elizabethan plays. Scholars running through this vein tend to catalogue the various physicians in plays by Shakespeare and his contemporaries. This interest in individual characters, rather than the knowledge-base of Shakespeare or his audience members, makes MacLeod Yearsley's 1933 book, *Doctors in Elizabethan Drama,* an important development. Yearsley provides an extensive list of medical practitioners of various kinds from the works of Shakespeare and his contemporaries. R. R. Simpson's 1959 book is similar, moving quickly, enumerating references and examples of practitioners, but never presenting a detailed analysis of the plays or the historical conditions in which they were created. Another study of this kind is Herbert Silvette's *The Doctor on the Stage* (1967). Still, there seems to have been a sense that there was so much to be said that they could only give each character passing attention before moving on to the next.

Philip C. Kolin recognizes and makes efforts to correct this deficiency in his under-appreciated monograph, *The Elizabethan Stage Doctor as a Dramatic Convention* (1975). Kolin's is the first book that looks closely and thoughtfully at representations of medical practitioners themselves. He understands that previous works have missed this element by moving too quickly, not paying adequate attention to detail:

> their remarks about specific doctors are all too brief, usually trite, and sometimes incorrect. In Yearsley and Silvette, forty dramatic doctors are covered in as many pages while Simpson and Doran. . .provide no more than a paragraph for each of

Shakespeare's physicians. (Kolin 4)

What Kolin does not do, indeed it is not his design, is to fill out the dramatic understanding by examining the cultural conditions that made those representations possible and that shaped the way those representations could be, and were, done. The extreme ahistoricism of Kolin's approach is reflected in the fact that, excepting dramatists, his bibliography includes not one sixteenth or seventeenth-century author.

These two streams, the broadly medical and the broadly dramatic, can be made to converge when we notice that the first is historical without considering the specifics of practice, while the second explores representations of practice outside of its historical context. What remains to be done is a study of Shakespeare's medical practitioners that reads them carefully and historically. Could unlicensed medical practitioners such as herb-women and priests function in a society that had created a legal entity, the College, whose business it was to eradicate them? And if they could, what obstacles did they face? How did the increasing dominance of university-trained men affect the other less legitimate practitioners, the medical tradesman, so to speak, such as apothecaries and surgeons? And most importantly, how did the changing nature of medical practice affect the way in which Shakespeare represents medical practitioners in his plays?

Certainly, in one sense, a critic can never escape the concept of knowledge entirely. Knowledge can never be wholly severed from practice in a literary study since to ask what the audience might have known about the College or empirics or any other related issue is to ask about their knowledge of practices. But this kind of knowledge is distinct from the more general knowledge that other critics have examined. There is a clear and significant

difference between one's knowledge of the humours and one's knowledge that foolish apothecaries sometimes mix poisons in the same bowls as drugs. Knowledge of the doctrine of contraries is a different kind of knowledge from the awareness that surgeons can be persuaded to provide herbal remedies even though the practice is strictly forbidden. The first is knowledge of the world in general, that which is understood to be natural and independent of human choice and action. The second is that knowledge we gain of other people in our particular circumstances. In late twentieth-century culture we believe that cancer is a serious, potentially fatal disease; we also believe that adequate treatment for cancer may be difficult to get since hospitals lack the money they need for care. This second kind of knowing, being aware of the particular situation of the world, is the knowledge of practices, and it is the knowledge of practices that this study emphasizes.

One final proviso is warranted. Since Shakespeare's plays rely on culturally established scenarios to create literary texts, his dramatic choices do not necessarily reflect his own opinions or sensibilities. Irving I. Edgar intelligently rejects the nineteenth-century tendency to make Shakespeare an honourary physician or apothecary. Instead Edgar takes an equal but opposite position arguing that Shakespeare, "truly the product of his age," viewed physicians with contempt and heaped derision upon them. Herman Pomeranz, in his 1936 study, assumes that references to ailments in the plays may derive directly from the particular illnesses of the author. Following Bucknill, though with less restraint, Pomeranz asserts:

> That Shakespeare suffered from insomnia is evident from a reading of the plays. There are scores of allusions to loss of

> sleep. It may have been due, in his case, to money troubles or mental exhaustion. (273)

Clearly, though, cultures can assign specific meanings to physiological phenomena. A malformed hand, dark hair, or sleeplessness may all have meanings independent of the direct experience of the author. For this reason, we must be wary of assigning medical views to Shakespeare on the basis of his plays.[8] Moreover, one must take care not to assume that the plays reflect a clear, well-defined general medical knowledge that everyone held with equal commitment.

This study rejects the valorisation of Shakespeare's intellect when it comes to his medical knowledge. St Clair Thomson goes as far as to suggest that Shakespeare anticipated Harvey's discovery of the circulation of the blood. In fact, the passages that Thomson quotes demonstrate nothing of the sort. In line with traditional medical belief, Shakespeare's characters assume that the blood flowed, but make no indication that they thought it *circulated*. Thomson, eager to demonstrate the "uncanny" genius of Shakespeare, assumes that the two mean the same thing (Thomson 282).[9]

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[8] On this point, see Caroline Spurgeon's well-known work, *Shakespeare's Imagery and What it Tells Us* (1935).

[9] Before Harvey, medical scholars believed that the blood was pumped from the heart to various parts of the body where it was consumed as it nourished the flesh. Such a view seems counter-intuitive to us, but made reasonable sense to a people without microscopes (they did exist by Harvey's time but they were new, and Harvey didn't have one). After all, the actual anatomic points at which blood ceases to flow away from the heart in arteries and back toward the heart in veins, the capillaries, are too small to be viewed with the naked eye.

Harvey deduced the flow of blood initially by observing that the amount of blood that would have to be created and consumed in even a single day (volume of the heart, multiplied by about 72 beats per minute, multiplied by 1440 minutes per day) was unrealistically large; blood must be reused somehow. Harvey, unable to see capillaries, inferred their existence.

My own view tries to illuminate a more complex social picture. Where Maurice Pope has argued that while Shakespeare does not adopt a monolithic, universal medical perspective, his medical outlook is still "in broad conformity with the medical opinion of his time," (Pope 183). By contrast, I emphasize the conflicts that existed in Shakespeare's time, particularly over the nature of medical practice.

The thesis means to reconsider the issue of Shakespeare and medicine by exploring the intersection of the two traditional lines of thought. On one side, the study is historical, asking questions about the world that Shakespeare was working in, the ideas that circulated there, the store of conceptions that his audience would have brought to the theatre, and which could be manipulated. On the other side, the relevant conceptions are not the knowledge of physiology or of the nature of disease, but rather the more practical awareness of the way in which medicine was actually done, a sense of the questions people might have been asking about the ways in which they ought to seek treatment. Did one really need to pay the fees of the physician only to be sent to an apothecary, or would it be better to go directly to the apothecary? Should one trust the local priest or make a journey to see a doctor of physic? Wasn't seeing a surgeon the same as seeing a physician? And did you see the new play about the clever woman who heals the King of France?

For a detailed discussion on early modern theories of blood and Harvey's contribution, see Wear's chapter in Conrad *et al* (325-340). For Harvey's life in general see Keynes' *Life of William Harvey* (1966). A simple, compelling popular account of Harvey's life is found in Michael H. Hart's interesting ranking of *The 100* most influential people in history (1993). It was Hart's book, not any medical scholarship, that first alerted me the remarkable intellectual achievement that Harvey had made.

2

Doctor She

It is necessary that a man be in himself a master of knowledge and of sincere judgement, that shall be able truly to make right use of another's experience. John Cotta

In a 1602 tract denouncing non-licensed practitioners of medicine in Elizabethan England, Francis Herring outlines the strategies by which these infamous impostors deceive their patients. Their first step, he says, is for the deceivers to convince their patients "that they

have certain hidden, deep, and precious secrets, altogether unknown to the Galenists, and school-doctors, whereby they are able to work wonders" (28). Should any prospective gull ask just how the uneducated healer came up with the miraculous cure, the deceiver, Herring says, will claim that the remedy is drawn from a secret book written by a learned priest or by a great physician. Herring himself scoffs at such fabrications, and even if such a preposterous story were true, says the author, who "should be so void of common sense. . .as to think that a few scribbled receipts in an old moth-eaten paper should make a physician?" (29). The rhetorical question makes it clear that for Herring, his appeal to "common sense" is enough. Simple understanding shows the fraudulent practitioner for what he (or, as we shall see, she) really is.

I begin with Herring's 1602 text because at just about the time that Herring was creating stories about those who would dare to practice medicine without permission from the authorities, so was Shakespeare. Helena in *All's Well that Ends Well* is much like the typical mountebank that Herring describes. She too promises to work wonders, to heal the king's fistula where the learned physicians have done only harm – they have worn him out with "several applications" (1.2.73-74)– and she attributes her unbelievable powers to the old receipts that she has inherited from her father, the famous physician, Gerard de Narbon.[10] Moreover, Herring's appeal to common sense is echoed by the king in *All's Well* – with a crucial difference. After a long debate, the king accepts Helena's offer:

Methinks in thee some blessed spirit doth speak

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[10] R.R. Simpson suggests that keeping a "secret remedy" was "a habit more common among the Elizabethan surgeons than the physicians" (74).

His powerful sound within an organ weak;

And what impossibility would slay

In common sense, sense saves another way. (2.1.175-78)

In other words, "though common sense would say it is impossible, my senses show me that you are to be believed." For the king, common sense means a great deal, but may be overcome in extreme cases. Helena's character is so disarming, her rhetoric so powerful, that it stands as a rebuttal to, if not Herring himself, at least to the common sense argument that Herring rehearses.[11]

Herring's is one of many early modern attacks on unlicensed healers, and, typical of the genre, it takes narrative example as its primary rhetorical strategy. Herring tells stories about quacks in an effort to convince his reader to avoid them. Herring knows that the stories people hear about things shape their understanding of those things. And since stories shape our understanding, telling certain general stories, stories that have certain kinds of messages imbedded within their basic patterns, will change the way we think. They help maintain the store of analogues upon which people can base their interpretations of similar events.

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[11] Christy Desmet has argued that Helena's cure is all a matter of rhetoric. It is her ability to sway the king by reversing his own terms, using his own rhetorical tactics against him (particularly *chiasmus*) and causing him to be swayed by his ear rather than his mind that wins the day for her and allows her to make unreasonable demands. Her use of decorative language "rather than hard logic" (49) places Helena, in Desmet's view, in the context of oratory rather than medicine. In this view, Shakespeare uses an existing conception, the evil woman who uses and flatters, but uses it in a relatively moral character who achieves relatively good ends. Shakespeare, though, is uncomfortable with this inconsistency, and, by the end of the play Helena relinquishes her powers of oration to Bertram.

No doubt, medicine is not the only way that Helena transgresses normal gender bounds. My view, I believe, complements a view that emphasizes her rhetorical power.

Other medical writers condemned healers who attempted to practice with only slight knowledge. John Banister sees the problem as especially prevalent among women:

> And hereby we see the boundless boldness of many women, who, for lack of learning cannot be acquainted with the Theoric part, and yet dare venture on the Practic . . .[and] having snatched up some one or two medicines only, they think themselves armed against all diseases. (A7)

Helena, another woman of boundless boldness, is part of an existing scenario about women who practice medicine.

In short, Herring hopes to alter the understood truth about medical practice, or, perhaps, more correctly, he hopes to strengthen the version of truth medical officials promulgated. By 1602, the professionalization of medicine had progressed to the point where physicians could, to an extent, take their own status as the standard by which other practitioners could be measured. Herring can claim as a matter of "common sense" and mean quite seriously the *sense* that people *commonly* did have of the issue, that anyone who practiced medicine without the authority of a license from the College of Physicians was not only unfit to practice but was hopelessly foolish for making the attempt.[12] Likewise, Shakespeare's play tells a story about an unauthorized medical practitioner, manipulates those existing stories – like those told by Herring – to fashion a new tale of his own, one that rewrites the script of Elizabethan medical practice, and, in so doing, begins to rewrite the

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[12] Of course, many common people may have dissented. Herring's rhetoric is interesting. He calls it common sense to convince his readers that it is common sense. He thereby works to create a truth that he claims is already true.

ideology of that practice.

I

In Act 2, scene 3 of *All's Well*, Parolles and Lafew rejoice in the news that Helena has cured the king's sickness. They are astonished, for the King's physicians had given him up and the monarch himself had abandoned hope of a cure:

> *Laf.* To be relinquish'd of the artists—
>
> *Par.* So I say, both of Galen and Paracelsus.
>
> *Laf.* Of all the learned and authentic fellows— (2.3.10-13)

Contrasting Helena with Galen and Paracelsus, the "learned and authentic" fellows of medicine, Shakespeare echoes Herring's scoff at empirics who claim better medicines than "the Galenists and school doctors." Galen, of course, was the leading classical authority and Paracelsus (the German physician Theophrastus Bombastus von Hohenheim) was his leading modern rival. The invocation of these two authorities suggests an obvious line of criticism. Does Helena somehow fit into the clash between traditional humanistic medicine, represented by Galen, and the new chemical medicine of Paracelsus?

The tradition of analyzing the play in terms of the Galen-Paracelsus division goes back at least as far as J. C. Bucknill. Bucknill, interested in what the playwright might have known, seems slightly at a loss to explain how followers of Paracelsus might be thought of as learned doctors and concludes that Parolles' line tells us only that Shakespeare is aware of "the two rival schools" (102). Useful implications of the controversy were not drawn out for over a century though, when Richard Stensgaard published a powerful article which drew critical attention to the importance of contemporary medical issues in the play. Stensgaard

suggests not only that Shakespeare's audience would have seen allusions to the Galen-Paracelsus debate, but that they would have been especially interested in them because of the recent visitation of the plague. Stensgaard suggests that the king's fistula would have reminded the early seventeenth-century audience of the sores caused by the plague. The plague itself was a particularly controversial point in the Galen-Paracelsus conflict, and Stensgaard develops his analysis with this background in mind.

Julie Robin Solomon's 1993 article on the play is the most recent contribution to this critical tradition. For Solomon, the division between Paracelsians and Galenists is not merely one of medical theories and explanations, but rather a profound epistemological split between those who sought to put limits on the possibility of knowledge (the Galenists) and those who attempted to challenge those limits (the Paracelsians). In this view, the Paracelsian drive to push past the established norms of traditional Galenic thought challenges not just the Galenists' belief in specific concepts, but their belief in the very stability of truth itself: "There must exist a notion that nature can be altered by human intellectual processes in order to justify the crossing of traditional limits of knowledge" (147). Solomon's argument is inventive and resourceful, but on this point she may be overstating the case. Overturning traditional beliefs need only imply that the system of thought in question inadequately expresses the truth, not that the truth does not exist.

Both Solomon and Stensgaard rely on the premise that the long-standing tradition of Galenic medicine was constantly and thoroughly at odds with the new ideas proposed by Paracelsus. This assumption is certainly plausible: where Galenic medicine emphasized the humoural conception of the body and treated patients with a regimen of herbs to help restore

humoural imbalance, Paracelsus conceived of disease as the influence of outside substances that needed to be counteracted with chemical preparations. However, despite the philosophical conflict between the two schools, there is reason to believe that the Galen-Paracelsus split was, perhaps, somewhat narrower than Solomon and Stensgaard imply. Consider again the conversation between Lafew and Parolles:

> *Par.* Why 'tis the rarest argument of wonder that
>
> hath shot out in our latter times.
>
> *Ber.* And so 'tis.
>
> *Laf.* To be relinquished of the artists—
>
> *Par.* So I say, both of Galen and Paracelsus.

Parolles' point is that Helena's cure worked even after those who followed Galen and those who followed Paracelsus had given up. Rather than being an ordinary medical cure, Helena's remedy hints of the miraculous, for it is "an argument of wonder." The text suggests that the learned physicians include the Paracelsians, rather than, as Solomon and Stensgaard argue, oppose them. Indeed, the syntax of the lines clearly sets up a contrast between Helena and the Paracelsians. Where the Galenists had given up hope, and where the Paracelsians had also given up hope, Helena has succeeded and that is a wonder. Stensgaard does address this point and is only able to maintain his own position by reading Parolles' interjection as an absurdity. The audience, in this view, would see the inclusion of Paracelsus as a learned physician as simply laughable, and would put Parolles' remark down to his own stupidity. The reading is certainly possible, but it does raise some interesting questions. First, if we were meant to take the exchange as Stensgaard suggests, would we not endanger the reading

of the play that he proposes? That is, if Shakespeare means to set up Helena as a Paracelsian and contrast her with the Galenists, why introduce Paracelsus at all at this point? To do so might obscure the very distinction that Stensgaard has Shakespeare carefully setting up. Moreover, if Parolles' words are a blunder on his part, why does no character notice his folly at this point? Instead of reading the scene as the foolish Parolles interrupting the wise Lafew, we could read it as two men who can so little contain their excitement that they constantly interrupt one another.

Not only does the text not clearly align Helena with the Paracelsians, the strict division is somewhat more complex than has previously been noticed in literary studies. That complexity, in part, underlies the way in which one must interpret Helena, and so it is worthwhile to continue to expand on the notions of medical controversy. While it is generally true that Paracelsians were at odds with traditional Galenic medicine, on some matters, matters crucial to the critical arguments I have been discussing, the two systems were not at odds at all. Stensgaard and Solomon, for example, note that Galenists and Paracelsians placed different emphasis on the value of experience. For Galenists, theory, derived from classical sources, was foremost. For Paracelsians, the physician must go out in the world and make his own observations to learn about medicine. But it is possible to overstate the conflict on this point; both systems valued both elements, and the differences in emphasis were just that. The objection that the Galenists made was not against the value of experience itself but rather that experience alone was not enough for sound medical practice. Oxford, Cambridge, and most European universities required that students have a period of practical work in the field before they would grant an MD (Cook, *Decline* 50).

Galen himself notes the value of practical training which complements the more formal knowledge gained from reading. He writes, "It is possible for someone to learn this science, and then to neglect practice and to fall short of an experienced [physician]; but he who has never learned it will gain nothing from experience" and maintains that the best physicians devote themselves to "the reading of books *and the treatment of patients*" (Galen 59, 115; my emphasis). For Paracelsus the same values persist, but with a switch in emphasis. Learning was useful but, as Galen notes, it had to be combined with experience; without first hand observation, book learning was useless. "Every physician must be rich in knowledge," Paracelsus writes, "and not only of that which is written in books. . . he who is content with mere letters is like a dead man" (50). Books are acceptable provided the physician does not use them to the exclusion of experience. That books can be useful is made clear by the fact that Paracelsus advises his readers on the best kind of books to read. Not surprisingly for the man who urges his disciples to emphasize the practical, the books he likes are to the point: "brief treatises but great force – that is the standard by which the physician is measured" (57). The basic values of both systems were not, then, always diametrically opposed, as many critics believe. Rather, both views retain common ground – ground that allowed English practitioners to embrace both in their medical practice.

That on a practical level the split was often ignored is made clear by a variety of sixteenth-century practitioners. In his 1562 list of great learned physicians, for example, William Bullein confidently includes Paracelsus alongside Galen and Linacre, who founded the Royal College itself (Aaiiii^{v}). Citing George Urdang, the historian Allen Debus notes that in 1589, a full one third of the members of the College had attended universities in

which chemical medicine – a field in which Paracelsus was highly influential – was popular, and that none had been schooled in Paris, "the chief stronghold of the most conservative Galenists" (Debus 50). Moreover, it was not entirely unheard of for a Paracelsian to be a member of the College itself. Thomas Moffett, who had already published his opinions on chemical medicines in 1584, was elected to the College in 1588 (Debus 71).

Many physicians drew from both types of medicine on the grounds that underlying theoretical differences were unimportant if good results could be achieved. Michael MacDonald provides a specific example in his detailed study of the practice of Richard Napier, *Mystical Bedlam*. MacDonald notes that Napier, like many physicians, employed whatever remedies he thought would help, and although he was generally Galenist in his thought and practice, he used Paracelsian cures as well (188). Robert Burton seemed to see no contradiction in referring to both authorities: in the second part of the *Anatomy of Melancholy* (1621) the section that deals with cures, Galen is mentioned 39 times, Paracelsus 33. The learned surgeon William Clowes takes a similar position in a 1602 tract:

> if I find (either by reason or experience) any thing that may be to the good of the patients, and better increase of my knowledge and skill in the art of chirurgery, be it either in Galen or Paracelsus . . . I will not refuse it, but be thankful to God for the same. (*Struma* A2^{v})[13]

Clowes puts the two authorities together just as Parolles does, and, it is worth noting that he

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[13] Debus's book is excellent on this point both for the breadth of his research and the depth of his analysis. He likewise cites this passage.

is doing it at about the same time as Shakespeare: his treatise on the struma was published in 1602. The much discussed Paracelsian controversy, in short, is far less a controversy than it at first appears to be. There is a division – Parolles, after all, does not imply that Galenists and Paracelsians are one and the same – but a line of criticism based on this approach does not fully exhaust the complexities of Elizabethan medical practice.

II

If the Galen-Paracelsus division is not a wholly adequate means by which to situate the play in the context of Renaissance medical practice, and if we want, instead, to find Helena's place among Elizabethan medical practitioners, where do we begin? One worthwhile point of entrance is the series of arguments that the king puts forth against allowing Helena's treatment (2.1.114-74). I choose this moment because the king's rhetoric seems faulty in terms of the logic of the play itself and the historical practices of the real College of physicians in London. If the king's rhetoric does not serve the immediate needs of the play, there must be significant, extra-dramatic, cultural pressures molding his discourse.[14]

The logical problems within the play itself stem from the fact that the cure Helena promises is not her own, but one that she has inherited from her father. The opening scene

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[14] On this point I take some inspiration from Emanuel Schegloff's essay "Reflections on Talk and Social Structure." Schegloff argues that we can only point to the influence of social structures on human conversation if the actual utterances cannot be adequately explained by the communicative demands of the specific conversation.

In adapting Schegloff's point of view to drama, I do not mean to suggest that social structures and cultural influence are not influential throughout a text, but rather that they can be seen more clearly when the problem of specific dramatic necessity can be factored out.

finds the Countess describing not just the late physician's skill but his fine character as well:

> This young gentlewoman had a father...whose skill was almost as great as his honesty; had it stretched so far, would have made nature immortal, and death should have to pay for lack of work. Would for the King's sake he were living! (1.1.17-22)

The king, though he has been worn out by the treatments of his other physicians, and has despaired of a cure, agrees with the Countess's assessment of de Narbon: "If he were living, I would try him yet" (1.2.72). There is no question, then, of the integrity of the real source of the treatment.

Why then, does no one make the most obvious case for allowing Helena to treat the king: that the remedy is not hers at all, that, in essence, the king is being treated by Gerard de Narbon, just as he wished he could be? Helena herself, clever as she is, does not raise the point and seems never even to consider it. In Act 1, Scene 3, Helena reveals her plan to the countess, saying, "my father left me some prescriptions/ Of rare and prov'd effects" which she plans to apply to the king (1.3.221-22), and the Countess, understandably, is sceptical, wondering whether anyone will listen to the young woman. But, in response, Helena does not suggest that she can use her father's reputation as leverage or that she can argue that she is merely the bearer of the cure, not the provider. Instead she argues, hopefully, that more than the skills of her father, her efforts will "be sanctified/ By the luckiest stars in the heaven" (1.3.245-46).

More significantly, when Helena is at first refused by the king, her rebuttal does not

invoke the great skill of her father. Although she mentions him prior to the refusal to explain how she has come by the cure at all, her response to the king's denial is centred on her own virtue:

> Dear sir, to my endeavours give consent,
> Of heaven, not me, make an experiment.
> I am not an imposture that proclaim
> Myself against the level of mine aim,
> But know I think, and think I know most sure,
> My art is not past power, nor you past cure. (2.1.153-58)

Helena's rhetoric is such that she seems to downplay her own role, asking the king to gamble with God, not her. In the end, though, it is her "art" – art that God allows, as Primrose would later say in the exact opposite context – that will effect the cure.

That Helena could have made a plausible case for her treatment, a case that placed her father as the real agent of treatment, is made all the more clear by contrasting her defence of herself with the analogous defence that Gilletta makes to the king in the Boccaccio story from which Shakespeare is thought to have drawn his story. The most likely direct source is the translation of Boccaccio's tale in William Painter's *Palace of Pleasure* which first appeared in 1566 and again in 1575. In Painter's version, Gilletta, who has come to heal the king in order to win the love of Beltramo, replies to an initial rebuke by specifically referring to the great skill of her father. After the king politely refuses her, contending that "he was determined no more to follow the counsel of any physician," Giletta replies:

> Sir, you despise my knowledge because I am young and a

> woman, but I assure you that I do not minister physic by profession, but by the aid and help of God, and with the cunning of master Gerardo of Narbona who was my father and a physician of great fame so long as he lived. (Painter 139)

Where Helena emphasizes her own skill, Giletta defers to that of her father. But if that argument is both logically possible and textually available, why does it not appear in the play?

To explain why no one makes the obvious case for Helena, we can begin with the case that the king does make against her.[15] As part of his initial rejection of her ministrations, he notes:

> We thank you maiden,
> But may not be so credulous of cure,
> When our most learned doctors leave us, and
> The congregated college have concluded
> That labouring art can never ransom nature
> From her inaidable estate; I say we must not
> So stain our judgement, or corrupt our hope,
> To prostitute our past-cure malady

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[15] Charles Stearns' *Shakespeare's Medical Knowledge* (1865) includes a section on *All's Well*, but discusses it entirely in terms of the king's noble character: "He is not driven by a fretful impatience to place himself in the hands of any vulgar pretender who promises him relief; as we are often astonished to see highly respectable people do" (29).

To empirics (2.1.114-22)

By using the term *empiric*, Shakespeare helps activate a specific, culturally available narrative about women who practiced medicine.[16] Empiric was a common term in Elizabethan medical discourse and was frequently employed to denounce those practitioners "that hath no knowledge in Philosophy, Logic or Grammar, but fetcheth all [their] skill from bare and naked experience" (Duncon 20). Female healers, excluded from most kinds of formal education, were often denounced in this way. John Cotta devotes an entire chapter to empirics and argues against empirics' practice by contending, along the traditional Galenic lines, that experience is useful but only if "it be accompanied with understanding and right reason" (C2). Despite such rhetorical attacks though, official rejection of empirics was not as automatic as might first be supposed. Indeed, despite repeated assaults launched by writers against unlicensed practitioners, the College was, in Shakespeare's time, surprisingly lenient on those who were called to account for illegal actions. George Clark gives a summary of the various cases brought before the Elizabethan College in his history of the institution and, after reading attacks like those by Cotta, one might be amazed by the frequency with which violations are dismissed or given only the lightest punishment. Simon Balsamus of Milan, Clark notes, was not licensed but was tolerated due to his status as what Clark calls "a religious refugee" (143). Another man, named Willis, argued that since he did

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[16] In addition to empirics and gentlewomen (who I consider later) a few other women did get to practice medicine in Shakespeare's time outside the domestic sphere. A few women, for example, were trained in surgery by their father or husband and went on to practice in their own right, even obtaining official licenses from the local surgeon's guild. Such cases, however, were isolated and rare (Nagy 55).

not make money as a medical man and treated only his friends, he should be tolerated. When he demonstrated fair medical knowledge, he was.

The demonstrable knowledge of the person in question was frequently a major factor in the College's decision. But, interestingly, Helena's knowledge of medicine is never questioned in Shakespeare's play. Though she implies a wider practice than this one instance, whether Helena has made a regular practice of medicine is not clear; we know she has been left several cures, not just the cure for the fistula, but has been told "In heedfull'st reservation to bestow them" (1.3.225).[17] In any case, her character is praised so highly by Lafew that the king agrees to see her if for no other reason than to share in his wonder. Lafew says:

> Now by my faith and honor,
> If seriously I may convey my thoughts
> In this my light deliverance, I have spoke
> With one, that in her sex, her years, profession,
> Wisdom, and constancy, hath amaz'd me more
> Than I dare blame my weakness. (2.1.80-85)

Lafew's reference to Helena's "profession" is ambiguous. He may be referring to her reputation, those things that have been said about her, or possibly those things—perhaps on

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[17] Ann LeCercle has considered the ramifications of the fistula itself in great detail in "Anatomy of a Fistula, Anomaly of a Drama" (1986). LeCercle contends that in *All's Well,* "the fistula is the essential emblem of communication where there should be separation" (109). Curiously, though LeCercle begins the essay "thinking. . .of institutions specifically touched on in the play," her reading takes her into far more abstract considerations; she does not, for example, mention the College of Physicians (105).

the topic of medicine—that she has said to be true. Anne Barton, in the Riverside edition of the text, glosses the word in this way. Alternately, though, Lafew may mean profession in the more modern sense, her profession as a healer – all three meanings were current according to the OED. This reading agrees with his earlier comments:

> I have seen a medicine
>
> That's able to breathe life into a stone,
>
> Quicken a rock, and make you dance canary
>
> With spritely fire and motion (2.1.72-75)

Here Lafew implies that he has previous experience with Helena's cures and their remarkable efficacy. If this is the case, then, Lafew is even more strongly recommending Helena since he is not only praising her character but her experience and skill as well. While Giletta explicitly states that she does not "minister physic by profession," using Lafew's word, Helena refers directly to her "art," a term which, in a medical context, normally referred to the complex, humanist learning of the physician and was scarcely appropriate to refer to a single remedy. Both Friar Laurence and Cerimon, for example, refer to their practices – which are obviously continuing studies, not simple cures – as "art" (see Chapter 4). Lafew, most likely, is impressed not only with her personal appeal, but also, it seems, endorses her previous medical career as well.

Lafew's political position makes his endorsement valuable. Clark notes several instances in which the support of well-placed friends was invoked to bolster the case of the man or woman called by the College. The assistance did not always help, but the frequency with which it was requested suggests that many were convinced there was a high enough

chance of success to make an attempt worthwhile. In 1590, Richard Scott, despite the fact that he performed unsatisfactorily in the College's examination of him, was, after the intercession of a well-placed friend, allowed to practice provided he paid an annual fee. With the support of Lords Burghley, Chandos and Hungerford, Bartholomew Chappell was, in 1595, allowed to practice on the condition he consulted a licensed physician on his cases (Clark 143). The king's rejection of Helena, then, is complicated not only by her own refusal to invoke her father, but by the culturally available justifications for the practice of empirics.

A further justification for Helena's treatment of the king comes, perhaps surprisingly, from sixteenth-century law. An act passed in 1542 seemed to open the door to a wide range of non-licensed medicine:

> henceforth it shall be lawful to every person being the King's subject, having knowledge and experience of the nature of herbs, roots and waters. . . to practice, use and minister in and to any outward sore, uncome, wound, apostemations, outward swelling or disease, any herb or herbs, ointments, baths, poultice and emplaster, according to their cunning (cited in Goodall 29)

As an infected abscess, the king's fistula probably counted as an "outward swelling," but, in any case, the general point remains the same: Elizabethan law did recognize the potential contributions of those without formal medical training.

From all this, it seems that the king's refusal has little to do with the actual practices of the College. Indeed, it looks as if Helena's practice has not only logical appeal and textual

precedent, it even has the grudging endorsement of the official regulating body of the profession in Shakespeare's England. Only one thing interferes: Helena is a woman. Despite their leniency with empirics, despite the official legality of the practice by traditional healers, despite their deference to men of power, the College was steadfast in its refusal to allow women to practice medicine. The College could be lenient, it could make exceptions, but it would not do so in the case of female practitioners.

Indeed, even in cases where men could normally expect a small fine and reprimand, women were often jailed and released only with assurances from their husbands. Emme Baxter, who the seventeenth-century historian of the College, Charles Goodall, calls "an impudent and ignorant woman," was imprisoned in 1571 and released only because her husband agreed to a bond forbidding her any future medical work (315). In 1603, the wife of Edmund Gardiner also seems to have required the supervision of her husband to escape prison (356). More interesting still is the turn-of-the-century case (around 1602) of a Mrs Woodhouse, who was, again in Goodall's words, "a famous empiric living at Kingsland" (354). The College examined her on a variety of points: what did she think of pepper, what purging medicines did she use, how one might determine if a woman was pregnant or not, and so on. The members were especially troubled by her giving a feverish patient mithridate, which they felt nearly killed him. Woodhouse seems to have had no husband willing to, or able to, stand up for her, but she did manage to gain the support of the Lord Treasurer. The College fined her and forbid her to practice, and a few years later, when the College again found her practising, the College was given leave by the Treasurer to prosecute her as they saw fit.

