

THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

“PHYSICKE FOR BODY AND SOULE”: MEDICINE AND RELIGION IN EARLY
MODERN ENGLAND

A THESIS

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

MASTER OF ARTS IN HISTORY OF SCIENCE, TECHNOLOGY AND MEDICINE

By

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Norman, Oklahoma

2021

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A THESIS APPROVED FOR THE
DEPARTMENT OF HISTORY OF SCIENCE

BY THE COMMITTEE CONSISTING OF

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Acknowledgements

I would like to express my deepest thanks to my supervisor, Professor Kathleen Crowther, for her patience and encouragement as I wrote this thesis. She was present to discuss ideas with me when I was struggling to find a clear topic for research and patiently read through a number of drafts of this present work, even as I was spontaneously formulating arguments and lines of inquiry along the way. Her suggestions and guidance were indispensable in helping this thesis come to fruition.

Professors Peter Barker and James Hart also read through the draft and offered valuable criticism and advice. I am especially grateful to Professor Barker for talking through vague, incoherent ideas with me at the inception of this thesis when I was still hoping to work on science and witchcraft, ideas which have at least partly made it into the final product. Professor Hart's instruction and guidance on the history of Tudor and Stuart England was crucial as well; he welcomed a newcomer to early modern English history with much patience and excitement, and for this I will always be thankful.

I am also grateful to Ms. Stella Stuart, the graduate coordinator in the University of Oklahoma History of Science department. She has answered all of my questions with unwavering patience as I made the transition from Baltimore to Norman, and has continued to be a source of valuable advice as I moved forward in the program. Professor Piers Hale was one of the first professors I met at OU; his constant encouragement and enthusiasm for my work, despite working on a different century, has meant more to me than he may realize. Thanks are also due to Dr. JoAnn Palmeri and the History of Science Collections staff for their help in accessing materials.

Finally, I would like to thank my parents, who have been very understanding and supportive during my transition from medicine to history, and my partner, who has patiently endured a long-distance relationship while I pursued my interests apart from her. This thesis would not have been possible without them.

Abstract

The body and soul were intimately linked in early modern religious thought. This thesis examines one facet of this connection: the relationship between medicine and religion in published sermons, religious tracts, and demonological treatises in early modern England. Scholars such as David Harley and Andrew Wear have noted the prominence of medical metaphors within these writings; however, far less attention has been paid to both patient metaphors and the recommendation of English divines that people see a *learned* physician in times of need.

My argument addresses these gaps in the literature and has several layers. Medical metaphors formed a crucial part of the religious writings of this period both due to their usefulness in explaining theological or spiritual points in the language of common experience, and in familiarizing the lay Christian with the connections between medicine and religion, body and soul. In other words, medical metaphors helped people not only understand spiritual matters, but also helped situate the experience of being sick within the realm of the spiritual. Beyond this, patient metaphors were indispensable in framing actual sick behaviors, such as seeing a proper physician, as a matter of deepest spiritual urgency. Indeed, the same ministers who employed these metaphors also urged people to stay away from irregular medical practitioners, such as empirics and cunningfolk, and instead to turn to the university-trained physician as the *only* divinely-sanctioned source of medical care. Ultimately, I argue that these metaphors and recommendations reflected an effort by English divines to regulate the piety of the lay populace by constructing medicine and medical care as a part of Christian obedience, seen foremost in their condemnation of consulting irregular practitioners as a breach of the first Commandment. While this may seem like professional protectionism on the surface, the fact that these metaphors

and recommendations regarding proper medicine were enmeshed within broader discussions of Christian theology and practice indicate to me that they also reflect the genuine concern of ministers for souls. Indeed, just as the body and soul were inseparable, so also were professional and spiritual concerns, and to attempt to label this as either one or the other may be misinterpreting the complex interconnectedness of medicine and spirituality in early modern England.

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I. Introduction

In 1632, the English minister Robert Harris (1581-1658) exhorted his readers to “use Gods medicines conscionably and diligently”: in order to do this, one must first “finde out [their] disease in the causes of it,” then make “choice of the meetest season for recovery,” and finally “shew [their] skill in making use of the fittest medicines.”¹ While this may sound like a physician recommending the proper use of medicine to a patient, Harris was in fact instructing Christians on the spiritual renewal of the hardened heart, utilizing a wide array of medical metaphors. Indeed, Harris’ use of such metaphors was quite typical of this period. In this thesis, I study a series of religious tracts, sermons, and demonological treatises published in England between 1590-1669, focusing on two key aspects of these works: the medical metaphors the authors employed, and their demands that their congregations or readers see a proper physician. I have chosen this range of dates in order to demonstrate the consistency of beliefs surrounding medicine among English ministers in early modern England, starting from the late-Elizabethan period and ending soon after the time of the Stuart Restoration. I study the types and functions of medical metaphors these ministers used, building on the work of other historians, and I also examine how studying these metaphors can help us understand why the same ministers were so concerned about their readers seeing not just any healer, but the *right* kind of physician.

To my knowledge, no significant work has been done to bring these two aspects of ministers’ works together to form a comprehensive picture of the place of medicine in English religious literature. However, that there was a wide variety of healers from which to choose is by now common knowledge in the history of medicine. One of the most influential frameworks in this regard is what is termed the “medical marketplace,” a concept utilized by historians such as

¹ Robert Harris, *The Way to True Happinesse Delivered in XXIV Sermons upon the Beatitudes* (London, 1632): 58-63.

Harold Cook, Lucinda Beier, and Roy Porter. Seeking to upend earlier arguments which elevated the work of learned physicians such as William Harvey as revolutionaries who laid the groundwork for modern medicine, historians invoking the “medical marketplace” instead emphasized the plurality of medical practice which existed in early modern England, in which learned physicians competed with surgeons, apothecaries, and other unlicensed practitioners for patients and patrons.² Despite the popularity of this concept, it has come under increasing scrutiny among historians. Mark Jenner, for example, argues that the medical marketplace was “unsatisfyingly economistic,” underestimating the extent to which religious discourse was a part of the discussion surrounding quackery; Andrew Wear also points out the shortcomings of such a concept, noting that it was influenced by the free-market ideology of the 1980s, largely ignoring “the cultural forces that shaped medicine, especially religion.”³

Historians have also studied the place of divine providence in interpretations of sickness and disease in early modern Europe, particularly for the plague.⁴ Indeed, in a time when the providential nature of all things was frequently emphasized, to see illness also through the lens of providence is unsurprising, and the moralization of disease and disaster expected. That the hand of God was behind affliction was a theologically orthodox belief; to deny providence was to

² Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge, 1987); Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986); Margaret Pelling, *Medical Conflicts in Early Modern London* (Oxford: Clarendon Press, 2003); Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989).

³ Mark Jenner, “Quackery and Enthusiasm, or Why Drinking Water Cured the Plague,” in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Scolar Press, 1996): 326-329 and Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000): 28-29.

⁴ See, for example, David N. Harley, “Spiritual Physic, Providence, and English Medicine, 1560-1640,” in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993): 101-117; Andrew Wear, “Puritan Perceptions of Illness in Seventeenth-Century England,” in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. by Roy Porter (Cambridge: Cambridge University Press, 1985): 55-99; Philip M. Soergel, *Miracles and the Protestant Reformation: The Evangelical Wonder Book in Reformation Germany* (Oxford: Oxford University Press, 2012); Alexandra Walsham, *Providence in Early Modern England* (Oxford: Oxford University Press, 1999).

effectively deny God himself. Rather than blame circumstances or fate for misfortunes, Englishmen and women were taught to not only see God in all afflictions, but also to be thankful for them. This did not mean, however, that one should not use the ordinary means given to man by God in times of sickness; indeed, the divine Francis Bunny (1543-1617) writes, “Physicke is good, if we intreat God by Prayer to give a blessing to it.”⁵ Medicine was very much a legitimate option for those ministers who also espoused the doctrine of providence, and choosing to take medication or see a physician did not mean that one had to abandon divine providence as an explanatory and interpretive framework.

The doctrine of divine providence therefore forged a deep connection between the spiritual and the physical realms. Health and disease were never truly separate from their spiritual implications: sickness could either be a form of divine punishment for the wicked, or an opportunity for the Christian to test and mature their faith. We can see this in the letters and private diaries of a number of Puritans, who saw their afflictions as forms of divine warnings or opportunities and prioritized the spiritual over the physical ramifications of said afflictions. However, as Andrew Wear notes, having this providential view did not necessarily exclude one from also using medicine, and thus we also see both ministers and lay people recommending the use of proper medicines alongside acknowledging God as the ultimate bringer of health and disease. It is evident, then, that the average English person could have recourse to both prayer and physic and still be considered orthodox; to use natural means to explain disease did not mean one was impious. Indeed, taking care of one’s body was a part of good Christian practice: biblically, the body functioned as the temple of God, and theologically it was the residence of the

⁵ Francis Bunny, *A Guide unto Godlinesse: or, a Plaine and Familiar Explanation of the Ten Commandments* (London, 1617): 12.

soul; to neglect the physical body was an affront to the Creator who gave human beings both body *and* soul.⁶

The goal of this thesis is to investigate the interplay between the body and soul further through a very specific lens: that of the place of medicine in the religious writings of this period. As we shall see, medicine provided a particularly compelling language with which to discuss spiritual matters, and this provided fertile ground for English divines to explore and develop their conception of where exactly medicine and religion—the care of the body and the soul—came together. Here I examine two avenues in which this played out: in the medical metaphors ministers used in their writings, and their practical recommendations regarding medical care. Metaphors are the ideal lens through which to view the dual concerns of ministers, for they provided both a rhetorical and literal bridge into practical recommendations for the sick. Their use of such metaphors was, in other words, a way of connecting to audiences in the day-to-day experiences of sickness and health as well as in their religious experiences. Medical metaphors as rhetorical devices have existed in Christian literature since the dawn of the religion itself; the Bible itself paints Jesus as a kind of “divine physician” who healed both body and soul; and the parallels drawn between the Christian life and physic were almost too close to ignore. Thus, it is not surprising that ministers made the short jump from discussing medicine metaphorically to providing practical medical advice, since they coexisted both theologically and practically.

The frequent use of medical metaphors in sermons and religious tracts would have undoubtedly familiarized the lay Christian with the connections between religion and medicine, reinforcing the spiritual messages that could be drawn from medical examples. Furthermore, the use of physic was as much a spiritual action as a physical one, and medical metaphors would

⁶ Wear, “Puritan Perceptions,” 61-78.

have helped people see the actual *practice* of physic as more than merely physical. Thus, I contend that one metaphor in particular—the patient—was indispensable for ministers who sought to give practical advice to their listeners or readers regarding medicine. Using the patient as a metaphor put the lay Christian in the patient’s shoes, using the experience of being sick to make spiritual points regarding the soul; in other words, ministers used the universally common experience of being sick to both explain and give remedies for the sinful state of the soul. It was a small step from here to discussing the patient in actuality, in which the experience of being sick also had significant spiritual ramifications.

One of the most salient works in this regard is David Harley’s essay on medical metaphors, in which he closely studies English ministers’ perspectives on health, sickness, and medicine in order to illuminate their beliefs and attitudes towards the actual practice of medicine. In studying references to anatomy, pathology, dietetics, surgery, pharmaceuticals, and therapeutics, Harley demonstrates the vast array of metaphors employed by ministers in teaching their audiences, revealing that these ministers were not only thoroughly familiar with the medical theories and practices of their time, but also that their ubiquitous presence indicates a deep respect for the medical profession and of the place of medicine in the lives of everyday English people. Medicine and the medical practitioners thus both formed a crucial part of Christian teaching and understanding.⁷ Harley, however, stops short of discussing the patient metaphors I mentioned above, nor does he delve too deeply into the actual advice ministers gave to their congregations, instead focusing his attention only on metaphors involving the practice of medicine and its related fields.

⁷ David N. Harley, “Medical Metaphors in English Moral Theology, 1560-1660,” *Journal of the History of Medicine and Allied Sciences* 48, no. 4 (1993): 396-435.