The attitudes that Goodall incorporates, and the stories that he tells of female practice are themselves the obstacles that Helena must overcome. Her gender, after all, seems to be the determining factor in the king's decision. She earns his rejection not so much because she usurps the role of a doctor, but because she is, as Lafew says, "Doctor She" (2.1.79).

Several reasons have been advanced to explain the Renaissance anxiety over women and medicine. Doubtless, much of the anxiety about women practicing medicine comes from deeply-rooted convictions about, if not the absolute inferiority of women, at least their supposed inferiority in matters of the mind. Cotta, always elegant in word if not in idea, sums up the position:

> We cannot but acknowledge and with honour mention the graces of womanhood, wherein by their destined property, they are the right and true sovereigns of affection; but yet, seeing their authority in learned knowledge cannot be authentical, neither hath God and nature made commissioners in the lessons of learned reason and understanding. (25)

Cotta's attempt at flattery ("the graces of womanhood") does little to distract from his deep-seated contempt for the female intellect ("their authority in learned knowledge cannot be authentical"). In the view of Lucinda McCray Beier, that contempt extended to all aspects of a woman's character. Women were understood as the daughters of Eve, argues Beier, and thus were "inherently sinful and evil" (211).[18]

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[18] Lisa Jardine considers the "tendency of the plot of *All's Well that Ends Well* . . . towards realizing the culturally vague folkloric threat of the woman who knows" (9). Against this tendency, Jardine sets the opposite: "Helena' learning/knowledge . .. is also a

Another source of anxiety regarding women and healing has to do with the conventional Renaissance association of female healing with witchcraft. The preamble to the 1542 Act notes that the 1511 statute requiring bishops to license physicians was passed specifically "for the avoiding of sorceries, witchcrafts and other inconveniences" (in Goodall 28). Barbara Ehrenreich and Deirdre English, in their short history of women and medicine, contend that European witch hunts were not products of mass hysteria, but were, rather concerted attempts to root out women who challenged the authority of church and state. Further they suggest that the female healer was especially onerous to the authorities: "In the face of the repressive fatalism of Christianity, she held out the hope of change in this world" (Ehrenreich and English 15). While Beier finds that their claim that the witch craze was a means to destroy female medicine exaggerated, she agrees that the "persecution of witches did much to discourage the open practice of traditional medicine" (215).

Still another explanation – perhaps the most important – relies on the connection that female medicine had to the domestic sphere. Female members of the household had long been required to know basic medicine and were expected to treat basic ailments with available supplies (Cook 30). Sixteenth-century cookbooks commonly included medicinal

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token of female accomplishment and female virtue" (10). For Jardine, the characterization of Helena – and Shakespeare's other "learned heroines" – turns on this deep-seated confusion regarding women, power, and education. I am less inclined to see Helena's ploy to win Bertram as "a sexually and socially disruptive force" (10) than is Jardine since, by the time she announces her choice of husband, we are convinced (or meant to be) that her virtue more than compensates for her lack of social standing.

recipes in addition to ordinary dishes.[19] Recall, however, that the very project of the College itself was the professionalization of the physician, and a profession, as Cook argues, is created in the market place. To the new profession, female medical practice embodied a different conception. Where the professional is paid for expertise, the woman of the household fulfills, without formal payment, her duties to her family. Medical practice in the domestic model has treatment as the every day work of familial loyalty rather than as a marketable commodity.[20] The College could not consistently recognize the validity of both models of practice. To do so would be to call into question the value of their own market-driven practices. As Doreen Nagy says, it "was not the public, but the pocketbooks" that medical men sought to protect (72).

Surgeons and apothecaries, though they had nothing so extravagant as the Royal College, at least were represented by Companies — the Barber-Surgeons' and the Grocers'

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[19] See for example Thomas Dawson's *The Good Huswifes Jewell* (1596), which not only promises to teach "most excellent and rare devises for conceits in cookery" but also "the way to distill may precious waters with divers approved medicines." Interestingly, the medicinal recipes are scattered throughout the book, rather than clearly divided as the title page implies they will be. One might speculate that the remedies, though many do follow one another, are, intentionally kept far enough apart so that the author could not be accused of writing a medical tract for common women, and women could not be accused of studying a subject, medicine, not within their sphere.

Among Dawson's remedies are "a syrup of quinces to comfort the stomach" (34), "Doctor Steven's water" which could cure a variety of ailments including bad breath (39-40), and even "the water of life" (47-49), the same concoction that the Nurse wants for Juliet (*Romeo and Juliet* 4.5.16).

[20] Consequently Margaret Paston could be categorical with her husband in 1464, insisting that he not allow himself to be treated by physicians in London during a visit that year (Hughes 50).

respectively— and could therefore be understood by and formally subordinated to the College. They were part of the market, men who sold their services for profit. The College could recognize those groups in ways that were still consistent with their own authority, and that is precisely what they did. The surgeons and apothecaries had relatively minor organizations, dependent on and answering to, the will of the more important company. Recognizing common women's claims on healing recognizes the legitimacy of the household, and not the market, as an organizing social principle.

Understanding the profound importance of gender in the authorization of medical practice helps us to understand more fully the matter of Gerard de Narbon. Recall that the famous doctor could logically provide Helena with a way around her dilemma, as he does for her prototype: if Helena is forbidden to practice because of her meager female intellect, why not point out that the cure itself was devised and recorded by a learned man? If her reputation is an issue – and it really is not – the reputation of her father is spotless. She is disqualified by the legal, economic order, but her father was not. And so the original logical problem has not gone away: why does Helena not follow Gilletta and defer to the art of her father?

Considering the way culturally available narratives shape both dramatic art and human thought might move us towards an answer. If the reader understands *All's Well* not as an independent story, written at a certain time by a certain author who drew on a certain source for a certain company and so on, but rather takes the play as a working together of culturally available narratives, the logical problem in the play becomes less troublesome, less something that needs to be explained away. The reason that no one, not even Helena herself,

makes the strong argument based on the skill of de Narbon is that Shakespeare is largely importing a narrative in which such support is irrelevant. That is, by invoking "the congregated college," by calling Helena an "empiric," by referring to the secret receipts of her father, Shakespeare activates the College's narrative of female medical practice, a narrative that forbid poor women to practice medicine in all cases, without exception, even in cases where men could get some leeway.

The importance of recognizing such narratives is demonstrated in criticism of the play that is not fully aware of the issues surrounding early modern medical practice and the importance of those issues to Helena's character. Dorothy Cook, for example, plays down the feminist implications of the play, noting that "the King, Lafew, the French Lords, and Bertram hardly constitute oppressive male authority" (14). But understanding the narrative that the king is working with, the narrative of the "congregated college," the narrative that constructs women of low status as unable, in all circumstances, to practice medicine, allows the reader to see more fully that the king is a prime agent of oppressive male authority: the oppressive male authority that can be easily located in the College of Physicians.

III

So far, the answer to the original question – why is Helena refused by the king? – seems overly simple. She is a woman and women were not allowed to practice medicine. Though the intricacies of the legality of empirics are fairly complex, the conclusion seems dully obvious. But the situation is still more complex than it seems. If Helena is rejected because of a profound anxiety over women who practiced medicine, why does the king relent in the end? If he refuses because of the narrative that Shakespeare invokes, how does the

play overcome the limits of that narrative? The king's about-face is made possible because the College's narrative, the narrative that Herring takes as obvious, that Cotta subscribes to, the narrative that Goodall records, and that the king initially uses, was not the only culturally-available narrative for Shakespeare and his audience. Despite the College's best efforts, female medical practice did continue and others did support it.

Aristocratic women, protected by privilege, could practice openly and without, it seems, retribution from the authorities. Such practices are especially interesting for our purposes since such women sometimes kept diaries in which they sometimes recorded details of their medical work. One such record exists in the diary of Lady Margaret Hoby who for many years treated the wounds and illnesses of the local residents.

Hoby's diary rarely goes into the specifics of her practice or the extent of her medical knowledge. Although she could have read any number of English medical books, she makes no mention of Galenic principles or even of specific remedies that she might have taken from other learned sources. However, we can tell that most of Hoby's practice dealt with a wide variety of medical concerns. Like many noble women, Hoby acted as a midwife for local women. On one occasion she records preparing a purgative "for my cousin Ison's woman" (131). But the most common effort she reports is tending to a number of minor surgical matters: dressing wounds and meticulously checking on them each day. In many cases her patients were her servants, but still others were local poor folk who came with various sores and cuts. In one bizarre case, she

> had a child brought . . . who had no fundament, and had no passage for excrements but at the mouth. I was earnestly

> entreated to cut the place to see if any passage could be made, but although I cut deep and searched, there was none to be found. (184)

Hoby's note that she was "earnestly entreated" may indicate that she is hesitant to perform such an intrusive surgery, and yet the detail of this case – though spare, it is the most detailed one in the diary – points to a clinical fascination. One way or the other, there is nothing in the diary to suggest that there was any legal sanction or social pressure brought against Hoby for her practice – even from her own physicians, even when Hoby herself seemed to feel that she was overstepping her authority. She practiced medicine fully with the license of privilege, perhaps even as a duty of privilege. Hoby's medical practices, as Beier says, "smack of *noblesse oblige*. She gave medical treatment as a charity – partly because she was skillful, partly because God approved" (223).

Beier's comments seem especially apt when one considers the way that Hoby handles matters of religion in the diary. There is scarcely a passage that does not detail the prayers she made and the sermons she attended. The impression is of a woman overwhelmingly concerned with demonstrating her own pious propriety. Even matters of illness are matters of theological concern, for Hoby always attributes her own bouts of ill health to the just will of God. A "feebleness of stomach and pain of my head" is explained not as the result of some humoural imbalance or even as a set of symptoms which might be cured by the proper herbs, but simply as "a just punishment to correct my sins" (64). Even more theologically provocative for Hoby is the death of her physician, Dr. Brewer, who expired as a result of "a medicine he ministered to himself to cause him to sleep" (68). That her physician could

be so inept as to kill himself with medicine would be understandably disconcerting to Hoby, but here again, she finds the good hand of Providence at work:

> I found the mercy and power of God showed in opening his eyes touching me, and shutting them against himself, by causing him to have great care of ministering unto me, and so little for his own safety: therefore, I may truly conclude that it is the Lord, and not the physician, who both ordains the medicine for our health and ordereth the ministering of it for the good of his children. (68)

For Hoby, medicine is simply another realm in which God is present and powerful. And since she takes such great pains to bend herself to his will in all other endeavours, it seems clear that she sees the practice of medicine as equally in accordance with the will of God.

Hoby is allowed, by virtue of her social standing, to step outside the controls of the professional doctors.[21] What we begin to see in the consideration of Helena, and what I hope to show in the rest of this study, is that discipline in the medical profession is made possible by a strict hierarchy of practice. University-educated physicians, the "school-doctors" of *All's Well*, inhabit the top-most layer and empirics dwell in the lowest. They are so low in fact as to be recognized only enough to be vilified. But Hoby and other women like her do not fall into the hierarchy at all. A woman of high social standing is permitted not simply

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[21] Ironically medicine was a field in which noble men seemed to be less accepted than women. Thomas Elyot's *Castel of Helth* begins with a long defence of his own practice, despite his high social standing.

to contravene the normal standards of medical practice, but rather to stand outside those standards altogether.

Hoby was certainly not the only early modern gentlewoman to practice medicine, and, indeed, was not even the only one to leave a record of that practice. Anne Clifford's diary makes a number of references to medical treatment and hints that Clifford may have had some advanced medical knowledge: she instantly recognizes an "impostume" (i.e. a cyst) in her mother, and, when at one point she suffers from a pain in her side, she concludes that the problem is in her spleen (Clifford 45, 88). But Clifford makes no specific reference to any actual medicine she might have given, and in any case, her diary does not begin until the year of Shakespeare's death.

Perhaps the most detailed record comes in the diary of Lady Mildmay. Linda Pollock's *With Faith and Physic* (1993) reprints a good deal of Mildmay's writings, including almost half of her medical work. This extensive body of work shows Mildmay's remarkable medical knowledge. Like Hoby, Mildmay seems to have operated without the censure of university-educated physicians, and, indeed, often collaborated with them on cures. Many of the remedies she outlines in her writing are accredited to medical men. Her papers include correspondence from physicians suggesting remedies she might try, demonstrating her acceptance by the medical elite.

In fact, as Pollock notes, the surgeon Richard Banister, in the same treatise that rails against female practitioners, praises the few sensible women who know their business:

> I would not be accounted to cry out of all women without exception that are addicted to surgery for I have known some

> whose worth and wisdom might be paralleled with principal men; whose cures were attended with due care and ended with true charity as the right religious and virtuous lady, the Lady Mildmay. ($A8^{v}$)

To Banister, most female healers are "firebrands that choke and smoke folks eyes out," but a few wise noble women are nothing short of "patterns of goodness" (A8, B1). Banister's summary seems to be accurate: Mildmay herself acknowledges that there are practical limits that her sex imposes on her practice. The cure for cataracts, she says, "is manual, difficult to do and beyond the practice of woman" (126). We recall the hesitancy that Hoby seems to have felt over performing the one manual, difficult surgery that she records in her diary. Noble female practice was permitted, even encouraged, but it was a practice that, in effect, controlled itself. The bounds of decorum, not the rules of the College, kept female practitioners of this sort from overstepping themselves.[22]

As Pollock points out, Mildmay is certainly no quack, even by early modern standards (107). She shows an impressive knowledge of Galenic medicine and follows quite carefully, the established doctrines of the humours and contraries. She makes no miracle claims. She suits her remedies to the specific patient and does not gouge anyone for money. Indeed, noble women in keeping with the ideals of charity, seemed never to have charged their patients.

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[22] Undoubtedly, the College members had some reservations about practicing gentlewomen, for like other domestic healers, they undermined the market principles of the College. The expediency of not harassing the nobility, however, together with the relatively low number of noble practitioners and the limits of their practice, made it a matter not worth pursuing.

The fact that early modern gentlewomen were allowed to practice medicine with impunity does little to further Helena's case, though, since the play makes it clear that she is no Lady Mildmay. She does not, for example, show us a wide range of learning, nor does she practice as a matter of charity. Indeed, her motives are selfish: she heals the king as a means to a specific reward, the right to marry Bertram. She tells the Countess that were it not for Bertram, she would never have thought to attempt to heal the king (1.3.231-35), and her careful bargain with the king, made before she agrees to proceed with the cure, confirms her intent (2.1.190-200). Bertram's rejection of his enforced bride, moreover, recalls the final, and most important, reason Helena must not be seen in the tradition of Hoby and Mildmay: her less than noble birth. Indeed, if the medical plot constitutes the first half of the play's action, what might be called the social plot constitutes the second. That is, when the play begins, it is concerned with Helena's attempt to treat the king despite her lack of formal training. Once the king is cured, it is concerned with her attempt to marry Bertram despite her lack of rank. It may be worthwhile, then, to consider more carefully the matter of poor women who practiced medicine.

In contrast to the aristocratic female healer, a good number of poorer women went on with their practices despite official sanction. In December of 1581, Francis Walsingham wrote to the President of the College asking that one Margaret Kennix be allowed to continue to practice medicine. The rhetoric of the letters provides clues as to how the Elizabethans tried to construct the female healer. The secretary writes:

> the poor woman should be permitted by you quietly to practice and minister to the curing of diseases and wounds. . . in the applying

> whereof it seemeth God hath given her an especial knowledge, to the benefit of the poorer sort. (in Goodall 316)

Walsingham's words are carefully chosen to echo the wording of the 1542 Act, which, in its preamble, chastises the medical establishment for troubling those "whom God hath endued with the knowledge" of various remedies. It is as though he is gently reminding the President of the act that his College seemed determined to ignore.

Walsingham continues his gentle urging, repeating his wish that the College readmit her "into the quiet exercise of her small talent" (317). With the repetition of the adjective "quiet," Walsingham does two things. First, he recognizes that women are especially irritating to the College, and, anticipating their reaction, he reassures the President that news of Kennix's "small talent" will not spread too far. Second, he subtly alludes to the College's own practice of quietly overlooking certain cases when it is in their interest. To drive home this point, Walsingham turns up the rhetorical heat at the end of his letter, accusing the College of "hard dealing towards her" and suggesting that if the President does not accede to his wishes, he might "procure further inconvenience thereby to yourself, than you would be willing should fall out" (317). The "inconvenience" is left unspecified, but that it is a threat is, of course, unmistakable.

But the most interesting element of Walsingham's rhetoric is the story that he tells of Kennix herself. She practices, the Secretary writes, not for any purely selfish reasons, but rather

> to the benefit of the poorer sort, and chiefly for the better maintenance of her impotent husband, and charge of family, who wholly depend of

> the exercise of her skill.

From this dutiful work, as Walsingham has it,

> she is restrained...contrary to her Majesty's pleasure, to practice any longer her said manner of ministering of simples, she hath done, whereby her undoing is like to ensue, unless she may be permitted to continue the use of her knowledge in that behalf.

The narrative that emerges from Walsingham's letter is powerful and emotional: a poor woman, burdened with a sick husband, with hungry children, seeking only to help the poor of London, is oppressed by a self-serving bureaucracy that threatens to end her very life. Walsingham's narrative stands in direct opposition to the College's not simply because it expresses the proverbial other side of the argument; the facts of the case are not really in dispute. Rather, the Walsingham version represents a different way of conceiving the issue. The conflict between Walsingham and the College is a cognitive battle: Walsingham insists that the College reconceive of Kennix, rewrite its story about her, and so come to understand her in a different way.

The College, however, would not easily be swayed. They are fighting a defensive war, and have a well-established narrative of their own. In their response to Walsingham, the College writes:

> her weakness and insufficiency is such, as is rather to be pitied of all than either envied of us, or maintained of others

and asks Walsingham

> not to think us any whit culpable, for not suffering either her, or any other whatsoever (being not qualified accordingly) to intrude themselves into so great and dangerous a vocation, not only against good order, privilege and conscience; but also to the evident danger of the life and health of such her Majesties most loving subjects, as shall be abused by their notorious and willful ignorance. (in Goodall 318)

Here, then, another story of Kennix emerges. She is no longer understood as the champion of the poor, the defender of her family, and the harmless administrator of simple herbs; rather she is a dangerous enemy of the people, foolishly and impudently causing harm with her noxious waters. Her virtue is erased in this narrative, and though it is not expressly stated, given that aristocratic women were not persecuted as was Kennix, her social standing redirects the College's portrayal of her.

Like Margaret Kennix, then, Helena is not merely rejected as a female healer; she is rejected as a poor female healer. She is a poor woman like Mrs Woodhouse and not a wealthy Lady like Mildmay or a Hoby. This distinction is critical. The first part of the play, Helena's attempt to be allowed to heal the king, is really her struggle to overcome a specific set of class barriers that sixteenth century medicine had been building for nearly a century: poor women may not, must not, practice medicine. Put another way, Helena's struggle is a fight to reframe the understanding of the king, to move him from the narrative of the College, to that of Walsingham. It is this cognitive struggle that structures the drama of the first half of the play: the dramatic tension is created by the clash between two competing methods of

understanding the lower-class female healer.

To see that movement towards what might be called cultural revision, one can return to Duncon, who insists, like Herring, that people should not allow themselves to be treated by empirics claiming to have rare cures from a great physician. He rejects this potential defence for two main reasons. First, he says, it is false: "empirics have no such secrets" because good medical men do not hide their remedies. Second, he says, even if an empiric did have a legitimate secret remedy, the cure would still be doubtful:

> diseases are not cured by medicines and receipts, but by a learned and methodical use of them, whereunto empirics cannot attain....They should be as so many sharp weapons in the hands of a madman. (39)

But Helena, of course, is not mad, and her story inverts the one that Duncon wants people to accept and use. She does have the cure, and she does make proper use of it.

Helena, as a dramatic creation, is forged out of a specific scenario from Elizabethan culture. This insight, moreover, does more than place Helena in her historical context; it reveals how the two halves of the play are not as distinct as it might seem. As have many critics, I neatly divided the play into a miraculous medical plot in which Helena heals the king, and a social-romantic plot in which Helena must find a way to win Bertram in a permanent sense. The supposed second half of the play has clear social and political implications. Bertram's rejection of Helena, for example, is not due to any imperfections in her character but is strictly a matter of her social class:

> *Ber.* I know her well;

She had her breeding at my father's charge –

A poor physician's daughter for my wife! Disdain

Rather corrupt me forever! (2.3.113-16)

Although physicians were sometimes affluent, they rarely received an income from property, and thus were rarely considered gentlemen, despite their education (Cook *Decline* 56). Since Bertram's rejection of Helena is based soundly on social standing – he implores the king, not "to bring me down" to the level of the landless middle class (2.3.112) – the intrigues by which she forces him to accept her are a replaying of the medical narrative. That is, she must convince him to accept a conception of her that does not make her class her defining feature. As before, she must use her considerable rhetorical ability and strength of character to overstep traditional social barriers.

The evidence that I have provided, of course, does not give us a complete picture, but it begins to show us the ways in which competing discourses worked to build a sense of what it meant for a woman to practice medicine in Shakespeare's day. Moreover, they remind us that social conceptions are not fixed and immutable. On the contrary, they are always shifting, achieving moments of relative stability, or occasionally, almost universal acceptance, but never absolute security. Any given individual can be expected to be committed to any given idea with varying amounts of conviction at any given time. He may even hold beliefs that run contrary to it. Further, any group of people will be comprised of such individuals, yielding an almost incomprehensibly complex body of opinion. The stories that the Elizabethans told about medical practice are one key strategy in the battle to shift the social consensus in the favour of those doing most of the telling.

The work of the dramatist involves the mining of these cultural and psychological resources. The playwright chooses from the available range of narratives, and uses dramatic representation and rhetoric to activate certain conceptions, certain ways of thinking, in the minds of the members of his audience.[23] The work of the critic – or at least one job of the critic – is to ask what narratives would have been available to the author, which ones does he choose to activate, for what purposes does he do so, and what collateral effects might such choices have.

More stories can be gathered from other contemporary accounts of women and medicine. Several such accounts appear in Cotta's chapter on women, and the author's main criticism repeatedly centres on the matter of ignorance. The admission of purgatives is one issue that Cotta seems especially concerned about. He writes:

> A woman sometime came to advise concerning an extraordinary accident in her ordinary use of purge-comfits. She gave. . .unto a very aged man eight in number (being her usual dose). The first day they had no effect with the old man, and in all the rest performed their wont: she therefore gave him as many the next day unto the 10[th] day, with the like proof. It was then her fear he had tasted his own funeral feast before his death. (32-33)

In fact, the old man in the story does not die, but for Cotta, that is beside the point, for the

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[23] On this point I am influenced by Sperber and Wilson's explanation of *implicature* found in *Relevance*.

patient had been put in mortal danger by the workings of the ignorant woman, foolishly, ceaselessly, purging him. I do not mean to suggest that such a course of treatment would not, in fact, have been dangerous, that Cotta is inventing a medical crisis where none exists. My point is rather that even if Cotta is medically correct in his story (by his own standards or ours), the story is not told without motivation and without ideological effect. Given in a treatise devoted to denouncing medical practice by the unlearned, the story works to mold the sensibilities of those who read it. And Cotta, it should be pointed out, discloses his intentions. He gives the story as an explicit lesson, "extended as a caution and example unto many" who might think to consult women on medical matters. The consequences of listening to the medical advice of women are made perfectly clear: one risks horrible and painful death.

In revising and representing Helena's cure on the stage, Shakespeare adds another tale to the body of stories that the Elizabethans knew and could tell one another about women who do medicine. In so doing, he adds to the ways that his culture can conceptualize such practices. But to what kind of a conception, exactly, does he contribute, and how is that contribution made? Undoubtedly, portraying a non-licensed woman healing the king when the authorized physicians have failed, provides a striking counter-example to the conception of female healers that writers like Cotta support. Social narratives are set up against each other and the ensuing clash creates the kind of dramatic depth in plot and character that one normally associates with Shakespeare.

The richness with which Shakespeare infuses Helena's story becomes especially clear in comparison to the handful of other dramatic representations of empirics on the early

modern stage. The empiric's story in Massinger's *The Emperor of the East*, for example, is, on the surface, much like that of Helena's in *All's Well*. Like the King of France, the nobleman Paulinus suffers from a painful illness: gout. Like the king, Paulinus' ailment is deemed "impossible" to cure (4.3.9), and, like the king, Paulinus declares that he is through with the debilitating ministrations of physicians:

> A thousand trials and experiments
> Have been put upon me, and I forc'd to pay dear
> For my vexation, but I am resolv'd
> (I thank your honest freedom) to be made
> A property no more for knaves to work on. (4.3.23-27)

The honest freedom is that of the learned surgeon who has been counseling Paulinus. Dramatically, he is about the equivalent of the "congregated college" of Shakespeare's play, the voice of sound, accepted medical wisdom.

But no sooner has the king's kinsman resolved to avoid further fruitless cures, than a new healer arrives promising a miraculous remedy. Significantly, Massinger's empiric promises a cure that will have the same effects as Helena's: rapid relief – he promises a three-day remedy, compared to Helena's two – and physical rejuvenation– where Helena's cure is supposed to make the king "dance canary," Massinger's empiric promises a remedy that will make Paulinus "able/ To march ten leagues a day in complete armour" (4.3.31-34). But where Shakespeare' s story veered away from the College's narrative, Massinger stays with it, making the empiric a satiric butt. Rather than impressing Paulinus with soft-spoken wisdom and sincerity of intent, the empiric in *The Emperor* blusters incessantly about the

wonders of his cures. In a tactless attempt to demonstrate the efficacy of his cures, he actually wishes more diseases on Paulinus, every disease in fact ever known to medical authorities (4.3.46-49). Even when Paulinus wryly points out the impoliteness of such a wish, the empiric prattles on, pointing out how much happier a patient he would be if he were healed not just of gout but of other ailments too, such as cancer, and, significantly, the fistula (4.3.51-58). Where the difficulty in curing the fistula was, in *All's Well*, a means of emphasizing Helena's virtue and skill, it here only emphasizes the pride and pretense of the untrained practitioner. In the end, the empiric is thrown out when the cure he proposes turns out, as the surgeon reveals, to be a cure for the pox.

The only other character I have found in the drama of the period who is actually referred to as an empiric is Latrocinio in Middleton's *The Widow*. As his name implies, Latrocinio is a thief, practically a personification of thievery, appearing only when he and his companions are in the act of stealing things. At one point Latrocinio and his accomplice Occulto disguise themselves as travelling medical men, attracting the judge Brandino (who has sore eyes) and his clerk, Martino who has a toothache. While treating the two men, the thieves pick their pockets and blame it on Martia who, disguised as a man and, as it happens, clad in Brandino's clothes, has happened by, eager not to be seen in the town.

From the point of view of medical practice, the scene is particularly interesting. Middleton begins by demonstrating Latrocinio's comical lack of even the most basic medical knowledge: he sends a patient suffering from a kidney stone a keg of gunpowder on the argument that if gunpowder breaks down stony walls, it should be sufficient for stony organs. The actual treatment, moreover, begins like an allegory for the dangers of illicit medical

practice: while Martino cries out in agony (Occulto pulls on the wrong tooth) and while Brandino is being given an eye-cup, the thieves literally pick their pockets. It is as if Middleton directly equates spending money on empirics with having it taken by robbers.[24] The scene takes a bizarre twist, though, when, somewhat unbelievably, the two patients are cured. Why should Middleton change course part way through the scene, embarking on one narrative and switching unexpectedly to another? Why is Middleton's treatment so different from that of Masssinger's (and from Shakespeare's for that matter)?

The reason, once again, comes back to the ways in which playwrights shape existing cultural narratives for the dramatic purposes of the play. Massinger's play reminds us that there is no carefully weighted cultural backdrop before which playwrights place their characters. The overall narrative of *Emperor* requires that Paulinus be understood as a man possessed of judicious restraint so that when he is falsely accused of sexual impropriety, the audience is all the more alarmed; and when he is delivered from the emperor's nearly fatal error, we are all the more relieved. Middleton, conversely, is less concerned with the larger morality of his characters. Rather, he constantly watches for opportunities for immediate humour. The cure is effective because it gives him a chance to hold up Brandino and Martino to ridicule by having them praise the very men that robbed them. The empiric scene itself allows for Brandino to meet the conspicuously clothed Martia and thus allow for a comic confrontation. Massinger's play is a stately, ceremonial comedy; Middleton's is a circus of clowns each showing the folly of the others.

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[24] The idea is not Middleton's alone. Oberndoerffer's treatise on non-licensed practice was reprinted in 1605 with the title, *Beware of pick-purses*.

Of course, both these plays, by relying on the conception that empirics are dangerous fools, reaffirm, to an extent, the official stance on a political issue, but the political implications of the play come as a consequence of the playwrights' selection of a suitable, culturally available narrative. Authors are not bound to a dominant ideology that determines the words and actions of their characters. Rather ideologies are embodied in a wide range of shared stories that provide the raw cognitive materials for the development of commercially viable fictions that engage their audiences. Massinger adopts fully, and Middleton partially, what I have called the College's narrative, though, recalling the opening of this chapter, I might have well called it Herring's narrative.

Of course, whether any of the playwrights actually read the Herring text, or anything similar, is, to a certain degree, beside the point. What matters in this discussion is that Shakespeare takes the established narrative, the mountebank who dupes victims with phony cures, supposedly derived from a great physician, and transmutes it into the opposing narrative: Helena really does have secret remedies from a great physician. Like Herring's mountebank, Helena approaches a patient with a "dangerous, deadly, desperate, incurable" disease, and like the mountebank, she promises "most confidently, and arrogantly, a perfect, absolute, & complete cure" (33). But where Herring's mountebank asks for no payment unless the cure is effected—and then bilks his patient out of money by claiming he needs to cover expenses—Helena takes no money whatsoever, and accepts her payment (the husband of her choice) when she has indeed made good on her promise.[25]

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[25] Conversely, Massinger's empiric adopts Herring's strategy, claiming on one hand that he has come not "with any base and sordid end of reward" and that he will perform the cure provided he can have his "costly ingredients defray'd, amounting to some seventeen

The way in which Shakespeare rewrites the nightmare of female medical practice is graphically apparent in light of Cotta's most extreme examples of female medicine. Cotta is a fine storyteller, and his most interesting tale shows his gift for the terrifying. He attacks female healers for opposing the practice of letting blood:

> A gentlewoman lately falling grievously sick, through the frights of blood letting (wherewith women's council by many ill reports thereof had confounded her) refused the only safe rescue of her life thereby. Whereupon very shortly after, her blood grew so furious, that breaking the wonted bonds and limits of her veins, with violence it gushed out not only at her mouth and nose with diverse other passages of her body besides, but also made a disruption in the veins of one of her legs, from whence issuing in great abundance it speedily dispatched her, even unto the end and last breath still making her choice that rather her blood should thus kill her then she consent to part with any part thereof otherwise. Thus she miserably died. (26)

With Helena, however, the narrative is completely inverted. The king is cured, restored, it seems, to perfect health. But, since the basic elements of the play match the cautionary medical tales with which Shakespeare's audience would have been familiar, it is hard not to

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thousand crowns" (4.3.39-43).

see a political message in *All's Well*, to see the play, as, in part, a case for greater tolerance of female practitioners. The play, in its manipulation of the understood narratives of female healers, works to expand the imaginative possibilities of its audience. If Shakespeare is not explicitly demanding that women like Margaret Kennix be allowed to practice, at the very least he takes advantage of the fact that the issue is not settled.

IV

Helena is rejected, at least at first, because of her low social standing, but at least one other female healer deserves attention here because she is a woman of considerably higher social class. In *The Winter's Tale*, Paulina is consistently figured as a healer, and like Helena she must cure her king. In this case, the king's illness is not a literal infection, like the French king's fistula, but a figurative infection that begins with the mad jealousy that overtakes Leontes early in the play. When the king, the head of the state, is ill, the state itself becomes weakened and in need of cure.

I have said Paulina is figured as a healer, but a more precise characterization might be that Paulina *figures herself* as a healer. In the case of Helena, her own status as a healer bears a complex relation to her social standing and her gender. The final section of this chapter asks how Paulina's social position affects her attempt to bring about healing and explores the way in which her medical rhetoric might serve to position her in a more advantageous way.

The metaphor of illness and healing underpins the main plot of the play. A sound starting point for the consideration of this metaphor is the play's very long second scene (1.2), a scene that is riddled with images of sickness. Seeing the close friendship between

his wife and Polixenes, Leontes takes it for something more unseemly, and that which he takes for infidelity is immediately figured as disease:

> Affection! thy intention stabs the centre.
> Thou dost make possible things not so held,
> Communicat'st with dreams (how can this be?),
> With what's unreal thou co-active art,
> And fellow'st nothing. Then 'tis very credent
> Thou mayst co-join with something, and thou dost
> (And that beyond commission), and I find it
> And that to the infection of my brains
> And hard'ning of my brows. (1.2.138-146)

Indeed, for the king, adultery is a plague that affects men everywhere: "Physic for't there's none," he laments, "many thousand on's/ Have the disease and feel't not" (1.2.200-7). Camillo agrees that his lord is sick but diagnoses him with jealousy, not cuckoldry, and bids his master "be cur'd/ Of this diseas'd opinion, and betimes,/ For 'tis most dangerous" (1.2.296-98). The idea that strong emotions like jealousy are like infectious disease is a common one in Shakespeare. Iago promises to "pour pestilence" into Othello's ear to incite him into a jealous frenzy. Likewise, Pisanio wonders "what strange infection" has fallen into the ear of his master Posthumus when he, too, has been fooled into believing that his wife has been unfaithful.

Interestingly, like a literal disease, Leontes' talk of infection spreads throughout the play, and other characters are increasingly associated with corruption and disease. Soon

Leontes is suggesting that it is not himself at all, but that it is his unfaithful wife who is sick: "Were my wive's [*sic*] liver/ Infected as her life, she would not live/ The running of one glass" (1.2.304-6). Hazlett Smith, in the Riverside text, notes that some editors are inclined to switch "life" with "liver," thinking that her liver, the seat of the passions, is, as far as Polixenes is concerned, already infected. I disagree with this view. As a seat of passion, Hermione's liver is working all too well, and that makes the king's lines all the more apt. He wishes on her an infected liver to kill her by destroying the very organ that has so offended him.

Camillo is loath to pass on the infection of hateful thoughts to anyone else and so, at first, refuses to tell Polixenes what ails Leontes:

> There is a sickness
> Which puts some of us in distemper, but
> I cannot name the disease, and it is caught
> Of you that are yet well. (1.2.384-87)

Camillo's insistence that he "cannot name the disease" might indicate that he does not know what it is called, but that seems unlikely for we all know the disease is jealousy. More likely he means that he cannot in good conscience name the illness, that to name the illness – which includes the symptom of murderous intent – would be to pass on the troubled thoughts that are its chief effect. When Polixenes finally does persuade Camillo to tell, the servant's fears are realized:

> *Pol.* O then, my best blood turn
> To an infected jelly, and my name

> Be yok'd with his that did betray the Best!
>
> Turn then my freshest reputation to
>
> A savor that may strike the dullest nostril
>
> Where I arrive, and my approach be shunn'd,
>
> Nay, hated too, worse than the great'st infection
>
> That e'er was heard or read! (1.2.417-24)

All these images of disease, each coming on the heels of the one before it, serve to establish early on in the mind of the audience, the way the play is to be understood. That is, we are given more than a series of poetic illustrations; we are given a set of logical relations by which we are to give meaning to the story.[26] It is not just that Leontes' delusion is like a sickness. It operates in the same manner as an infectious disease. It strikes without warning and with violent effects. It spreads its ill effects to others. For this reason, the normal deceiver character, the one who poisons the mind of the male lover, is absent in this play. He is replaced by a system of logic that is imported from a metaphorical construction. There is no need then, for the infectors Iago or Jachimo or even for Borachio who gives to Don John a "poison" with which to slander Hero and convince Claudio that his lady is a wanton (*Much Ado* 2.2.21ff).[27]

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[26] My thinking here owes a great deal to George Lakoff and Mark Turner and the body of research on metaphor and thought upon which their work builds. In *More than Cool Reason*, Lakoff and Turner note how "Metaphorical mappings allow us to impart to a concept structure which is not there independent of the metaphor" (64)

[27] Antigonus seems familiar enough with the convention that he assumes that "some putter-on" has deceived Leontes, but the king makes it clear that his opinion is his own: "You smell this business with a sense as cold/As is a dead man's nose." (2.1.141-153)

The importance of the metaphor, then, explains the extreme length of the scene. The length is needed in order for Shakespeare to establish the framework in which the rest of the play will operate. The metaphor that is established here structures the rest of the action in the play. In the imported scheme of things, Leontes is the victim of a sickness, a contagious disease that threatens the very safety of the kingdom. It follows, then, that a healer is needed to provide a cure and the play provides that figure in Paulina.

Paulina announces her intentions, and her role, directly:

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> Do come with words as medicinal as true,
> Honest as either, to purge him of that humour
> That presses him from sleep (2.3.36-39)

With Cotta's words about the misuse of purgatives by women in mind, and, recalling that the College's examination of Mrs Woodhouse specifically included interrogation about her use of purges, the reader must take Paulina's promise to purge the king with some hesitation. Woodhouse, however, was not connected to the nobility, whereas Paulina, the wife of the Lord Antigonus is clearly an aristocratic woman. She therefore wields a power that common female healers – such as Helena –did not. Consequently, Paulina's claim to medical practice, even a metaphorical one, is more easily available to her than to her counterpart in *All's Well.* She can rely on her own immediate audience, the king, having a store of narratives in which aristocratic women were effective, selfless healers. She can position herself in a medical role, knowing that those who hear her will connect her to the tradition of the aristocratic

female healer, a practitioner, as we have seen, who was able to stand outside ordinary social norms. In this way, Paulina gains a means of addressing the king directly with a reduced fear of reproach since she is working within a context in which women were recognized as exempt from normal authority.[28]

At this point the metaphor verges on becoming literalized, for while Paulina promises to use words to purge the king – and not literal herbal purgatives – there is some evidence that Paulina is recognized for her literal healing ability, that, as a noble gentlewoman, she literally practices medicine. Leontes, for example, berates Antigonus for admitting her: "I charg'd thee that she should not come about me:/ I knew she would" (2.3.43-44). Why should Leontes anticipate her arrival and take measures to prevent it? The king might expect the visit because Paulina is a friend to his wife, but it is equally likely that he knows he is thought to be unstable – he sends to the oracles to satisfy the minds of others – and expects Paulina to arrive with literal purgatives to restore him to mental health. Paulina's first direct appeal to the king is prefaced by words that further emphasize her claim to medical authority:

> I beseech you hear me, who professes
> Myself your loyal servant, your physician,
> Your most obedient counselor. (2.3.53-55)

As a woman, Paulina could not literally be the king's physician – or anyone's *physician*, for that matter – but she could literally act as a healer, and the lines are designed to remind the

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[28] Paulina is still taking a risk, for even granting the metaphorical appropriateness of her healing role, gentlewomen tended to treat servants and poor local residents, not their superiors.

king that her social position brings with it certain privileges.[29] Just as she is entitled to practice medicine, she implicitly suggests, she is entitled to advise the king and be his counselor. It is this underlying rhetorical force that critics tend to overlook in considerations of Paulina. Eugene England, for example, discusses her healing of Leontes, but frames the issue fully as a matter of metaphorical healing, a healing that brings the king to a higher understanding of Christian love. Understanding that Paulina is intentionally invoking a medical narrative, a narrative like that told of Lady Mildmay, for example, allows us more fully to appreciate the force of her rhetoric. Paulina reminds the king that she is allowed to treat sickness and implies that the giving of good medicines is not so far from the giving of good advice; if she is permitted to do one, why might she not be permitted to do the other?

The strength of the metaphorical construction (JEALOUSY IS A DISEASE) in the play forces Leontes to respond to Paulina on her own terms, or more significantly on his own terms. If he were not bound to the medical metaphors the play takes as given, he might deny Paulina on the basis that she has no authority to advise him at all, that medicine and counsel are not alike, but he has already recognized himself as ill, and social convention authorizes her claim to medical practice. Within the logic of the play, then, she does have a right to advise him. Therefore, he takes another line altogether and implies that she is a witch and if she can heal, her cures come from the devil. In his first mention of witches ("A mankind [i.e. masculine] witch!") it is not clear whether he means Paulina or Hermione, but later it is clearly Paulina whom he calls "hag" and threatens to have burned (2.3.108, 114). When his

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[29] For more on the healer as a metaphorical construct see Marjorie Garber, "The Healer in Shakespeare" (1980).

anger does subside, he ceases his talk of witchcraft but gives her another medical designation, "midwife" (2.3.160), which, in context, stands as a final insult because it implies that she has only one skill, delivering children, and lacks the range of abilities that aristocratic female healers were expected to possess. Indeed, nearly any woman could practice as a midwife and even professional midwives grumbled that they lacked a more formalized company to provide training.[30]

The king, in the end, is cured, and by now we should not be surprised to see that the principle agent of the cure is Paulina. It is Paulina who announces to the court that her lady is dead and her announcement is couched in the boldest language possible. She calls the king "tyrant" and denounces him as "a fool, inconstant,/ And damnable ingrateful" (3.2.186-87). The remainder of Paulina's speech comes in the form of a narrative, the rhetorical technique that male physicians characteristically use to denounce female healers and other non-licensed practitioners. She recounts Leontes' plot to murder Polixenes, his device to destroy his own child, and finally, as the natural outcome of these infected actions, the death of Hermione herself.

The attending Lords notice the forwardness of Paulina's words, the harshness, as it were, of her cure, but, secure in her role as healer to the king, Paulina perseveres with only a show of female modesty:

> *[1.] Lord.* Say no more.
>
> Howe'er the business goes, you have made fault

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[30] The midwives' bid for their own company in the early seventeenth century was opposed by the College and never became a reality despite subsequent attempts by male and female midwives alike. See Beier on this point (16).

I'th' boldness of your speech.

Paul. I am sorry for't.

All faults I make, when I shall come to know them,

I do repent. (3.2.216-20)

In keeping with her assumption of a position of rhetorical strength, Paulina manages to couch, in the language of repentance, her refusal to repent. She will admit fault, she humbly offers, when she is convinced that she has made a transgression – but now she sees no such wrong. But then, what does one make of the lines that immediately follow:

Alas, I have show'd too much

The rashness of a woman; he is touch'd

To th' noble heart. (220-22)

Paulina's about-face on the issue of her own boldness can best be explained by positing a pause just before these lines and an implicit stage direction, *the king weeps*. Once Paulina sees that her cure has taken hold, she can give up the aggressive rhetoric of her earlier speeches. Indeed, the reversal itself then becomes a ploy by which the king is made to admit his failings: "Thou didst speak but well/ When most the truth" (232-33). Paulina's self-positioning as a healer enables her to bring the king out of his crisis and allow the cure to begin.

Paulina's claim to medical authority would have been strengthened by the fact that unlike Helena and others like her who claimed a fee for their services, Paulina's motives are relatively disinterested. She seeks the reform of the king, the restoration of the queen, and a healing in the kingdom, but the play does not give us a sense that she is interested in

personal profit. Her aim is charity – in the broad renaissance sense of the term. Thomas More, like others of his time, connected charity with love (unlike the modern sense which tends to imply pity). Still, More was angered by the tendency to translate the Greek word *agape* as simply "love" rather than "charity." More notes that the two terms are not identical, that charity was the more precise term and should be used for *agape,* that charity is a kind of love, "such love as is good and ordinate" (200).[31] The author of the seventeenth-century sermon, *Charity Enlarged*, gives a more full definition of the idea, enlarging, as it were, More's idea of "good and ordinate":

> I call charity a motion of a moving of the mind, to enjoy God for his own sake, a man's self and his neighbour for God's sake and so consequently to procure all good to God and man...we cannot love our God and hate our brethren which are and made after the image of God. (*Enlarged* 9-10)

The key to charity, in this view, is that one's thoughts are turned to the welfare of others and not to oneself. One extends love to other people since people are closely tied to, are an extension of, the divine. It is a virtue aptly suited to women in a patriarchal culture since it justifies the uneven exchange of energy and value. That is, no woman need ask why her services are not repaid with money or in kind, since such a "moving of the mind" would be, by definition, uncharitable. Indeed, *Charity Enlarged* figures Charity itself as a woman: "Charity is of equal extent with the whole world. She embraces the universe in the arms of

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[31] For the debate over "love" and "charity," see Chris R. Hassel Jr, "Love vs Charity in *Love's Labor's Lost*" (1977).

her affection" (32). In the medical marketplace, moreover, the woman who practiced as a function of charity was less threatening since she did not compete for paying customers.

When Act 5 finds us back at court many years later, we still see Paulina ministering her cure. Her strategy here – and presumably in the intervening years – is to keep the wound open until the time is right to heal it. Hence, she reminds Leontes of his transgression. When Leontes pledges not to abandon his mourning rituals, Paulina encourages him:

> *Paul.* True, too true my lord.
> If, one by one, you wedded all the world,
> Or, from the all that are, took something good
> To make a perfect woman, she you kill'd
> Would be unparallel'd.
> Leon. I think so. Kill'd?
> She I kill'd? I did so; but thou strik'st me
> Sorely, to say I did. It is as bitter
> Upon thy tongue as in my thought. Now, good now,
> Say so but seldom.
> Cleo. Not at all, good lady.
> You might have spoken a thousand things that would
> Have done the time more benefit, and grac'd
> Your kindness better. (5.1.13-23)

Although the language of disease and cure is not as blatant as in 1.2, the language still keeps us in mind of the medical role that Paulina is playing. Her words are wounding –and wounds

require treatment–and they are bitter as many useful medicines are. And when Paulina is reproached for her words it is because, like bad remedies, they yield little "benefit."

The point here though, is not simply that medical images continue in the play, or that Paulina's role is consistent with that of the aristocratic female healer. Rather, the key here is that the respect that Paulina is given, indeed, the power that she wields over the king is made possible by the fact that one of the few avenues of real social power for early modern English women was their role as medical practitioners.[32] The opening of the last act (5.1) establishes nothing if it does not establish that Paulina is the most potent advisor to the king. When the matter of an heir is brought up –and with it the issue of a new wife for the king – Paulina's full power is demonstrated:

> *Paul.* Will you swear
>
> Never to marry but by my free leave?
>
> *Leon.* Never, Paulina, so be bless'd my spirit!

But of course, the king will marry – "No remedy but you will," says Paulina in an aside (5.1.77) – or at least remarry his former wife, for the queen's death is nothing but a fiction.

Indeed, it is one of many fictions and even as the stage is set for the unveiling of the medicinal deceptions, the language of the play again reminds us that the king and his kingdom are still sick by having Leontes pray that the gods "Purge all infection from our air

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[32] In "Cordelia and Paulina, Shakespeare's Healing Dramatists," (1982) Eugene England recognizes the importance of the healing metaphor but sees the healing in terms of spiritual rejuvenation, rather than exploring the implications of literal healing by noble women. A more general treatment of this same view on Shakespeare can be found in England's "Shakespeare as a Renaissance Therapist" (1992).

whilst you/ Do climate here!" (5.1.169-70)

In the end, while the cure is a psychological one, Paulina pushes the limits of female medical power when she describes her cure, the revelation of the still-living Hermione, as magical. Such cures were certainly well known in Shakespeare's time, particularly when the healer was a woman. Magical healing, of course, was condemned by the authorities and by authorized healers. Robert Burton, for example, notes in the *Anatomy of Melancholy* (1621):"'Tis a common practice of some men to go first to a Witch, and then to a Physician; if one cannot, the other shall; if they cannot bend Heaven, they will try Hell" (in Conrad et al 243). Paulina, however, insists that her spell is "holy" and "lawful" and Leontes is more than willing to let her spell-casting go unpunished: "If this be magic, let it be an art/ Lawful as eating" (5.3.110-11). Paulina's cure is effected, the king is healed and the kingdom is cleansed. The end of the play leaves nothing except for Paulina to continue to lead the kingdom into health and prosperity.

3

Mortal Potions

Others (as wise as these) affirm very confidently, if not impudently, that the knowledge of plants and other simples appertaineth not unto them, but to the apothecaries.

But it seems to me very ridiculous, if not altogether dishonourable and ignominious that he who taketh upon him to be another Apollo and great doctor should not know the instruments of his own art.

-*John Oberdorff*, The Anatomyes of the True Physician and the Counterfet Mounte-bank (1602)

In Thomas Middleton's *The Family of Love*, the physician Glister, in order to thwart the sexual advances that the young men Lipsalve and Gudgeon plan to make on his wife, administers to them a powerful purgative. When the two men arrive to testify on behalf of Mistress Purge, the apothecary's wife, they are clearly suffering the nearly debilitating effects of Glister's treatment. "How works your physic, gallants," laughs Glister, "now cuckold the doctor!" (5.3.230-32). But before the two men "depart to the close-stool [i.e. chamber pot] whence they came," they do manage to give their evidence against Purge the apothecary.

Glister's use of a purgative as weapon – practically a poison – is somewhat unsettling today and may well have been far more unsettling to Middleton's own audience, an audience much more familiar with purgation and much more familiar with the horror stories surrounding the misuse of medicine.

Although A. H. Bullen rightly suggests that the satirical focus of the play is religious (Bullen 3), Middleton is clearly making use of the stories available to him about what we would call medical malpractice, practice not only by those not qualified but irresponsible practice by those who are licensed. Gudgeon calls the doctor "villainous"; Lipsalve declares him a "mountebank" and insists he will be revenged (5.3.234-35). Not only is the work of the physician thus condemned – at least in the play if not by the play – the play also implies that Purge participates in the plot against the gallants, by preparing the medicine the doctor uses. The hint comes prior to the court scene when we hear Purge declare that he has read "five herbals in one year" and therefore knows how to keep the gallants away from his own wife (4.1.112-13). Purge and Glister demonstrate the way in which even licensed practitioners could be understood as dangerous in early modern England. For even though the College insisted on a place of honour for physicians, certain other practitioners were allowed to ply their trade, provided they did so within prescribed limits. Of course, the physicians did not always receive – or indeed deserve – their place of honour, but for now the focus will remain on those thought to be a step down from the highest ranks of medicine, those slightly worse than a physician.

When Glister is called "mountebank," he is, of course, being insulted, and the insult is probably not meant literally: the attack comes from the fact that no learned physician

would relish being equated with the unlearned impostors from whom they sought to be distinct. Still, the epithet is not wholly undeserved since Glister's behaviour is far from professional in the play. Likewise Purge's abuse of his medical knowledge calls him and his craft into question. In short, the two men recall the sorts of practitioners that did not wholly lack status, but who were still considered worse than physicians: the mountebank, or impostor, and the unscrupulous apothecary. To these I would like to add a third category, the surgeon, who like the other two, finds a place in the medical hierarchy somewhere below the highest ranks. The present chapter, then, explores Shakespeare's representations of medical practitioners who fall into the large middle ground that lies between the physicians of the College and fully unlicenced practitioners such as the female empirics discussed in Chapter 2. The consideration of mountebanks (which I will continue to use in a narrow sense meaning "impostors"), apothecaries and surgeons, will show that Shakespeare had more than one method of manipulating culturally available narratives, and that his manipulations do not need to make a direct statement to have ideological significance.

I

Many early modern writers use the term empiric to denote any healer without formal training. There is, however, a clear division to be made between empirics, whose practice was based on their experience of disease and healing, and those who not only lacked training, but had no medical skill at all, those who were literally impostors. In one sense fraudulent impostors are more similar to licensed healers than are empirics because, although they are no better qualified to practice (almost certainly worse, in fact), they derived their credibility from the same system of authority as the physicians themselves, though, admittedly, in a

fraudulent way. The extent to which such mountebanks really posed a threat to the health of Elizabethans is questionable: the College seems to have handled few cases of this nature. But as characters in the cultural narrative of medical practice, these men – a female impostor would not have been feasible – were well known.[33]

The matter of impostors is especially relevant, I will argue, in *The Merry Wives of Windsor.* Readers of the play have long wondered why Caius, the absurd French physician in the play, should bear the name of John Caius one of the most respected physicians of the sixteenth century. The historical Caius, a president of the Royal College in London and the founder of a college at Cambridge, was not French and was certainly not the bumbling fool of Shakespeare's play. William Bullein, for example, celebrates Caius for helping to educate the surgeons of London, "revealing unto this fraternity, the hidden jewels and precious treasures of C. L. Galenus" (Bullein Aaiiii).

Critics, historical and literary, have taken three different paths to resolve the problem. The first is to claim that Caius is Caius: the dramatic invention is meant to invoke the historical figure. Along this line H. C. Hart, in his edition of the play, notes that Caius College expressly forbade the admission of Welshmen, which, Hart implies, connects to Caius's quarrel with Hugh Evans. R. R. Simpson endorses a further contention by Arthur Gray that the real Caius not only hated the Welsh but that he quarreled with University officials. Tales of the doctor's bad temper, the argument goes, may still have been circulating

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[33] Conrad *et al* report cases in medieval Europe of women who are given medical titles. Sister Ann of St Leonard's hospital in York, for example, was being called *medica* in 1296. All in all though, female practitioners count for about one to two percent of all healers in the medieval period (170).

when John Hall was doing his medical studies, and when Hall moved to Stratford, eventually marrying Shakespeare's daughter Susanna, he passed the information on to the playwright (Simpson 71). David Hoeniger, however, rejects this view – rightly to my mind – finding no evidence for the claim that the real Caius was any more temperamental than anyone else would have been in his position and reminds critics that the play's Caius is "not anti-Welsh and [he] eventually even collaborates with Sir Hugh" (Hoeniger 60). Moreover, contemporary accounts of Caius, such as that of Bullein, are positive, and if Shakespeare had heard of Caius's temper, it seems unlikely he would risk confusing his audience with a detail that few would have known.

The second way of answering the name problem is to admit that Caius is not the historical John Caius, but to suggest that he represents some other notable medical figure. Hart suggests that Shakespeare's Caius might be modelled on the French surgeon Ambroise Paré (note to 3.1), but Paré was a surgeon, and in any case, well-known for his skill.[34] C. J. Sisson argues that the model for the play's Caius might have been the French-born physician Peter Chamberlain (11), but, as Hoeniger points out, Chamberlain came to England at age nine (1569) and would have spoken good English by the time he came to London in 1595. Moreover, Chamberlain was well known for obstetrics, a field to which Shakespeare makes no allusion in the play (Hoeniger 351, n to p.60). Andrew Borde is yet another candidate for

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[34] Medical historian Charles Singer sums up Paré's contributions: "firstly, his discovery that gunshot wounds are not 'poisonous' as had theretofore been thought and that therefore they do not require the application of boiling oil...secondly, the cognate doctrine that bleeding after amputations should be arrested, not by the terrible method of indiscriminate use of the red-hot cautery, but by simple ligature; thirdly, his advocacy of the method of turning the child in its mother's womb before delivery in certain abnormal cases; and fourthly, his ingenious devising of artificial limbs" (92-93).

Caius-Hood, as suggested by Irving Edgar. Edgar ties "Merry Andrew" to Caius by virtue of Borde's reputed high spirits (341). But like other critics, Edgar cannot explain why Caius is called Caius in the first place, which is the question I am trying to answer. [35]

Still, while Hoeniger concludes that "Shakespeare's buffoon resembles Caius only in name," he is himself unable to find any good reason for the conspicuous appellation. And that is the third way to get around the name problem: admit that there is no solution. Another possibility does exist, however. It may be that "Caius" is not really the good doctor's name at all, but is, rather, a pseudonym that the supposed physician has taken in order to trick the locals into believing he is a "renowned physician." After all, the College's hold on medical practice was still weak enough to make posing as a physician possible and potentially profitable. Is there any reason to think that Caius is such an impostor?

In *Merry Wives*, though we are often reminded of Caius's medical status, we never see Caius practising medicine. Indeed, the only reference to Caius treating anyone is his prescription of purgatives; combining that fact with Mrs Page's mention of how Caius is "well-moneyed" (4.4.88), we can turn to John Securis and his *Enormities Comitted in Physick* (1566), who describes fraudulent physicians as follows:

> They purge so much and so often, that they purge away many times as well the soul out of the body, as the money out of the purse (C3ᵛ)

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[35] Philip Kolin, like other scholars, notes that critics have long asked about the name without having a satisfactory answer. Kolin, though, is not interested in the historical arguments. Instead, he considers Caius in the long tradition of farcical physicians (56-57).

The only reference to the doctor's actual practice comes when the host notes how Caius provides him with "the potions and the motions," meaning purgatives which allow for supposedly cleansing movements of the bowels (102-3).[36] Halle, also writing of impostors, relates a similar story, of "One Robert Nicols" who

> poured in a purgation to an honest woman of good fame... which, within three or four hours at the most, purged the life out of her body: so violent was the mortal potion. (Bbbiii)

Halle's reference to purgatives employs the same word as the host, *potion*, to describe the so-called cure. The word, though it could apply to any medicinal liquid or drug, was often applied to poisons, and in Shakespeare's plays it is used exclusively with negative connotations. Falstaff refers to his "potion of imprisonment" (*2 Henry IV* 1.2), and Lysander refers to love as a "hated potion" (*Dream* 3.2). Friar Laurence laments that he gave Juliet a "potion" (*Romeo and Juliet* 5.3), Camillo suggests that healing should not be done with "rash potions" that are like poison (*Tale* 1.2.318-21), and Hamlet refers to the poison he forces Claudius to drink as a "potion." (*Hamlet* 5.2). In all, there is no single use of the word "potion" in a clearly positive sense (see Appendix A.1). [37] When the host refers to Caius

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[36] Robertson Davies, in his essay on physicians on stage, quotes these same lines, calling Caius a "purging doctor," and wondering if "in past ages people had bowels of brass" to withstand purgation. He does not suspect Caius' credentials, nor does he suppose any anxiety over purgation. Interestingly, though, Davies shows that the comic potential for massive purgation was known to ancient societies and is exploited by Plautus (107).

[37] In some of these cases, the word "potion" itself could be argued to be neutral while the adjectives attached to it, "rash," "hated" and the like carry the negative connotations.

providing potions, it is not likely that he is praising the man's remedies, but rather enjoying a joke at his expense by referring to the impostor's tendency to overuse purgative drugs.

More direct evidence that Caius is a fraud comes from Hugh Evans who angrily denounces Caius as "Master Caius that *calls* himself Doctor of Physic" (3.1.3-4, my emphasis) implying at the very least that Caius does not deserve the distinction because of a lack of skill, but just as likely that he does not deserve the distinction because he has not earned the degree. More interesting, though, is the way in which he continues his attack on the so-called physician:

> He has no more knowledge in Hibocrates [*sic*] and Galen–and
>
> he is a knave besides, a cowardly knave. (3.1.65-66)

Evans' denunciation of Caius's training is left unfinished and his reason for breaking off is never explained. The explanation may be that Evans is a country minister, and, since villagers did not always have a physician nearby, it was common practice for clergymen to administer physic to their parishioners, despite the clergymen's lack of formal medical education. The practice was looked down upon by the College. Hugh seems to have been about to say: "Caius has no more knowledge of Hippocrates and Galen *than I do*" but catches himself before he insults his own profession's forays into amateur medicine, an admission that he and Caius are not really so different after all. In any case, the lines provide further support for considering Caius not merely a bad physician, but a literal impostor.

If Caius is an impostor, he would not be alone in the pages of Elizabethan drama,

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This is possible, but if a given thing is always described in negative terms, one can infer that those negative terms are understood as appropriate to that thing: potions are called "rash" and "hated" because they are naturally thought to be so.

where false physicians abound. The basic type can be drawn from *Grim the Collier* (1600) in which the devil Belphagor takes the form of a physician in order to explore the world of earthly love and romance. In *The Return From Parnassus*, published in 1606, Philomusus dresses himself "in a physician's habit," that of a "French Doctor" which he knows will allow him to make money (B4v). A "quacksalver" appears in Samuel Daniel's *The Queen's Arcadia* (1606), who claims to be "a grave physician full of skill" but is clearly an impostor. He admits to his friend the lawyer that he gives out only one medicine, and that one cure is so fashionable that everyone rushes to get it, though his patients, he explains, "know not what they ail, no more do I" (E2v).

Moreover, the practice of taking an impressive sounding name to fool the local residents is common in such plays. Belphagor assumes the name "Castiliano." Philomusus adopts the appellation "Theodore" which is of particular significance, since that name would have been a recognizable medical name. Theodorus was an ancient physician known for his invention of a powerful antidote to poisons (Buck 142); "Theodorus" is also listed by Bullein in the same list of famous medical men that includes John Caius. In Daniel, the impostor is named Alcon, a name that, in context, might well have reminded his audience of the Greek physician Alcmaeon, a contemporary of Pythagoras, and the first man to study medicine through the dissection of animals (Buck 79). Doctor Parey, the traitor in the second part of *If You Know Not Me You Know Nobody*, connects clearly with Ambroise Paré, the best known surgeon of his day (Conrad et al. 294). Although Paré's works were not translated into English until later in the seventeenth century, he was well known in Elizabethan England (Hoeniger 22). George Baker, for example, in a preface to John Gerard's *Herball* (1597)

notes the fame of "Amb. Pareus" (B4).

Impostors taking on a false name to win false credit was a practice known to others besides dramatists. Securis, for example, relates the way in which some impostors not only peddle false cures, but also attempt to take on a false identity:

> these fellows will also (to have more credit given unto them) name themselves after some great learned man's name. Sometimes they feign themselves to be of some strange country and will counterfeit their language (as I know one in Salisbury) and look to be called by some name of dignity . . .and all to deceive the people. (C3^{v})

Like Securis' impostor – and notice that Securis refers to "these fellows" implying that the practice is so common as to be a general characteristic of impostors – Caius has the name of a famous and learned physician. Moreover, his absurd French is fully consistent with the counterfeiting of languages that Securis mentions. Feigning an inability to speak good English is a tactic noted by Thomas Nashe in 1594 who relates the tale of a medical impostor who "speaks nothing but broken English like a French Doctor pretending to have forgotten his natural tongue by travel" (cited in Debus 55). Halle's *Expostulation* includes more than one instance of a deceiver taking a false name. He even relates the case of

> a joiner in London, a Frenchman born, that is of late become a physician, who is esteemed at this day, among diverse right worshipful, to be very learned and cunning, that know not his original, yea, they call him Doctor James. (Ccci^{v})

The James in question, the original that the joiner imitates, is perhaps the same physician who served Queen Elizabeth and was well regarded by the Queen. Simpson notes that one occasion Elizabeth praised James' learning highly to the Emperor of Russia (68). Simpson may be thinking of Doctor Robert Jacob, whom Elizabeth praised as one of great learning and, in fact, was sent to treat the Emperor in 1583 (Butler and Cranford). The connection to Shakespeare's Caius is obvious. False naming seems to have been a known practice, and if it was, Shakespeare quietly takes advantage of that knowledge, activating a specific conception of medical practitioners and immediately marking his character as an foolish impostor.

Still, why should Shakespeare bother with such a detail? It seems unlikely that any specific critique of illicit practitioners is intended, for there is little attention paid to the actual effects of Caius's practice. Had a real attack on mountebanks been on his mind, Shakespeare might easily have given some character an illness and show, with comic consequences of course, the unpredictable and ineffective remedies that the supposedly famous physician attempts. But it is, I think, the very lack of critique that makes Caius interesting. Rather than an agent of satire, he is an agent of farce. Indeed the entire play is a farce, and in it, Shakespeare does whatever he can to elicit laughter, beginning with the resurrection of one of his most popular comic characters, Falstaff. To add to the humour of the play, Caius is created; he provides for easy laughs since the presumptuous impostor was a well-known figure of ridicule. Critics have long assumed that the foolish character bearing the name of the well-regarded physician must somehow be satirizing something. But, as I have tried to show, this need not be the case. The dramatic possibilities of the character may,

in some cases, come first in the mind of the author. But is it possible to represent a character with political implications (even as limited as Caius) without political social consequences? Even if the dramatic, farcical value of Caius was paramount for Shakespeare, we cannot guarantee that it was so for his audience. Whatever Shakespeare may have intended, surely he could not prevent his own portrayal from working its way into the political and social thinking of those who saw his play. How then, does the dramatic interweave with the political? This chapter will argue that for Shakespeare, the political and ideological consequences of his medical characters arise not from a primary ideological intent but rather as a coincidental effect of the adoption of given cultural scenarios.

II

Apothecaries, though they had official status in the medical hierarchy by virtue of their membership in a company, presented a substantial concern for the regulators of Elizabethan medical practice. Indeed, as we have already seen, a major anxiety of the College was the easy access that apothecaries had to all manner of herbs and drugs. That anxiety is particularly prevalent in two areas: the dispensing of purgatives and the vending of poisons.