However, in addition to also using patient metaphors, the same ministers also dispensed practical advice regarding the use of physic. In discussions of good Christian living, ministers frequently attempted to direct their listeners or readers towards the learned physician, cautioning them to avoid both the empiric and the cunning-man or woman, or those they frequently termed “witches.” A few of these ministers—William Perkins (1558-1602) and Henry Holland (1555/6-1603) being two of the more well-known examples—were explicit in their condemnation of quackery and their elevation of learned physic; many others made similar condemnations of the irregular medical practitioner. Their antipathy to such unlearned empirics may have been for several reasons. Harley argues (albeit briefly) that ministers “aligned themselves with medical practitioners who also needed to defend their position as well-paid possessors of special knowledge,” particularly in a religious milieu in which they were “caught between Catholic sacerdotalism and radical religious individualism.”⁸ Ross Dandridge, on the other hand, notes that this alliance between ministers and physician originated in “Calvin’s own endorsement of Galenic physic,” making this objection to unorthodox practice essentially Calvinist.⁹

While these ministers undoubtedly had concerns about the physical body and the legitimization of their status in their parishes, I argue that this kind of advice was also grounded in a deeper concern for the soul. This, I believe, is evident in several ways. As discussed briefly above, their frequent use of medical metaphors gave them an avenue to discuss the interconnectedness of the body and soul in ways that were both related to common experience and spoke to the often-visceral experience of religion. Furthermore, they gave explicit Scriptural references as to why someone should see a physician in times of need, grounding illness behaviors within biblical principles. Finally, and perhaps most importantly, some of the same

⁸ Harley, “Medical Metaphors,” 431.

⁹ Ross Dandridge, “Anti-Quack Literature in Early Stuart England,” PhD Dissertation (2012): 97.

ministers linked seeing irregular practitioners, particularly the cunning-man or woman, to diabolical idolatry, effectively making the use of proper physic have deeply significant spiritual consequences for the believer.

Indeed, it may not be a stretch to argue that the minister saw witches and witchcraft—both black and white—as an *inversion* of proper medicine. Stuart Clark, in his monumental work *Thinking with Demons*, notes the inversionary nature of witchcraft: “Witchcraft had all the appearance of a proper religion but in reality it was religion perverted.”¹⁰ In other words, witchcraft could be viewed as the “anti-religion,” in which nearly every aspect of this devilish cult was an inversion of the true religion; for example, “the demonic pact was obviously parasitic on baptism, and the agreement it enshrined on God’s covenant with the church.” However, just as important was the inversion of social and political order that the witch symbolized. Witchcraft was a threat to the stability of the godly commonwealth, *maleficium* a direct assault on the authority of the magistrate and the social order he was to uphold. It was an inversion of familial order and the covenant of marriage, of the mother and proper motherhood; the witch’s sabbath, with its glorification of sin, pleasures, and the indulgence of the senses was in a sense a direct inversion of the godly court.¹¹ Thus, in encouraging the use of proper physic and condemning the use of witches within the same texts, ministers may very well be constructing witchcraft in stark opposition to proper physic.

I believe that reading these religious tracts through the lenses described above will shed new light onto the broader connections between religion, piety, and medicine in early modern England. Medical metaphors enabled the average English layperson to see their afflictions in

¹⁰ Stuart Clark, *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe* (Oxford: Clarendon Press, 1999): 82.

¹¹ *Ibid.*, 83-94. On the inversion of motherhood, see Deborah Willis, *Malevolent Nurture: Witch-Hunting and Maternal Power in Early Modern England* (Ithaca: Cornell University Press, 1995).

both physical and spiritual terms, providing a bridge between the body and soul; this familiarity is also what allowed ministers to move so easily between metaphors such as Christ the Physician to practical recommendations in the use of physic. Furthermore, as we shall see, even their instructions to use proper medical care were grounded in spiritual concerns, the foremost of these being idolatry. The use of good physic was prescribed by Scripture, but the use of bad or diabolical physic had both physical and spiritual consequences. In all of this, we see English divines attempting to regulate and transform the beliefs and practices of the general populace, which, while it is not an exact measure of the diffusion of elite into popular mentalities and vice versa, demonstrates a crucial point of interaction between learned and popular religious beliefs and practices. Thus, these religious tracts and sermons supply fruitful examples for us to examine the connections between medicine and religion and their deployments in the religious sphere of English life.

II. Metaphor, Medicine, and Christian Piety

Medical metaphors were quite useful as rhetorical devices for a number of different scenarios. In constructing an image of the afflicted state, for example, minister Simon Patrick (1625-1707) writes, “If I should but represent to you, how the treasures of the Nation are exhausted (which Statesmen call its blood and spirits) it would make any heart ake, to see how pale and wan we look, without any colour in our cheeks...Is there no Balm for such wounds as ours? Is there no Physitian in the English Nation?”¹² Thomas Brooks (1608-1680) compares the pulse of the living body to that of the English nation: just as the different kinds of pulses indicate different states of the body, “so the estate and constitution of a Kingdom or Common-weal, is best known by the manner of executing justice therein.”¹³ There are numerous other similar examples, in which medicine, disease, and health are used as metaphors to create portraits of the English nation; in a period of political and religious turbulence, medical references make sense in light of their accessibility and familiarity to a wide range of people.¹⁴

Indeed, such metaphors were prominent in the religious literature of the period. A quick key word search in about twenty-five religious tracts and published sermons, for example, immediately yielded multiple instances of the words “physitian” or “physition,” “physick,” and “medicine” spread throughout their chapters, used in various different contexts. This has been noted by a number of historians, who have endeavored to show the different dimensions of these medical metaphors and their place in Christian theology. As discussed previously, in his essay on

¹² Simon Patrick, *Jewish Hypocrisie, A Caveat to the Present Generation* (London, 1660): 9-10.

¹³ Thomas Brooks, *The Crown and Glory of Christianity* (London, 1662): Dedication (page unnumbered)

¹⁴ See, for example, Gilbert Burnet, *The Plague at Westminster, Or, an Order for the Visitation of a Sick Parliament, Grievously Troubled with a New Disease, Called the Consumption of their Members* (London, 1609); W.L., *A Medicine for Malignancy* (London, 1644); Elizabeth Pool, *A Vision: Wherein Is Manifested the Disease and Cure of the Kingdome* (London, 1648); William Stampe, *A Treatise of Spiritual Infatuation, Being the Resent Visible Disease of the English Nation. Delivered in Severall Sermons* (London, 1650).

medical metaphors, historian David Harley surveys the uses of medical metaphors within religious publications—including sermons—in early modern England. In his analysis of these texts, Harley points out that English ministers “saw the pious practice of medicine as entirely compatible with true religion because they were almost exactly homologous, both being appointed by God for the welfare of humanity, but healing only under the providence of God.”¹⁵

Harley argues that connecting religion to medicine allowed ministers to legitimize their own standing before their congregations: for the conforming moderate Puritan, often caught in the middle of “popery” on one end and “radical” religion on the other, drawing parallels between themselves and physicians offered a means of self-defense against so-called “competitors” of other religious inclinations. They were, in other words, finding common ground with physicians as both “possessors of specialized knowledge” and as defenders of an orthodoxy challenged on all sides.¹⁶ Although this makes sense given the religious and political milieu of seventeenth-century England, the argument is largely speculative; while plausible, Harley himself only offers this interpretation towards the end of his paper, offered more as a concluding thought than as a part of his broader argument.

While Harley’s claim may be understood as an interpretive suggestion rather than a cohesive argument, there were nonetheless times when ministers went beyond simply using medicine as a metaphor. Indeed, interspersed within discussions of Christ as the divine physician and spiritual healing for the soul, we can find explicit commands to find good, appropriate physic in times of physical need, to see the learned physician rather than the unlearned empiric or quack. I use the word “quack” here in its broadest sense: ministers openly discouraged their congregations turning to not merely unlicensed or unlearned medical practitioners, but also those

¹⁵ Harley, “Medical Metaphors,” 404.

¹⁶ *Ibid.*, 431.

who used charms, divination, and the like—the so-called “white witches” who, with the power of Satan, could cure diseases and provide a host of other specialized services. I examine why ministers found it necessary to direct their audience towards the proper sources of healing, arguing that this concern was embedded in a genuine concern for souls. While Harley’s contention—that this was a kind of self-legitimization for the English minister in the midst of religious and political uncertainty—is not unfounded, I believe that this sentiment may be a part of a broader effort by ministers to both police and transform the behavior of their congregations to conform to their vision of proper piety.

In order to establish this argument, I first explore the place of metaphors in English sermons and ministerial tracts, building on scholarly research that shows the prominent place medical metaphors held in English religious thought. Medical metaphors, particularly that of Christ as divine physician, served to situate spiritual concerns within one of the most common experiences of daily life: health and illness. This way, the difficult and perhaps intangible spiritual truths found in Scripture became comprehensible and tangible for the everyday English person unfamiliar with theological concepts.¹⁷

This is not to say, however, that such metaphors were simply used as an explanatory tool. Writing specifically about conversion metaphors, Helen Smith notes that “analogical figures of speech may best be read as articulating structural and experiential parallels,” that the use of metaphors showed conversion to be at once a form of “recuperation and a painful alteration,” though it may not be physical in nature. In other words, metaphors at once expressed the spiritual *and* physical effects of experiences such as conversion and repentance, blurring the boundaries

¹⁷ Wear, “Puritan Perceptions,” 67-70.

not only between the body and soul, but also “between bodily and imaginative feeling.”¹⁸ While Smith is describing the embodied experience of spiritual conversion among Christians, I believe that metaphors can also help us to understand a different aspect of this relationship between body and soul: that practical, everyday decisions, particularly when one fell ill, could and did have significant spiritual consequences. That is, whereas Smith emphasizes moving from the spiritual to the physical, I focus on the movement from the physical to the spiritual.

Religious tracts and sermons provide a particularly rich source for studying ideas about the relationships between the physical and spiritual because they were two of the most widely consumed types of media in this period. Englishmen and women would not only hear these sermons preached on Sundays but would be able to access them in print. Historian Doreen Nagy points out that in 1623, for example, of 327 publications in England, 120 were religious; 84 were on current events, often interpreted through a religious lens; and 60 were educational, frequently focused on good Christian living. As a result, one can conclude that about eighty percent of all the published works during this year were religious, whether explicitly or implicitly.¹⁹ In fact, both Harley and Wear note that religious tracts were published more frequently than any other form of literature, indicating that there was a taste for such writings among the general populace.²⁰ Additionally, church attendance was, by and large, compulsory. The combination of preached and published sermons, alongside religious treatises, thus frequently exposed the populace to medical metaphors and their rhetorical and practical uses.

¹⁸ Helen Smith, “Metaphor, Cure, and Conversion in Early Modern England,” in *Renaissance Quarterly* 67, no. 2 (2014): 477.

¹⁹ Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green: Bowling Green State University Popular Press, 1988): 35.

²⁰ See Wear, “Puritan Perceptions,” 67-68, and Harley, “Medical Metaphors,” 396.

When speaking of and dealing with real physic, therefore, the extensive use of medical metaphors in religious language would have deeply spiritualized the experience. Such a connection between physic and religion, the physician and Christ, would have no doubt made the Christian potently aware of the spiritual dimension of medicine. This was, as I will argue, an attempt to direct them not merely to seek medical care in times of sickness, but to specifically seek properly pious medical care from the right people—that is, the licensed, university-educated physician, as described by ministers. The parallels drawn between the physician and Christ in particular would have made the minister’s entreaty to seek the appropriate physic much more resonant for his audience.

While it may be impossible to deduce whether such metaphors had the kind of influence these ministers desired, we know at the very least that some lay people did in fact see their illnesses in spiritual terms. As Olivia Weisser has shown, the religious and devotional literature of this period provided not only frameworks with which people could understand sickness, but also “tangible scripts” through which their readers could interpret the experience of illness. Additionally—quite similar to the argument Smith makes in her paper—Weisser notes the visceral experiences of religious devotion. For example, feeling a “stir, prick, or burn” would indicate the nearness of God, and the reception of divine grace was referred to as a “quickenning of the soul,” a term also used to describe a pregnant woman first feeling her fetus move in her womb. Bodily afflictions also could point the believer to meditate on Christ, but they could also be a hindrance to proper devotion. Thus, Weisser concludes that lay Christians associated spiritual states with concrete physical sensations and vice versa, indicating that theological teachings regarding providence, sickness, and the soul did make their way into the behaviors of

everyday Englishmen and women.²¹ So, while we may not yet know whether the degree to which the use of medical metaphors influenced everyday decisions regarding sickness and care, we can be fairly certain that, at the very least, religious teachings were put into practice by the general populace.