In *The Body Embarrassed*, Gail Kern Paster argues forcefully that the Renaissance practice of purging played an important role in the formation of the English understanding of the body, and her analysis of *A Midsummer Night's Dream*, for example, also suggests that the purge had erotic implications. Paster's argument rests on the assumption that for Shakespeare's contemporaries, the purge was a routine procedure, thoroughly grounded in Galenic thought and done so often that it would have become part of the "internal habitus"

of the population. That is, purgations, administered since the time of childhood, would have been basic facts of life and would have "helped to constitute normative forms of bodily self-experience" (115). Indeed, Paster stresses the potential for pleasure in anal release. Her reading of *A Midsummer Night's Dream* depends upon what she calls "the erotic effects of laxation, the erotic promise of the purge, particularly perhaps for Elizabethans accustomed from infancy to this form of bodily culture" (132). The purge that Paster considers is the potentially literal purge that Titania gives the donkey-headed Bottom as part of a maternal and erotic remaking of him. Given the frequency with which physicians and others prescribed purgatives, Paster's conclusion that Elizabethans would become "accustomed" to purgation, even to the point where they took pleasure in it, makes a certain amount of sense. No doubt what we enjoy is closely tied to those things to which we have become accustomed. The evidence of medical practice, however, suggests that purgation, though it was in common use, may not have always been easily accepted. Texts dealing with medical practice often view the purge as a dangerous procedure, one that must be handled with the utmost caution, lest the patient be over-evacuated. This conception of purgation, more toxic than erotic, more suction than seduction, plays into Shakespeare's representation of the apothecary in *Romeo and Juliet.*

We have already seen the way in which the fear of over-prescribing purgatives is mobilized by Elizabethan writers such as Cotta and Goodall to frighten potential patients away from empirics and impostors. Securis suggests that the problem is especially acute with apothecaries, affirming that no apothecary be allowed to give a purgation without the counsel of a physician (Bvii). He worries that even then there may be trouble since many

physicians overlook abuses by apothecaries with whom they are friends (Ciiii f).

The fear of apothecaries extends beyond the worry that they might drain the very life from hapless patients. The Elizabethans were also nervous about the chance that an unskillful or unscrupulous apothecary might poison his patients outright. As early as 1533, the College was concerned enough about the problem that it sought, and received, the legal right to search the shops of apothecaries for dangerous and impure substances and to fine those who refused (Simpson 60). Harold Cook's reading of the College's annals shows evidence that such visits did take place in the 1590s (Cook n.13). According to Clark, as many as twenty apothecaries were called before the College to answer charges of illicit practice, many of whom admitted to illegally giving purgatives, that is, to prescribing them independently, without following the prescription of a doctor. Shakespeare might well have known of cases in London of apothecaries' abuses. In 1591 an apothecary named Salthouse was convicted of giving a fatally excessive purgative, and Goodall notes a case from the same year in which an apothecary was fined and imprisoned for "having prescribed physic to one Robert Cade, [who] fell into a superpurgation and died within seven days" (Clark 158, Goodall 332). The Grocer's Company – of which the apothecaries were members – felt so much pressure from the physicians that they themselves also took measures to correct those who sold impure or dangerous drugs. In 1562 searches of apothecaries' shops were increased and many had their wares burned. By 1587 regular searches had been mandated (Rees 95).[38]

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[38] Rees notes that grocer John Sadler of Stratford was a friend of Shakespeare – but he gives no evidence for the connection (116).

Securis devotes an entire chapter to apothecaries and laments the way in which they have hurt the reputation of medicine in general. A cure recommended by a physician might well be sound, Securis argues, but because the apothecaries do not always use materials that are "pure and good" the cure

> being taken and bought at the apothecary's, and made many times of naughty stuff, or not well prepared, shall not only do little or no good at all, but shall also sometimes put the sick body in hazard of his life. (C8)

In some cases, Securis goes on, the apothecary is so careless as to mix a poison in one vessel and then using the same pot for medicine: "thereof," says Securis, "hath chanced much evil." (D6)

We know that poison is especially troubling for Securis because still later in his volume, when he sets out guidelines for ethical practice by apothecaries, he includes the following:

> he shall not commit any crime or fault, either for love or favour, or for hatred or fear: nor he may not be seduced by money or led by ignorance. Neither shall he give at any time any poison (E2)

Putting ethics aside for the love of money is a common element in the narratives about apothecaries. Richard Banister takes aim, for example, at the type of apothecary who will bilk money out of ignorant customers by dispensing one supposed miracle cure for every ailment including "Eyes, Fistulas in horses, worms in trees" and so on. "Tis nothing else,"

sneers Banister, "the cheating ass doth sell" (*Eyes* C12).

The need to make rules to control such dangerous apothecaries was felt by other writers as well. Bullein's *Bulwarke of Defence* ends its section on compound medicines with 21 rules for those who would practice as a dispenser of medicines. Significantly, Bullein's rules anticipate those of Securis. His second rule, for instance, insists that the apothecary "[m]ust not be suborned for money, to hurt mankind," and he ends the list where he began, noting that the good apothecary will be commended provided "he be not covetous, or crafty, seeking his own lucre, before other men's health, succor, and comfort" (Iiiii). One normally creates rules where one perceives or anticipates disorder, laws where one expects actions which ought to be criminal. These rules, then, do more than indicate the physician's ideals: they reveal the physicians' beliefs about present practices. These beliefs, published in popular manuals and tracts, extend to the larger population, helping to provide a way of understanding what apothecaries mean. More exactly the rules, like all rules, create two distinct conceptions: there are those who break the rules and those that follow them, those apothecaries who are greedy and careless, and those who are modest and judicious. These broad conceptions help form the foundation for narratives which further refine them in the minds of individuals.

The image of the greedy, unscrupulous apothecary is still current in the English imagination when Cotta is writing in 1612, for, in his chapter on apothecaries, we find a similar fear that the apothecary might step beyond the legal limits of his practice. On the one hand, Cotta praises those apothecaries who "faithfully and truly apply themselves" to the work that they are authorized to do. On the other hand, he warns that "if the pride and

master-ship of medicine stir once in them the ambition of medication, as in the former men commend them, so in the second they shall justly condemn them" (46). By *medicine*, Cotta seems to mean the licensed preparation of medicines authorized by physicians; by *medication*, he means any attempt to prepare treatments with only the apothecary's own meagre skills to guide him. This practice leads, as it does in Securis, to poisoning:

> Valleiols mentioneth an apothecary who with the imprudent use of quicksilver poisoned himself. I knew sometime an honest and approved good apothecary in Warkwickshire, who imitating a prescription of precipitate against an inveterate disease which he supposed in himself, exulcerated his guts, and therefore died. (46)

Interestingly, Cotta explicitly notes the high quality of the apothecary (he is "honest approved good"), and in this regard seems to record another aspect of the anxiety that I have been attempting to trace. That is, it is not only those unskilled apothecaries who, through ignorance and carelessness, abuse poisons, but even the most professional can fall victim to pride (Cotta's very word in fact), can suppose themselves above the laws that require them to remain subservient to the College and might judge for themselves what might be given and to whom.

Suspicion, if not dread, of apothecaries, fueled by the stories that medical writers were telling about them, has a clear presence in the artistic representation of the profession. John Heywood's *Play Called The Four P*, for example, includes, as one P, an apothecary (ie, a "pothecary"). Early on in the interlude, the apothecary argues that his profession excels

that of his religious colleagues, because apothecaries are more adept than anyone at sending souls to heaven:

> No soul, ye know, entereth heaven-gate
> Till from the body he be separate;
> And whom have ye know die honestly
> Without help of the pothecary? (236)

Heywood may be alluding to superpurgation or poison, or some other kind of malpractice, but the point remains the same.

Returning to Middleton's *Family of Love*, the reader finds the purgative, delivered by the apothecary, providing just the opposite of an erotic release. Gudgeon and Lipsalve, the hapless would-be lovers, are drained of their erotic potential; a man can hardly seduce a woman while his bowels are emptying. And of course, it is no mistake that the apothecary, who, as I have suggested, prepared the so-called medicine, is named Purge. The conspicuous name implies that apothecaries were well-known and well-feared for their laxating medicines.

Apart from *Romeo and Juliet*, there are only a handful of references to the profession in other Shakespeare plays, but, though Shakespeare is not as blunt as Heywood or Middleton, the impression he tends to give is not flattering. The mad Cardinal Beauford, in *2 Henry VI* for example, looks forward to his imminent death and even invents a means to hasten it:

> Give me some drink, and bid the apothecary
> Bring the strong poison that I bought of him.

(3.3.17-18)

And as though only the mad would turn to the apothecary for help, we find the mad Lear imagining one as well:

> There is the sulphurous pit, burning, scalding,
>
> Stench, consumption. Fie, fie, fie! pah, pah!
>
> Give me an ounce of civet; good apothecary,
>
> Sweeten my imagination. There's money for thee.
>
> (*Lear* 4.6.127-31)[39]

Romeo himself is hardly in his right mind when he approaches the apothecary's shop in Mantua to procure poison. Indeed, Balthazar, perhaps already fearing the worst, tells his master, "Your looks are pale and wild, and do import/ Some misadventure" (5.1.28-29). Romeo refers to the task as "mischief" and to himself as "desperate" (line 36). From the beginning then, Romeo's visit to the apothecary is tainted: we are made to view it as rash, as foolish, perhaps even as presumptuous.

In a well-known speech, Romeo describes the "penury" (49) of the "caitiff wretch" (52) whose extreme poverty, the young man supposes, will make him amenable to selling mortal potions: "meagre were his looks," he notes, and "Sharp misery had worn him to the bones" (40-41). Shakespeare's apothecary has, then, fallen on hard times, a phenomenon not unknown in early modern England. Cotta, for example, sneers at "bankrupt apothecaries

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[39] Of course, there is no indication here that the apothecary himself is dangerous. Civet, a perfume, was not dangerous. But the brief utilization of a positive conception of an apothecary only re-enforces my suggestion that a playwright could draw upon more than one competing conception.

who having left their own standing become walking merchants, and with a few pedlary wares remaining, keep shop in their own hose," that is, have only a few pockets to carry their goods (47). And while the poor apothecary in Mantua still has a shop,[40] he has almost nothing left to sell:

> about his shelves
>
> A beggarly account of empty boxes,
>
> Green earthen pots, bladders and musty seeds,
>
> Remnants of packthread, and old cakes of roses
>
> Were thinly scattered, to make up a show. (44-48)

But for Cotta, such poor apothecaries are the height of irresponsible practice, and he follows his sarcastic attack on them with an explicit threat. He notes that some would like to see the profession eliminated entirely and leave the composition of medicine entirely up to physicians, as was done in ancient times. Cotta does not endorse that position, but by raising the spectre of the eradication of apothecaries altogether, he sends a message. *Don't push us. Don't cross the line, even when times are tough.*

In Chapter 2, I discussed the way in which the medical narrative in *All's Well* is rewritten out of existing scenarios. I suggested that Shakespeare knits together two of the scenarios available to him, to fashion the story of his play. In so doing, he provides a

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[40] Interestingly, the apothecary does not seem to go back into his shop at any time to retrieve the poison that Romeo asks for. The actor playing the apothecary presumably has a vial of poison in a pocket, perhaps in his hose, as Cotta suggests. This bit of stagecraft might simply be a means of avoiding a delay in the action, but it could also serve as an indication that this apothecary is the type of unorthodox practitioner to which Cotta objects so strongly.

dramatic counter-example to the authoritarian tale that I termed the College's narrative. In *Romeo and Juliet*, Shakespeare also mobilizes an understood scenario, but here he does not invert the narrative or recreate it. Rather, he adopts it fairly directly, fashioning a character very much in line with what we might expect after reading Securis and Cotta: unscrupulous, ambitious, and, above all, dangerous. Shakespeare's apothecary can be read as contributing particular details to a general scenario which itself is abstracted from other accounts in the playwright's culture: as Securis feared, the apothecary in *Romeo and Juliet* is seduced by gold. Just as Cotta warned, he is proud enough to contravene the law, to suppose that his own needs justify illegal activity, and thus the apothecary prescribes the poison that not only kills his client, Romeo, but also contributes to the death of Juliet – a fact of which, we must assume, the apothecary is ignorant.[41]

The scenario that Shakespeare adopts was widely understood, but it was not the only way in which apothecaries could be understood. For many people, located away from major centres, an apothecary was the main source of medical aid (Copeman 3). Apothecaries themselves, sensing their contribution was more important than their legal status implied, attempted to defend themselves politically against the attacks made upon them. Throughout the time that Shakespeare was writing, they fought hard to have a company of their own and to increase their control over composite medicines. And there is some evidence that even in the sixteenth century apothecaries were being viewed, not merely as a kind of grocer, but

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[41] I take a somewhat different view from that of Michael Brennan who sees the apothecary as embodying "the contemporary English fascination with the possibility of poisons and potions being readily available in Italian cities" (476). My own position stresses the contemporary English fear of poisons being readily available in their own cities.

as tradesmen in their own right. Austen Saker could write in 1580, for example:

> the brick must be first made before the house be built; and the tailor must have his cloth, before he fashion the garment; the shoemaker must have his leather, before he can fashion his lachet; and the apothecary his confections, before he make his drugs (200)

In this passage, the apothecary is listed as just one more craftsman, going about honest labour.

In 1589, the apothecaries wrote to Elizabeth herself, asking that she make it clear that only apothecaries and not physicians were allowed to mix and sell medicines. Their appeal went unheeded however: the following year the College removed its own rule forbidding physicians to mix remedies. Relations between the two groups became increasingly strained (Clark 160-61). But the apothecaries were unrelenting. By 1607, they had established themselves as a clear subdivision within the Grocer's company (to which they all belonged) and by the end of 1617, they had their own charter. The document, as one history of the society notes, did not expressly forbid the prescribing of medicines by the apothecaries (Wall et al 6).

In short, apothecaries sought to be understood in their medical role as well as their mercantile role, and to some extent, such a conception of the apothecary was available. The apothecaries' business could be lucrative indeed, particularly if they convinced clients that their cures contained exotic, and thus, expensive ingredients (Copeman 46). Middleton's Purge seems reasonably well-to-do, apparently providing products exclusively for Glister's

patients, a lucrative and common arrangement (Hoeniger 24). Middleton's *The Roaring Girl* features a husband and wife team, the Gallipots who run a lucrative apothecary shop, so lucrative in fact that Gallipot can offer to "stop [Laxton's] mouth with gold" and get him away from his wife (3.2.142). The merchant-apothecary Minos in Jonson's *Poetaster* shows himself a merchant when he arrives with a suit against Crispinus which drives much of the action in the middle of the play.

At least two main narratives, then, exist side by side: the bankrupt apothecary who will dispense poison without regard for the danger to others and the merchant-apothecary who busily goes about his legitimate and profitable affairs. Of course these distinctions are only approximate. There is no indication, for example, that the poisoning apothecary in Marlowe's *Massacre at Paris* is especially poor; he is merely nasty. Nevertheless, the narratives do coalesce into two major scenarios, and ignorance of either one can lead to confusion in the reading of *Romeo and Juliet*. Simpson, for example, wonders why the apothecary in *Romeo and Juliet* should be poor at all since apothecaries "were regarded as wealthy men" and endeavours to explain why Shakespeare has "gone so contrary to the generally accepted picture" (38). Such a reading is misleading since it ignores the complexity of Elizabethan culture by assuming that only one view was taken. As I have tried to show, the notion of a single conception of medical practice is not always tenable given the variety of narratives that could be available. Rather than asking why Shakespeare has gone against the conventional representation, we might try to explore the conception that he does activate and the reasons for adopting that particular scenario.

Edward Sharpham provides a dramatic example of a complex representation: the

bankrupt poisoner melded together with the merchant in *The Fleire* (1606). When we first meet Alunio in his apothecary's shop he is carefully labeling his wares so that his wife will not mistake any of them during his upcoming journey to Italy. The plenitude of his store and the care with which he enumerates his items immediately distinguishes him from the poor, dangerous apothecary that medical writers despised. Alunio's soliloquy focuses not on poisons or purgatives, but rather on rare and expensive perfumes, civet and essence of roses. His speech in Act 4 suggests that while he loves money, he does not seek to earn it through dangerous concoctions.

At the same time, Sharpham is aware of the less flattering tradition in the representations of the apothecary. When Fleer takes over the shop, disguised as an apothecary, it is specifically to sell poison to Piso and the Knight. Moreover, Piso and the Knight come specifically to find Alunio, believing that he will sell a fatal drug. Is Alunio so different then from the apothecary in *Romeo and Juliet*? Yes, because there is no reason to believe that Alunio makes a regular practice of dispensing toxic goods. In fact, when Piso suggests it, he specifically mentions that Alunio is his "countryman." The implication may be that Alunio would be doing a special favour for Piso, not continuing his normal routine. Indeed, Alunio seems willing to turn the shop over to Fleer in the first place because Fleer is disguised as Iacomo, another countryman. Alunio is best understood as naively patriotic rather than criminally negligent. In any case, his trip to Italy, the absence that allows for Fleer's plan to work, reminds us once again that he is no desperate bankrupt, but is rather an

accomplished merchant.[42]

Sharpham's Alunio reminds us that Shakespeare's apothecary does not merely represent some preexisting conception of apothecaries in general, but rather selects, fairly directly, one culturally available narrative about them. To an extent, Shakespeare does the same thing with the apothecary that he does with Helena, the female empiric. The difference, as I have suggested is that with Helena, Shakespeare inverts a traditional conception to create a counter-narrative, while the apothecary is imported with little change. But why should one play rework an available conception into a radical counterblast while another play coopts an ideologically similar story which only repeats the attacks of the establishment?

To begin to find an answer, a closer look at the apothecary is in order. Why, for example, is the apothecary in the play at all? The actual event, the vending of the poison itself, is not a crucial dramatic moment; it could easily be related by other characters rather than enacted on stage. In fact, it is. Before Romeo meets the apothecary himself, he gives the famous description of the shop as he remembers it and communicates his resolve to purchase the potion:

> Noting this penury, to myself I said
>
> "An' if a man did need a poison now,
>
> Whose sale is present death in Mantua,
>
> Here lives a caitiff wretch would sell it him." (5.1.49-52)

Romeo's exit could easily follow here, the audience catching up with him when he reappears

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[42] Ralph Harvey in *Grim the Collier* is another such apothecary. Harvey is sent to distract Castiliano while suitors spend time with his wife.

in act five, scene three. When we see the poison, we know where he has purchased it – and, in case we forget, he reminds us at line 119 – and even if all that escapes us, the Prince reminds us at the end of the play how Romeo "did buy a poison/ Of a poor pothecary" (5.1.288-89). Indeed, given the wealth of explanation provided, the actual moments when the apothecary appears begin to feel like an afterthought, an ill-considered late addition to the play. But later interpolation or not, why is this short, dramatically unnecessary scene included?

The answer emerges from the specifics of the bankrupt-apothecary narrative that Cotta and others promulgated. That is, one of the key elements in the Elizabethan understanding of a poor apothecary was that he needed to be controlled by strict rules so that his love, or need, for money did not lead him to unethical practices such as providing unauthorized purgatives, dispensing unwholesome herbs, or selling poisons. Shakespeare's apothecary, then, might have been inserted into the final act of the play as a dramatic reminder of the importance of law, of hard rules to give order to society. Indeed, *Romeo and Juliet* is, to a large extent, a play about law. The overarching conflict, the feud between the Capulets and the Montagues is repeatedly denounced as unlawful. It is the continual violation of law, the continual disregard for just authority that primes Verona for tragedy. Even before the brawl that begins the action, we find Samson worrying whether he has the "law" on his side (1.1.38 and 47), and the Prince's first words, "Rebellious subjects" underscore the illegal, even the traitorous nature of the fight (1.1.81). The play asks whether or not a system of rules can ever bring human chaos into a civilized and peaceful order.

For this reason, the law itself, the very validity of social rules, is explicitly made an

issue in the apothecary scene. The apothecary – probably half-heartedly, given the speed with which he is convinced – initially resists, claiming that selling poison is a capital crime in Mantua. But Romeo insists, questioning the very validity of law itself for those who are poor:

> [*Rom.*] Contempt and beggary hangs upon thy back;
> The world is not thy friend, nor the world's law,
> The world affords no law to make thee rich;
> Then be not poor, but break it, and take this.
> *Ap.* My poverty, but not my will consents.
> *Rom.* I [pay] thy poverty, and not thy will. (5.1.71-76)

The reader who understands the narrative that Shakespeare has activated by introducing the bankrupt apothecary understands how Romeo's case for the sale is more dangerous sophistry than sincere argument. Romeo's intentions are not charitable. He is not buying the poison to help the poor apothecary; he invokes the argument merely to gain the means by which to do violence to himself.

Shakespeare uses a conventional scenario about apothecaries to create efficiently an emblem of the danger of lawlessness. That Shakespeare exploits the apothecary for this purpose is made clearer when the play is compared to Arthur Brooke's *Tragicall history of Romeus and Iuliet*, the play's main source. As in the Shakespeare play, the apothecary is poor and sells the poison mainly because of greed. But unlike Shakespeare, Brooke includes no debate over the value of law itself. Romeus makes no case against obedience to a legal system that provides no immediate benefit; the apothecary is won over entirely by his love

of money:

> Then by the hand he drew / the needy man apart,
>
> And with the sight of glittring gold / inflamed hath his heart:
>
> Take fifty crowns of gold / (quoth he) I give them thee,
>
> So that, before I part from hence, / thou straight deliver me
>
> Some poison strong, that may / in less than half an hour
>
> Kill him whose wretched hap shall be / the potion to devour.
>
> The wretch by covetous / is won, and doth assent
>
> To sell the thing, whose sale ere long, / too late he will repent.
>
> (lines 2575-2582)

Brooke's Romeus does note how "the city's law / forbiddeth him to sell" the poison, but this point is mentioned only in passing and does not make the nature of obedience to law an issue. The apothecary provides for Shakespeare a character for whom a narrative could be activated that aptly fit the theme of the play itself: the importance of obedience to social rules and the dangers inherent in the breaking of those rules.[43]

Shakespeare's apothecary, then, is burdened not only by his poverty, but by the weight of the Elizabethan fear of his profession: the fear of poorly made remedies, the fear of accidental poisoning, the fear of the unscrupulous distribution of mortal potions. We may pity the poor apothecary who, like all dramatic characters, is bound to the fate of his text, but

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[43] William Painter's *Palace of Pleasure* also includes an account of Romeo and Juliet. Painter's version does not provide for Romeo's perspective either. Painter's version does not even mention that selling poison is illegal (Brooke and Painter 134).

in a culturally-sensitive reading, we should avoid the temptation to read the apothecary with too much sympathy.

The tragedy enlists the aid of all these anxieties for its own dramatic purposes.[44] But further, as a result of the play's own ends, *Romeo and Juliet* provides a new narrative that has ideological significance. It adds to the mental store of tales that the people of London could use to evaluate and understand the nature of apothecaries. The story does not provide a *critique* any more than the Caius story does in *Merry Wives*, but, in a way incidental to the creation of the drama itself, the play provides a cognitive resource for the kind of ongoing critique provided by the medical writers. The contrast between *Romeo and Juliet* and, say, Securis' *Detection*, is evident not in the representation of apothecaries, or even in the ideological consequences of the audience that does not reject it, but rather in the first case, the ideological effect happens on a second level, on a level that neither Shakespeare nor the

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[44] The increasing power and acceptance of physicians and their regulated underlings, apothecaries and surgeons, decreased, as a result, the control that the individual had over his own body and its health. This loss of control results, I would suggest, in an anxiety over the threat that the body may be in danger, and that this anxiety is reflected in the drama of the period in the form of poisoning. Poisoning is a common metaphor in Shakespeare; it appears literally in *The Winter's Tale*, and, of course, in *Hamlet*. Moreover the work of Webster and Tourneur are filled with poisoners, characters who know doubt take no small inspiration from Christopher Marlowe's villain Barabas in *The Jew of Malta*.

I do not mean to suggest that Barabas is meant to be an apothecary or any other kind of medical practitioner, or even that his poisoning is meant to refer to contemporary medical practice. Instead, I suggest that the medical establishment, in that it increasingly removed the very understanding of health away from the individual and towards itself, created what Foucault terms "conditions of possibility" for the wide-ranging fear of poisoning (xix).

The fear could only have been increased by the repeated visitations of the plague. The best explanations for the plague considered it to be itself a form of poison. The notorious inability of physicians to control the plague, could only have increased the feelings among the Elizabethans that their own physical well-being was in constant danger.

actor playing the role, nor maybe even the members of the audience might have explicitly identified, but one that quietly takes place nonetheless.

With this understanding of the functions of narrative, we can see more clearly how the dramatic function of a play is connected to its social function. The early modern playwright proceeds as part artist, part artisan, creating, he hopes, a marketable text that will earn money for himself and his company. To do so, he contrives to tell a story that will be comprehensible to his anticipated audience and to do that, he draws upon shared conceptions of the various people, places and institutions in his world. In this case, Shakespeare activates a given conception of the apothecary, adopting it to suit the larger story (i.e. *Romeo and Juliet*). But in so doing, the author, as a side effect of his dramatic representation, alters the repertory of stories available to his audience, to the members of his culture, in this case by adding another particular story, strengthening the general scenario from which it was drawn in the first place. The author makes what we might call an *ad hoc* ideological statement about the world. In *Romeo and Juliet*, Shakespeare re-enforces the common conception of the apothecary as dangerous and greedy by making available to his audience another narrative which constructs the apothecary in that way. It would be misleading to say the play endorses such a view, since that implies an ideological intent by the author which is difficult to establish, but it is fair to say that the play supports such a view whether the sociological issue ever occurred to Shakespeare or not.

Cook has argued forcefully that the policing of medicine in the early Stuart period was an early step in the building of the English nation, but, he points out, it was a measure taken for reasons quite apart from the construction of a modern state, that it was an *ad hoc*

measure that happened to be "a key test for monarchial government" (4). I suggest that not only did the political apparatus of the state develop in this coincidental – one might say accidental – manner, but the very understandings that create a society, the ideologies that determine its politics, can develop in *ad hoc* ways as well, and that dramatic discourse provides an example of such means of development. By positing an *ad hoc* progression of social values, we can simultaneously understand the play as a dramatic work of art, sufficient unto itself and its own aesthetic pleasures, *and* as a social text, carrying the weight of other social discourses and constituting, itself, a social discourse. Neither one of these functions is simple and neither one is trivial. Aesthetic pleasure includes the whole range of pleasurable responses, emotional, intellectual, even physiological, that might be present in the audience. The social function encompasses the ways in which the audience members were involved in a process that altered, if in only a small way, the particular manner in which they understood the world in which they lived.

Shakespeare is, overall, neither subversive nor complicit with medical authority. His plays, at least when they address medical issues, tend to take on whatever ideological significance may derive from their artistic necessities. Where, in the previous chapter, we saw *All's Well* producing a collateral critique of the patriarchal ideology that kept women out of official medicine, in *Romeo and Juliet*, we see how the play supports the established medical hierarchy. How can the same author, writing at about the same time take two completely different views of the same issue? How does one reconcile the conflict between undermining medical authority in one play by providing a counter argument to its claims about empirics, and championing that same authority in the next by representing the official

version of proud apothecaries? The apparent conflict is no conflict at all. There is no need to reconcile the two visions of medicine. Since the ideological effect that Helena's narrative produces comes as a side effect, since the apothecary does far more (in that he enters a debate that Shakespeare might not have been interested in entering) than he is strictly meant to do, the ideological consequences of these narratives are understandably inconsistent. The play's critiques are virtually accidental – no less interesting or significant, but accidental all the same.

III

Aubrey Kail is half right when he notes in his 1986 book, *The Medical Mind of Shakespeare*, that "[t]here are neither surgeons nor apothecaries" in Shakespeare's plays "although these are referred to frequently by other characters (20).[45] We have examined in some detail the apothecary scene in *Romeo and Juliet*, but even when Mercutio angrily calls for a surgeon after his fight with Tybalt, none ever appears on stage. When Andrew Aguecheek seeks a surgeon for Sir Toby in *Twelfth Night*, none sober can be found.

The omission of the entire class of practitioners is odd. Since surgeons were the main source of treatment for bodily wounds – including those incurred by soldiers and men fighting duels – and since Shakespeare's plays brim with combat, one would think at least the occasional appearance of a surgeon would be warranted. In Marlowe's *The Massacre at Paris*, a surgeon enters to attend to the dying King Henry, and two of Chapman's plays

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[45] Kail may have followed Edgar in this regard. Edgar makes the identical error: "There are neither surgeons nor apothecaries in his plays, although these are referred to again and again" (Edgar 333).

include surgeons. Surgeons appear in the plays of Middleton, Marston, Thomas Heywood, Beaumont and Fletcher, and others. Why not in Shakespeare?

Marjorie Garber explains the absence by suggesting that since both disease and healing often functions metaphorically in Shakespeare, and, since the work of surgery "would have been limited to the most basic manual skills," the profession did not offer the symbolic richness of other practitioners. Garber, I think, is right inasmuch as she notices the absence of surgical possibilities for the dramatic imagination. However, by Shakespeare's time, surgery had become much more than "basic manual skills." What was it then, that made the profession less useful to Shakespeare than we should expect?

While they do not actually appear in person, surgeons are commonly referred to by other characters – which is perhaps more in keeping with the expectations of the reader. In *Henry V*, for example, the king notes how "all those legs and arms and heads, chopped off in battle, shall join together at the latter day and cry all 'We died at such a place;' some swearing, some crying for a surgeon" (4.1.206), but if any of his men are left so crying at the end of the battle we do not see them treated. The disguised Portia asks Shylock to prepare for the imminent wounding of Antonio, entreating the Jew to "Have by some surgeon, Shylock, on your charge,/ To stop his wounds, lest he do bleed to death" (4.1.257-58) but the vengeful moneylender refuses and no one else seems to think it worthwhile to find one.

In the first instance, Henry's reference to surgeons serves to invoke an image of the spent battlefield, an image that suits the purpose of his oration by placing his soldiers in an imaginative world in which wounds, even fatal ones, are simply another part of one's honour. In so doing he reorients the battle by nurturing his troops' love of glory and distracting them

from the fear of violent death. In my second example, Portia knows full well that Shylock will refuse to hire a surgeon – she presumably mentions that he should pay the bill in part to dissuade him – and suggests it only to trap him into an inflexible position that will justify the harsh punishment that he will be made to endure. In short, the surgeon is part of the rhetoric of the plays, not the drama. They are referred to only in the vaguest possible way, as men who treat wounds, without ever reaching the specificity of an embodied character. But why should surgeons have only this shadowy half-existence in the world of Shakespeare's plays? Why should an apothecary appear and not a surgeon? Why should half a dozen physicians appear but no surgeons? Why should surgeons be called for but never arrive?

Throughout I have been maintaining that Shakespeare the dramatist can be understood as Shakespeare the producer of culturally specific discourses if we understand the playwright as drawing upon culturally available scenarios – not direct sources but specific, useful, ideological underpinnings of the larger stories of the play. Looking at the narratives surrounding early modern surgeons might take us toward an explanation for the notable absence of such characters in Shakespeare's plays.

At least some stories about surgeons in the period paralleled those told of empirics, impostors and apothecaries. As Copeman points out, medieval physicians were normally priests, but when priests were forbidden from shedding blood, surgical tasks fell to their menial lay servants, such as barbers. Consequently the surgical profession in England began as socially inferior and would remain so, to a degree, in Shakespeare's time. As in the case of others who are worse than physicians, we find Securis attacking unlearned surgeons who practice "more by blind experience than by any science" (E3^{v}); we hear Cotta,

characteristically graphic, lamenting the case of a poor man who was convinced to try the cures of a surgeon and, as a result, suffered "acute and epileptical fits and a general convulsion, with foaming [and] gnashing of his teeth" (37); and even the sympathetic Bullein has harsh words for those surgeons who do not repair the wounds of mankind but are rather "destroyers, marrers and manglers of the bodies of men, women and children" (AaV^v).

But despite these attacks, the surgeons of Shakespeare's England had more prestige and greater power than did any other group of practitioners apart from the physicians of the College. The surgeons had had a legal existence long before Shakespeare's day. They were a distinct sub-class of the Barbers' Company as early as the fourteenth century, and they formed their own association, the Craft or Fellowship of Surgeons, in 1435 (Clark 12-13). The Barber-Surgeon's company was officially created in 1540 (Copeman 3) and even earlier, surgeons within the Barber's company had the right to authorize surgical practice in and around London (Copeman 38).

Responsible for treating battlefield wounds, moreover, surgeons were prominent in the military – and that connection helped their status. William Clowes, for example, explicitly defends his prerogative to write on medical matters, in part on the grounds that his training began in distinguished military service, "under the command of the Right Honourable Ambrose, Earl of Warwick" (*Struma* $B3^v$). Still further, since syphilis manifested itself largely with outward sores, surgeons were allowed to and very often did treat the pox.[46] Where the apothecary was confined to filling the prescriptions of physicians,

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[46] For a detailed account of syphilis and Shakespeare's drama, see Bentley's' *Shakespeare and the New Disease.*

the surgeon had the freedom to see his own patients and suggest his own measures, provided, of course, he did not presume to prescribe internal medicines. Even then, the College was known to make exceptions for surgeons of note such as John Banister.

Further, surgeons could bolster their position in the same way that physicians sought dominance in the medical realm: rhetoric. That is, surgeons wrote their own medical tracts, and in them constructed themselves as being essentially like the physicians. They seemed to hope that by appearing more like the College of Physicians, they might achieve something of the College's prestige. Banister, for example, notes how surgeons no longer enjoy the status they did in ancient times, that they are now too often thought of as coming low in the medical hierarchy when classical precedent should place them higher, "and so is the world upside down turned" (Ciiii^{v}). The blame, in Banister's view, must largely be taken by the Barber-Surgeons' company "whose only slackness and untimely clemency is the greatest encouragement that offenders have" (Ciiii^{v}). By calling for the company to be more strict, to be harsher with those who practice contrary to the rules, Banister is, in effect, calling for the company to more closely resemble the College. In this way, the surgeons might, he reasons, reclaim some of the prestige that they have lost. But here again, the exact nature of the surgeon as a social agent is made more indistinct. That is, this kind of rhetoric simultaneously notes how the surgeons are below the physicians in terms of prestige, but it also elevates the surgeon to the level of the physician in terms of value. Once again, the truth about surgeons, where they really stand in English society, is made difficult to determine.

Sixteenth-century texts on surgery help demonstrate the respect that surgeons had. Or, more appropriately, the respect that surgeons were able to generate. Bullein's dialogue

between "Sorenes and Chyrurgi" provides a good example. While Bullein is harsh with unlearned, careless, or greedy surgeons, his treatment of the profession is often celebratory. Where apothecaries are rarely mentioned by medical writers, except in complaints, Bullein gives examples of skilled surgeons and their cases. At one point, he relates a story in which an unskilled physician mistreats a wound, with disastrous consequences. Fortunately, another practitioner was on hand, and had it not, says Bullein, been for "a cunning Chyrurgian called Pate Hardie," the patient "had born his own message to the dead" (Ddii^{v}).

The surgeon Thomas Gale is, predictably, another champion of the profession. Like Bullein, Gale employs the dialogue form and, following a defence of the profession as a whole, one of his characters concludes "that chirurgerie is not so base as it is taken for" and another blames the poor reputation of surgeons on "the unlettered and rude empirics" who claim to be surgeons without a real surgeon's knowledge or expertise (Gale 4).

These texts themselves reveal a final element that allowed the surgeons far greater social standing than other practitioners besides physicians. That is, surgeons had the ability to create narratives of their own, stories that could offset the condemnations that physicians made of them. Indeed, as the example from Bullein's dialogue shows, part of the rhetoric of the surgeon was to reverse the kind of narratives that physician-critics like Cotta told. Gale notes the case of Henry Smith of London who, in 1562, was stabbed in the chest in a fight, seriously damaging his lungs:

> There were divers physicians called unto the wounded patient and they all affirmed constantly death to follow. I also being called unto the same patient did also affirm that death would

> follow, except he received a certain potion of which I had experience. . .and so the lungs were preserved from putrefaction and the congealed blood was expelled out, and, finally, by the art of chirurgerie he was restored to his perfect health. (13)

Gale's narrative places the physician in the role of the ignorant practitioner and the surgeon, himself, in the role of learned saviour. Gale's near repetition of the affirmation of death ("I . . . did also affirm"), which is modified with the telling "except," only serves to strengthen the denunciation of the congregated physicians. The "except" incorporates more than the literal: it attacks the basis for claims of superiority made by physicians, implying that the patient was incurable *except* that I knew better, *except* that books do not replace experience, *except* that the physicians are not always right. It is a subtle, but powerful piece of rhetoric. Notice too that Gale specifically mentions that his cure involved inward medicines, slyly implying that had he kept to the normal bounds of surgery, treating only outward wounds and sores, his patient would have died. Finally Gale refers not only to surgery but to the "art" of surgery, "art" with the clear sense of learned skill. Equivalent, Gale implies, to the "art" of physic, the art that God allows.

Still another example of the rhetorical prerogative of the surgeon can be drawn from a non-medical text, Fulwood's *Enemie of Idleness*, a popular letter-writing manual. Fulwood's book, reprinted at least ten times between 1567 and 1621, gives instructions on how to best write letters in a variety of situations. Interestingly, he also gives examples of what such letters would look like. These samples, then, provide us with a unique perspective

on early modern culture: one man's estimation of typical situations in Elizabethan and Jacobean life. One type of letter for which Fulwood provides instruction is the letter "reprehending another for ignorance in study," and he gives two examples. The first is a letter from a barber complaining to a physician that a surgeon has been slandering him, by claiming that barbers have no right to practice surgery. The barber requests the assistance of the physician. The second letter is the surgeon's reply to the same physician, defending the point of view that angered the barber from the beginning.

The barber in Fulwood's example appeals to a tradition that does allow barbers to treat certain wounds:

> Who is he so ignorant and knoweth not that always heretofore the master Barbers have accustomed to cure all kind of wounds as well old as new? (106-107)[47]

The barber's case is tenuous. Surgeons did have the right to discipline those such as barbers who were members of their company but who could, at times, overstep the limits of their authority (Beier 14). Fardinado Pulton's *Abstract* of English law specifically notes that, except for the drawing of teeth, barbers are forbidden from the practice of surgery. The surgeon in Fulwood, though, does not give a legal argument; rather he attacks the ignorance of the barber and those like him who presume to practice surgery without a surgeon's learning:

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[47] Page numbering in the *Enemie* is inconsistent. These pages are actually numbered 114 and 125 in the text. The next two pages seem to be correct (108 and 109) and are followed by pages numbered 118, 119, 112 and 121.

> For such asses there are that count every disease to be the pox . . . and contrarily, such ignorant idiots , which darkly give credit to their own glorious heads and have nor reason save only their proper will and foolish opinion, and which of a deceitful argument make a necessary demonstration, do give by their dangerous promises a very fallible hope. (111)

The surgeon here adopts the discourse conventions of the learned physician, denouncing ignorance from a position of superior learning. In this way then, a key discourse surrounding the surgeon, that is, the discourse created by the surgeon, is almost indistinguishable from that of the physician. But in the case of the Fulwood letters, both the barber and the surgeon still recognize the authority of the physician. The surgeon is both learned and simple, elite and subordinate. Just as with the surgical writers themselves, Fulwood's surgeon inhabits a hazy, cultural netherland.

The effect of the surgeons' rhetoric, the surgeons' narratives, is that the profession of the surgeon was made less distinct from physicians than other medical practitioners. Indeed, Vivian Nutton has shown that "the gulf between the surgeon and the physician was not as wide as has been thought" (75). Nutton points out that, in the case of syphilis, the cures used by surgeons were virtually the same as those used by physicians. Moreover, notable physicians such as Caius went to lengths to encourage physicians to actively study anatomy – a traditional tool of the surgeon – and to give the anatomy training of the surgeons a sound medical basis. Caius, like the surgeon Banister, believed in uniting surgery with

physic just as Galen had done in ancient times.[48] Prominent members of the College even translated ancient surgical texts into English to help give surgeons a knowledge base more like that of their supposed superiors (Nutton "Humanist" 76-98). As F.N.L. Poynter has indicated, in the fifty years proceeding Shakespeare, the surgeon, better educated, better trained, better respected, had advanced himself considerably (158).

The power of the College made physicians the standard against which other practitioners could be measured. It follows then that surgeons, whose own status relative to physicians was not clear, would be difficult to understand for their own contemporaries. That is, while numerous stories were being told about surgeons, it would be less likely that one or more clear scenarios might emerge with which a person could have characterized what a surgeon was and what a surgeon did. Surgeons would have seemed to overlap with physicians to a large degree; some surgeons were even called "Doctor" by their contemporaries, despite their lack of a medical degree (Beier 28).

This lack of clarity in the early modern conception of surgeons explains their absence in Shakespeare. It is an important part of Shakespeare's dramatic technique to adopt culturally understood narratives and fashion them to suit the dramatic and narrative elements of his own works. In *All's Well*, the refashioning involved a rewriting as in the case of Helena. With the apothecary, the narrative was inserted virtually intact to function as a dramatic emblem for the question of law and social control. Shakespeare avoids bringing

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[48] Since surgeons' cures were more direct, and since surgeons presented a united front compared to bickering physicians, some in the early modern period actually preferred to be treated by a surgeon – such as Montaigne (Nutton "Humanist" 75-76). According to Nancy G. Siraisi, such an attitude dates back as far as the early fourteenth century (153).

surgeons on stage because there is no clear narrative to contradict or adopt, and so the playwright avoids them altogether.

Just as physicians used rhetoric in their battle against lesser practitioners, so the surgeons used their own rhetorical ability to fashion themselves as nearly the equivalent to the physicians, yet still obedient to the legal order. This rhetorical ability, this capacity to create one's own narratives, to fashion one's own profession, had a significant impact on the variety of possible conceptions that constituted the Elizabethan understanding of surgery. That is, surgeons themselves, learned enough to publish their own books, savvy enough to know the value of sound public relations, could provide for themselves a kind of antidote to attacks made against them. Their own rhetoric creates impressions that jostle for position among the negative impressions of other writers.

Not all culturally available narratives are equal in their force, the strength with which they engage the mind. In the case of the empirics, for example, the vociferous attacks on their practice create a strong narrative conception of the illicit practitioner. Furthermore, the very strength of the anti-empiric narrative, makes the opposite conception all the more engaging because of its radical nature. Surgeons, unlike most other practitioners, were not subject to the same intensity of attack and, when they were attacked, could defend themselves in print. In the end, the surgeon simply provides less cognitive interest, less rhetorical impact, and fewer dramatic possibilities. Thus, for the English playgoer, the idea of surgeon was especially vague. With a relative abundance of stories to tell about empirics, or impostors, or even apothecaries, the average Elizabethan could easily conjure up an image or an idea that would suit the playwright's purpose. But in the case of the surgeon, there

seems to have been no social consensus; the competing narratives were almost evenly matched, which left, therefore, the notion of surgeon dull and watery.

This indistinction, this blurry social status of surgeons, is observable in the texts that surgeons write for one another and for the general public. Like physicians, they tell stories to make their points. William Clowes, for example, opens his *Profitable and Neccessarie Booke of Observations* (1596) with a story. Predictably, the surgeon is its hero. In 1577, he begins, two men were drying a quantity of gunpowder when it happened to ignite. The men were "most grievously burned" says Clowes, but fortunately,

> There dwelled near unto them a gentlewoman by whom they were greatly eased with a whey which she made of verciece and milk. Nevertheless, she was fearful to proceed any farther...whereupon I was presently sent for and after diligent view had, I bid first anoint the parts that were scorched . . . with this remedy following, whereby the parts afflicted were prevented from blistering. (2)

The standard story in which the learned practitioner rescues a patient from an ignorant butcher is modified slightly by the fact that a learned gentlewoman was the first to treat the patient and did so with skill. But as with Gale, Clowes casts himself, a surgeon, in the role of saviour.

Clowes' book is filled with such stories, over two dozen in all, in which his knowledge and skill allow him, not a physician, to come to the rescue. When a hapless merchant is shot through the hands by a careless soldier, "I was," says Clowes,

> brought to his cure, and after conference with a doctor of Physic for his diet, purging and bleeding, I made ready forwith this cataplasma, which appeased the pains and ceased the inflammation. (7)

Here, the other practitioner, the doctor of physic already on the scene, is not ridiculed – Clowes seems too careful a writer for that – but he is nevertheless placed below the surgeon in importance. For while Clowes has a conference with the attending physician, the real work of treating the wound is done by him, the surgeon. It is Clowes who eases the man's pain. The nameless physician is left in an aside, peripheral. He is mentioned parenthetically with the clear implication that while diet, purging and bleeding are useful things, the real work is the salving of wounds.

To better understand the significance of surgeons' self-defence, consider, by way of comparison, the apothecaries. Where surgical texts give, almost as a matter of course, a condemnation of unskilled practitioners and a defense of surgery, Elizabethan books show no analogous defence of apothecaries by apothecaries. One might expect apothecaries to write herbals which contained defense of their professions, but no such books seem to have been written. The most popular sixteenth-century herbal seems to have been one attributed, falsely, to Macer. This book, *The Properties*, was first published in 1525 and saw 22 further editions and variations up until 1567. But this work is anonymous. William Turner's *Herball* was printed twice from 1551 to 1568, but Turner was a physician, not an apothecary. Likewise, the *Niewe Herball* – printed four time between 1578 and 1619 – was written by the Dutch physician Rembert Dodoens. John Gerard first published his *Herbal* (based on

Dodoens') in 1597, but he was not an apothecary either; he was a surgeon. Still another herbal, William Langham's *Garden of Health* (1598) was written by a physician. The point here is that surgeons commonly defended themselves in print by telling their own versions of their stories, and this ability is not to be taken for granted. Unlike the apothecary, the surgeon has *authority*, quite literally the ability to be an author, to actively contribute to the store of narratives by which he will be understood.[49] Surgeons had the power to partially erase the dark lines with which they were often drawn.

This blurring effect, this difficulty in pinning down the place of the surgeon, a result of the social rhetoric available to learned, professional surgeons, leads, I would argue, to the rather blurry notion of the surgeon in the Shakespeare plays. Shakespeare's rhetorical use of surgeons derives from the balance in the competing ideas about surgeons. While surgeons are, on one hand, said to be the healers of wounds, they are, on the other, understood to be foolish and rash. Likewise in Shakespeare, they are both summoned and absent, necessary and purposeless. The inconsistency of the surgeon in the Elizabethans' store of conceptions allows Mercutio to quite acceptably send for a surgeon in one instant and proclaim the certainty of his death the next (*Romeo and Juliet* 3.1.94-101). The request itself implies that Mercutio holds some hope for his recovering, but, immediately contradicted, it functions only rhetorically, underlining the seriousness of his wound, but not contributing to the dramatic action whatsoever. The surgeon is always a dramatic potential, never a reality, just

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[49] One apothecary who does appear in print is John Hester, but Hester's book, while it does offer a defence of Paracelsus, does nothing to answer the attacks on apothecaries that were so commonly made in Shakespeare's England.

as socially he moves indistinctly between butcher and hero.

Still, if the surgeon's unique position in Elizabethan and Jacobean culture made him an ill-suited figure for plays, why do surgeons appear in the plays of Shakespeare's contemporaries? A closer look at those other surgeons reveals that while they do appear in some other plays, they do little more as present characters than Shakespeare's ghostly surgeons do as rhetorical figures. That is, surgeons throughout the time that Shakespeare was writing have very little to offer the play besides a rhetorical flourish.

Chapman's plays provide a good example. In *All Fools*, Dariotto is hurt in a duel and (as in *Romeo and Juliet*) a surgeon is sent for; in this play, though, one actually arrives. But given that the surgeon is named "Pock," an obvious allusion to the pox, syphilis, we are from the outset made to suspect that this surgeon may be more a figure of allegorical fun than a real contributor to the action. Unlike Purge, the apothecary in Middleton's *Family of Love*, attention is drawn to Pock's comic appellation:

> Dar. I know you not sir, your name I pray?
>
> Poc. My name is Pock sir, a practitioner in surgery.
>
> Dar. Pock, the surgeon, y'are welcome sir, I know a Doctor
>
> of your name, Master Pock.
>
> Poc. My name has made many doctors, sir. (3.1.356-60)

Pock, or perhaps Chapman, takes a stab at physicians who charge exorbitant fees to cure such things as syphilis, or the pox. More jokes about syphilis follow, though Pock does make a quick diagnosis, saying that Dariotto will most likely live.

The surgeon Cornelius in Chapman's *Monsieur D'Olive* is denied even that

semblance of medical authority, and like Pock, he is brought on briefly in order to elicit slightly bawdy laughter. D'Olive originally disdains to have the surgeon join him on his expedition to France since he expects little bloodshed, but he reconsiders:

> And yet now I bethink myself, our Ambassage is into France, there may be employment for thee. Hast thou a tub? (3.2.67-69)

D'Olive plays on the association of the pox with France – it was often called the French Sickness – and refers to treatments involving sweating the patient in tubs filled with hot water and medicinal ingredients.

Of course, Pock and Cornelius do engage one aspect of the surgeon's understood role: the treatment of *Morbus Gallicus*. But even these associations are fleeting and contribute little to the play – both characters could be excised with ease. The lack of surgeons' contributions to plays is made even more clear when we recall that these two characters are the most fully drawn surgeons created for the stage during the time Shakespeare was writing.

Much more common are unnamed surgeons who appear momentarily and are gone. Marlowe's surgeon in *The Massacre at Paris* is of this type, entering only at the end of the play to dispel any hope of the King's recovery. Similar nameless fellows appear in Robert Daborn's *A Christian Turned Turk*, in Middleton and Rowley's *A Fair Quarrell*, in Thomas Heywood's *1 The Fair Maid of the West* and so on. They provide the occasional piece of information, normally indicating that their patients' wounds are slight or that they are severe, but they never take a significant role in the play, never speak a large number of lines, never do anything beyond trifling surgical reporting.

Apothecaries appear in contemporary plays and do more than simply sell herbs: clear scenarios about them allow them to contribute more fully to the action since their natures will be more easily understood. By contrast surgeons tend to play only limited roles since there is no clear scenario on which to build.

Shakespeare – and Jonson, for no surgeons appear in his plays – does not depart from the practice of other playwrights; he simply represents one end of a fairly short spectrum characterized by only brief and superficial treatment of surgeons at one extreme, and the total absence of them at the other. In all, though, surgeons serve as a good example of the way in which dramatic texts do not necessarily reflect the reality of their culture; rather, plays interpret their own cultures in certain ways, presenting characters and events in ways that suits the given dramatic purpose. The figures that make it onto stage are not always those that are most prominent in English society – and the number of their writings makes it clear that surgeons were prominent – but rather they are those whose particular place in the minds of audience members is subject to relatively easy manipulation.

4

Strange Sores

they which pretend this miraculous gift of healing and cannot or do not cure all, but some certain of those diseases...as for example they which have a charm for the toothache, a prayer or a blessing for a fistula and such like - James Mason

It is a seemingly innocuous line. It comes amid such dramatic turmoil that one might easily miss it altogether, but it is provocative in the context of medical practice. Trying to rein in the chaos that results from Claudio's denunciation of Hero on the day of their intended wedding, the attending priest, Father Francis, proposes an involved solution which involves faking the death of Hero herself in order to buy time, and perhaps repentance, from Claudio. In so doing, Francis characterizes his plan with a medical image. Having convinced Leonato to go along with his plan, he remarks

> 'Tis well consented; presently away,
>
> For to strange sores strangely they strain the cure (*Much Ado* 4.1.251-52)

The sense here seems to be that in unusual cases with unusual problems, one must take unusual measures to set things right. But Francis' use of a medical image here, a statement on the nature of cures, bears further examination since it not only helps us to understand his character, but also serves as a solid introduction to the relationship between medicine and religion, indeed between medicine and the supernatural in early modern England. Beginning with Friar Francis and the more obvious medical import of Friar Laurence, I will proceed to a discussion of the medical implications of the magical cures enacted by Prospero in *The Tempest* and by Cerimon in *Pericles*. This chapter will suggest that the character of the supernatural practitioner finds Shakespeare utilizing still another strategy for reworking cultural narratives into dramatic texts. With other characters, Shakespeare either revises narratives into new, more radical ones, or adopts narratives as they are from the surrounding culture. In the case of his supernatural practitioners, priests and magicians, Shakespeare blends aspects of multiple narratives into a single character.

I

Religious men had, long before the rise of early modern physicians, been the custodians of medicine, though by the sixteenth century they had become an annoyance to those physicians, who, following classical precept, tended to see disease as a secular phenomenon, a product of natural causes rather than divine justice. Although priests had been forbidden to draw blood, and although the church, increasingly concerned with the amount of money priests were making in their medical practices, had begun to encourage a separation of the religious from the medical (Copeman 44), the image of the beneficed practitioner remained strong in the minds of Elizabethans, and, I will argue, would have been

activated in the case of Friar Francis. Moreover, several other characters in Shakespeare can be better understood when seen as part of the conjunction of supernatural and secular views of medicine.[50]

To return to Friar Francis, then, there are at least two senses for "strain" that could be in play in his statement. The first is a rare usage of the word in which strain means essentially to bandage, and OED cites Elyot's well-known *Castel of Helthe* as an example (1d). But clearly it is not the wounds or any part of the body that is being strained, here; it is the cure itself. *Strain*, then, should be taken in its more modern sense meaning to remove liquid, though not necessarily through a coarse filter as the word is now used, and in this sense OED gives several specific medical usages (14d). But in this sense, together with the adverb "strangely" the metaphor might be read as having strong connotations of the radical new theories of chemical medicine that were becoming more popular in early modern Europe. This idea infuses Francis' rhetoric:

> Call me a fool,
>
> Trust not my reading, nor my observations,
>
> Which with experimental seal doth warrant
>
> The tenure of my book (4.1.164-67)

"Observations" may refer to any experience, but the syntax here, which places *observations* as a logical complement to *reading*, suggests that medical observations are the sort the friar has in mind. Moreover, his observations justify his experiments, and "experimental" might

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[50] On magic and healing in general see Keith Thomas' *Religion and the Decline of Magic* (1971).

be more specific than it sounds, referring perhaps to medical experiments. 1583, for example, saw the English publication of *A Hundred and fourteene experiments* by Paracelsus. A popular medical reference throughout the sixteenth century was Alessio's *Secretes or soveraigne receipts well experimented and tried.* The female practitioner Helena in *All's Well* entreats the king to make her an "experiment." With this in mind, we might well wonder just what "reading" it is that Friar Francis wants Leonato to trust. In addition to Paracelsus and his followers, Francis has probably also read Hippocrates, from whose sixth aphorism his statement takes its basic shape. The 1610 English translation has it: "To extreme diseases, extreme and exquisite remedies are the best." [51]

Friar Francis, of course, does not literally practice medicine in the play, but it is within reason that Francis is meant to be taken as a medically learned man whose medical background informs his role as a restorer of social health. In this respect, he is much like Paulina in *The Winter's Tale.* The reading becomes more tenable when we recall that medical practice by priests was yet another irritation for the medical profession.

As always, John Cotta has an opinion on the subject. In the *Short Discoverie*, Cotta warns readers against those practitioners who "have a taste of good arts and sciences, but are not truly learned" in medicine (76). He includes priests in his classification and argues in a subsequent chapter that "Ecclesiastical persons, vicars and parsons [who practice medicine] now overflow this kingdom" (86). The problem for Cotta is that those who divide their time among a variety of arts cannot master any one of them (77). As usual, he demonstrates his

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[51] Poynter implies that Francis gives a direct translation of Hippocrates (153), though it seems better to refer to it as an adaptation of the idea – perhaps with a Parcelsian turn.

point with stories of ambitious priests who trespass into the territory of the physician and live – or rather don't live – to regret it. In one case, a priest studied widely in divinity and then immediately ventured into medicine while his mind was still seething with its first course of study:

> Hence as his brain overflowed with unconstant propositions and his tongue with paradoxes, his action also thereto suited. In the end he made upon himself an experiment of the force of Opiura in a more than ordinary dose, and so composing himself unto a desired sleep, never returned to view the issue of his experiment, but descending into the grave, left this memory behind him. (79)

Like Francis, this priest has an experimental turn of mind. Francis though, in calming Leonato and helping to effect repentance in Claudio, fares decidedly better with his strange cures. *Much Ado* uses the language of medical discourse to activate in the minds of the hearer a given conception of Friar Francis: the priest-practitioner. The strategy allows Shakespeare to efficiently invest Francis with a depth of personality for which the overall plot of the play does not allow. Like literary allusions, references to cultural phenomena give the playwright the power to import and potentially manipulate ideas and icons without having to create them from nothing.

Moreover, Cotta's priest and his mass of opiate remind us of a religious practitioner in Shakespeare who also experiments with sleeping potions which end in death: Friar Laurence in *Romeo and Juliet*. Unlike Francis, Laurence's medical avocation is made

explicit in the play. As many commentators have noted, we first meet Laurence in the midst of a reflection on the medicinal – and potentially harmful – effects of various plants. This opening monologue is interesting because it establishes Laurence's claim on medical authority and hence his right to provide the fateful mixture to Juliet. Indeed, in a play that turns on pairing – Romeo with Juliet, Mercutio with his slain counterpart Tybalt, the Capulets with their rival Montagues – the two mixtures, the poison that Romeo obtains from the apothecary and Laurence's sleeping potion, provide the unhappy means by which the tragedy is finally played out.

Laurence's medical researches, even if they had not led to the death of his patient, would have been strictly forbidden by the College. In fact, an anonymous nineteenth-century scholar has suggested that Linacre founded the College after "he had beheld with concern the practice of physic chiefly engrossed by illiterate monks and empirics" (*Lives* 8). In 1617, Alexander Leighton, both a trained physician and a priest, was called before the College and asked to explain why he felt compelled to engage in both endeavours. He was forbidden to continue his medical practice, but Leighton persevered. He was arrested and had his ears cut off (Simpson 59). This cultural context helps to explain Laurence's sudden cowardice late in the play when he begins to sense that his plans have gone disastrously wrong:

> Stay not to question, for the watch is coming.
>
> Come go, good Juliet [*noise again*], I dare no longer stay. (5.3.158-59)

The Friar's specific mention of the watch, officers of the law, followed by his hasty exit confirms that he fears his own role in the deaths of Romeo and Paris will be revealed to the authorities. He may simply fear implication in general, but given his direct connection with

medical practice, his use of that practice in his efforts to save Juliet, and the availability of narratives that would allow the Friar to be constructed as a foolish medical meddler, his fear can be understood as a more serious and specific one.[52] Friar Laurence does not simply worry that he will be seen as some kind of accomplice in the whole disaster; he fears that his already illegal activities will be exposed. These are, it seems likely, the reasons for which Laurence "trembles, sighs, and weeps" when he is apprehended by the watch (5.3.184); this is the fear that startles in the friar's ears, according to the prince (5.3.194). Not surprisingly then, when Laurence explains his role in the affair to the prince, he begins by hinting at his medical knowledge by claiming that he will "purge" himself by confession, and within that confession he inserts a defense of his medical actions:

> This gave I her (so tutor'd by my art)
>
> A sleeping potion, which so took effect
>
> As I intended (5.3.24345)

The friar's parenthetical reference to his "art," that is, learned skill, in medicine offers a means by which he might avoid some blame. Moreover, Laurence here specifically refers to the basic success of the drug. He has not, he wants the prince to know, directly poisoned anyone. Moreover, since the art of physic condoned the administering of the drug – so Laurence offers – no one can blame him for Juliet's death. By emphasizing his knowledge, he hopes to mitigate the sentence for what would have been grounds for fine and

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[52] James C. Bryant gives a convincing reading of Friar Laurence when he suggests that Laurence is not the noble voice of reason critics have made him out to be. His discussion of Laurence looks mainly at the literary sources of the friar and does not discuss the implications of his medical background.

imprisonment and possibly worse in Shakespeare's London. But as audience members, how do we interpret Laurence? To what extent should we agree with the medical authorities who would have viewed him as a foolish meddler who practices medicine when he should be focusing on divinity?

One way to answer this question is to return to Laurence's opening monologue and ask whether it works to establish a credible practitioner or not. Cotta argues that priests who practice medicine

> have in their mouths and discourse the phrase, the language and the sentences of wisdom but want the soul, the substance and the sense. Hence it cometh to pass that tongues overflow with aphorisms, maxims, and rules of ancient truth, but for the most part, confusedly, not rightly distinguished, mistaken or supposed. (78)

Cotta's evaluation is useful, because it gives us a plausible way to evaluate the way Shakespeare's audience may have viewed Laurence on his first appearance. If Laurence's monologue indeed lacks the "sense" of sound sixteenth-century medicine, if it is merely the appearance of wisdom, we can plausibly suggest that to the Elizabethan audience, Laurence would have been understood as a foolish meddler in affairs that did not belong to him.

Laurence's speech is remarkable in its lack of detail and example. Early modern medical discourse valued detailed explanation of properties and treatments, and while length restrictions on the play would forbid a botanically correct account, a speech that has the purpose of introduceing the audience to Laurence's practice should, if we are meant to view

that practice sympathetically contain at least a few curative details. Instead Laurence's monologue gives no specific names of plants and no specific effects. He does not mention the qualities of any plant, whether they are drying or warming, to what degree, for what ailments they were suitable, in what form they should be prepared – all common standards for early modern practitioners. In fact, the description of the unnamed "weak flower" that Laurence has is especially vague: "Poison hath residence and medicine power" (2.3.24). The vagueness is all the more noticeable in view of the tradition of early modern herbology, which systematically identified a plant and then explained its virtues or properties.

Botanical writers presented a whole range of properties for every plant they listed, including flowers. The section on simples in Bullein's *Bulwarke of Defence* provides, for example, a full description of the medicinal properties of violets: they ease inflammations in the digestive tract and in the head, but, on the other hand, they are not good for the heart since they are very cold. They can help one sleep, and they calm headaches and coughs (A6^{v}f). For the lily, Bullein presents a number of possibilities for its medicinal application:

> the Oil of Lilies doth mollify the sinews and the mouth of the matrix. The juice of lilies, vinegar and honey, sodden in a brazen vessel doth make an ointment to heal both new and old wounds: if the roots be rotted and stamped with roses, it maketh an heaving plaster against burning of fire. (Bi)

Moreover, Bullein's reference is a relatively concise one. William Langham's *Garden of Health* (1598) lists dozens of properties for hundreds of plants. Under "Flower de luce" (i.e. an iris), Lanham lists sixty-five different cures. A sneezing powder to clear the head can be

made from it; the same powder can also be used for sunburns; mixed in vinegar, it's good for snake bites; in wine it aids all manner of chest ailments; it can clean the face, regrow hair, heal bruises, stop cramps, suppress coughs, and even heal a fistula.

The Friar's speech, in contrast, contains not a single useful curative detail. The only benefit of the unidentified flower is that is has a pleasant scent. But why should the friar be expected to give detailed botanical information? Is it not enough that he briefly mentions his medical interests to establish that fact that he has them? It might be, except that this is the first look the audience gets at the friar, and, as such, it is a speech of especial importance. Any telling abnormalities are all the more telling in an opening monologue. Moreover, the speech is a long one. Had the friar briefly mentioned his practice, we could not fault him for lack of detail. But given that his speech goes on for some thirty lines, we expect more substance. This remarkable lack of substance, clearly noticeable in the light of herbal texts, stands as sound evidence for the Friar's lack of thorough medical knowledge.

But what of the logic of the speech? Does the friar make good medical sense in his address? The closest thing to substance that we get is the assurance that a pleasant smelling flower may in fact be poison. The obvious moral ought to be that one should be careful in this world since appearances can be deceiving, but Laurence awkwardly transposes the image into the realm of divinity and tries to make it a metaphor for the state of mankind's soul:

> For this, being smelt, with that part cheers each part,
> Being tasted, stays all senses with the heart.
> Two such opposed kings encamp them still
> In man as well as herbs, grace and rude will;

And where the worser is predominant,

Full soon the canker death eats up that plant. (2.3.25-30)

Laurence argues that just as a flower may give off a pleasant scent which is beneficial to the man that inhales it, while simultaneously containing a toxin that would kill any individual who ate it, so too does each person contain both grace, potential salvation that should cheer each part, and will, a poison that can lead to death. But careful consideration shows that this metaphorical structure is incoherent. A man has a will, and that will can lead to the man's own death. A man contains within himself something potentially lethal to himself. But in the case of the flower, the poison within it is not toxic to itself, will not make it vulnerable to" the canker death" as Laurence says. Rather the plant's toxin, as Laurence himself states, will kill someone else, someone who eats it. The terms of the metaphor do not match up; the poison in the flower does not connect logically to the will in the man. On one side (the will within the man) it is something lethal to oneself, on the other (the poison in the plant), it is lethal to something apart from itself. This logical failure on Laurence's part causes the metaphor to break down into only near-sense, if not outright nonsense. In short, Laurence's attempt to blend medicine and religion results in botched understanding, the appearance of sense without the substance, just the thing that medical critics opposed. Laurence, then, does activate the Elizabethan scenario in which men trained in divinity meddle in medicine and fail in both. Laurence is not a comic figure working against the tragedy of the play; he is a tragic figure, pushing, unwittingly toward catastrophe.