Sickness and Metaphor: The Use of Medical Metaphors in Religious Writings

The place and prominence of medical metaphors have been studied in great detail. The most prominent of these studies is David Harley's essay on medical metaphors, in which he explores the wide variety of such metaphors used in religious tracts and sermons. Harley's work demonstrates that ministers in fact incorporated not just examples derived from the work of physicians, but also those of surgeons and apothecaries. His sources are littered with metaphors drawn from anatomy, pathology, surgery, dietetics, and pharmaceutics; surgery was a particularly prominent metaphor. For example, the minister William Whately (1583-1639), attempting to demonstrate the work of God in cleansing sin, writes, "When a good chyrurgion meeteth with a festered sore: First, he applyeth corrasives and cleansing things, to cate out the dead and proud flesh...So did the Lord proceed with David."²² Surgery, an often painful means to a cure, had deep connections to God's discipline, whereby the Christian could mature.

However, the most frequently used metaphors in ministers' writings involved medicine and the physician. For one, the parallels drawn between God and the physician had their roots within the beginnings of Christianity: healing miracles were a central part of Jesus' ministry as recorded by the Gospel writers, and such healings remained part of dramatic instances of

²¹ Olivia Weisser, *Ill-Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven: Yale University Press, 2015): 46, 68-78.

²² William Whately, *The Oyle of Gladnesse, or, Comfort for Dejected Sinners* (London, 1637): 1-2.

conversion following His ascension. It is important to note that the physical healing of the body was never the end of such miracles; for Jesus and His disciples, the salvation of souls was the primary goal. Thus, already in the Christian Scriptures we can begin to see this dual nature of healing: not only did Jesus heal physical illnesses, but in healing people He also redirected their attention to His divinity and to true salvation.²³

Although healing miracles as a physical manifestation of God's divine power did not become part of standard Christian belief until the fourth century, Christ as Physician, or *Christus Medicus*, remained a prominent part of early church theology and persisted throughout the medieval period.²⁴ Indeed, by the seventeenth century, English ministers were using the picture of *Christus Medicus* almost ubiquitously throughout their writings as the person whom one should turn to in times of both spiritual and physical need. Such a picture was used in two senses: Jesus as a divine physician who cured and comforted the soul, and the sacrifice of Jesus (i.e. his blood) which covered not only the Christian's present afflictions, but restored his soul from the damnation awaiting sinners in the afterlife. Thus, the minister John Reading (1587-1667) was expressing commonly held sentiments when he claimed, "Christ Jesus is the true Physitian."²⁵

Ministers were concerned to turn their parishioners away from Catholic rites and rituals, such as the appeal to the saints and the Virgin Mary and the use of Latin prayers. Eamon Duffy has convincingly argued for the richness and vigor of late-medieval Catholic piety in England,

²³ See examples in Scripture of Jesus both healing: Matthew 9:1-8, 18-26; Mark 1:40-45; Luke 5:12-16, 8:40-56, 14:1-6; John 9:1-12 and using his healing to point to his status as Messiah and savior: Matthew 8:6-17, 11:4-5; John 10:37-38; Acts 2:22, 3:11-26, 14:3; 2 Corinthians 12:12

²⁴ Gary B. Ferngren, "Early Christianity as a Religion of Healing," *Bulletin of the History of Medicine* 66, no. 1 (1992): 1-15. Ferngren notes that Christian writings predating the fourth century lacked references to specific healing miracles. In fact, he argues that "several writers of the second and third centuries suggested that the abundance of miracles performed in the apostolic age were no longer to be seen in their own day," pp. 6-7.

²⁵ John Reading, *A Faire Warning Declaring the Comfortable Use of both Sicknesse and Health* (London, 1621): 1.

showing that the English Reformation was in fact a violent and highly traumatic uprooting of the traditional religion of the populace.²⁶ Furthermore, in specifically discussing pregnancy and the womb, Mary Fissell also notes the significance of the Virgin Mary (among other saints) for pregnant women: not only were women “encouraged to identify with the Virgin Mary while pregnant,” but they also frequently resorted to relics and rituals imbued with spiritual meaning in order to have a safe delivery.²⁷ In the arena of childbirth and labor, Mary took prominence over Jesus, physicians, and natural “ordinary” means as the primary source of comfort for expectant mothers. While Fissell points out that by the 1530s Henry VIII’s reforms of English religion had started to affect childbirth rituals, Duffy’s analysis points towards a strong tradition of continued dependence on Mary and the saints even while such reforms were going on. In this religious context, the picture of Christ the Physician would have been a highly effective way to turn the laity from the temptation to return to Catholic practices such as saint veneration and instead focus their devotion on Christ Himself.

Thus, we see a number of English ministers employing the metaphor of Christ the Physician as the exclusive source of spiritual restoration. For example, the English minister Edward Heron (d. 1650), in one of his published sermons, argues that Christ “is the only true Physitian of mans soule, in that hee makes this mans bodily cure but a preparative to the cure of his sicke soule.”²⁸ John Woolton (c. 1537-1594) calls Christ “the true and perfect Phisition,” who heals both our current affliction from sin and gave “his flesh for the life of the world...that by his

²⁶ Eamon Duffy, *The Stripping of the Altars: Traditional Religion in England, 1400-1580*, 2nd ed. (New Haven: Yale University Press, 2005; 1st ed. 1992).

²⁷ Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004): 14-24.

²⁸ Edward Heron, *Physicke for Body and Soule, Shewing that the Maladies of the One, Proceede from the Sinnes of the Other* (London, 1621): 11.

stripes and woundes we should be healed.”²⁹ In calling sin a “plague of the heart,” pastor and preacher Thomas Brooks (1608-1680) urged his audience to turn to Christ, for sin was a disease “none can cure, but he who is the Physitian of souls,” both for our lives here on earth and after death.³⁰ Thomas Taylor (1576-1632) perhaps summed up this sentiment best, when he wrote, “Art thou sicke in thy soule, or pained in thy body, and seest no way but present death? waite the time, and thou shalt meete not onely with perfect cure, but perfect health also: onely see thou makest Christ thy Physician.”³¹ Christ was thus the physician of both body and soul.

If we continue to read the tracts written by these same ministers, it becomes clearer why Christ was indeed the only true physician: the root of bodily afflictions was not merely natural, but spiritual in origin. Heron, for example, argues that sin itself was the cause of all maladies, both physical and spiritual:

But the sacred word of God conducts us to the head and fountaine from whence all our diseases have their issue, and that's from the sinne of our soule; for this cause many are sicke and weake amongst vs. Sinne, a thing so contagious *ut vi, & exuperantia sua corpus quoque inficiat*; it flowes with such a sourse as it overflows the whole vessell, who if He had not sinned, he had never been subject to the arrest of any disease whatsoever... The conclusion is, That multiplication of sinne does necessarily inferre multiplication of misery, and that in regard of punishment both Temporall and Eternall.³²

²⁹ John Woolton, *A Newe Anatomie of Whole Man, aswell of his Body, as of his Soule* (London, 1576): fol 29.

³⁰ Brooks, *Crown & Glory*, 341.

³¹ Thomas Taylor, *David's Learning, or the Way to True Happinesse in a Commentarie upon the 32. Psalm* (London, 1617): 285.

³² Heron, *Physicke for Body and Soule*, 40-43.

That sin was a source of physical infirmities was a point frequently reiterated by other ministers. According to Simon Patrick, we must leave the sinners “to some sickness or other infliction of God upon them for their chastisement.”³³ Thomas Taylor, in a sermon on Psalm 32, notes that “the first and most noysome humour, which breeds bodily diseases, is sinne the disease of the soule.”³⁴ Sometimes, the degree of the ailment could reflect the severity of the sin, as Taylor notes: “the greater the affliction is, the more odious doth sinne appear to be unto God.”³⁵ The Christian’s perpetual struggle with sin, and as a consequence his encounters with bodily illnesses, were also couched in the language of original sin. Sir James Harrington (1611-1677) connects the concept of Original Sin to bodily sickness, commenting rather poetically, “The tremendous curse, for Man's sin, and rebellion against God his Creator, is Death, temporal and Eternal. The Quarter-Master and Harbinger of Death, is sickness.”³⁶ In fact, if one becomes aware of their own sin, they would not hesitate to turn to Christ, “as a man in a *Dropsie* or *Consumption* comes to the Physicion.”³⁷

“Great is the affinite of soule and body,” declares Thomas Taylor, in his dedication of *David’s Learning*, indicating their connections and their parallels as two sides of the same coin—humankind.³⁸ Indeed, this intimate connection between sin and bodily ailments came from the general belief that body and soul were also deeply connected. Andrew Wear, for example, notes this connection in discussions about the location of hell. As Wear points out, although hell

³³ Patrick, *Jewish Hypocrisie*, 407.

³⁴ Taylor, *David’s Learning*, 81

³⁵ Taylor, *David’s Learning*, 99.

³⁶ James Harrington, *A Holy Oyle; and, a Sweet Perfume Taken Out of the Sanctuary of the Most Sacred Scriptures* (London, 1669): 390.

³⁷ Richard Baxter, *The Mischiefs of Self-Ignorance and the Benefits of Self-Acquaintance* (London, 1662): 99.

³⁸ Taylor, “Dedication,” *David’s Learning*.

was supposedly a supernatural place where damned souls go after death, “the physicality of hell and its ability to torment the body, as if it were a living body, created a supernatural-natural dualism analogous to that of the duality of soul and the body.”³⁹ In a similar way, the experience of bodily afflictions could be an opportunity for one to reflect on the state of his or her soul: “it is no unusuall thing with pious persons, to make even the *diseases* of their bodies, administer matter of devout meditation for the *health* their souls.”⁴⁰ The body and soul shared similar preservatives and remedies as well. Ralph Walker (fl. 1608) tells us in his discussion of God’s providence that “all those who love the Lord, grieve for their own sinnes, and the sinnes of others: they labour a continuall sanctification of both soule and body”; indeed, Gods blessings are “for the saving of soules and bodies,” though the specific remedies might differ.⁴¹ Thus, since body and soul are so connected, it follows that sin, the affliction of the soul, would have bodily consequences as well.

If Original Sin was one of the primary causes of our bodily pains, God’s loving discipline of his children was a secondary cause of such afflictions. This was another way of using the metaphor of *Christus medicus* to potent effect: just as the physician might subject their patient to temporary bodily pains for their future health and well-being, so too would God, our divine physician, cause us to undergo earthly sufferings for the benefit of our faith. Thomas Draxe (d. 1618/19), in discussing suffering well through “dearth and famine,” compared God to a physician performing a phlebotomy: “for as a Physition letteth his patient blood, to prevent

³⁹ Andrew Wear, “Religious Beliefs and Medicine in early Modern England,” in *The Task of Healing: Medicine, Religion, and Gender in England and the Netherlands, 1450-1800* (Rotterdam: Erasmus Publishing, 1996): 150.

⁴⁰ John Edwards, *Plague of the Heart* (Cambridge, 1665): 2-3.

⁴¹ Ralph Walker, *A Learned and Profitable Treatise of Gods Providence Written for the Instruction and Comfort of the Godly* (London, 1608): 59, 242.

diseases in him: so dealeth God with his children in this chastisement.”⁴² Along a similar vein, John Robinson (1575-1625), an Anglican clergyman, noted that God sometimes used suffering “to prevent some sin ready to break out in us; as physitians let blood to prevent sicknes.”⁴³ Indeed, the minister Henry Scudder (d. 1625) calls such inward turmoil and outward afflictions “good physick most healthfull to the soule...Afflictions to the godly, are not properly punishments serving to pacifie God’s wrath for sinne; but are onely chastisements to remove sinne.”⁴⁴

In light of such beliefs, we can understand why preachers often used the metaphor of Christ as physician, especially of the soul. If indeed the roots of bodily afflictions were in a realm beyond the physical, one would need to turn to a physician who could operate beyond the merely tangible—for the faithful Christian, only Christ could liberate them from the sickness that was sin. This is why many ministers, though they frequently used medical metaphors and endorsed the use of proper physic, recommended spiritual physic and coming to Christ first over seeing the physician: “What profit were it to be able to discern all diseases, and all remedies, and attayne the skill of physicke to cure the body, when a mans owne soule is wounded to death without remedie?”⁴⁵ William Perkins, although he recommends the use of “good and wholesome physicke” for the ill, nevertheless writes: “It is a thing much to be disliked, that in all places almost the Physitian is the first sent for, and comes in the beginning of sicknes, and the Minister comes when a man is half dead.”⁴⁶ As is now clear, ministers often spiritualized sickness,

⁴² Thomas Draxe, *The Christian Armorie, wherein is Contained all Manner of Spirituall Munitiion* (London, 1611): 49.