Significantly, the friar's rhetoric seems to work. At the end of his long oration, the prince seems to exonerate him and does not pursue his illicit medical practice, remarking

simply, "We still have known thee for a holy man" (5.3.270). The threat of punishment that frightens Laurence dissipates in an instant. The same pattern of threat and no-threat occurs earlier in the play when Juliet wonders about the true nature of the drink she has been given:

> What if it be a poison which the friar
> Subtilly hath minist'red to have me dead,
> Lest in this marriage he should be dishonoured
> Because he married me before to Romeo?
> I fear it is, and yet methinks it should not,
> For he hath still been tried a holy man. (4.3.24-29)

Once again, the friar's holiness ultimately triumphs in the rhetoric of the play; the sting of his medical misadventures is mitigated by his moral character.

This rhetorical mitigation constitutes a kind of blending of narratives: Laurence is simultaneously a foolish meddler and a worthy friar. That same blending is enacted in the play by still another medical friar, the little discussed Friar John. John is sent by Laurence to advise Romeo that word of Juliet's death is greatly exaggerated, but the second friar is detained because of the friar's habit of visiting the sick:

> Going to find a barefoot brother out,
> One of our order, to associate me,
> Here in this city visiting the sick,
> And finding him, the searchers of the town,
> Suspecting that we both were in a house
> Where the infectious pestilence did reign,

Seal'd up the doors and would not let us forth. (5.2.5-11)

Although the nature of the unnamed brother's visit to the sick is not made clear, the friar's tending to sick patients contributes to Romeo's tragic misinformation. On the other hand, the named character, Friar John himself, is guiltless of any medical misdemeanours. Once again, malpractice mixes with holiness, to form a blended representation of medicine and religion. The same blending, I argue, applies to other characters with whom there is a connection between medicine and the supernatural.

II

The topic of miraculous healing and the power of the supernatural in medicine, is relevant to other characters including Prospero in *The Tempest* and Cerimon in *Pericles*. [53] The latter is clearly a medical man, but given that Prospero is not a physician or any other kind of obviously recognizable healer, on what grounds, we must immediately wonder, should we view him in a medical context? More than one scholar has argued for just such a connection.

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[53] Prospero and Cerimon may be taken to be complex extensions of Doctor Pinch, the "schoolmaster" in *The Comedy of Errors*. Pinch, like the other characters in the play, is barely developed: he exists chiefly as a figure of fun. Nevertheless, even in this early play, Shakespeare has created a character who absorbs multiple narratives. Pinch is referred to as a "conjurer," probably in the sense that he consults friendly spirits in the fashion of Napier, yet his conjuration is more a prayer than any magical incantation:

I charge thee, Sathan, hous'd within this man,
To yield possession to my holy prayers,
And to thy state of darkness hie thee straight (4.4.54-56)

Still, despite his religious use of language, he is denounced as a "doting wizard" (57). Later, Pinch reiterates his insistence that Antipholus and Dromio are "possessed," but prescribes a treatment associated with madness: "They must both be bound and laid in some dark room" (94). Pinch, then, is a prototype of Cerimon, and especially of Prospero, in that he is made to mix narratives, to blend social conceptions involving magic and medicine.

Winfreid Schleiner, for example, suggests that Prospero's psychological manipulation of Alonso and his courtiers reflects conventions of psychiatric treatment in the period, and hence, as he says in the title of his essay, Prospero is something of a "Renaissance Therapist." For Schleiner, critics have over-emphasized Prospero the magician and ignored the medical aspects of his character and his actions. One theory of early modern psychological treatment, he explains, was to create a ruse which forced the patient to gain some insight, or admit some previous error (55). In this way, Schleiner has Prospero emerging from the practice of magic, to the practice of psychiatry and succeeding in the latter as much as the former:

> it is notable that Prospero keeps on manipulating the characters around him by working on their imaginations even after he expressly renounces magic. By magic he has driven Alonso to the verge of despondency – but then it takes all of Prospero's ingenious efforts as a psychologist to keep Alonso from distraction and lead him to a moral and psychological health. (54)

Schleiner astutely recognizes the medical implications of Prospero's psychological manipulations, but is such a rosy view of the play's main character fully warranted? And how might a consideration of the magic-medicine connection work to condition that view?

For David Woodman, the status of Prospero as a "White Magician" – and thus a wholly positive figure – is almost a given. Woodman argues that magical knowledge "both black and white" was so common that "a popular response to Prospero as a white magician

was assured" (73). But given, as Woodman rightly acknowledges, that the church did not endorse even white magic, and that conservative medical authorities did not authorize magical healers, can we be absolutely sure that Prospero would have cut such a clearly interpretable figure on the Jacobean stage?[54]

To begin evaluating Schleiner's case for Prospero the healer, we must first consider his division between magic and medicine. In Shakespeare's England, the two were not, I would argue, nearly as distinct as they seem today. Consider, for example, the most famous "Doctor" in Elizabethan drama, Marlowe's Faustus. Teachers are, perhaps, used to reminding students that "Doctor" in this case does not fully have the modern implications of medical practice, and so it is easy to forget that at the start of the play, Faustus' most notable achievements are indeed medical. When, in his opening soliloquy, Faustus rejects the classical authorities and hence the disciplines of study they represent, his argument is either that the study is in the end trivial as with logic and law (1.1.9, 1.1.34-35) or incoherent as with divinity (1.1.50). But, significantly, Faustus' rejection of medicine (embodied in a book by Galen) is based on his own previous achievements in the field:

> The end of physic is our body's health.
>
> Why, Faustus, hast thou not attained that end?

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[54] Woodman's book provides an interesting chapter on the healing tradition in white magic, providing a rare perspective, one that looks at Shakespearean healers in less traditional, more culturally-sensitive ways. My main reservation here is that Woodman puts virtually all the Shakespearean healers, even Friar Laurence, into this category. And though he admits that only Prospero is really a white magician, and qualifies his argument by contending that the representation of others is influenced by the white magic tradition, the complexities of early modern medical practice are obscured.

> Is not thy common talk sound aphorisms?
>
> Are not thy bills hung up as monuments,
>
> Whereby whole cities have escaped the plague,
>
> And divers desperate maladies been cured? (1.1.17-22)

Since Faustus' primary occupation at the start of the play is a physician, and given that his primary interest in the action of the play is, of course, magic, Faustus stands as an excellent example of the type of magical practitioner with which Elizabethan playgoers would have been familiar.

The idea of a medical magician, a man who combined the early science of health with the mysterious art of magic, was bolstered by several famous physicians in the sixteenth and seventeenth century. English physicians commonly employed astrology – even the College recognized the usefulness of it – but many went beyond the strict rules and joined astrology with divination and necromancy. John Dee, for example, in addition to being a medical doctor, was commonly thought of as a conjurer of spirits, though he himself vehemently denied the allegations. Dee, a broad-minded scholar who amassed what has been called the age's greatest library (French 40), even published a short tract in 1599 outlining the course of his studies, to demonstrate that he was not engaged in necromancy. Of course, the lengths to which Dee went to prove his innocence only demonstrate the extent to which the people of London already believed in his guilt.

Even if Dee did not attempt to conjure spirits to aid him in his practice, Simon Forman certainly did, and Forman ran into trouble with the College on more than one occasion, a trend that A. L. Rowse says is indicative of "his increase in reputation and

financial success" (47).[55] Rowse argues that Forman was morally justified in his necromancy on the grounds that Forman had been raised to believe in the authority of the Bible, and that the Bible condoned necromancy by having King Saul seek out the Witch of Endor to raise the prophet Samuel for the purpose of giving advice (Rowse 41).

Richard Napier was acquainted with Dee himself and learned his astrology from Forman (Macdonald 13, 25).[56] Like many other physicians of his time, Napier found nothing contrary to reason in the combination of what we would term science with the supernatural. Macdonald goes so far as to suggest that

> Few ordinary people during the first half of the seventeenth century thought that it was illegitimate to marry physic and astrology, medicine and divinity, in spite of the efforts of professional physicians to distinguish these arts. (32)

In short, Napier, Forman, Dee, the mass of cunning men and women, all serve to remind the modern reader how closely the early modern audience member would have been able to associate magic with medicine. In cases of suspected witchcraft, physicians were called upon to arbitrate. Clark notes one case in particular. In 1602 Elizabeth Jackson was accused of bewitching a young girl. According to Clark, the College was split over the case, members arguing for and against a supernatural cause of the girl's illness. Jackson was convicted and

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[55] For more on the Forman case, see Goodall 337 and Clark 167-68.

[56] MacDonald suggests that Cotta might have had Napier specifically in mind in his attacks on unauthorized healers. The two men lived near one another (70).

harshly punished (Clark 168-69).[57]

In addition to the records of early modern practitioners who mixed magic with medicine, there are traces of their practice in the writings of their critics, and such critics took their business seriously. With the exception of bogus spell-casters who made useless amulets (see Cotta *Discoverie* 49ff), magical healing was, when it was not accepted, taken to be the work of the devil. Once again, John Cotta provides us with textual evidence of the close connection between diabolical magic and medicine in Shakespeare's time. Cotta not only wrote his short *Discoverie*, but also wrote an entire book on the subject of magic, *The Triall of Witch-Craft* (1616). In this second book, Cotta takes the curing of disease by magical means as one of his prime examples of devilish magic. But Cotta's most detailed consideration of magic and medicine is still in the earlier work in which he devotes several chapters to magical healing. The pattern here, though is the same: Cotta denounces the state of medicine in which such impostors can thrive, and then provides examples of foolish people who "can scarce contain themselves from believing and consulting with such ridiculous folly" (Cotta *Discoverie* 50).

Cotta, of course, was not the only writer to see the close ties between magic and medicine. James Mason's *Anatomie of Sorcery* (1612) would certainly not have been out of place next to Cotta's book in a shop. Like Cotta, Mason scorns those who consult so-called healers:

> there are diverse and sundry kinds of maladies which though

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[57] Interestingly, one of the more vocal accusers in the 1602 case was Dr. Herring, presumably the same Francis Herring who published the notable tract against medical empirics in the same year (see Chapter 2).

> a man do go to all the physicians that can be heard of yet he shall find no cure, whereas sometimes they are cured by these which are called cunning folks. (Mason 69)

The reason for the seeming effectiveness of such healers, argues Mason, is that the very illnesses to be healed are, in reality, caused by the devil to help prop up the reputations of his own servants, the witches. Cotta agrees, citing the story of Job as evidence how the devil can bring disease into the bodies of men and women (*Triall* 59). In other cases, the sorcerer himself may cause the disease only to cure it later (Mason 18-19). Thus magic healers could be thought of in the early seventeenth century as profound deceivers, not charlatans along the lines of annoying empirics or fraudulent impostors, but deceivers on a cosmic scale, in league with dark forces intent on the destruction of humanity. As Cotta writes:

> the Devil hath never perfectly healed, but for a time, or else where he hath seemed most perfectly to cure it hath been for a reservation of the body by him cured, unto a greater and further mischief in time to succeed. (*Triall* 60)

Seeming cures prove temporary or, worse, they are a preamble to greater distress.

All this is to say that while Schleiner's sense of Prospero's medical side has some support, his tendency to separate his healing from his magic may be unnecessary. Moreover, his case is perhaps not as close to those that Schleiner cites as might first be thought. In Schleiner's instances, and Neely mentions similar cases, the patient is already afflicted with a disease and the contrived crisis produces a cure. In *The Tempest*, Prospero creates the disease himself. It is his magic that gives his enemies their boiled brains. And as we have

seen, creating disease only to cure it again, thus seeming powerful and good, is a hallmark of the diabolical physician, not the white magician. It is not the general link between magic and medicine that is ultimately important; rather, it is the way in which Shakespeare subtly invokes one specific scenario that emerges from that intellectual union.

Prospero's actions during the play signal, in many cases, his role as a magical physician. Like Dee, he is obsessed with his capacious library – it was "dukedom large enough" for Prospero (1.2.110) –where he carries out his "secret studies" in the "liberal arts" (1.2.69-77). Moreover, Prospero has carefully chosen the time in which to carry out his cure so that the days are astrologically propitious:

> and by my prescience
> I find my zenith doth depend upon
> A most auspicious star (1.2.180-83)

Prospero's success with the movement of the stars re-enforces his image as a magus in the mold of Napier or Forman. Like them, he not only practices astrology but uses it together with magical art.

Of course, Prospero uses magic to madden his forced visitors, making them pliant to his will. The main effect of Prospero's magic seems, on the strength of Ariel's description, to be a magical intensification of sorrow on all their parts, a logical way to breed repentance in them:

> They cannot boudge [*sic*] till your release. The King,
> His brother, and yours, abide all three distracted,
> And the remainder mourning over them,

Brimful of sorrow and dismay (5.1.11-14)

When Prospero is ready to confront them, he calls for music to be played to help restore them to their senses and all is set for the triumphal conclusion that both Schleiner and Woodman see.

However, given the connection between Prospero and the tradition of magical medicine I have outlined, one needs to ask whether any of the attacks made on magical medicine by commentators might be applied to Prospero. If *The Tempest* hints that Prospero is meant to be taken as someone closer to the deceiving necromancer that Cotta and Mason see, or at least, incorporating elements of the more sinister version, our evaluation of him must, obviously, change. He need not move from white magician to a devil, but a more complex, more ambiguous, more interesting Prospero might emerge.

One place where we might see Prospero in a less flattering way is in his supposed renunciation of magic. Indeed the question of Prospero's abjuration of magic has been a central and difficult issue in recent criticism. If renouncing his "rough magic" is viewed as a highly moral act, then any indication that Prospero is not sincere in his pledge is a serious mark against him and the traditional view of him. Where Schleiner has Prospero unambiguously renouncing magic and continuing the action of the play without its aid, a more complex reading of the character, one that considers him in the light of contemporary attacks on magic, can see that his apparent change to a natural way of life is not so simple.[58]

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[58] Cosmo Corfield, in "Why Does Prospero Abjure his 'Rough Magic'", similarly assumes that Prospero's abjuration of his magic is the same as his actually giving his magic up. Indeed, Corfield makes much of Prospero's use of the present tense in Act 1, where Prospero indicates that he prizes his books above his dukedom, not prized them, but does not notice that the real abandonment of magic, the casting off of the rod and those same books

Once open to the prospect of Prospero as a deceiver, we can entertain the possibility that his supposed renunciation is itself a deception. For in fact, Prospero never actually gives up his magical practice, he merely promises to do so:

> and when I have requir'd
> Some heavenly music (which even now I do)
> To work mine end upon their sense that
> This airy charm is for, I'll break my staff,
> Bury it certain fadoms in the earth,
> And deeper than did ever plummet sound
> I'll drown my book. (5.1.51-57)

Yet, despite the promise – worded in the future tense – we never do see Prospero make good. In fact, the end of the play still finds him commanding Ariel to give swift passage to the ships for the voyage home in the coming days.[59]

Indeed, Ariel himself provides evidence that Prospero the magician is not honest in his dealings. Ariel claims early on that Prospero had pledged to cut a year off his time of service for exemplary work (1.2.246-49). Prospero does not deny making the deal; instead, he rages at Ariel until the spirit submits to his will. With Prospero the medical magician in mind, we must take seriously the possibility that Prospero's future is less certain than some

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is spoken of only in the future tense and is never enacted.

[59] In the epilogue, Prospero does admit that his "charms are all o'erthrown" but the repeated calls for applause indicate that the epilogue is spoken more by the actor playing Prospero than the character.

readers might believe, that we are the ultimate dupes of his magic, the ultimate proof of his art, that we are tricked into believing that he has abandoned his spell casting for good.

Moreover, and perhaps more seriously, given that contemporary authorities contended that magical cures are not permanent, that they are, to an extent, illusory, we might well ask whether the play leaves open the possibility that the social cure that Prospero has effected, the reconciliation, the "sea change" that Woodman takes as evidence of his beneficent magic (Woodman 74), might not itself be temporary. It might even be the precursor, remembering Cotta's warning, to some greater future misfortune. Support for this reading is given by a curious omission in the final scene. That is, the original conflict that sent Prospero into exile was clearly between himself, the rightful Duke, and his usurping brother Antonio. Prospero himself frames his history in this fashion as he begins to tell the tale to Miranda: "Mark his condition and th'event, then tell me/ If this might be a brother" (1.2.117-118). Nevertheless the reconciliation that occurs at the end of the play is clearly between Prospero and Alonso. The disposition of Antonio is ignored; he is left without his dukedom and, presumably, suitably humiliated.[60] This conspicuous lack of resolution, together with the possibility that Prospero's magical cure might seem temporary because of its magical nature, forces the audience to wonder whether Prospero may not have the peaceful retirement of which he dreams.

Certainly Woodman is right to point out the tradition of white magic and its relation

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[60] Compare the defeated Shylock in the *Merchant of Venice*. In one of the most haunting lines in Shakespeare, asked if he is content with the verdict that has ruined him, the Jew replies only "I am content" (4.1.394)

to the play, just as Schleiner does well to point out the secular medical background to the healing of madness. Both of these positions are useful, but they needlessly reduce the character of Prospero. As a healer who engages a variety of perspectives simultaneously, who activates competing conceptions of the magic-medicine link, Prospero is a complex, critically unstable character, and the end of his story is likewise unstable in its exact meaning.

In *Pericles*, Shakespeare portrays another medical wonder-worker who also emerges as a more complex and interesting figure in the light of our knowledge about the close relationship between magic and medicine in Shakespeare's England.

Lord Cerimon, the nobleman who finds Thaisa and restores her not merely to health or sanity but to life, is, by virtue of the very improbability of the cure, another healer that we might easily classify as magical. Hoeniger notes this tempting reading and rejects it:

> As the play's story is highly romantic throughout and includes many improbable incidents, one readily accepts the conception of a physician-priest endowed with magical powers, and the miracle of bringing a person recently dead back to life. Yet that description of how we experience the scene requires strong qualification. Cerimon's speech on the art of medicine includes no hint of magical powers. (270)

In all, Hoeniger's careful reading of the scene corresponds to his general reading of Cerimon, a doctor who "exemplifies the Hippocratic ideal in medicine" (67). Hoeniger's view is influenced by Bucknill here who also tied the admission of a magical element into Cerimon's

character. Even Cerimon's mention of a case of the revival of a man who had "nine hours lein [*sic*] dead" is dismissed by Bucknill as a blunder on Shakespeare's part, and that Shakepeare had really meant to write that the man had *appeared* dead for that length of time (Bucknill 277). But like Prospero, Cerimon is, because of the close connection between medicine and magic in the period, more complex than either the easy magical reading or the wholly Hippocratic reading that Hoeniger favours.

Along the lines that Hoeniger takes, one would surely point out that Cerimon, like any good physician, bases his knowledge soundly on "authorities" which he has studied for some time (3.2.26-42). His use of "metals" and "stones" might hint at a Paracelsian leaning, but not necessarily, and even so, as Debus has noted, a general interest in chemical medicine was not wholly abhorred even by the College (see Chapter 2). Likewise, Cerimon is well respected for his good medical works which have gained him "such strong renown" that his fame, an admirer claims, will never die (3.2.43-48).

At the same time, though Hoeniger praises the doctor for his lack of greed, Cerimon conspicuously hopes that the weighty chest that holds Thaisa is filled with gold (3.2.54-55). Moreover, in his revival of Thaisa he cites the case of "an Egyptian" as his authority for the possibility of revival of the dead or nearly dead. As Woodman has pointed out, the reference to Egypt strongly connotes a magical element (Woodman 59). Finally, though Hoeniger stresses the use of music in the cure, there is a mysterious vial (line 90), the contents of which are never described, leaving open the possibility that it contains some enchanted mixture. Still further, Shakespeare hints that the storm that leads to Thaisa's abandonment and ironically provides for her revival may not be purely natural. Like the storm that brings

Alonso and his courtiers to Prospero's island, the storm that carries Thaisa to Ephesus is given the air of the supernatural by its excessive violence. Compare Miranda's reaction to that of the gentleman who visits Cerimon:

> [*Miranda:*]The sky it seems would pour down stinking pitch,
> But that the sea, mounting to th' welkin's cheek,
> Dashes the fire out. (*Tempest* 1.2.3-5)

> [*Gentleman:*] Our lodgings standing bleak upon the sea,
> Shook as the earth did quake;
> The very principals did seem to rend,
> And all to topple. (*Pericles* 3.2.14-17)

The parallel here is not one of words so much as one of sense and feeling. In both cases the imagery evokes an uncontainable storm, one that is not merely violent but that pushes the very bounds of nature. In *The Tempest*, the violence of the storm is obviously a product of Prospero's magic, and although there is no similar figure in *Pericles*, the remarkable force of that storm hints that it might be the product of some supernatural force – the classical gods perhaps – whose aim it is to have Thaisa revived. Cerimon's servant even marvels at the wave which delivers the casket to Ephesus. "I never saw so huge a billow sir,/ As toss'd it upon shore" (3.2.58-59). The magical implications of the storm set the entire healing process in the context of the supernatural.

Marjorie Garber suggests that Cerimon's invocation of the legendary physician Aesculapius has special significance to this issue. As Garber explains, Aesculapius revived

the dead Hyppolytus and was destroyed by Zeus for presuming to practice beyond the realm of mortals. Garber takes the story as evidence for the "firm dividing line between medicine and the supernatural world" (106-107) but just the opposite reading seems more plausible. That is, the Aesculapius myth shows that physicians can go beyond the limits of the natural world. Cerimon may be inadvertently, and ironically, reminding us that his cure, like the storm, may not be wholly a product of the ordinary physical universe.[61]

All this, together with the general connection of the magical with the medical suggests that the case of Cerimon is at least somewhat more complicated than some might have it. Like Prospero, Cerimon walks a line between at least two competing conceptions of the medical profession. The story calls for a miraculous recovery and thus Cerimon must appear, but given the vociferous attacks on magical healing in the time, he is made no more a sorcerer than he needs to be. A magical element is needed to maintain the overall feel of the play and support the logic of the unlikely cure, but that dangerous element is obscured in a largely outward show of learned medical humanitarianism.

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[61] Carol Falvo Heffernan points out a related potential irony in *The Canterbury Tales*: Chaucer lists "olde Esculapius" as one of the medical authorities that the physician has read, but the physician is legendary; no works of his exist.

5

Profit Again

For the good physician – the member of the College – Shakespeare had the highest regard. - R.R. Simpson

The case of Doctor Butts in *Henry VIII* provides the historical critic with an interesting point of entry into the consideration of the representation of actual physicians in Shakespeare's plays. For one thing, where we can consider other mostly nameless physicians in the light of general cultural currents, Butts (sometimes Butte) is the only historically existent physician in the Shakespeare plays.[62] Throughout this study I have stressed the importance of narratives in the formation of cultural understandings and Butts is relevant in the sense that he has his own story, independent of the play. It may be worthwhile to begin

[62] Dr Caius in *Merry Wives*, as I suggested in Chapter 3, is not the historical Caius, but is an impostor using that famous name.

this final chapter to try to understand how his story works on stage and how the stage version of that narrative works in its social context.

Hoeniger discounts the importance of Butts and glances at him only once in his study, arguing that the physician appears only in one scene in the play and does not act, in any case, in a medical capacity. Hoeniger is not alone is viewing Butts as insignificant, and given most critics' emphasis on early modern medical systems and medical knowledge, their lack of excitement about a character whose medical occupation seems irrelevant to the play is hardly surprising. Indeed, the strict medical importance of Butts is slight.

Still, though Butts' role is not explicitly medical in the scene in which he appears, it is curious that when he appears, we are immediately made aware of his occupation."'Tis Butts, / The King's physician" says Cranmer on the doctor's first appearance. Further, given that his profession *is* mentioned, it may be worth asking how the social understanding of physicians plays into his characterization and reception. That is, it seems short-sighted to assume that physicians were only understood in strictly medical terms or that they were not understood in terms of other cultural narratives. We might reasonably ask about more general issues regarding doctors of physic and try to explain how they function from a more broad social perspective.

Consider for example, the thoughts that come to the humiliated Cranmer's mind when he realizes that Butts has witnessed his shoddy treatment:

> 'Tis Butts,
>
> The King's physician. As he passed along,
>
> How earnestly he cast his eyes upon me!

Pray heaven he sound not my disgrace! for certain

This is of purpose laid by some that hate me. (5.2.10-14)

Cranmer's fears that word will get out are understandable, but coming immediately on the heels of his recognition that Butts is a physician, they may be read to imply that a physician especially might be likely to betray him. Along those same lines, Cranmer's "certain" belief that a plot is afoot may also suggest that the appearance of the doctor – and not some other royal servant – shows the presence of underhanded dealings. Is it possible that for early modern audiences there was an association between physicians and secret dealings like the one Cranmer supposes?

Fortunately for Cranmer, Butts is not part of a plot against him. In fact, by informing the King of Cranmer's treatment, Butts only helps his cause. Nevertheless, his actual role is not wholly different from his supposed role. Butts does act secretly and does become part of a minor plot, not to undo Cranmer but to expose his enemies. Is Butts simply a convenient dramatic device, or is his role somehow connected with his job? Is there a widespread understanding in early modern England that physicians are not to be trusted?

This chapter ends the consideration of medical practitioners by suggesting that physicians, by dint of their special privileges, such as intimate access to their patients' bodies, were themselves a substantial source of anxiety. The most acute form of this anxiety may well have been felt by the royal physician whose easy access to the body of the sovereign made him a likely target for suspicion, and a likely victim in times of political chaos. This anxiety underlies the portrayal of royal physicians in Shakespeare's plays.

I

Despite their insistence on attacking the worth of the unlearned or inferior practitioner, evidence that physicians suffered their own problems with reputation abounds in contemporary medical texts. In *The Flower of Physic* (1590), for example, William Clever laments the fact that physicians do not have the full benefit of reputation, that, despite their noble enterprise, they are either scorned or undervalued by the "rudest and basest sort of the world, with their sharp, slanderous tongues [who] practice nothing else than to murder and slay the physicians' credit" (B4).[63] Clever's concern, and he is not alone in expressing it, reveals not just the rhetorical practices by which physicians were propped up – "the physician," Clever states plainly, "deserveth renown and honour"(B4) – but also the existence of a counter-rhetoric, critical of physicians and the system in which they worked. Moreover, it introduces a central problem for historical physicians and Shakespeare's as well: maintaining a reputation as a trustworthy practitioner, maintaining a valuable commodity, one's credit. Credit, in this sense, being believed and trusted, is central to the physician's trade, since each patient must trust him to administer potentially dangerous treatments. Moreover, if the physician is in service of a noble household, his practice is all the more visible, more closely scrutinized, and even more vulnerable to a loss of trust. Still further, the issues reach a peak when the noble household in question is that of the monarchy itself.

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[63] Such comments seem odd in view of the fact that physicians were the medical elite, ranking above others in both legal power and social prestige. Comments such as this, though, remind us that neither the power nor the prestige was as ample as physicians wanted. This lack drives their rhetorical attacks on other practitioners.

Several of Shakespeare's physicians fall into this category. I have already mentioned Doctor Butts, and I would like to try to answer the questions that the Butts scene raises by referring to two others: the Scots physician in *Macbeth* and the physician in *King Lear*.[64] Physicians such as these tend to appear in the later plays,[65] and do so in the sometimes unenviable role of court physician.[66]

Being in service places the physician in a different social position than he would encounter in what we now call private practice. Moreover, as a servant in a noble household,

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[64] Another royal physician appears in *Macbeth*, this one a servant to the English King who informs Malcolm and Macduff that the English King is curing people of scrofula or "the evil" (see Macbeth 4.3.140-159). Hoeniger provides a detailed summary of the nature of the disease and the politics surrounding James's unwillingness to indulge in the ritual of laying on hands to cure it (Hoeniger 275-286). Aubrey Kail, misreading "a crew of wretched souls/ That stay his cure" to mean *delay his cure* rather than *await his cure*, erroneously calls this line "a good description of quackery" (Kail 23).

The other notable physician-servant is Cornelius in *Cymbeline*. I have discussed his case already in Chapter 1 and will return to it in the Epilogue.

[65] Scholars have attempted to explain this pattern as evidence for the influence of John Hall of Stratford on Shakespeare. That is, after the arrival of Hall in Stratford, around 1600, physicians begin to appear more frequently in the plays. The statistic is accurate, but its significance is not clear. The amount of medical imagery in the plays does not increase, as we might expect, and, in addition to simple chance, there are other possible explanations. Shakespeare, for example, was increasingly writing for a more elite audience who would be more likely to identify with the learned (and more expensive) practitioners than the lesser practitioners such as Helena and the Apothecary..

For Hall's medical practice itself, see Joan Lane's *John Hall and his Patients* (1996).

[66] One of the reasons that Shakespeare makes his physicians servants in noble households may be that poorer people were discouraged from seeking the attention of physicians by the great expense of such authorized medical care. According to Linda Pollock, a Yorkshire physician might be expected to charge as much as a shilling for simple treatments such as vomits or purges, the amount that a skilled workman might expect to make in an entire day.

physicians normally had to defer to the higher status of their masters. Recall, for example, Bertram's horror at the thought of marrying Helena:

> She had her breeding at my father's charge–
>
> A poor physician's daughter my wife! Disdain
>
> Rather corrupt me ever! (*All's Well* 2.3.114-16)

It is this social positioning of the physician, the pathways of status that the physician-servant had to negotiate, that critics normally ignore, and it is precisely these paths that this chapter will explore.

II

The office of Royal Physician though it brought prestige – the most noted physicians of the day held the office from Linacre and Caius to William Harvey – must have brought with it a certain anxiety. Since the physician had close access to the body of the monarch, he had to bear the burden of keeping the monarch in good health or risk the consequences. Francis Herring notes in the introduction of his translation of Oberndoerffer that

> The more worthy and excellent the object of any art is, the greater and more dangerous is the error of the artist if he fail in his office. If a taylor mar a garment or the potter break the vessel he should make, the matter is not great. But as he said in the Comical Poet, *grave est fericulum in filio*. So great is the hazard, and greater is the fault committed in the body of man, the domicile and palace of the immortal soul. ($A2^{v}$)

If any body is the palace of the soul and thus to be treated with the utmost care, how much

more care would be due the the principal body of the palace, the monarch? And how much scrutiny would fall on the physician entrusted with the health of that body? That scrutiny, as I have suggested, makes the physician's perceived personal value, his credit, all the more important.

The danger of the position and the fatal consequences that can follow the destruction of the physician's credit are well demonstrated by the case of Roderigo Lopez, the ill-fated Portuguese-Jewish physician to Elizabeth. Lopez was accused of high treason by Essex early in 1594, but Essex had trouble making the charge stick. Under the threat of torture, Lopez confessed to being involved in an intricate plot to poison the Queen (Hotine 36). The doctor later recanted and argued at his trial that he could not have plotted to poison Elizabeth with a syrup, as had been alleged, since Elizabeth hated medication in that form and would never use it (Camden 430-31). Lopez's protestations were in vain, and he was executed in June, 1594. According to Margaret Hotine, the sentence was carried out despite Elizabeth's misgivings. The Queen delayed the execution, but was persuaded by the overwhelming desire for it among the citizens (Hotine 38).[67]

Lopez's story seems to have become part of the lore of Shakespeare's London, and perhaps as much as any other single event in medical history, it made a deep impression on the theatre world.[68] Hotine has noted, along with others, that the 1594 revival of Marlowe's

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[67] According to Hotine, when the Queen was ill in March, she had the already-convicted Lopez brought from prison to attend her (38).

[68] Of course, the advent of the plague, with its consequent closings of playhouses had an enormous impact, but in terms of a single political event, the impact of the Lopez execution on the minds of playwrights was remarkable.

Jew of Malta coincides conspicuously with the Lopez case and that Shakespeare's *Merchant of Venice* follows in its wake.[69] She conjectures that the the revival of the Marlowe play might not merely have been a way to capitalize on the notoriety of the case, but might have been a political ploy designed to whip up anti-semitism among an otherwise tolerant London society. In any case, the close connection between the play and the political events demonstrates how the Queen's embattled physician was known and used in the public theatres.