⁴³ John Robinson, *Observations Divine and Morall: For the Furthering of Knowledg and Vertue* (London, 1625): 177-178.

⁴⁴ Henry Scudder, *The Christians Daily Walke in Holy Securitie and Peace* (London, 1637): 300-301.

⁴⁵ Taylor, *David’s Learning*, 4.

⁴⁶ William Perkins, *Salve for a Sicke Man, or a Treatise Containing the Nature, Differences, and Kindes of Death as also the Right Manner of Dying Well* (London, 1611): 124, 106.

frequently discussing it within the context of sin and soteriological discourse; thus, *Christus Medicus* played a central role in their discussions of afflictions both physical and spiritual.

Sometimes, even ministers could be referred to as the physician of souls: “A good teacher,” according to Taylor, “is the Phisician of mens soules.”⁴⁷ Thomas Adams (1583-1652), extending the metaphor of the physician to both lawyers and ministers, notes the lowly status of ministers relative to the other professions, such that “if a Rich man have foure Sonnes, the youngest contemnedst must be the Priest.” Yet the minister served an indispensable function in English society because “there is no hearbe, to heale the wounds of the soule...Physitians cure the body; Ministers the Conscience.”⁴⁸ Taylor, in another commentary, writes that “The Minister is the Surgeon of mens soules, who must heale wounds but not make them, except for cures sake.”⁴⁹ We can see in Taylor’s comment that, much like Christ, the minister also could serve a dual function as a “physician”: they can heal the wounds afflicting the soul, or they can cause pain which would ultimately serve as a cure, such as by disciplining their flock.

Others, such as Richard Baxter (1615-1691), drew a parallel between the physician and the minister as both good teachers and well-educated practitioners of their respective professions, constructing an image of the “ideal minister” by way of comparison to a physician:

As there is a *double use of Physicions*; one *General*, to teach men the *common Principles of Physick*, and read them *Lectures* of the nature of *diseases*, and their *causes* and *remedies*; and the other *particular*, to *apply* these common precepts to each individual person as they need; So is there a *double use of ministers* of the

⁴⁷ Taylor, *David’s Learning*, 177.

⁴⁸ Thomas Adams, *The Devill’s Banket Described in Foure Sermons* (London, 1614): 207-208.

⁴⁹ Thomas Taylor, *A Commentarie upon the Epistle of S. Paul Written to Titus* (Cambridge, 1612): 146.

Gospel, One to *deliver publikely* the *common doctrines* of Christianity concerning mans *sin* and *misery*, and the *remedy*, &c. and the other to help people in the *personal application* of all this to themselves. And they that take up only with the former, deprive themselves of half the benefit of the ministry.⁵⁰

Here, the physician does not only serve as a metaphor for the minister; he is also the model to which the good minister should aspire. Harley's claim that English clergymen "aligned themselves with medical practitioners who also needed to defend their position as well-paid possessors of specialized knowledge" is thus quite accurate in this regard: ministers did seem to find a need to compare themselves to the physician to legitimize themselves as a group of experts who knew how to properly care for souls.⁵¹ However, such ministers were always careful to note that it was ultimately Christ who restored the soul; the minister was merely the vessel through which Christ completed his work. In comparing the healing of the Apostles to that of Christ, for example, Thomas Taylor is quick to note:

The Apostles in all those places did what they did, in the *name*, and by the *power* of Christ; as is sometimes expressed, *In the name of Jesus Christ* I command thee, come out of her, &c. but Christ did all by his owne divine power. And Ministers are Gods Physicians for his people, but onely *ministerially*, by power and direction from him: but hee by *proper* authority.⁵²

⁵⁰ Richard Baxter, *The Mischiefs of Self-Ignorance*, 411-412.

⁵¹ Harley, "Medical Metaphors," 431.

⁵² Thomas Taylor, *The Principles of Christian Practice Containing the Institution of a Christian man* (London, 1635): 565.

The evidence thus points towards a long and powerful tradition of medical metaphors in the Christian religion, present in full force in seventeenth century England. Of particular prominence was the metaphor of *Christus Medicus*, or Christ the Physician; with a focus on the afflictions caused by sin on both body and soul, it was only natural that such metaphors would be used the most frequently in religious tracts. Interestingly, as we have also seen, ministers were also compared to physicians, often as a way to demonstrate how a minister should go about his business. Both Christ and the minister were connected to the physician: Christ as the divine physician, the minister as his vessel on earth, who was charged with the temporal care of souls and their spiritual wellbeing, both steering them towards the correct way of living and disciplining them when they fell prey to their flesh.

“Physicke for Body and Soule”: The Good Patient and the Good Christian

However, there is one more aspect of the prominence of medicine and medical metaphors in religious tracts that we have yet to study: the place of the patient as metaphor. In what follows, I will show that ministers actively employed an image of the “ideal patient” as a metaphor for the good Christian and, conversely, frequently used the bad patient as a parallel to the unrepentant or superficial believer. The central concept around which such metaphors revolved was sin, and the Christian’s recognition of and response to their fallen natures. The use of the ailing patient as a metaphor is perhaps not surprising; given the extent to which medical metaphors were used in religious tracts and sermons, it seems inevitable that the metaphor would extend to the patient. When ministers did utilize this metaphor, they often used it to describe two sets of Christians: one that responded appropriately to sin and affliction, and one that did the opposite. Although the exact metaphors used differed based on context, the general idea remained the same: there were

good and bad ways to deal with problems of the soul, just like there were good and bad ways to cope with bodily afflictions.

It is important to briefly establish the role of the patient here for, as we shall see in the next section, ministers also attempted to get their listeners or readers to practically apply this metaphor in their everyday lives by seeing a proper physician in times of need, not other irregular practitioners. This practical application had significant physical and spiritual consequences: the Christian's choice of practitioner could result in bodily harm, reflect or influence their attitudes towards true religion, and even endanger their souls. It is no wonder, then, that ministers were so concerned to have their congregations see a licensed, university-educated physician, frequently mentioning it in discussions of good Christian living. I contend that seeing how ministers used the patient as a metaphor for the good Christian helps us understand how ministers moved so fluidly between spiritual and physical concerns; it was this intimate link between the physical and the spiritual which lent the exhortations of ministers the necessary weight to alter the behavior of their audiences.

First, good Christians should, like good patients, recognize their own spiritual plight. The truly pious can recognize their sins and the necessary spiritual remedies: "the more the godly are striken downe for sinne, the more are they stirred up to godly sorrow, to hatred of it, to zeale against it, the better and more watchfully do they prevent sinne to come, and looke better to themselves."⁵³ This was especially important because the Devil often tried to convince Christians that there was nothing wrong with them, or tried to make them feel ashamed of confessing their sins. Thus, the minister Richard Gove (c. 1586-1668) urges his readers to "discover...all the circumstances whereby Satan seeketh to aggravate thy conscience," for "How can the Physitian

⁵³ Taylor, *David's Learning*, 99-100.

help him that saith he is not well, but will not tell him where?”⁵⁴ Thus, just as a patient recognizes that they are sick, the Christian must recognize that they are “deprived of all spirituall life...[and] must deale in this sickness of the soule,” taking the appropriate actions to address their fallen natures.

The most readily used metaphor for the curing of souls was that of repentance as a cure for the soul: “a man in sicknesse will cry out of himselfe and his sinnes.”⁵⁵ As the patient would endure “bitter potion, incision; yea, cutting off, if a member be putrified, searing them in divers parts with hot irons...for the good of the body,” so the good Christian should repent of their sins, for “if we purge it not forth by renewed repentance, we may assure our selves it will turne to some fearfull soule-sickness.”⁵⁶ Similarly, the minister Robert Harris reminds his readers to, when they have realized their sinfulness, to “come unto use such means & medicines as are prescribed by God for the cure of it,” which included painful recourse to divine discipline:

“So must wee here, be content to have Gods plough goe upon vs, to undergoe cutting, launcing, searing, &c. Let God chide us, threaten us, bruise us, breake us by afflictions, let him use all his instruments, as it were, let him practise all his medicines upon us to get out this stone of our hearts. And if we thus apply our selves to his means, God is both able and willing (for it is his covenant here you see) to take the stone out of our hearts.”⁵⁷

⁵⁴ Richard Gove, *A Sovereigne Salve to Cure Wounded Spirits* (London, 1650): 6-7.

⁵⁵ Taylor, *David's Learning*, 50.

⁵⁶ Paul Baynes, *A Caveat for Cold Christians* (London, 1618): 21-22.

⁵⁷ Harris, *The Way to True Happinesse*, 49-50.

Genuine repentance was accompanied by painful remedies, after which the Christian could be made spiritually healthy again. Indeed, speaking in terms of Galenic physic, the preacher Thomas Brooks calls repentance “the vomit...and bleeding of the soul,” whereby one may be restored.⁵⁸ What was crucial here was not only outward repentance, however, but a genuine confession and a desire to turn away from one’s sins. This is why ministers stressed “true repentance” in contrast to “mock-repentance,” after which man would simply return to his sins, confessing only superficial sins and leaving the rest of their sins untouched by genuine repentance.⁵⁹ Thus, ministers such as Thomas Taylor implored their congregations to “hide nothing...[just as] we put ourselves into the Physitian’s hands...so ought we here for cure doe unto Christ; confesse all against our selves, entertaine no secret and close sin.”⁶⁰

After such treatments by the divine physician, the Christian should be thankful and express his thanksgiving accordingly, much like how a patient cured of his illness would thank his physician. Sin was a “deadly, and almost-uncurable disease”; because Christ redeems us from such a hopeless situation, “we professe we could never have met with such a Phisician in all the world againe, and we are accordingly thankfull.”⁶¹ As was established above, pain was often a necessary precondition of a proper cure, and even for pain a Christian ought to be thankful. Henry Scudder exhorts the Christian to bear adversity “thankfully, cheerfully, and comfortably...We doe not onely patiently endure the hand of the Surgeon, and the potions of the Physician, but we doe thanke them...though they put us to pain.”⁶² “If a physitian doe even then rid their diseases away in part, will they thinke of looking to another?” asks the minister Paul

⁵⁸ Brooks, *Crown & Glory*, 235.

⁵⁹ See Brooks, *Crown & Glory*, 230-239; Patrick, *Jewish Hypocrisie*, 27-29; Taylor, *David’s Learning*, 166-171; Edwards, *Plague of the Heart*, 29 for some examples.

⁶⁰ Taylor, *Principles of Christian Practice*, 568-569.

⁶¹ Taylor, *David’s Learning*, 101.

⁶² Scudder, *The Christians Daily Walke*, 313.

Baynes (d. 1617) in his commentary on the book of Colossians.⁶³ So the Christian should, as a proper response, turn to worshipping God, leaving their sinful life behind; it was unthinkable that, after being saved from sin, one should depart from Christ.

If this was the basic image of ideal Christian behavior, then its opposite—what an unregenerate Christian would do—was also couched in the language of the patient-physician relationship. This was in some ways more pressing for the minister than attempting to paint a picture of the “ideal Christian,” because it had real life implications beyond the spiritual relationship between God and humans. Indeed, as I hope to show, ministers frequently moved from the metaphorical to the literal patient in their writings, this often done in the context of discussing the impious Christian. This allowed the minister to make concrete connections between spiritual points and the material world, but more than that, it gave them authority, as vessels of the divine physician, to comment on both spiritual and medical orthodoxy as two pillars of the Christian faith. As much as Satan could tempt one to avoid repentance and continue in sin, so could he encourage one to endanger their soul by directing them to impious methods of physical healing.

The portrait of the unregenerate Christian is what one might expect. If we take the picture of the pious Christian discussed above and invert it, we readily get the picture of the type of people ministers would condemn in their works. Most obviously, ministers were quick to condemn those who could not recognize the severity of their disease, or the depths of their sin. This is articulated clearly by Thomas Taylor, who describes an oblivious sinner thus:

⁶³ Paul Baynes, *A Commentarie upon the First and Second Chapters of Saint Paul to the Colossians* (London, 1634: 285).