Even a decade later, Lopez is still a topic present enough in the minds of Elizabethan playgoers to be exploited for dramatic purposes. Readers may recall how Doctor Parey in Heywood's *2 If You Know Not Me You Know Nobody*, the conniving, ungrateful, conspiring physician, seems to obviously be playing on memories of the Lopez case. The 1604 edition of Marlowe's *Doctor Faustus* likewise shows the staying power of the Lopez story for dramatic writers and audiences. Having been duped out of his money by Faustus' spells, the Horse Courser berates the German Doctor by invoking the notable Portuguese-Jewish-English one:

> Alas, alas! Doctor Fustian quotha? Mass, Doctor Lopus [*sic*]
>
> was never such a doctor. H'as given me a purgation has

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[69] Brents Stirling, in his introduction to the Complete Pelican edition of *Merchant*, notes the *Jew of Malta* revival and notes that "London playgoers of 1596-97 would have included many who jibed at Dr Roderigo Lopez" (211). Katharine Eisaman Maus likewise mentions both Marlowe and Lopez in her introduction to *Merchant* (Norton edition) as does Anne Barton in the *Riverside* text (Maus 1081, Barton 250)

purged me of forty dollars.[70]

Interestingly, Lopez, a notorious poisoner, becomes, by the horse-courser's implication, a minister of purgatives. In any case, it is as a physician that Lopez is invoked here, not as a Jew, and that, I will argue, is of special significance.[71]

When the dramatic implications of the case of Doctor Lopez are considered by scholars, they are almost always, as in Hotine, in the context of plays involving Jewish characters. It is Lopez's race, not his profession that has been the issue for Shakespeare critics. Since Lopez was Jewish, the argument goes, his indictment and execution demonstrate anti-Semitic feelings in late Elizabethan England. There is some validity in this

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[70] This passage is apparently an addition to Marlowe's text since Marlowe himself died in 1593, but it does appear in the 1604 version of the play, implying that the Lopez story remained current for at least a decade following the event – regardless of who put it in the text.

[71] Pomerantz and others have noticed a possible allusion to the Lopez case in *Merchant* itself. Shylock's vice is enough to make Gratiano endorse the Pythagorean idea that

> souls of animals infuse themselves
> Into the trunks of men. Thy currish spirit
> Govern'd a wolf, who hang'd for human slaughter,
> Even from the gallows did his soul fleet,
> And whilst thou layest in thy unhallowed dam,
> Infus'd itself in thee (4.1.130-37)

Lopez, sometimes spelled "Lopus," as in *Doctor Faustus*, is close enough to *lupus*, Latin for wolf, that a connection is reasonable. Shylock has taken on the soul of the hanged wolf, the executed Lopez. There are two problems with the association though. First, Lopez was not killed for human slaughter; he was executed for treason, though perhaps the difference in this case is trivial since his supposed treason was conspiracy to commit murder. Second, Lopez was executed only two or three years before the play was acted. Thus, if the spirit of Lopez entered Shylock's trunk while he was still in his mother's womb, his "unhallowed dam,"Shylock would have been born in the mid-1590s, making *Merchant* a play set many years in the future. This objection, too, may be overly scrupulous.

line of argument. Camden's *Annals* relates the Lopez story, and in one telling passage explains that the condemned man went to his execution protesting his innocence, "affirming that he had loved the Queen as he loved Jesus Christ which, from a man of the Jewish profession, was heard not without laughter" (431). That same kind of laughter may have been heard in the public theatres when Barabas falls to his death, or when Shylock is tricked out of his fortune.

But this remark is only a small part of Camden's account, and that account largely ignores the matter of Lopez's Jewish heritage. Even the remark I have just quoted is not especially anti-semitic compared to what one finds in dramatic texts.[72] The laughter comes over the irony of a Jewish man invoking Christ, but there is no specific claim that Jews are morally inferior, and, interestingly, Camden never attributes Lopez's treason to the fact that he is Jewish.

More telling in the Camden account is the way in which Lopez's treason is connected to his profession:

> Lopez, having been for a long time a man of noted fidelity, was not once suspected (save that outlandish physicians may by bribes and corruption be easily made poisoners and traitors). (430)

Camden implies that people ought to have suspected Lopez, not because of any inherent

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[72] Examples are numerous, but Ferneze's denunciation of Jews "Who stand accursed in the sight of heaven" in Marlowe's *Jew of Malta* is typical. For a more general recent look at anti-Semitism and its relation to English drama, see Lloyd Kermode's "After Shylock" (1996).

immorality in his race, nor any apparent disloyalty in his own actions, but because of the corruptible nature of his occupation. Physicians, perhaps because they are greedy, perhaps out of general moral decadence, can "easily" be turned away from their proper course. Certainly Camden calls him an "outlandish" physician, possibly implying that foreign physicians are more susceptible to bribes than English ones, but he may mean outlandish in its more modern sense of bizarre or unbelievable, which was already in use according to the OED.. Moreover, complaints regarding the greediness of physicians were commonplace in England, from Chaucer's Doctor who "loved gold in special" (General Prologue to the *Canterbury Tales*, line 444) to Faustus who connects the physician's office to heaping up gold (1.1.14).[73] Even John Securis laments the fact that doctors are "so greedy and of such an unsatiable desire that they care and pass not in what danger they cast themselves in" (C6). Camden's remarks then, seem to be more concerned with Lopez's status as a physician, a kind of physician well-known in England. Significantly, though, this passage marks an obvious place at which the author could have added to his slur by claiming that Jews, too, were greedy and so Lopez was especially untrustworthy, but he does not. Lopez's vice remains rooted in his profession, to a degree in his foreign status, but not his race or religion.

That Lopez was viewed by his contemporaries mostly as an unscrupulous physician and not as a conniving Jew is emphasized by another account of the case, this one more

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[73] Attacks such as Chaucer's remind us that issues surrounding medical practice did not spring fully formed into the minds of the English immediately following the formation of the College. Nevertheless, the creation of that institution is a defining moment in the professionalization of medicine. Fourteenth and fifteenth-century readers would certainly have had ideas about surgeons and wise women and the like, but by Shakespeare's time those ideas were being shaped more directly, more intensely, and more profoundly than they had been before.

contemporary and inflammatory than Camden's. Published in November of 1594, *A True Report of Sundry Horrible Conspiracies* sets out to show "how unjust and dishonourable [are] the King of Spain and his ministers" by unveiling the truth about the plot against the Queen (5). Such a nationalistic tract would, we might assume, play up Lopez's Jewish background, but it does practically the opposite. Lopez is consistently referred to as a "physician" and a "doctor", but there is not a single reference in the entire propagandist tract to his being a Jew. Lopez, according to the report, responded favourably to early Spanish inquiries regarding his willingness to become a spy and a conspirator:

> *the physician did assent thereto*, and did secretly advertise the King of Spain divers times of such occurrences of the Queen's Majesty's actions as he could *by reason of his place* attain unto. (8, my emphasis)

The author of the *Report* clearly recognizes that the relative ease of access the physician has to his patient, his place, conveys to him a certain power. And power, of course, can be abused. Physicians commonly administered a wide variety of bodily treatments ranging from herbal drinks and syrups to baths and enemas. Physicians were also permitted to practice surgery, though bloodletting and other such measures were sometimes thought to be below their dignity. The very nature of the medical enterprise, then, required that the patient cede control of his or her body to the physician and that loss of control seems to have been especially concerning in a society in which the prestige and authority of the medical profession were just coming into being. Moreover, in a world that placed so much emphasis on the well-being of the monarch, in a state that relied on the notion of a divinely authorized

Queen to justify its social structures and policies, the recognition that a single man could easily destroy the monarch must have been all the more alarming. The Lopez case seems to have had such a profound influence because it embodied a deep-seated anxiety over the power of the physician in Elizabethan society.

Even before his troubles with Essex and Elizabeth, Lopez had been a famous doctor. He was the royal physician and had been the first physician appointed at the new St Bartholomew's hospital (Clark 128) and such a position brought with it recognition and prestige (Cook *Decline* 55). After his execution, too, he was remembered primarily as a physician and his treason was, in large measure attributed to that. Consequently, it makes sense to consider not just how Lopez affected Londoners' view of Jews, but how it may have reflected and influenced their views of doctors. Put another way, the relative strength of the Lopez case among the other stories of medical practice allows it to lend us a particularly useful insight into the anxieties that underlie Shakespeare's representations of physicians.

There are other good reasons to focus on the Lopez case. First, the evidence shows the strong effect it had on the collective imagination of Elizabethan and Jacobean Londoners. Second, the contemporary notoriety of the case has left a wider body of evidence available for our investigation. Third, since Lopez became so fully enmeshed in the complex web of Elizabethan politics, his case clearly demonstrates the issues of political power that servant-physicians had to face. Finally, accounts of the furor surrounding Lopez and his execution records, in part, the anxieties that Elizabethans felt over the possibility of easy poisoning for political purposes.

I have shown how Lopez as a physician, with easy access to drugs and a natural love

of gold, was a focal point for this kind of anxiety. But the fear that the policies of the state might be upset by a well-placed drug was widespread. The historian James P. Meyers notes how Elizabeth was subject to several attempts on her life and that "she knew daily the fear of those who lived under the shadow of the knife and the poisoned cup" (Meyers 50). George Clark relates how political leaders often took assassination as a legitimate means of diplomacy and how "Physicians were more useful than bravoes for disposing of highly-placed and well-protected opponents" (Clark 128). Michael Brennan has noted that the poisoning of Hamlet's father seems to have been inspired by the famous murder of the Duke of Urbino in 1538 in which the Duke's surgeon confessed to poisoning his master at the request of one of the Duke's kinsmen (Brennan 475). Elizabethan authorities were so convinced of a cunning physician's ability to procure toxins, that in the Lopez case they feared the doctor was slowly and secretly poisoning himself while in prison to avoid execution (Green 460).

As in other cases of medical practice, Shakespeare is not the only dramatist to take advantage of the scenarios available to him; although, characteristically, Shakespeare invokes them more subtly than others. Kolin notes just how common poisoning physicians were in Elizabethan texts, particularly in authors such as Webster. Doctor Julio in Webster's *The White Devil* is a poisoner, and *The Devil's Law Case* has two greedy doctors who take part in a murder plot (Kolin 60). The author of *The Wisdom of Doctor Dodypoll* is likewise aware of the political implications of medicine, for it is the poisoning of the nobleman Alberdure,

made possible by the doctor, that holds the rather rickety plot of the play together.[74]

No wonder then, that Clever resents the slaying of the physician's credit. No wonder too that the embattled physician Simon Forman carefully recorded in his diary those periods of time when his credit was on the rise. In 1593, for example, Forman laments that he was not properly paid for many of his cures, "But," he consoles himself, "my credit increased and I got much" (in Rowse 296). Oberndoerffer, too, warns that physicians must be careful not to be caught in a position that even hints at scandal. The good physician, he notes, must absolutely shun "all churlish, malignant, new-found and suspected medicines," staying true to only the best established remedies of accepted authors. In this way the physician can avoid "all sinister cogitations and suspicions of evil and unhonest dealing" (4). Oberndoerffer's admonishment to avoid scandal, or even the possibility of scandal, implies not only that physicians feared the public's appraisal of them, but that this fear was itself driven by an even deeper anxiety in the public itself. This anxiety, the fear that an unscrupulous physician might be made to abuse his intimate position in the royal household, informs, in a basic way, the manner in which the court physicians in Shakespeare's plays are written and the way they are to be understood.

III

The first scene of Act 5, the famous sleepwalking scene in which the Scots doctor

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[74] The surgeon Gisco in Marston's *The Wonder of Women* seems to fit more closely into this scenario than any other; like the physicians, Gisco is sent as an assassin. Indeed the first mention of him in the play is as "an engineer long bred for plots,/ Called an impoisoner" (2.1.41-42). Like a traditional Elizabethan stage surgeon, though, Gisco is has very little to do in the play. He speaks only nine lines and most of those are of four words or less.

first appears, can be read in several ways. First, it shows the lamentable fall of Lady Macbeth, the wily, villainous conspirator against the rightful king's life. The scene, in this reading, shows the audience the soul-moving consequences of ungodly acts. As A.C. Bradley writes, "The sleepwalking scene . . . inspires pity, but its main effect is one of awe" (378). Another reading might focus not on the deranged Queen but on her immediate observers. In this view, the scene's main purpose is to communicate the growing awareness among the populace that Macbeth's assumption of the throne was not wholly lawful or moral. "Foul whisp'rings are abroad," the doctor tells the waiting gentlewoman who watches with him.[75] A third perspective, favoured by Philip Kolin and others, is that the Scots physician is most noteworthy in that he cannot heal his patient. Consequently, Scotland itself is understood as a place of incurable sickness, disease that can only be cured by the conquering English forces. This view is bolstered by the earlier appearance of an English physician who explains how the English king is miraculously curing his subjects of the struma, or king's evil (Kolin 118-19). These readings, though they are certainly viable, omit the political importance of the physician himself and his role.

Given the importance of the Lopez case, and understanding the complex political currents surrounding the doctor, the story that Shakespeare tells of the Scottish physician called on to cure the mad Lady Macbeth reveals a more interesting texture and richness than

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[75] In light of the tradition by which noblewomen sometimes practiced medicine, it is interesting to speculate on the medical role of the woman in this scene. Clearly, she is the first to notice that the Queen is not well, and has obviously made careful study of her case providing a detailed account of her behaviours (5.1.1-30). In any case, a gentlewoman with a difficult case would have been expected to call in a physician as this woman seems to have done.

the modern reader might normally see. The character of the doctor helps build the sense of dangerous political instability that the final act of *Macbeth* relies upon. The scenes with the physician do not merely demonstrate the madness of Macbeth's enterprise by showing the literal madness of the queen. Nor do they simply provide necessary information – that the situation is growing increasingly chaotic. Rather, they provide a vivid case study of the growing political chaos by enlisting the still-sensitive matter of the physician's close access to the monarchy. Much of the suspense in the scene is generated by the way in which the physician reacts to the case that is unfolding before him, and his reactions, I argue, can best be understood by considering the omnipresent threat of political embroilment that came with being a court physician. A more detailed look at the physician and his exact reactions are in order.

Like Hamlet awaiting the ghost of his father, the Doctor is anxious to see the spectacle of the once-dignified Queen. His impatience is reflected in his first speech:

> I have two nights watch'd with you, but can perceive no truth
>
> in your report. When was it she last walked? (5.1.2-3)

Ordinarily, one might suppose the doctor simply feels that he is wasting his time over nothing, that he can "perceive no *truth*" in the story. But in light of the tenuous position of the royal doctor, his impatience may reflect more anxiety over what his role may later be taken to have been rather than simple boredom. Even before Lady Macbeth appears, the doctor suspects that the queen's illness is no ordinary disease. He calls her sleepwalking "A great perturbation in nature," indicating that he does not, in fact, doubt the stories he has been told (5.1.9). Further, since we know he does not doubt what the woman has said, his first

lines must be read to emphasize the fact that despite his acceptance, he cannot make any medical diagnosis in a sensitive case without seeing the facts first hand. Thus, so far, he "can *perceive* no truth" in her report, and the difference is not trivial. The absence of evidence concerns him not because he disbelieves, but because he is fully aware of the implicit dangers that belief entails for a man in his position.[76]

The doctor's repeated insistence on evidence helps demonstrate just how cautiously he feels he must approach the case. His desire for incontrovertible evidence comes up in almost every line the he speaks. He insists on taking careful notes (lines 32ff) and ensures that the gentlewoman can corroborate his testimony at lines 26 ("Look how she rubs her hands") and 41 ("Do you mark that?"). The desire for objective evidence may imply a fear of the possibility of later prosecution, and the more he hears, the more the physician becomes convinced that both he and the gentlewoman are in danger of becoming somehow complicit in the political turmoil of the kingdom. "Go to," he admonishes the woman, "you have known what you should not" (5.1.46-7).

As the scene progresses, the doctor is still not fully willing to believe that all is lost:

> This disease is beyond my practice; yet I have known those
> which have walk'd in their sleep who have died holily in their
> beds. (5.1.58-61)

The juxtaposition of these two sentiments is telling. The doctor oscillates between two contrary positions: first that Lady Macbeth's crimes make her madness a theological matter

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[76] Bucknill notes that the physician fears political embroilment but does not develop the point, or note the cultural context in which a physician could be construed as especially vulnerable to political difficulties (Bucknill 197).

and not a medical one; on the other hand, that diagnosis could be mistaken and Lady Macbeth could be suffering from natural illness. Certainly medical writers make this distinction. Timothy Bright's *Treatise* is adamant that real melancholy, as caused by unbalanced humours not be confused with the spiritual torment of extreme sin: "the affliction of soul through conscience is quite another thing than melancholy" (187).[77] Burton, too, takes a moment in his massive *Anatomy* to note that God sometimes punishes sin with mental distress and that "Ordinary means in such cases will not avail" (1: 172-74). Most critics approve the doctor's astute realization that the Queen suffers from maddening guilt, not physiological melancholy, but such a view is not fully consistent with the complexities of the text nor of early seventeenth-century medical culture.

Unlike the reader or the member of the audience, the doctor has not seen the true events leading up to the sleepwalking episode. That which he hears, for all he knows, might be the deranged hallucinations of an extreme case, not the admission of true guilt. Andre Du Laurens in a treatise published in England just a few years before *Macbeth* was written notes that melancholy normally produces horrible dreams:

> the melancholic person dreameth of nothing but dead men, graves, and all other such mournful and unpleasant things because he exerciseth his imagination with forms altogether like unto the humour which beareth sway in him. (95)

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[77] Older critics such as Kocher as well as contemporary critics such as Carol Thomas Neely have noted that Bright does distinguish between physiological madness and spiritual crises. Neely, however, rightly points out that in that crucial treatise "the careful distinctions between spiritual and physiological melancholy repeatedly collapse" (Neely 318-19).

Lady Macbeth's murder visions, might, from a medical standpoint, be an effect of melancholy, not evidence for its cause.

Not surprisingly then, the hapless physician oscillates between two diagnoses. His first remark (that the disease is beyond his practice) implies that he is already convinced that the cause of the Queen's suffering is based in suppressed guilt over the murder of Duncan, but saying such a thing out loud might amount to treason, and the doctor is not prepared to use knowledge he has gained by virtue of his profession to make any dangerous accusations about the ruling monarch or his wife. Consequently, he retreats to another possibility, that sleepwalking does not necessarily mean that one has committed some unholy act. By suggesting that Lady Macbeth may yet die "holily" in her bed, he suppresses his professional opinion in favour of a safer, more politically expedient one.

By the end of the end of the scene, though, the doctor cannot fool himself into thinking that his new patient is anything but a murderess:

> Unnatural deeds
>
> Do breed unnatural troubles; infected minds
>
> To their deaf pillows will discharge their secrets.
>
> More needs she the divine than the physician. (5.1.71-74)

Her mind may be infected, but the doctor clearly means this metaphorically. She has not taken any literal poison; rather, she has taken infectious ideas into her mind, as did Leontes in *The Winter's Tale*. She must confess her sins to be saved (i.e. by a "divine"), not be treated by a physician. And yet the heart of this is left judiciously unsaid by the doctor. Like Lopez, caught in a web of deadly political intrigue, the Scots physician finds himself in the

middle of deadly matters of state simply because of his profession. He does, however, have the good sense to be careful, and his final words of the scene only reinforce his fear of political repercussion: "I think, but dare not speak" (5.1.79). The Scots doctor may well have read Oberndoerffer on this point who insists that the true physician

> embraceth taciturnity and secrecy. For there are many mysteries of the art, many diseased patients which to blab abroad, were neither seemly nor expedient. Many things are said and done by these like parties, many accidents fall out in their houses which are to be concealed as secrets and not to be carried out of doors and cried at the cross. (4)

The things that Lady Macbeth has "said and done" are clearly "neither seemly nor expedient" for the doctor to be blabbing about. But notice that "expedient" implies that Oberndoerffer is aware that taciturnity is more than just professional decorum. It is good sense and is presumably all the more sensible when notorious accidents fall out in the house of the king.

The political undertones of the sleepwalking scene, then, become clear once one is aware of the problems encountered by early modern physician-servants. Without an eye towards the doctor's political stake in the proceedings, however, much of the richness of the scene is lost. Paul H. Kocher provides a strong analysis of the scene based on the tension between religion and medicine, but is unconcerned about the political issues. I have, moreover, characterized the doctor's opening lines as being informed by the his knowledge of the political sensitivity of the case. R. R. Simpson by contrast, attributes the doctor's question "When was it she last walk'd?" to mere skepticism, saying off-handedly that the

physician "has doubts about the whole business" (Simpson 122).

Further, consider the doctor's request to know the exact words that Lady Macbeth has spoken in her sleep:

> In this slumbry agitation, besides her walking and actual performances, what at any time, have you heard her say? (5.1.11-13)

The doctor's precise phrasing of the question (ruling out other categories besides strict speech), together with his insistence that he be told every last detail ("what *at any time*") is a clear indication that he already suspects trouble. The woman's refusal to engage in hearsay shows that she too is aware of the potential dangers of being closely associated with a monarchy in crisis. She will not relate her mistress' words

> Neither to you or any one, *having no witness* to confirm my speech. (5.1.17-18, my emphasis)

Her recognition of the importance of witnesses show that her misgivings are quasi-legal in nature. Her insistence on not relating words for which she might not be able to provide verification is motivated by the possibility that she might be charged with sedition – or worse. Simpson, although he quotes these very lines, misses their significance altogether, simply assuming that "the lady is too discreet to tell" (122). Simpson does note that the doctor is careful to take records in case he should need to provide evidence in court and remarks on how the doctor is "cautious" in not speaking out of turn (123-25).[78] These

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[78] Similarly Hoeniger commends the physician for his conduct, calling him "professionally ethical" (64). And while such a view is interesting, it does neglect the other side.

conclusions, though, are off-hand and do not in any way work to convey the politically-charged tension of the scene.

In the third scene in the act, the doctor reappears to give his report to Macbeth, and here, more than ever, the physician has reason to be cautious.[79] The physician cannot speak his mind and yet he is duty bound as a servant to give a report. And indeed, a close look at his words shows just how careful he is not to say anything that might jeopardize his position or imply some treason. When first asked how fares his patient, his reply is calculated to be non-committal:

> Not so sick, my lord,
>
> As she is troubled with thick-coming fancies,
>
> That keep her from her rest. (5.3.27-39)

The doctor's report is evasive and somewhat misleading since he implies that there is nothing physically wrong with the Queen, though he knows that the matter is not so simple. For early modern physicians, mental unrest was normally a manifestation of humoural imbalance that

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[79] The stage directions of the the folio text indicate that the Doctor enters at the beginning of the scene, though he does not speak for some time. The *Riverside* text agrees with other modern editions in not tampering where it is strictly not needed, but it does seem odd that Macbeth would not only call for Seyton but begin to prepare for battle before dealing with the doctor. The physician could quite sensibly enter directly after Macbeth's line, "Give me mine armour" (line 36). His speech to the doctor would then be motivated by the doctor's entrance itself, not, as it might otherwise be read, as his happening to get around to the doctor, or even more odd, his happening to finally notice the doctor who has been standing there the whole time.

On the other hand, allowing the doctor to remain onstage while the near-mad Macbeth rages about his supernatural invulnerability might help to increase the very sense of anxiety that I have argued is central to the doctor's characterization.

could be cured in the same way as other diseases. Michael McDonald notes, for example, that Richard Napier commonly prescribed vomits, purges and bleeding for patients with emotional disturbances (28). Burton lists the same sorts of cures in his *Anatomy* along with music and the company of merry friends. Bright, for the most part, takes this biological view of madness as well: "The causes of all diseases," including melancholy, Bright suggests, stem from "some error committed in the government of our health, or such accidents as befall us" (242).[80] The exception, of course, comes in cases in which excessive guilt and sin torments the mind, but that diagnostic option has been closed to the physician for political reasons. The Scots physician cannot take the position that Richard Banister takes to defend medical practitioners who sometimes seem incapable of curing their patient:

> Then if the sin be the cause of patients' grief,
>
> Repentance is above all med'cine's chief
>
> Then blame not artists, for they cannot do
>
> That which God lends no helping hand unto.
>
> Let patients to amend their lives incline,
>
> And their best help will be the Power divine. ($D2^{v}f$)

To navigate this impossible course, the doctor equivocates by calling Lady Macbeth's torments "thick-coming fancies." On one hand, he may be alluding to the medical opinion that severe melancholy results from an abnormal thickening of the blood. Bright explains that bloodletting is very useful in cases of melancholy because it will turn thick melancholic

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[80] For Bright as a possible source of Shakespeare's knowledge of madness, see Dover Wilson, *What Happens in Hamlet* (1967).

blood into "a more mild and pleasant juice: thin it in substance," and generally restore the body's health (269). On the other hand, the Scots doctor may be taken to mean that her delusions come rapidly and *en masse*, an interpretation that would at least leave open what he believes to be the truth about his patient. In this case, not only does the dramatic representation that is the doctor activate a particular conception, what we might call Lopez's narrative, the character as a speaker activates two different conceptions of melancholy. The verbal manoeuver is made necessary by the political difficulties faced by the physician at court.

The scene becomes increasingly tense for the physician – and increasingly interesting for the audience – when the King refuses to take the report as given. Macbeth may be aware of the doctor's refusal to be forthright, for, perhaps spitefully, he prods the physician, trying to get him to commit to one view or the other: "Canst thou not minister to a mind diseased [?]" (5.3.40). The question is cruel because it forces the servant out of his verbal hiding place and forces him to either lie or to admit a potentially fatal truth. It asks a specifically medical question that demands a position on the nature of Lady Macbeth's illness. The doctor cannot answer truthfully since to do so would be to admit what he knows. He cannot say *under normal circumstances I could minister to a mind diseased but the extreme nature of the crimes that you and your wife have committed* . . . and so he must retreat into another evasion:

> Therein the patient
>
> Must minister to himself. (5.3.45-46)

Since Macbeth has asked about the general case ("*a* mind diseased"), the doctor is lying by

implying that physicians cannot, in general, treat mental illness. Macbeth recognizes the lie and torments the physician still further by indicating that he himself knows that madness can normally be treated with herbs:

> What rhubarb, cyme, or what purgative drug,
>
> Would scour these English hence? Hear'st thou of them? (5.3.55-56)

By indicating his knowledge of purgative drugs, a common treatment for madness, Macbeth enacts one last domination over one of his subjects. The physician is at the mercy of the king and Macbeth makes sure the doctor knows it. Luckily for the physician, the verbal game is enough for the king and the scene continues with a civilized veneer. The doctor settles into flattery, saying that Macbeth's army is purgative enough to accomplish the cleansing of the land (5.3.57-58). When Macbeth exits, the doctor must breath a sigh of relief. He ends the scene with his famous couplet:

> Were I from Dunsinane away and clear,
>
> Profit again should hardly draw me near. (5.3.61-62)

Irving I. Edgar, arguing that Shakespeare, like virtually everyone in his world, is deeply suspicious of doctors, dismisses the "Scotch doctor" for his "tactlessness and mercenary spirit" in this scene (333). But while the doctor is aware of the importance of profit, he is clearly more complex than Edgar allows. As so often in Shakespeare, it is the seemingly unimportant words that make all the difference here. Notice that "again" in line 62, though it might be taken simply to strengthen the doctor's wish to leave and never return (i.e. not return *again*), more probably implies (given the traditional accusation that physicians are greedy) that the doctor's original motivation for coming to the court in the first place is profit

(he came for profit once, but never *again*). The Scots doctor, here, then, becomes a near-Lopez, a greedy physician who narrowly avoids getting fatally trapped in the violence of international intrigue – and learns a valuable lesson.

As with the first scene in Act 5, this second physician scene is greatly enriched by a consideration of the political position of the royal doctor. The entire scene is kept dramatically taut by the constant danger that the physician may have to admit to knowing the intimate details to which a normal servant would not normally have access. As a result, their seemingly theoretical conversation over whether or not she can be cured conceals a sinister subtext. By not acknowledging a physical cure, the doctor implies that some unnatural, ungodly cause may be at work, but, of course he will say no such thing. By insisting that such cures are possible, Macbeth menacingly tests the doctor's mettle and his loyalty. Like Lopez, the Scots physician becomes trapped, by reason of his place, in the political turmoil of his country.

Since there are no direct references to Lopez in the play, it would be pointless to say Shakespeare had the infamous doctor in mind when he wrote *Macbeth*. The Lopez narrative, however, is a reflection of and a contribution to a culturally-determined scenario in which the physician was a potential source of danger to both individuals and to the state. Contemporary references to Lopez show that people still remembered him and were interested in his fall from political grace. The anxiety that drove the Lopez case, then, I would argue, is a larger, societal phenomenon and that it is still in the air while Shakespeare is writing *Macbeth*. Consequently, he characterizes his doctor by drawing on his awareness of those same fears.

IV

Treating royal madness is the task that Cordelia's physician in *King Lear* faces as well. The physician is brought in to attend to her delirious father. Critics who comment on Lear's madness tend to focus on the way that Lear's condition develops and how that development reflects early modern views of the mind and the body. Thus Hoeniger details the medieval connection between anger and madness as well as the physiological distinction between ordinary melancholy and melancholy adust (Hoeniger 313, 328f). As I have argued throughout this study, these kinds of analyses are useful and worthwhile, but they ignore the matter of practice: who medical men really were in their societies, where they stood, and the means by which they were able to advance themselves.

Like the Scots doctor in *Macbeth*, the Doctor in *King Lear* finds that his profession has brought him into the middle of the political turmoil of the land. Lear's physician does not make the obvious statements of anxiety that we saw in *Macbeth*; nevertheless, the same anxieties over royal medical service can be traced in *Lear* as well. To see the traces, we not only have to remember the turmoil and near-legendary status of the Lopez case, the fears that so clearly emerge in the physician scenes in Dunsinane, but we must also look deeply into the dialogue between Cordelia and her medical servant.[81]

In an interesting study of Shakespeare's language, Roger Brown and Albert Gilman

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[81] The problems involved in the textual history of *King Lear* are well-known and difficult. Of interest here is that the character of the doctor does appear in the Quarto edition of the play, but has vanished in the First Folio. Most modern texts use material from both early editions – as does the *Riverside* text – and thus save the physician from textual oblivion, but the question of whatever became of the doctor is an interesting one.

analyze Shakespeare's tragedies for linguistic politeness. Politeness here is in a special sense – detailed by Penelope Brown and Stephen C. Levinson – and refers, essentially, to the ways in which speakers tend to mitigate potential risks in the things that they say. In the simplest possible terms, the more socially risky a speech act, the more careful one ought to be in speaking. Consequently, one takes linguistic measures to reduce the potential danger of conversation.[82]

For Brown and Gilman, the Cordelia-physician exchange shows how the power differential between the two characters leads the physician to be more polite to the Queen than the Queen to the physician. Partly for methodological reasons, they focus on one exchange in particular:

> [*Doct.*] So please your Majesty
>
> That we may wake the King? he hath slept long.
>
> *Cor.* Be governed by your knowledge, and proceed

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[82] The politeness model used by Brown and Gilman is developed in detail by in Brown and Levinson's *Politeness: Some universals in language usage* (1987).

Brown and Levinson isolate three main factors which predict the relative politeness of a given utterance in a given conversation. The first, social power (P), indicates the difference in relative social status of the speaker and the hearer. Distance (D), indicates the social proximity between the conversationalists (ie how well-known they are to one another). Finally, the rank weight (R) of the imposition created by the utterance is also considered. In short, as P,D, and R increase, speakers tend to be less direct, less efficient, in asking for what they want. Speakers may, as just one strategy, phrase demands as questions; instead of "Shut the door" one might say "Would you mind shutting the door?". They may even phrase requests such that they could later claim that they had not made a demand at all; instead of "Shut the door", one might say "It's awfully loud out there, isn't it?" with the hope that the hearer will understand the speaker's desire for a closed door. Brown and Levinson call this "going off record."

The model is highly complex, and the present study can only give an overly simple summary. For more on the model and its applications to literature, see A. Lynne Magnusson's article on politeness in *Henry VIII*.

I'th'sway of your will. Is he arrayed?

The authors note that the Doctor's use of honourary titles (deferring to her status), his use of the inclusive we (implies that Cordelia is part of their group, thus uniting their interests), and his providing of information (as a form of justification) all show just how careful he is being regarding the person to whom he is speaking. Cordelia, on the other hand, does show respect for the doctor's skill, and she does use the passive voice (so the command seems less authoritative) but these politeness strategies, again in the view of Brown and Gilman, do not overbalance those of the physician.

It is tempting to accept the Brown and Gilman reading of the exchange, and by implication the scene, for the doctor really does not speak that much, if for no other reason than an especially polite doctor supports nicely my position that both Shakespeare and his audience would recognize the difficult political position that royal physicians could be in when their patients were themselves royalty. In that case, we might expect the physician to show linguistic care since he may be motivated by the same fears as the Scots physician in *Macbeth* who thinks but dares not speak.

Things, however, are not so simple. The Brown and Gilman argument seems to run counter to a common-sense reading, and on closer investigation does reveal a number of problems in reasoning. For example, the authors assume that the "we" in "we may wake the king" is inclusive, but an exclusive "we" seems more likely. The doctor and the other gentlemen attending the king have been with him for some time: they know he has been asleep and they have taken care to dress him in clean clothing. The doctor's "we" in the earlier lines seems more likely to be exclusive, referring to himself and the others who have

been attending Lear. It is exclusive in the same way as when the gentleman remarks that "in the heaviness of sleep/ We put fresh garments on him" (4.7.20-21).