An evill and a naughty heart it is, that can cloake and excuse sinne...it is a most dangerous case to lessen a mans owne sinne: for it suffers him not to see his misery, hee takes himselfe to be in good case, and to stand in neede of no repentance. For such Christ came not, *Math.* 9. 12. they be whole men, and neede not the Physician: But I pray you, is not that the most dangerous sicknesse of all, when a man hath no feeling of his sicknesse?⁶⁴

However, there were those that took this a step further: not only did they deny that they had any kind of disease, but they also went and attacked the physician or minister for telling them that they were sick. Richard Baxter notes that sometimes “a dying man in a consumption, imagining that he is well should go to the Physicion to make a jeast of him, or seek to ruine him for telling him that he is sick,” and does the same to the minister, resorting to “blame [him] if others not behealed, and hit [him] in the teeth.”⁶⁵

There were also examples of Christians who were not completely ignorant of their sins, but rather failed to fully repent and remain committed to living a godly life. Some preachers such as Lancelot Dawes condemned the supposed Christian who constantly relapsed back into sin after apparent conversions or confessions of faith, comparing them to a “sick person, after that his Physitian hath recovered his health, should...renew his disease, and that to this end, that he may put his Physitian to a new labour.”⁶⁶ Still some believers, despite recognizing the diseased state of their souls, wanted only superficial or easy remedies, avoiding the painful discipline that came with repentance and true regeneration. They “enquire what God would have them do,” but

⁶⁴ Taylor, *David's Learning*, 138-139.

⁶⁵ Baxter, *Mischiefs of Self-Ignorance*, 146.

⁶⁶ Dawes, *Sermons Preached upon Severall Occasions*, 143-144.

end up being “contented if they be palliated and skinned over...and cannot imagine that the cleansing of the inward parts by purging physick to carry away the bad humours, should conduce much to a cure.”⁶⁷ For these ministers, such “patients” were equally as bad as the former.

Thus, we have seen here that medical metaphors often went beyond the purely medical, with ministers often drawing comparisons between the Christian and the patient to facilitate behavioral changes that were aligned with proper religion. Sin was often described as a sickness of the soul, which only Christ could remedy; ministers, as the teachers of God’s Word, were tasked with the responsibility of guiding souls to Christ, the divine physician, who was the only one that could save sinners from an inevitable death. There is a potent connection here between the body and soul, bodily and spiritual experiences: in the case of the latter, they could have tangible effects on the physical body and were not purely symbolic in nature. If spiritual afflictions did not only have interpretive parallels to physical ones, but also could leave a visceral mark on the physical body, then it only takes a small step to argue that physical experiences could have a deep spiritual effect as well. Indeed, the same ministers often gave practical advice to their congregations in times of sickness, often with spiritual overtones which gave the everyday decision to seek medical care a strong religious weight. It is precisely this topic to which I turn in the next section.

⁶⁷ Patrick, *Jewish Hypocrisy*, 6.

III. Proper Physic and Good Christian Practice

Parallels between the patient and the Christian were especially potent during a time when sickness and death ran rampant in England. In addition to poor climates and harvests exacerbated by a population increasing at a rate that outstripped food supply, terrifying epidemics of the plague raged, alongside more common diseases such as consumption, typhus, and measles.⁶⁸ Not only did this lead to frequent ruminations on the sinful state of the world and the coming of Judgment Day, but it also led to an overwhelmingly uncertain state of health and life for the everyday person.⁶⁹ Perhaps no other disease encapsulates the dual nature of health and sickness in early modern Europe than the plague, which had clear physical and spiritual implications. Characterized both as a providential punishment from God for sins, individual and communal, and as a dangerous physical plight, the plague was a multidimensional experience that existed simultaneously in the physical, theological, and moral realms, interpreted and explained in ways which befitted whatever the writer's (or speaker's) goals may have been.⁷⁰

It is through this multidimensional lens which we must understand the relationship English ministers constructed between the sinful Christian and the sick patient. On the one hand, the patient provided a useful metaphor for the minister: the picture of Christ the physician restoring the sinful soul had powerful parallels to the physician healing the sick patient, as we have seen. On the other hand, ministers were concerned also with how their congregations behaved when they were actually sick. They were, in the words of Edward Heron, concerned with "physicke for body and soule": with appropriate behavior in regard to both their bodies and

⁶⁸ Roy Porter, *Disease, Medicine, and Society in England, 1550-1860* (Basingstoke: Macmillan, 1987): 14.

⁶⁹ On such topics, see Andrew Cunningham and Ole Peter Grell, *The Four Horsemen of the Apocalypse: Religion, War, Famine, and Death in Reformation Europe* (Cambridge: Cambridge University Press, 2000): 1-18, and especially 200-318; and Walsham, *Providence in Early Modern England*, particularly the introduction and chapters 2 and 6.

⁷⁰ Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge, 1985): see chapter 2.

souls. It is difficult to separate concerns for spiritual and physical wellbeing precisely because such concerns were deeply intertwined: not only were physical maladies rooted in sin, but metaphors regarding physical maladies could be used to powerful effect in directing souls to repentance. Although Harley's claim that ministers were trying to legitimize themselves as spiritual healers by comparison to learned physicians functions as one layer of interpretation, one can also interpret these texts in a different light: an extension of this patient-Christian metaphor as a way to shepherd souls towards proper religion, functionally a part of spiritual recognition, repentance, and restoration.

The connection between body and soul has been the subject of several recent studies. Historian Kathleen Crowther, for example, explores the relationship between body and soul in the context of Reformation Germany through the lens of Adam and Eve. Sixteenth-century German reformers used the moment of the creation of Adam to explore the "dual nature of humankind"; more specifically, they focused on the *material* nature of his body as a starting point for such reflections. For instance, Martin Luther reconciles the two creation accounts in Genesis by explaining them thus: the first account (Genesis 1:26-27), which recounts God making man in His image, focuses on Adam's spirituality, and the second (Genesis 2:7), which has God forming Adam's body from the dust and breathing into his nostrils, focuses on his corporeality. The body of Adam also provided an opportunity for people to contemplate on the nature of pre- versus post-lapsarian bodies and the spiritual consequences of the Fall. Crowther notes that, just as the post-lapsarian body would age, get sick, and eventually decay into dust, so were our fallen souls corrupted and putrid, infected by sin. Therefore, physical bodily afflictions gave one an opportunity to meditate on the rottenness of their soul. However, in Lutheran Germany, as in England, being ill also provided Lutheran ministers with an opportunity for

evangelism and religious instruction, and for the sick to experience the grace of God and find salvation.⁷¹

Thus, the body and soul were deeply linked in Reformation theology, and it comes as no surprise that such a connection extended into the realm of the physician-patient relationship as well. In what follows, I expand Helen Smith's argument regarding conversion metaphors as genuine experiences to the realm of patient metaphors. In other words, the experience of being physically sick and seeing a real physician was a *spiritual* experience as much as a physical one. Indeed, just as the spiritual state of the soul and the physical state of the body were linked, so were the pious Christian's spiritual walk and their decisions regarding their day-to-day lives on earth. One could not be orthodox in one and unorthodox in the other. This is in some ways a reversal of Smith's thesis: while she sees conversion as a real embodied experience, blurring the boundary between body and soul, I contend that the practice of seeing physicians was a real embodied spiritual experience, which explains why ministers were so intent on regulating this aspect of the Christian life.

Proper Physic and Obedience

Ministers often exhorted their congregations to use the appropriate medicine—that is, learned, Galenic medicine—first and foremost because using good physic was a part of good Christian response to sickness. According to William Perkins, God did not give man life merely so that he would waste it away indulging in worldly pleasures, but that they “might have libertie to come out of the kingdome of darkenes into the kingdome of grace...& in this respect special

⁷¹ Kathleen Crowther, *Adam and Eve in the Protestant Reformation* (Cambridge: Cambridge University Press, 2010): 52-98.

care must be had of preservation of life.”⁷² Thomas Draxe, in speaking of the proper Christian behavior when visited by the plague, notes first that the afflicted “must commend themselves to God,” then “use preservatives, medicines, physicke, restoratives” to try to be healed.⁷³ In his short *Admonition Concerning the Use of Physick*, despite (or perhaps because of) his own conviction for practicing medicine without a license, Henry Holland urged his readers to seek “the learned Physician...[for] God hath created Physicke, and given us a minde and reason, that every man should have a care of his owne body for health and life”; to *not* use such means was to be “made a murtherer” before God.⁷⁴ As a kind of extension on this argument, the minister William Bartlet (c. 1609-1682) constructs the proper use of physic as a form of obedience to God. In order to dispel the confusion of some who argued that using natural means meant a dependence on creation rather than the Creator, Bartlet reminds his readers using natural means such as medicine for the “preservation of that life...doth not null or make void his faith in, or dependence on God...Where there is only a *conscientious* use of them in obedience to the will of God, and in order to the furthering of his providence, there a person may bee said to live in God, and depend on him, very well notwithstanding his use of these.”⁷⁵

I have already briefly noted the sacred place of life within Christian thought: the preservation of health here on earth was tied to obedience to God, in accordance with his goodwill for his people on earth. For William Perkins, the use of physic meant obedience to God because it was grounded on Scriptural premises:

⁷² William Perkins, *Salve for a Sicke Man*, 124.

⁷³ Draxe, *Christian Armorie*, Book One, 44.

⁷⁴ Henry Holland, “An Admonition Concerning the Use of Physick,” in I.D., *Salomon’s Pest-House, or Tower Royall* (London, 1636): 50-51. See also Dandridge, “Anti-Quack Literature,” 97.

⁷⁵ William Bartlet, *[Ba’al-samz], or Sovereigne Balsome: Gently Applied in a Few Weighty Considerations for Healing the Distempers of such Professors of Religion as Satan hath Wounded and Drawn Aside...* (London, 1649): 33.

When it was the good pleasure of god to restore life unto king *Ezekias*, a lump of drie figges by the prophets appointment was laid to his boyle and he was healed. Indeede this cure was in some sort miraculous, because he was made whole in the space of 2 or 3 daies, and *the third day he went up to the temple*: yet the bunch of figs was a naturall or ordinarie medicine or plaister serving to soften and ripen tumours or swellings in the flesh.⁷⁶

In another case, the Scriptures paint a balanced picture: while one should not rely wholly on physic, one should not neglect such means either. Turning to God in times of need was essential, but so was seeking medical treatment. Lancelot Dawes (1580-1653) compares the actions of Kings Asa and Hezekiah in this regard, commenting that “*Asa* sought to Physitians and dyed; *Hezekiah* sought not, and had fifteen yeers added to his dayes; the one sought to the Physitian, and not to God, the other to God, not to the Physitian: we must joyn them both together.” Dawes here was concerned about two extremes when it came to the sick Christian. On the one hand, some only trusted the “outwarde means,” the skills of the physician over the power of God, like Asa; on the other hand, others adopted a fatalistic mindset, claiming that because their days were numbered by God they should not use the “ordinarie means” given to man by God for their healing. Dawes’ response was clear: While Scripture reminds us that we should ultimately place our trust in God, it also contains examples of men using natural means to restore their bodies.⁷⁷ Genuine obedience, then, involved both trusting in God and using the resources He gave to

⁷⁶ Perkins, *Salve for a Sicke Man*, 125.

⁷⁷ Dawes, *Sermons Preached*, 174.

humankind to the appropriate ends. Indeed, Thomas Draxe calls it the duty of the sick to “use physicke, and all other good meanes to preserve and continue life and health.”⁷⁸

Ministers also taught that it was the duty of the Christian to live out the natural length of life prescribed for him by God, no more and no less. Draxe calls the preservation of health the duty of the sick Christian, reminding his readers to maintain their health “untill it shall please God to take it away.”⁷⁹ Similarly, Perkins warns his readers to remain aware of the proper ends of using medicine. Physic did not exist to “prevent olde age or death itselfe,” but simply to “lengthen the life of man to his naturall period”; however, life could be shortened by intemperate eating and drinking, as well as the onset of illness. For Draxe and Perkins, working to extend life for the original length ordained by God was an opportunity for the Christian to reflect on His mercies and prepare themselves for eternity. According to the minister John Sym (c. 1581-1638), who was concerned with bodily self-murder, life and the body were precious for three reasons: by living a righteous life according to Scripture, one could bring glory to God; life gives one the chance to do good unto others (charity); and life was useful in “fitting [one] for heaven,” using the here and now to prepare for the eternal afterlife. Indeed, Sym argues that “if a man doe not at all live this naturall *life*, he cannot be capable of eternall *life*,” for the life lived in the physical body is the only opportunity for one to be saved; if one did not take care of his or her health, or attempted self-murder, it could have eternal consequences.⁸⁰

Using the proper medical care was also obedience in a practical sense, for self-medicating or seeing other types of healers would put the body at risk of more harm. For Richard Baxter, the first concern was with those who attempted to treat themselves after merely reading or hearing

⁷⁸ Draxe, *Christian Armorie*, 137.