In a similar way, Brown and Gilman's assumption that the giving of information is a politeness strategy is suspect. Certainly giving information to make the imposition of a request seem less serious would qualify, but Cordelia is being asked to make a decision and the provision of information for the purposes of making that decision seems less likely to reflect any special conversational defence. Further, one needs to question the full value of conventional addresses in this discussion. Certainly the doctor shows respect by addressing Cordelia as "your Majesty," but what else is he to do?

By contrast, the praise which Cordelia gives the doctor is far in excess of what the social occasion demands, which is almost nothing. Consider her words again:

> Be govern'd by your knowledge, and proceed
>
> I'th'sway of your own will.

By emphasizing the importance of the doctor's own knowledge, his own will, Cordelia implies that the physician's skill is so great that it fully supercedes her own judgement as his employer and perhaps even as his Queen, for it seems likely that he is a continental physician brought from France, rather than a local English doctor. Further, the remainder of the scene emphasizes Cordelia's constant deferring to the doctor in the matter of her father's cure. Her simple "Very well" in response to the doctor's request that she remain is not only a model of modest obedience, but a hint that Cordelia may have been in the act of leaving – leaving the doctor to his work – when he asks her to stay (4.7.22-23). Still further, when Lear does finally revive (as a direct result of the music being played according to Hoeniger [261-69]),

Cordelia recognizes the doctor's priority by bidding him to speak to the King. The doctor, perhaps gratefully, refrains and insists that she do it (4.7.40-41).[83]

In this reading, it is Cordelia, not the doctor, who is the more polite, the more careful in what she says. Does this contradict the view that anxieties surrounding the royal physician are active here? In fact, it does not. If the doctor had been the more polite, we would have only have been reading what the Brown and Levinson model – and in a less precise way, our own intuitions – predicts. That is, given that the doctor is merely a servant, if a royal one, we should expect that even under normal circumstances, even if there were no special social factors to account for, that the doctor would be deferential in his treatment of his mistress and his sovereign. If the reverse is the case, that the Queen mainly defers to the doctor, we must conclude that there are other social factors at work. All this, then, leads us back to the whole question of anxiety that I have been dealing with in this chapter.

In the case of *Macbeth*, the King is in the midst of crisis, in a fight quite literally for his life. He is half-mad and has no time or inclination to attend to the doctor's fears over the case. Even if he did, he is, by this point, so corrupt that he could hardly care. The physician's scene in *Lear*, though, comes at, or as, a moment of relative peace, a short time of comic calm before the tragic whirlwind tears through. We might expect, then, that the virtuous Cordelia would attend to the needs and desires of others. And in fact, that is the entire subject of the scene. It begins with her attending to the noble Kent, praising his inimitable

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[83] One is tempted to mention the fact that Cordelia honours the physician with the pronoun "you", a compliment she does not even pay to Kent. It is just as likely though, perhaps more so, that the doctor speaks for himself and the group and though Cordelia is responding mainly to the doctor, includes the whole group. "You" then is a plural in this case and not a token of equally high status.

valour: "good Kent, how shall I live and work/ To match thy goodness?" (4.7.1-2), and when she exits, just before the end of the scene, it is comforting the less-mad King Lear. In between, she converses with the doctor, and her deference to the physician seems, in this light, to be yet another example of Cordelia attending to the sufferings of others.

Suffering is perhaps too strong a term for what the doctor experiences, but it follows that Cordelia's seemingly excessive deference to the physician may well be to put him at ease given his naturally understandable anxiety over treating the King in this time of civil war. Her unexpected speech must be explained somehow and sympathy for the kind of servant often falsely suspected of disloyalty fits perfectly with the character of Cordelia.

My revised politeness reading is bolstered by the very short scene in which the physician first appears. There, Cordelia gives the doctor extra incentives to even get involved in the case in the first place:

> What can man's wisdom
>
> In the restoring of his bereaved sense?
>
> He that helps him take all my outward worth. (4.4.7-9)

The lines could be read as a desperate cry to the world at large. "He that helps him" is reasonably read as anyone who can help him; however, the immediate proximity of the physician implies that the lines are at least meant to be overheard by him, in particular. But then why does Cordelia speak the lines at all? Why does she even mention financial reward to a man who seems already to be in her employ? Because she understands, Shakespeare understands, that physicians who treat royalty are doing so at great risk.

Epilogue

The Great Infamy of Physic

Having taken his rhetorical shot at Cornelius, having asked the question that has been the underlying theme of this study, "Who worse than a physician/Would this report become?" (5.5.26-27), Cymbeline gives what might be read as a mild apology by admitting that even the finest physicians cannot prolong life forever:

> But I consider,
>
> By med'cine life may be prolonged, yet death
>
> Will seize the doctor, too. How ended she?

I say *might be read* because it is also possible that the remark about Cornelius' own death is a veiled promise of retribution for allowing the Queen to die. In any case, what comes next, the physician's explanation of the Queen's demise is striking in its disregard for decorum. Unlike the physicians who attend Macbeth and Cordelia, Cornelius states the case as bluntly as he possibly can:

With horror, madly dying, like her life,

Which (being cruel to the world) concluded

Most cruel to herself. (5.5.30-33)

The boldness of Cornelius' account of the Queen's final moments is puzzling, though at least two provisional explanations present themselves.

First, Cornelius may be taking refuge in his status as a physician. He is no mere empiric like Helena who can make no claim to legal authority. Nor is he an apothecary whose medical freedom is tightly bound and carefully watched by the authorities. Cornelius may be relying upon his status, both legal and professional, as a means of protection. Still, that status is no guarantee of safety. Like the physicians in *Macbeth* and *Lear*, he has a royal patient in times of crisis; likewise, he shares their dangers.

Secondly, the physician's boldness may be accounted for by the fact that he has more than one witness to corroborate everything he says:

These her women

Can trip me if I err, who with wet cheeks

Were present when she finish'd. (5.5.34-36)

The canny Cornelius has not only provided for more than one witness, he carefully establishes their credibility and sincerity as he introduces them: their wet cheeks show their sorrow for the dying queen and thus any critical comment would be given only out of honesty. The witnesses are no formality, it should be added, for when the physician has concluded his tale, Cymbeline does indeed call for the witnesses to verify it (5.5.61-62). In this case, Cornelius' daring is highly calculated, a risk he undergoes only after the proper

precautions have been taken.

But no matter how carefully tuned we remain to the cultural signals of the early modern period, we must never allow them to drown out the voice of the play itself. For no doubt Cornelius is bold because the play is a long one, and Shakespeare does not need to further distract the members of his audience with the death of a character who is of little importance at this point. Or perhaps, Cornelius is bold because he knows what he says is of such native force that he will not fail to persuade the king. In this way, the danger for him will be minimal.

Throughout, I have tried to demonstrate that the portrayal of medical practitioners on stage is conditioned by both the dramatic necessities of the play as well as the narrative resources available to the playwright and the members of the audience. The work of the playwright is largely the anticipation of the way a given portrayal will be understood in the minds of the audience members.[84] Therefore, the social controversies present in Shakespeare's England over the nature of medical practice and all the attendant political, religious and rhetorical issues that follow, did have a strong influence on the ways in which the plays represent medical practitioners of all kinds.

I

In Chapter 2, I suggested that Shakespeare's *All's Well* rewrites the common narrative

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[84] For a theoretical discussion of the anticipation of the effects of dialogue on an uncertain listener, see Mikhail Bakhtin's *The Dialogic Imagination*, particularly the final essay "Discourse and the Novel" in which Bakhtin argues that a "speaker strives to get a reading on his own word... within the alien conceptual system of the understanding receiver" (282).

in which an empiric grievously injures or kills a foolish patient, and that the play, one way or another, provides a counter-narrative, a counter-argument which would, in a small way, shape the Elizabethan conception of medical practice. With that line of thought in mind, consider the following from Clowes' treatise on gunpowder. His main point is that one should never give up on a seemingly incurable patient since the natural healing strength of the body might somehow, contrary to normal and reasonable expectations, bring that patient back to health. As evidence, he takes the case of empirics who

> to the great infamy of physic, oftentimes purchase fame for being bold upon the strength of nature. They take in hand desperate cures, forsaken as dead men by the physicians and get thereby to themselves great credit. (17)

Here, Clowes provides a counter-argument to the counter-argument. Clearly he is thinking of just the kind of story that Shakespeare tells in *All's Well*, and that any number of common people in England might also have been able to tell: the desperate case that was miraculously cured by a common practitioner. They all said the king would die but this poor, simple woman – of all people – cured him. Clowes anticipates that his readers will have certain narratives in their store of cultural information, and he has to account for these narratives, to prevent his readers from employing them as evidence against his own case. Thus, he devalues such stories as the rarest of anomalies, as lucky happenstance in a world where most, he stresses, cannot expect to be so lucky. Clowes takes the time to anticipate and respond to such objections because he knows they are more than simple chatter. They function, he points out, to redraw the understandings of those that hear them. They add to

the credit of the empiric, and consequently reduce the credit of the learned practitioner.

In John Banister's *Needfull New and Neccesary Treatise*, an introductory poem by "RS" (perhaps Richard Smith who wrote one of the other prefatory poems) gives another version of the same kind of counter-argument, noting how

> Such success have those in hand
> which practice without skill
> Whose one or two by hap they heal
> a hundred more they kill. (Diii^{v})

Banister worries that the remarkable stories of unlikely cures will weigh disproportionately in the minds of his countrymen. His remarks are meant to devalue such narratives and reduce the force they carry in the minds his readers. Clowes clearly resents the credit earned by empirics for the cure of near-hopeless maladies, and Bannister insists that the credit balance, as it were, should weigh heavily against the impostors for all the damage they do. It is, above all, a war of words with social value as the battlefield.

Moreover, these kinds of rhetorical moves remind us that texts, even literary ones, contribute to the body of ideas that form a culture, that texts are always in dialogue. Poems, like that composed by R.S., commonly form part of the introductory material, and sometimes the main text of surgical treatises. Richard Banister includes a number of poems in the "Breviary" that opens the revised version of his treatise on diseases of the eye. In one typical example he attacks early dentists:

> Yet they that very hardly teeth can draw
> Unless they spill much blood or break a jaw

> Will deal with eyes and boast of famous facts
>
> They have performed in couching cataracts. (C11)

Medical writers commonly refer to poets of antiquity, and, perhaps meaning to include poets of the stage, Timothy Bright asks his readers to remember "histories" for cases of people who "have died of sorrow, othersome of joy, and some with fear, some with jealousy and others with love" (*Melancholie* 251).[85] For Bright, poets reflect real medical experience through

> their imagined characters. In the case of severe melancholy, the force of guilt hath caused the profane poets to have feigned Hecate's Eumenides and the infernal furies, which *although they be but feigned persons, yet the matter which is showed under their mask is serious, true, and of woeful experience.* (193, my emphasis)

Likewise, Eleazar Duncon draws his reader's attention to

> that which we read of a woman that gave her husband the powder of a toad to rid him out of a painful dropsy, but by the violent operation of the poison, all the matter of the disease was expelled, and the man recovered. (36)

Significantly, the story is not merely that which occurred, but "that which we read." The medical story that Duncon has found in book or letter – he does not specify the source –

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[85] In the 1586 edition of Bright's *Treatise*, there is a mistake in pagination relevant to this citation. The page I refer to here is correctly identified as 251, but what ought to be pages 252 and 253 are misnumbered, repeating the numbers 250 and 251. After that the book returns to page 254 and so on.

serves as an example that stands for other such similar cases, and we must imagine that Duncon is not the only one in his society capable of drawing such inferences. Indeed, his rhetorical enterprise, and that of other such writers, depends on the reader's ability to turn story into idea, narrative into ideology.

Furthermore, there is no obvious reason why such a process should be restricted to written texts. I have been suggesting that dramatic works, performed on the public and private stages of the period, would have done similar ideological work. Medical practitioners and writers were certainly aware of dramatic discourse. Simon Forman, we know, saw an early production of *Macbeth* and ended his diary entry on the play by taking special notice of Shakespeare's medical practitioner: "Observe also how Macbeth's queen did rise in the night in her sleep and walked and talked and confessed all. And the doctor noted her words" (qtd. in Rowse 304). Bullein, too, sees a connection between medical writing and drama. In his dialogue between Sorenes and Chyrurgi, Soreness hopes for a dramatically pleasing outcome:

> Ye forsooth, although I be sore in body, yet I trust to begin
> with good comfort, with a pleasant comedy and not to end in
> a fearful tragedy. (Aaii)

It is reasonable, then, to imagine a certain circularity, or rather a spiral of cultural discourse. Medical texts provide cognitive resources that are exploited by poets for artistic effect. Those literary texts, in turn, influence the ways in which those who write about medicine think about the subject. They in turn, create more texts, and the cycle continues. Indeed, it is plausible to extend the image to include any number of cycles, each interacting with any

number of others, in the complex, intricate, multi-dimensional web of culture.

II

Stated as a complex hypothesis, the model I have tried to set out might look like this:

1. The medical profession was attempting to define itself by constructing narratives through which potential patients could create a certain understanding of medical practice. That understanding was to be one that saw learned medical men as the standard for all authentic practice.

2. Those narratives were not the only stories available to members of the culture. Therefore, competing conceptions of Elizabethan medicine existed in the cognitive resources of early modern inhabitants of England.

3. Shakespeare's plays activate given conceptions in order to further the thematic and narrative needs of the play in which medical practitioners appear.

4. By creating certain kinds of practitioners, by activating certain conceptions in the minds of his audience members, Shakespeare increases the number of specific narratives available to the members of his audience, thereby altering, in some way, the larger conceptions of his audience.

5. In so doing, the plays perform ideological work, changing, subtly, the balance between differing social understandings of those who do medicine.

6. But since the purpose of the play was essentially economic, to provide a marketable dramatic, and sometimes literary, product, and since its aim was not one of medical critique, the play contributes to the development of this aspect of English society in an *ad hoc* way, altering medical ideology as a side-effect of the drama.

With this hypothesis in mind, we can make the following predictions:

1. That no patterned treatment of medical practice should be discernible in Shakespeare's plays.

2. That the treatment of practitioners in the plays of other playwrights should appear to activate the same kinds of social conceptions as do the Shakespeare plays, though not necessarily to the same ends or with the same frequency.

Shakespeare, we find, defends the empiric in one play, or at the very least makes her his heroine, and gives us cause to question the ministrations of apothecaries in another. Paulina is constructed as a wise and virtuous aristocratic female healer, while the other aristocratic woman with an interest in medicine, Cymbeline's queen, could hardly be more unambiguously rotten. The reason, I have tried to suggest, for this lack of clear patten is that the competing narratives, the competing conceptions of medical practitioners in the Elizabethan world, made it possible to defend more than one position, to show sympathy for more than one side. Shakespeare does not ignore the controversies, but he does use the interest that such controversies generated to create characters that would bring in audiences.

III

In 1997 the College of Physicians and Surgeons of Ontario unveiled a new policy: "Physicians," said the College, "should be allowed a reasonable and responsible degree of latitude in the kinds of therapies they offer to patients" (qtd. in Elash 70). The purpose of the new policy is to accommodate the growing interest in so-called complementary or alternative medicine. Advocates of such medicine may well view this as a victory for those

who desire a less scientific, less doctor-centred vision of human health. Naturopaths, herbalists, iridologists and other practitioners now thought by many to be a good deal worse than physicians may well be moving towards a period of greater status and freedom. Our culture, so obviously connected to sixteenth-century English culture in this regard, may be beginning to undo a knot tied before Shakespeare's lifetime and tightened considerably before his death.

Ironically, one of most prominent therapies now on the outside, the therapy now fighting to win approval from the authorities, is herbal medicine, the mainstay of ancient Galenism and the theoretical basis of authorized medicine when this rather long conflict began. The voice of authority today, though, is strong, and there is still little doubt in most minds as to what the best course of action is for the injured or the ill. Still, medical authorities are concerned enough (or perhaps have never stopped being concerned) that they (continue to) deploy rhetoric to dissuade their potential patients to avoid those who lack the formidable medical training of the MD.

One example should suffice. Each issue of the popular American science magazine *Discover,* includes a feature called "Vital Signs" in which a physician or surgeon relates an interesting, normally dramatic, case history. In the January 1996 issue, Steven Allen Markowitz Li reported on a case of his in which a patient was suffering from mysterious, and extreme, abdominal pain. Eventually, Li and his colleagues determined that the man was suffering from lead poisoning which he had developed after drinking tea prepared by a Chinese herbalist. Some of the ingredients, Li relates, were contaminated with the heavy metal, though by what process was unclear. Officials took immediate steps, and the patient

recovered. But Li does not end the article there, for his story is not told simply for entertainment's sake. He writes:

> Mr. Kim's case is unusual, but his story is a cautionary tale. Alternative remedies are not regulated by the Food and Drug Administration, and their safety has not been established. There have been reports of chronic arsenic and mercury poisoning among patients treating themselves with some Chinese herbal remedies. And this past April a woman died after drinking Kombucha tea, a home-brewed tea that is made from a fungus.

The resemblance of Li's rhetoric to sixteenth and seventeenth century writers is remarkable, not only in the message – leave medicine to the people who really know – but also in its tone: remedies provided by those outside the profession are not regulated, not safe, potentially poisonous, potentially fatal. The article provides "a cautionary tale," exactly like that of Cotta, Securis, Clowes, Duncon, Halle, Herring, and other early modern medical writers. Li's insistence on personal cases, one little story after another, is clearly meant to frighten the reader, to instill a this-could-happen-to-you response. The tone is urgent, even desperate. Urgent because Li seems genuinely to care about people's health, and desperate because modern physicians, like their counterparts from centuries ago, do not have a hold on medicine that is as strong as they would like.

The physicians of the sixteenth and seventeenth century may well have had sincere concerns for the health of their fellows, but their assumptions and policies stood upon traditions of learning (classical humanism) and oppressive ideologies (class bias and sexism)

that have now, in large measure, eroded. No doubt our own culture has ideas about medicine and literature that critics of the future will find amusing and offensive by turns. Our own foundations are, to some extent, buried beneath us, and are thus invisible. But venturing into early modern culture, we can unearth the ideological foundations of our predecessors. We can explore early modern culture in a way that its own residents could not. We can search out answers to Cymbeline's question and wonder what criteria served to create an art that God allowed.

Appendices

Appendix A: Word Usages

The following lists are provided to give the reader a more detailed view of the frequency and use of words that I provide in the preceding chapters. I have drawn on a number of general works as well as the very useful search engine available online at "The Works of the Bard" (http://www.gh.cs.usyd.edu.au/~matty/Shakespeare/index.html)

Appendix A.1: Potions

In Chapter 3, I suggest that, aside from the passage in question in *Merry Wives*, Shakespeare's plays invariably use the word potion in a negative sense. There, I try to demonstrate that when Caius' remedies are referred to as "potions", we may well read an indictment of his abilities.

Aside from the one in *Merry Wives* and one in the sonnets, I have found eight usages in the plays, and I reproduce them here. In all eight cases, the word has clear negative associations.

King Henry IV, Part 1

Act 5, Scene 4, lines 53-57

PRINCE HENRY
If it were so, I might have let alone

The insulting hand of Douglas over you,
Which would have been as speedy in your end
As all the poisonous potions in the world
And saved the treacherous labour of your son.

While Henry's words imply there are some potions that are not poisonous, like other Shakespeare characters, he is most concerned with those that are. The connection of potion to the similar word poison is a common pattern in the plays. In fact, the two are etymologically linked, both descending from the Latin *potio*, drink. This link may make lines like Henry's above an obscure pun, and, more importantly, may explain why Shakespeare is reluctant to put the word in the mouth of any character except in a negative sense: he knew where it had been.

King Henry IV, Part 2

Act 1, Scene 1, lines 192-200

MORTON.
My lord your son had only but the corpse',
But shadows and the shows of men, to fight;
For that same word, rebellion, did divide
The action of their bodies from their souls;
And they did fight with queasiness, constrain'd,
As men drink potions, that their weapons only
Seem'd on our side; but, for their spirits and souls,
This word, rebellion, it had froze them up,
As fish are in a pond.

Constrain'd clearly indicates that for Morton, potions are not drinks that men take willingly – compare the reference in *Pericles.*

King Henry IV, Part 2

Act 1, Scene 2, lines 126-131

FALSTAFF
I am as poor as Job, my lord, but not so patient: **your lordship may minister the potion of imprisonment to me in respect of poverty**; but how should I be your patient to follow your prescriptions, the wise may make some dram of a scruple, or indeed a scruple itself.

Like a feared medicine, imprisonment is a cure worse than the disease.

A Midsummer Night's Dream

Act 3, Scene 2, lines 263-64

LYSANDER
Thy love! out, tawny Tartar, out!
Out, loathed medicine! hated potion, hence!

Interestingly, in *Dream*, it is only love itself that is a hated potion; the literal potion that is used to induce love is never referred to by that word. Notice the scheming Oberon, for example:

> Having once *this juice*
> I'll watch Titania when she is asleep
> And drop *the liquor* of it in her eyes...
> And ere I take this charm from off her sight
> (As I can take it with *another herb*),
> I'll make her render up her page to me. (2.1.176-185, my emphasis)

The king of the faeries refers to the concoction three times here and never as a *potion*. The same holds throughout the play.

Pericles, Prince of Tyre

Act 1, Scene 2, lines 67-69

PERICLES
Thou speak'st like a physician, Helicanus,
That minister'st a potion unto me
That thou wouldst tremble to receive thyself.

In addition to the ministrations of Cerimon, *Pericles* abounds with medical images. Here Pericles himself refers to the common concern over the reliability of medicines. In the previous scene, he describes the realization that Antiochus is guilty of incest as "Sharp physic" (1.1.72)

The Winter's Tale

Act 1, Scene 2, lines 318-324

CAMILLO
Sir, my lord,
I could do this, and that with no rash potion,

But with a lingering dram that should not work
Maliciously like poison: but I cannot
Believe this crack to be in my dread mistress,
So sovereignly being honourable.
I have loved thee,–

The connection of potion to poison is clear here. Again, there is a hint that the close connection of the two words is an intentional play on their common origin.

Romeo and Juliet

Act 5, Scene 3, lines, 243-252.

FRIAR LAURENCE
Then gave I her, so tutor'd by my art,
A sleeping potion; which so took effect
As I intended, for it wrought on her
The form of death: meantime I writ to Romeo,
That he should hither come as this dire night,
To help to take her from her borrow'd grave,
Being the time **the potion's force should cease**.
But he which bore my letter, Friar John,
Was stay'd by accident, and yesternight
Return'd my letter back.

Notice here how the word potion is used twice, but only after the ill effects of the drug have become clear. Juliet, trying to convince herself to take it calls it non-commitally the "vial" and "this mixture" and, finally deciding to take it, a "drink" (4.3.14-58).

Hamlet, Prince of Denmark

Act 5, Scene 2, lines 325-27

HAMLET
Here, thou incestuous, [murd'rous], damned Dane,
Drink [off] this potion. Is [thy union] here?
Follow my mother!

"Potion" here obviously stands for poison, almost as though the two terms are interchangable.

Appendix A.2: Apothecaries

In Chapter 3, I suggest that in many cases – though by no means as overwhelmingly as with potions – apothecaries tend to be referred to in a negative light. Here I omit the references from *Romeo and Juliet* since I deal with the character in some detail in the chapter.

King Henry VI, Part 2
Act 3, Scene 3, lines 13-18

CARDINAL
I'll give a thousand pound to look upon him.
He hath no eyes, the dust hath blinded them.
Comb down his hair; look, look, it stands upright,
Like lime-twigs set to catch my winged soul.
Give me some drink, and bid the apothecary
Bring the strong poison that I bought of him.

The associations of apothecaries with poison is, I argue, a common one. The general fear that apothecaries may either through carelessness or viciousness give a patient a fatal prescription is a strong one.

King Lear
Act 4, Scene 6, lines

KING LEAR
There is the sulphurous pit, burning scalding,
Stench, consumption. Fie, fie, fie! pah, pah!
Give me an ounce of civet; good apothecary,
Sweeten my imagination. There's money for thee.

As I mention in Chapter 3, the thoughts of the mad in Shakespeare often turn to apothecaries. In this case, though the imagined apothecary himself is not expressly condemned, his existence occurs to Lear in the immediate context of hell.

Pericles Prince of Tyre
Act 3, Scene 2, lines 6-9

CERIMON
Your master will be dead ere you return,
There's nothing can be minist'red to nature

That can recover him.
[*To the other man*] **Give this to the pothecary,**
And tell me how it works.

As I suggest in Chapter 4, the nature of Cerimon's medical practice is ambiguous. One reading here is that the official system is at work: physicians write out bills (i.e. prescriptions) and apothecaries prepare the necessary compounds. On the other hand, unscrupulous physicians were known to make lucrative deals with apothecaries to further line their pockets.

Appendix B: John Banister's Theory of Evolution

In the course of my research I happened across an unusual bit of medical history that seems to have gone unnoticed. The following note explains that discovery and its interest to medical historians.

That Charles Darwin did not originate the theory of the evolution of species *per se*, is well-known. Historians of science point to the work of Lamarck, for example, who proposed an evolution based on traits acquired during the lifespan of the organism. Many remind us that Darwin's own grandfather, Erasmus Darwin discussed evolution in his *Zoonomia* (1794-96).

More rarely, evolutionary theory is traced back as far back as the eighteenth century with the theories of Louis Moreau de Maupertuis. In 1578, however, over a century before Maupertuis, two centuries before Erasmus Darwin, and nearly 300 years before Charles Darwin, the English anatomist and surgeon John Banister had described a theory of the natural evolution of species that contained almost all the basic elements of modern evolutionary thought.

The "proeme" of Banister's *Historie of Man* takes up the question of the modern (i.e. early modern) study of anatomy. Why, Banister asks, do the great authorities seem to be incorrect in matters of anatomy? Why is it "that their works suffer in these days such sundry contradictions, especially in the parts of man's body?" Additionally why do modern men not have the same proportions that scriptures show they once had? More alarmingly, why is it that animals and men of different regions have different characteristics? (Bii). Either the ancient texts are wrong – and all medicine is in jeopardy – or there is some other process at work.

That process, according to Banister, involves men and animals changing over time to suit their particular environment. Banister's very terminology here is startlingly modern:

> Many kinds of men are in Europe, which in magnitude, fortitude, form and stature are much different among themselves... they which inhabit a place or region full of mountains, rough, high, and watery, and have with them many mutations of times much different, it is requisite that of their own nature be made many forms of bodies, and such as are laboursome, exercised, and strong, and such natures also to be strong and cruel. (Biii)

Humans, in other words, are not all the same; they show natural variation. That variation moreover, results from "mutations" that in turn depend upon environmental factors: men who live in the harsh mountain regions develop harsh natures. The "forms of their bodies" change over time. They become more physically powerful ("laboursome, exercised, strong) and psychologically harsh.

In short, Banister gives a good account of the evolution of species, although he does

not anticipate Darwin and Wallace's idea of natural selection. The exact cause of the mutations he imagines is, indeed, not made clear, although Banister hints that it might happen, to some extent, in a Lamarckian way. He cites an Asian people called the Macrocephali, the large-headed people, who "kept compressed [the] heads of their children" and in time, their heads grew in the unusual shape.[86] The next generation, he says, inherited that acquired trait: the reshaped heads of the children "afterward made their children beget the like." But after some time, says Banister, without the constant reshaping of the heads, nature reverted to its normal course and "amended that fault" (Bii^{v}).

This is why ancient authors seem incorrect to modern readers, why modern anatomists find the human body different than they should expect. That is why ancient authors writing at different times could even contradict one another. Over time, men change to suit their surroundings: "the manners and forms of the people do imitate the nature of the region" (Biii^{v}).

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[86] The compositor of *The Historie* seems to have slightly misplaced the definite article in the original text. The original reads "of custom, because they kept the compressed heads of their children" which seems to need the amendment, "kept compressed the heads of their children" to make good sense in context.

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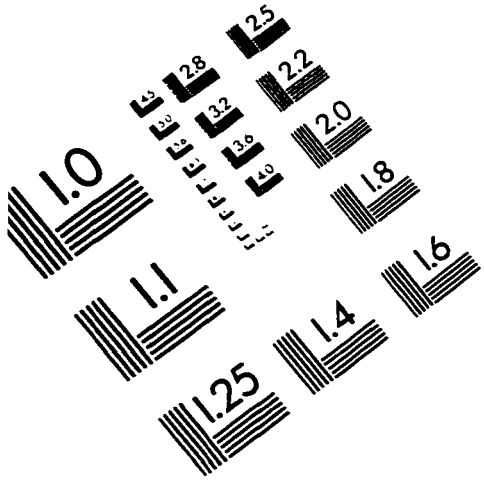
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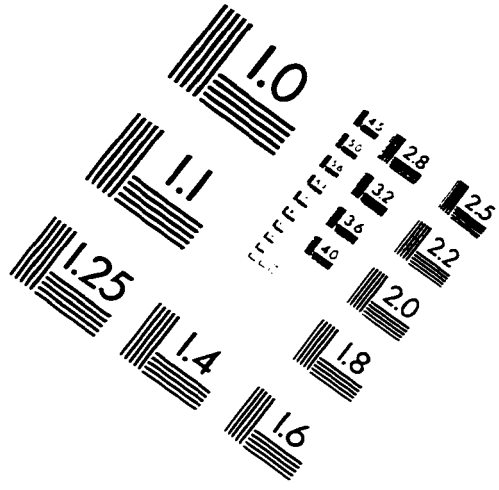
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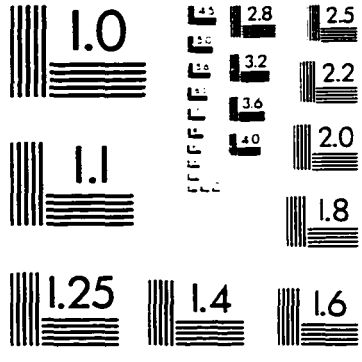
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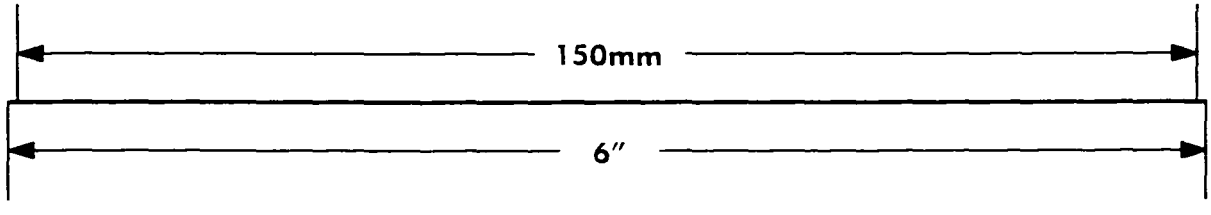
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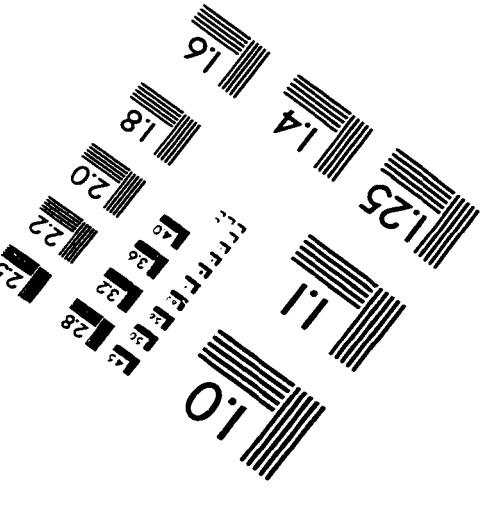
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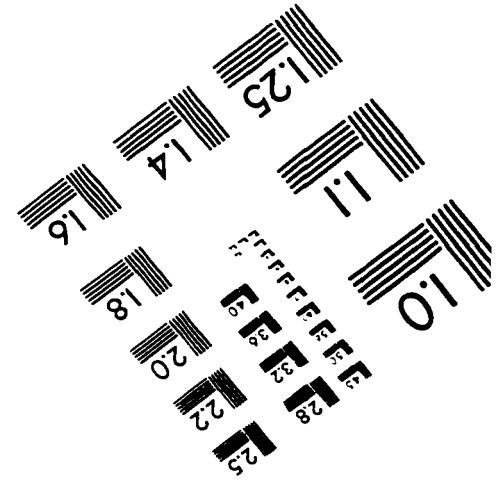












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