⁷⁹ Draxe, *Christian Armorie*, 137.

⁸⁰ John Sym, *Lifes Preservative against Self-Killing* (London, 1637): 10-12.

about remedies, for one “must be long in studying Law or Physick before you can understand them so well as those who have made them the study and business of their lives.”⁸¹ There are only a few such men who are equipped to achieve excellence in their practice, and it is precisely those men to whom Baxter directs his readers, cautioning them to not “cast your selves upon one [physician] that is like to kill you, because he is your neighbour.”⁸² Simon Patrick calls out both bad ministers and uneducated healers, condemning “mountebanks that pretend at a two-penny charge to give sovereign balsams for all wounds,” but who cannot really cure anything and end up harming their patients.⁸³ Warning his readers about those who made their living by deception, Lancelot Dawes specifically points out that “many Empiricks that want means have little practice, when they meet with a Patient that is for their purpose, will impoyson the wound that it may be long in healing,” cautioning people to stay away from such men, instead seeking the “honest and skilfull Physician.”⁸⁴ Henry Holland, aware that physicians could be quite expensive, advises those with money to “seek for the godly, wise, and learned Physician, and take heede of wicked ignorant bold Emyricks, which kill many men”; for those without, he directs them to a “learned” plague treatise which he hopes will be helpful.⁸⁵ In these examples we see that ministers were concerned that such unlearned practitioners would physically harm their patients, and as a result found it necessary to direct them to the proper sources of medical care.

⁸¹ Baxter, *Mischiefs*, 420-421.

⁸² Baxter, *Mischiefs*, 428.

⁸³ Patrick, *Jewish Hypocrisie*, 5.

⁸⁴ Dawes, *Sermons Preached*, Book 2, 149.

⁸⁵ Holland, “Admonition,” 53.

While many empirics and other irregular practitioners did in fact use natural means, often employing the same remedies as the physicians, English ministers clearly perceived that they did more harm than good. Indeed, the divine John Robinson even notes that

Simple men and women have many times the same *medicines*, or simples, at least, with the most skilful doctors: But wanting art, and skil to temper, and apply them, according to the diversitie of the estates of patients, and varietie of accidents within, and without the sick, they eyther profit not; or hurt one way, what they profit an other.⁸⁶

In effect, while empirics may use the same techniques as learned physicians, such as bloodletting, they lacked the theoretical foundations and the necessary experience to treat *all* patients effectively. Such sentiments are surprisingly similar to those expressed by the Northampton physician John Cotta (c. 1575-1650), who characterizes empirics as those who “rejecteth the disquisition of diseases and remedies, their causes, natures, and qualities,” operating only via those things manifest to their outward sensibilities. While their experiences may help them cure some diseases, Cotta argues that experience is only “of things oft seen”; this means their lack of a knowledge of causes would leave them completely blind when they encountered a rare or previously unknown ailment.⁸⁷ Although it may be too soon to speak of an

⁸⁶ Robinson, *Observations*, 175.

⁸⁷ John Cotta, *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practicers of Physicke in England* (London, 1612): 10-12. On Cotta, see Dandridge, “Anti-Quack Literature,” and Todd H.J. Pettigrew, “‘Profitable unto the Vulgar’: The Case and Cases of John Cotta’s *Short Discoverie*,” in *Textual Healing: Essays on Medieval and Early Modern Medicine*, edited by Elizabeth Lane Furdell. Leiden: Brill, 2005: 119-137

“alliance” between ministers and physicians, this parallel demonstrates that they nonetheless shared similar concerns about the potential harm empirics could inflict on their patients.

Along similar lines, William Perkins lists a few practices of the empirics which he deemed dangerous: the “bare inspection of the urine,” which he calls “most deceitful”; experimenting with novel or untested medicines “upon the bodies of patients”; and astrological medicine, which ended up doing more harm and good because of its deceitfulness and unreliability.⁸⁸ Michael Stolberg notes the decline of uroscopy among learned physicians, not only due to the theoretical and practical inconsistencies surrounding the examination of the urine, but also because of the prevalence of irregular medical practitioners who also centered their practice around this practice, and this may very well be one reason why ministers such as Perkins condemned it.⁸⁹ Furthermore, Ross Dandridge argues that conformist physicians such as John Cotta and James Hart (1522-1597) associated uroscopy with priest-physicians in particular—those ministers who also practiced medicine in their parishes. For these physicians, religious and professional concerns were inextricably intertwined: at once, priest-physicians embodied a challenge to the medical profession and also violated the Calvinist doctrine of callings by taking on the roles of both caretaker of the body *and* soul.⁹⁰ So, even among physicians there existed a connection between medical and religious orthodoxy, and in his call to avoid irregular practitioners Perkins may be drawing upon similar themes.

⁸⁸ Perkins, *Salve for a Sicke Man*, 127-131.

⁸⁹ Michael Stolberg, “The Decline of Uroscopy in Early Modern Learned Medicine,” *Early Science and Medicine* 12, no. 3 (2007): 313-336.

⁹⁰ Dandridge, “Anti-Quack Literature,” 18-19, 64-74. While Dandridge spends the majority of his discussion on this topic on the issue of uroscopy among priest-physicians, he also notes that the prominent practitioner of astrological medicine, Richard Napier, was also an Anglican divine. See also Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981) and Ofer Hadass, *Medicine, Religion, and Magic in Early Stuart England: Richard Napier’s Medical Practice* (University Park: Penn State University Press, 2018).

Having established the parallel concerns between the ministers and physicians, we may return to the question at hand: why would ministers be concerned about the deception and physical harm done to the body by these irregular practitioners? One reason was because the Scriptures framed the body both as God’s workmanship and as the temple of God.⁹¹ Perkins, in discussing the purpose of man’s creation, employs arguments when he reminds his readers, “Whereas our bodies are Gods workmanship, we must glorifie him in our bodies... we must not hurt or abuse our bodies,” adding that, because the body was a “temple framed by Gods owne hands for himselfe to dwelle in; therefore our dutie is to keepe our bodies pure and cleane.” Maintaining the health of the body was thus an act of proper worship by which one could glorify God; conversely, the filthier the body, “the more fit it is to be a dwelling place for sinne and Sathan.”⁹² John Sym frames two types of bodily harm as forms of “indirect self-murder,” or suicide: actions such as “eating to gluttony, and drinking to drunkenness,” and the use of “unwarrantable practise of physick,” whereby the sick entrusted their health into the hands of empirics who “neither know to have skill, nor calling to undertake such cures; or, are such as be desperate attempters, with small regard of mens lives in their practise.”⁹³ That Sym associates using empirics with self-harm is telling; he clearly sees the harm afflicted by these irregular practitioners as an affront to God.

I have used the words “good,” “proper,” or “appropriate” medicine when discussing the recommendations by these ministers, even if they may not always use such terminology themselves. I have endeavored to do this because ministers were not blindly recommending any

⁹¹ Ephesians 2:10: “For we are his workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them” and 1 Corinthians 6:19-20: “What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's.”

⁹² William Perkins, *A Golden Chaine* (Cambridge, 1600): 240.

⁹³ Sym, *Lifes Preservative against Self-Killing*, 110-111.

kind of medicines or methods of healing for their congregations despite their calls to use “natural means” of healing in times of need; indeed, they were quite specific about the kinds of practitioners one should avoid. As I have shown above, ministers urged their audiences to seek out the learned physician, avoiding the host of other healers that would have been available to the early modern patient. Why would ministers object to these other healers? One of the reasons was because of the intimate connection between physic and spiritual wellness; proper physic was an essential part of Christian living, and ministers sought to direct their congregations towards the right places just as they would in purely spiritual matters.

Proper Physic and Idolatry: Cunning Folk and Spiritual Wellbeing

The utmost concern of the ministers even in cases of the actual practice of medicine was therefore spiritual, and their efforts to redirect their audiences to the proper physic had the more important goal of preserving their souls. Using the right kinds of physic was fashioned as pious and grounded in Scriptural precedents; it only makes sense, then, that they also had spiritual implications. We see such sentiments explicitly in the writings of ministers, who construed the choice of healer as a choice between godly or satanic sources, and who worried a bad decision would risk the state of the soul. The cunning-man or woman, or the “white witch,” was of particular concern for the minister, because these were individuals who provided helpful services for the everyday English person but who were believed, at least by the more educated theologians and ministers, to be satanic agents working under a façade of good works to deceive the masses.⁹⁴

⁹⁴ See Brian Levack, *The Witch-Hunt in Early Modern Europe* (London: Routledge, 2016): 107-109, and more generally, Owen Davies, *Cunning-Folk: Popular Magic in English History* (London: Hambledon, 2003).

Cunning-men and women were also concerning to the minister due to their extensive presence in the English landscape. They went by a number of different titles: wise men or women, charmers, blessers, conjurers, sorcerers, or witches; healing the body was one of their most important societal functions, but they also provided a variety of other services, including fortune-telling, finding lost items, and even discovering the witch in cases of suspected bewitchment. The prominence of such “villager healers” was due to a number of reasons. First, as Keith Thomas notes, the “orthodox” medical theories of the sixteenth and seventeenth centuries did not do much to protect people from disease and death; with village healers frequently offering the same remedies at a portion of the cost, they were more readily accessible.⁹⁵ The shortcomings of physicians were noted by the writer and scholar Robert Burton (1577-1640), who proclaimed, “The country people use kitchin Physick, and common experience tels us, that they live freest from all manner of infirmities, that make least use of Physick.”⁹⁶ In discussing the plague, Henry Holland believed that physicians “all say, that it is an infectious poison, deadly enemie to the vitall spirits, with all speed flying into the hart the castle of life, but whence it commeth, whereof it ariseth, and wheresore it is sent, in these causes they confesse their ignorance.”⁹⁷

This was not to mention the cost of utilizing such learned physicians; Charles Webster notes that it would cost around ten shillings for a visit for an everyday individual, while Thomas estimates that an English gentleman would be charged around a pound per day of medical service.⁹⁸ Although there were poor relief laws, which in some ways put medicine within reach

⁹⁵ Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth- and Seventeenth-Century England* (London: Penguin, 1971): 9.

⁹⁶ Robert Burton, *The Anatomy of Melancholy* (Oxford, 1621): 431.

⁹⁷ Henry Holland, *Spirituall Preservatives against the Pestilence* (London, 1603): 35.

⁹⁸ Charles Webster, *The Great Instauration: Science, Medicine, and Reform, 1626-1660* (New York: Holmes and Meier, 1975): 289; Thomas, *Religion and the Decline of Magic*, 12.

for the sick poor, one had to be either completely penniless or demonstrate their inability to work in order to receive aid.⁹⁹ Thus, many of the sick would turn to alternative sources of medical care, often centered on the family, where the women were considered healers and sources of medical knowledge.¹⁰⁰ Beyond the immediate family members, one also had recourse to friends and neighbors, as well as clergymen, the latter of which, though they was often condemned by physicians of the period, nevertheless formed a significant portion of the medical expertise available.¹⁰¹ Cunning-men and women formed a part of this wide array of alternatives to learned medicine.

Furthermore, also of serious concern for these ministers was the close association of Catholic rites and rituals with the magical remedies of cunning folk. Peter Lake argues that the English reformers' assault on Catholicism centered on the framework of inversion: while Protestantism was the true religion, Catholicism was its "anti-religion," with the Pope constructed as the Anti-Christ.¹⁰² Indeed, there was a long history of attacking the Catholic Church with accusations of diabolism dating back to the Lollards, and in Reformation England such rhetoric was again directed towards the established faith. However, Nathan Johnstone argues that, instead of using the rhetoric of inversion, "English Protestants concluded that the dynamic of Devil-worship was false doctrine."¹⁰³ For the reformers, Catholicism was extremely

⁹⁹ Andrew Wear, "Caring for the Sick Poor in St. Bartholomew Exchange: 1580-1676," in William F. Bynum and Roy Porter, eds., *Living and Dying in London, Medical History*, Supplement no. 11 (1991): 41-60. See also Margaret Pelling, "Healing the Sick Poor: Social Policy and Disability in Norwich, 1550-1640," in *The Common Lot: Sickness, Medical Occupations, and the Urban Poor in Early Modern England* (London: Longman, 1998): 79-104.

¹⁰⁰ See Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018).

¹⁰¹ Wear, *Knowledge and Practice*, 21-22. See also Webster, *The Great Instauration*, 255-264.

¹⁰² Peter Lake, "Anti-Popery: The Structure of a Prejudice," in *Conflict in Stuart England: Studies in Religion and Politics, 1603-1660*, ed. Richard Cust and Ann Hughes (London: Longman, 1989): 72-74. See also Stuart Clark, *Thinking with Demons*, 349-351.

¹⁰³ Nathan Johnstone, *The Devil and Demonism in Early Modern England* (Cambridge: Cambridge University Press, 2006): 43.

dangerous because it was “a very convincing fake”; that is, it provided people with a reasonable and comfortable faith, its falsehood undiscernible to the masses. Satan impersonated rather than parodied God, and the Church false rather than true doctrines. Thus, Johnstone concludes that the emphasis was on “subversion rather than inversion,” on the “spiritual blindness” of humans which made them oblivious to Satan’s corruption of the Church, rather than a direct sense of inversion.¹⁰⁴

Whether they were seen as inversions or subversions of true religion, cunning-folk were clearly seen as a threat to religious orthodoxy. Cunning-men and women often employed the use of old Latin prayers, prescribing in addition the repetition of Paternosters, Aves, and Catholic creeds, which could be either read aloud or written on papers or stones and used as amulets by the sick patient. Hebrew or Greek words could also be utilized, as well as a host of hybrid words or phrases that did not make much sense aside from their supposed utility.¹⁰⁵ On one level, this reflects the deeply entrenched place of the old Catholic faith within the broader English community, or, put a different way, demonstrates that the common people were not nearly as “Protestant” as one may expect. However, we can also see why ministers would be so concerned about the presence of such healers; since Catholicism was closely associated with diabolism in England, cunning folk were a spiritual threat to the well-being of the Christian and the broader community.

As Stuart Clark points out, Protestant ministers (who often doubled as demonologists) were far more concerned about such practitioners of white witchcraft than their maleficent “black” counterparts: those witches who made pacts with Satan, used his powers to bring harm to

¹⁰⁴ Ibid., 44-45.

¹⁰⁵ Thomas, *Religion and the Decline of Magic*, 211-217.

others, and participated in witches' sabbats.¹⁰⁶ Such an assessment seems to be true for the English context as well. In my sample of English religious tracts and sermons, for example, there were far more references to empirics and cunning-men or women than there were to the typical black witch stereotype. Calvin himself, when he preached on witchcraft, directed his vitriolic rhetoric at *divinatio*, those "popular" magicians, rather than practitioners of black witchcraft.¹⁰⁷ The most influential biblical text in support of such beliefs was Deuteronomy 18:10-11: "No one shall be found among you who makes a son or daughter pass through fire, or who practices divination, or is a soothsayer, or an augur, or a sorcerer, or one who casts spells, or who consults ghosts or spirits, or who seeks oracles from the dead."¹⁰⁸

Indeed, it was the diabolical nature of such popular methods of healing that most concerned the English minister. For these men, seeing cunning folk was equivalent to biblical figures inquiring of foreign idols, or the Israelites seeking out those practitioners explicitly forbidden by God. The most commonly used biblical example was that of King Ahaziah: Ahaziah, having injured himself, sends for the Philistine deity Baal-Zebub rather than Yahweh, the God of Israel. This angers the Lord, who condemns Ahaziah to death for his idolatry.¹⁰⁹ Thus, in using this example, ministers were painting the act of seeing cunning folk as an idolatrous deed parallel to the sin of Ahaziah. Richard Gove, while advising his readers to send for the physician in times of need, adds this caveat to his recommendation:

¹⁰⁶ Clark, *Thinking with Demons*, 459.

¹⁰⁷ Peter F. Jensen, "Calvin and Witchcraft," *Reformed Theological Review* 34 (1975): 76-86.

¹⁰⁸ This verse, alongside verses such as Leviticus 20:6 and Exodus 22:18 were frequently cited by demonologists. See, for example, the margins in Lewis Bayly, *The Practice of Piety* (London, 1624): 643.

¹⁰⁹ 2 Kings 1.

That this Physitian to whom thou sendest be not *Baal-zebub*, the God of *Ekron*; I meane some cunningman, or woman (as they are commonly termed) though indeed they be very Witches: For this were to cast out Sathan by Sathan, they being no other then the very instruments, and limbs of the Devill. And much better were it to want Cure, then to have the Devill for thy Physitian. And surely he is thy physician, and not God, when thou sendest to such people for health.¹¹⁰

To remain sick and risk death was far better than sending for such agents of Satan. Here, Gove simultaneously constructs the act of seeing cunning-men or women as both idolatrous and diabolical. While Satan as a concrete antagonistic figure did not come into the fore until New Testament times, Gove nonetheless gives Ahaziah's idolatrous act a Satanic origin.

That idolatry could be one of the chief concerns of ministers recommending the use of proper physic to their readers is reinforced by the fact that white witchcraft was often located within broader discussions of the Decalogue, particularly the first commandment. John Bossy argues that there was a shift in moral emphasis from the Middle Ages to the early modern period: while in the Middle Ages the seven deadly sins formed the core of Christian moral teaching, by the sixteenth century the Ten Commandments had replaced them, coinciding with the rise of religious catechisms and the Reformation. This new moral system placed special emphasis on offenses against God, particularly the first Commandment, as the central gear on which all the other commandments turned. One of the most important consequences of such an emphasis was, according to Bossy, a shift in how the Devil was viewed. While in medieval Europe the Devil was seen as an inversion of Jesus, preaching hatred over love, in the early modern period the

¹¹⁰ Gove, *A Sovereigne Salve*, 3.

Devil became seen as an inversion of God the Father, becoming one the principal sources of idolatry and false worship. As Bossy points out, this also caused a significant shift in how Europeans viewed witchcraft: while in the paradigm of the Seven Deadly Sins witchcraft was defined by the harm inflicted on others by occult means, under this new paradigm of the Ten Commandments it became a breach of the first Commandment. In other words, witchcraft—all forms of it, black and white—became idolatrous worship of the Devil.¹¹¹

So it may come as no surprise that many Lutheran catechisms incorporated witchcraft within their discussions of the first commandment. Perhaps one of the best examples of this can be found in the writings of Flemish theologian Andreas Gerhard, or Hyperius (1511-1564), who explicitly included the practices of cunning-men and women in his list of offenses against the first Commandment:

Of which sort be the observation and choise of days, of planetary hours, of motions, and courses of stares, mumbling of prophane prayers, consisting of words both straunge and sencelesse...rytes and ceremonies unknowen to the Church of God, sundrie characters, and figures...any instruments of phanatical divination...witchcrafts, enchauntmentes, and all such superstitious trumperie. And hereunto is to bee referred the paultring mawmetrie and heathenish worshipping of that domestical God or familiar angel.¹¹²

¹¹¹ John Bossy, "Moral Arithmetic: Seven Sins into Ten Commandments," in *Conscience and Casuistry in Early Modern Europe* (Cambridge: Cambridge University Press, 1988): 214-234.

¹¹² Andreas Gerhard, *The true tryall and examination of a mans owne selfe*, trans. Thomas Newton (London, 1586): 34-35, cited in Clark, *Thinking with Demons*, 492.

Like sentiments are expressed in catechisms throughout Protestant Europe, including Denmark, Switzerland, the United Provinces, Scotland, and England. Within the English context, two prominent early reformers, John Hooper (d. 1555) and Thomas Becon (d. 1567), linked witchcraft to the first commandment as well. Hooper accuses those who “supersticiouslie obserue the course and reuolution of the heauens” and “yeue faythe vnto the coniuration or sorcery of superstitious persones as to pristres that blisse water...or to wycches or southsaiers” of the sin of idolatry.¹¹³ Similarly, Thomas Becon lists “magic, witchcraft, sorcery, charms, incantations, conjurations, etc.” as breaking the first commandment.¹¹⁴

Clark also notes that such catechisms persisted in Stuart England, despite the declining frequency with which seventeenth century catechisms connected witchcraft and idolatry. For example, the catechist John Ball (1585-1640) lists “seeking to wizards for helpe” as a breach of the first commandment; John Mayer (d. 1664) calls “witches and Wizards, and all such as seeke unto them in their sicknesse, or losses,” were among the worst of the idolatrous who broke the commandment; and Edward Elton (1569-1624) argues that witches and those who sought them in times of need were both equally condemned under the Decalogue’s precepts.¹¹⁵ Thus, in comparing seeking cunning-men and women to idolatry, English ministers of the seventeenth century were clearly entrenched in earlier convictions regarding the Ten Commandments.

Therefore, we can begin to understand the calls to seek the proper medical care as part of the ministers’ broader spiritual concerns for their congregations or readers. Indeed, several other

¹¹³ John Hooper, *A declaration of the ten holy commaundementes of allmygthye God*, 2nd ed. (Zurich, 1549): LIX-LXI.

¹¹⁴ Thomas Becon, *The Catechism of Thomas Becon*, ed. J. Ayre (Cambridge, 1844): 59, cited in Clark, *Thinking with Demons*, 495.

¹¹⁵ See Clark, *Thinking with Demons*, 496. The specific sources cited here are [John Ball], *A short treatise: containing all the principall grounds of Christian religion*, 8th ed. (London, 1631): 182; John Mayer, *The English Catechism Explained*, 2nd ed. (London, 1622): 208; and Edward Elton, *An exposition of the ten commandments of God* (London, 1623): 3.

English ministers expressed the same concerns as Gove above, fearing that recourse to cunning-men or women was in fact a recourse to the Devil himself. Lewis Bayly (c. 1575-1631), for example, in his immensely popular devotional work *The Practice of Piety*, encourages the sick, reassuring them that God, “will direct thee to such a Physitian, and to such a meanes, as that by his blessing upon their endeavours thou shalt recover, and be restored to thy former health againe.” However, this comes with a stern word of caution: God will not bless the sick with recovery if they turned to “sorcerers, wizards, charmers, or inchanters for help.” Construing such behavior as breaking the Christian covenant of baptism, Bayly uses the example of Ahaziah seeking Baal-zebul to cast the use of alternative practitioners as idolatrous in nature. Significantly, Bayly leaves his readers with an ominous warning: “God will never give a blessing by those means which he hath accursed: but if he permits Satan to cure thy body, feare lest it tend to the damnation of thy soule. Thou art tryed: Beware.”¹¹⁶ This is a fascinating perspective, for not only was merely *turning* to such cunning folk idolatrous, and thus demonic in nature; but if such a recourse actually *resulted* in good health, this was an indicator of the eternal state of one’s soul—a litmus test for whether one was truly Christian, or a follower of the Devil.

William Perkins also spends several pages outlining proper and improper uses of physic in his manual on enduring sickness and dying well. While he condemns uroscopy, empirics, and astrological medicine as foolish and dangerous for the patient, he saves his most caustic language for “inchanters, and sorcerers, which indeede are but witches and wizzards, though they are commonly called cunning or wise men and women,” who work through “charmes or spells, of what words soever they consist: characters and figures either in paper, wood, or waxe: all amulets, and ligatures, which serve to hang about the necke or other parts of the bodie.”¹¹⁷ For

¹¹⁶ Bayly, *The Practice of Piety*, 643.

¹¹⁷ Perkins, *Salve for a Sicke Man*, 132-133.

Perkins, it was better that one died from their sickness rather than see such diabolical healers; such behavior could have dire temporal and eternal consequences. While Perkins cites the case of King Ahaziah in 2 Kings, similar to Gove and Bayly, which is a warning about temporal death, he also explicitly references Leviticus 20:6, warning his readers of the potential for a spiritual separation from God: “For if any turne after such as worke with spirits, and after soothsayers, to goe an whoring after them, the Lord will set his face against them, and cut them off from among his people.”¹¹⁸ We can see that for ministers such as Gove, Bayly, and Perkins, the choice of medical practitioner had drastic spiritual consequences; indeed, the very souls of their readers were at stake. This was, in other words, an extension of the “physic as obedience” theme which I pointed out above: Perkins and other ministers were calling upon their readers to obey God and flee from idolatry by constructing the use of cunning-folk as a breach of the first Commandment. Seeking the proper medical care, then, was obedience to the Decalogue.

This is also why ministers recommended appropriate medical care even in demonological treatises, for, as we have seen, medicine was as much a spiritual concern as a physical one. In spiritually charged demonological literature, which were both an unveiling of Satan’s schemes and a condemnation of witches, the call to seek learned physicians over white witches would not be out of place, particularly since cunning folk were thought to derive their powers from Satan. The concern here still remained the idolatrous nature of cunning-men and women; George Gifford (c. 1547-1600) accuses them of taking part in a scheme of Satan, who “worketh by his other sort of Witches, whome the people call cunning men and wise women to confirme all his matters, and by them teacheth many remedies” in order that he may “draw men quite from God, even to worship and to follow himselfe, and seeke all helpes at his hands.”¹¹⁹ It is easy to see

¹¹⁸ Ibid., 133.

¹¹⁹ George Gifford, *A Dialogue Concerning Witches and Witchcraftes* (London, 1593): sig. A3^r, sig. F4^r.

why ministers would recommend learned physic over such healers: the very remedies of cunning folk were Satanic in origin. However, it is also important to note that Gifford and others do not deny the efficacy of the remedies of cunning-men; their moral status was not derived from their results, but from the very nature of their cures. For example, William Perkins echoes Gifford's sentiments, observing that the white witch was "so deare unto them, that they hold themselves and their country blessed that have him among them, they flie unto him in necessitie, they depend upon him as their God."¹²⁰

In the same treatise, Perkins makes an explicit call for his readers to use the appropriate physic instead of turning to such cunning-men and women. "Charming is in as great request as Physicke, and Charmers more sought unto then Physicians in time of neede," laments Perkins, and its users "have dishonoured God, and renounced lawfull meanes sanctified by him."¹²¹ In referring to "lawfull meanes sanctified" by God, Perkins is calling upon his readers to make use of good learned medicine. As I have argued above, ministers constructed the use of proper physic as a form of obedience to God, supported by Scriptural examples, such as that of King Asa and some of the Old Testament prophets. Indeed, from what we have seen from Perkins so far, and in his language here, we can deduce that it is precisely obedience he has in mind when he writes, "Physick used in time and place, is a worthy ordinance of God, and therefore beeing rightly used, God gives his blessing to it."¹²² It is God's divine ordinance that should compel the Christian to seek the appropriate medical care; thus, Perkins gives this two layers of obedience: on one level, it is obedience to the decree that one should use ordinary means to heal oneself

¹²⁰ William Perkins, *A Discourse of the Damned Art of Witchcraft* (Cambridge, 1610): 256.

¹²¹ *Ibid.*, 153-154.

¹²² *Ibid.*, 155.

when needed, but on another, it is obedience to the First Commandment, which formed the foundation of Protestant moral theology in early modern Europe.

The English minister Thomas Cooper (d. 1626) also expresses the same sentiments as Perkins, bemoaning the fact that “though wee make profession to seeke to GOD alone in our troubles; yet when it comes to the Pinch, doe wee not runne unto the *Deuill*? Hath not the *Blessor, more Proselites and Patients* then the *Physition*; yea then the conscionable *Preacher*?” However, it was not just the physician and the preacher—God’s ordained means of physical and spiritual care on earth—who were rejected, for in trusting such cunning folk these people “robbe[d] God of his glorie, and themselves, asmuch as lyeth in them, of their salvation.”¹²³ So Cooper also situates consulting white witches within the sphere of idolatry, as both an affront to God and an endangerment to the soul, for this put the Devil in the place of God as the helper of souls. John Gaule puts this succinctly when he writes that in turning to witches, one was “yeelding or acknowledging the Devill to bee the Author of helpe; which standeth in the Name of the Lord our God alone.”¹²⁴

Thus, consulting cunning-folk was idolatrous because people were turning directly to Satan rather than to God; it was therefore an inversion of proper worship. It was also idolatrous because the practices of such healers had many similarities to Catholic rituals; since Catholicism was frequently associated with demonism in early modern England, with fears of “popish plots” threatening to overthrow the good Christian commonwealth, the white witch and their threat to individual and communal orthodoxy was a microcosm of the wider Catholic threat to the English nation. Perkins seemingly hints at a connection between cunning folk and the Catholic threat,

¹²³ Thomas Cooper, *Sathan Transformed into an Angell of Light Expressing his Dangerous Impostures under Glorious Shewes* (London, 1622):

¹²⁴ John Gaule, *Select Cases of Conscience Touching Witches and Witchcrafts* (London, 1646): 159.

arguing that Catholic practices, such as the sign of the cross or using saints' relics were neither biblically sanctioned nor efficacious in and of themselves, and only explicitly calling Catholic exorcisms diabolical, since they presume to "command the Deville."¹²⁵ Cooper, however, makes the connection between cunning folk and Catholicism far more explicit, calling out the

*making of Characters, Images, and Signes in Wax, or Clay, & framing of Circles, using of Amulets, Exorcismes; an ordinarie Practize of the Apostata Church, conjuring thereby their Creame, Salt, Spittle, holy Water, Oyle, Palmes, &c. using of the Name of Jesus with such often repetitions and Crosses annexed. All which, & such like, being no secret operation of Nature, nor ordinance of God to such ends: What other can they be, but the Visors of Satan, whereby hee masks it more securely, and dangerously in his Magicall practises, as heereby bearing the simple people in hand, that Christ is a Conjurer, that he is bound by those from doing hurt, to do good &c.*¹²⁶

Indeed, such anti-Catholic sentiments find their way into a number of other English demonological tracts, as another form of diabolical idolatry. Using Catholic rituals and the remedies of cunning folk were often considered one and the same: both profaned God by turning to false religion for physical well-being, both diabolical in nature. This is why Richard Bernard (1568-1641) describes the works of white witches as including "charmcs, popish prayers, popish superstitions, and very Witcheries themselves," such as amulets, incantations, and panaceas.¹²⁷

¹²⁵ See Perkins, *Discourse*, Dedication, 150, 232, 239-246.

¹²⁶ Cooper, *Sathan Transformed*, 167-168.

¹²⁷ Richard Bernard, *A Guide to Grand-Jury Men* (London, 1627): 134-135.

Alexander Roberts (d. 1620), another English preacher, tells his readers that “magitians, Necromancers, Inchanters, Wisards, Haggas, Fortune-tellers, Diviners, Witches, Cunning Men, and Women, &c.” were prevalent under the “thick sogges of Popery” which, while the Reformation had broken much of the Catholic hold over England, still remained as a weapon of the Devil in the Last Days.¹²⁸ The idea that witchcraft and Catholicism were being used by Satan to turn souls from the kingdom of God during the End Times was thus not uncommon. Some ministers, such as James Mason (fl. 1612), called out the practice of using the names of God in order to exorcise demons, arguing that such practices “blaspheme the name of God against the third commaundement. *Thou shalt not take the name of the Lord thy God in vaine*, using it unto another end, then he hath ordeined it.”¹²⁹ While this argument focuses on the third, rather than the first, commandment, it is nonetheless emblematic of the wider condemnations of Catholic exorcisms as diabolical in origin, particularly in their associations with the practice of cunning folk.

There is one further aspect of the idolatrous nature of seeking cunning-men and women: using such diabolical means pulled the sufferer away from the proper Christian response to earthly afflictions. This was considered an affront to God because it took away from two central aspects of His character—His absolute sovereignty and divine providence. Reformed theology taught that everything, good and bad, happened within the sovereignty and foreknowledge of God; indeed, nothing happened that was not permitted by Him. Concepts such as “fortune” or “luck” could not be in the picture, for God was in absolute control of all things. This was especially true in cases of sickness: one only needed to look at the book of Job to understand that

¹²⁸ Alexander Roberts, *A Treatise of Witchcraft* (London, 1616): 2-3.

¹²⁹ James Mason, *The Anatomie of Sorcerie Wherein the wicked impietie of charmars, inchanters, and such like, is discovered and confuted* (London, 1612): 25.

God was behind Job's bodily afflictions and ill-fortunes. It is no surprise, then, that the English minister Arthur Dent (c. 1552-1603) gives this concept a thorough treatment in his overview of the Gospel: earthly pains proceeded only from the will and ordinance of God, including famine, pestilence, and all other physical afflictions.¹³⁰ Furthermore, Keith Thomas notes it was the responsibility of clergymen, as per the Elizabethan Prayer Book, to remind the sick that their sicknesses were, first and foremost, a divine visitation.¹³¹ While, as I have pointed out, English ministers did not reject the use of medicine, moments of bodily pain and suffering were opportunities for the Christian to reflect on his or her sins, on God's character, and grow deeper in their faith.

As a result, Protestant recommendations on sick behavior, what Lucinda Beier calls "the literature of moral medicine," permeated the early modern English landscape.¹³² Such behaviors often involved recognizing God's hand in sickness and turning to him in prayer and supplication, even while seeking medical treatment. Although "God hath given...Physick to keep us in health, and cure us of disease," William Bartlet argues, God still asks that His people turn to Him in prayer to "seek his blessing and direction."¹³³ Similar arguments on how to properly respond to sickness, even while using the ordinary means of medicine, can be found in the writings of other English ministers who recommended the use of physic. Perkins, for example, after warning his readers to stay away from cunning folk, lays out for them the appropriate spiritual response to affliction: one must "prepare his soule by humbling himselfe under the hand of god in his sicknesse for his sinnes, and make earnest praier to God for the pardon of them."¹³⁴ Other

¹³⁰ Arthur Dent, *The Plaine Mans Path-Way to Heaven* (London, 1601): 111-134.

¹³¹ Thomas, *Religion and the Decline of Magic*, 90-132.

¹³² Beier, *Sufferers and Healers*, 155.

¹³³ Bartlet, *Soveraigne Balsome*, 25.

¹³⁴ Perkins, *Salve for a Sicke Man*, 134-135.

ministers, such as Lancelot Dawes, constructed bodily afflictions as a fundamental part of the Christian life, arguing, “To the godly, afflictions are often as necessary as food or drink.”¹³⁵ Learning the appropriate way to suffer afflictions was one of the most effective means for someone to resist the schemes of the Devil and glorify God. Thus the wise Christian, according to John Robinson, should “mourn for [their] sins” when sickened and confess them unto God, recognizing that it was God who had justly brought bodily afflictions upon them; such an attitude would “honour God, as a wise, powerfull, and just Judg.”¹³⁶ To see the hand of God in sickness or affliction was thus not only a way to resist Satan, but also an aspect of proper worship; conversely, to not recognize His divine providence in sickness was idolatry.

This aspect of idolatrous behavior was particularly pressing for ministers to address because people would often see cunning-folk or white witches for a number of needs, including in cases of suspected bewitchment by “black” or maleficent witches—those witches who entered into a covenant with the devil to harm others—whether of themselves, their family, or their livestock.¹³⁷ Such people were severely misled, first and foremost, because they were not able to recognize that the hand of God was behind both their afflictions and the supposed power of the witches that attacked them. Clark notes that the use of popular remedies often “ignored the need for such things as self-scrutiny, prayer, and repentance,” and such sentiments were often expressed by ministers in their attacks on white witches. So Perkins reminds his readers that “the Devill can doe so much onely as God permits him, and no more... God hath restrained his power, in the execution of his malitious purposes, whereupon he cannot go a whit further, then God

¹³⁵ Dawes, *Principles*, 55.

¹³⁶ Robinson, *Observations*, 176-177.

¹³⁷ James Sharpe, *Instruments of Darkness: Witchcraft in Early Modern England* (Philadelphia: The University of Pennsylvania Press, 1996): 66-70. Sharpe notes that cunning-folk were also sought to find lost or stolen goods, to cure illnesses, for fortune-telling, and to deal with black witchcraft.

gives him leave and libertie to go.”¹³⁸ God was absolutely sovereign over the activity of witches and the afflictions of the Devil through them: “the multitude is in this grosse error, that witches have the power to turne the world upside down,” writes Henry Holland, for “they are but Sathan’s insturments,” with Satan’s power itself being “limited by the Lord.”¹³⁹ This is not to say, however, that these ministers did not support the punishment of witches. Most, if not all of those who published demonological tracts advocated that witches do be severely punished if found guilty; however, this did not absolve the afflicted from not having turned to God when attacked by the Devil.

One of the best examples of such an approach to cases of witchcraft is George Gifford’s *Dialogue Concerning Witches and Witchcraftes*, which is constructed as a discussion between a character named Samuel and his wife, two local villagers, and Daniel, the voice of Gifford, the local schoolmaster. Samuel approaches Daniel, concerned that he is the victim of some “naughty people.” Having seen a hare and a weasel around his home, Samuel fears that he was set upon by an “old woman” in town who frowned at him several times. Samuel and his wife believe that several cunning-men and women who live around their village can help them to check if they are bewitched, and if they are, to find the witch responsible. Gifford’s response (through the mouth of Daniel) to this assertion that they could find help through the services of cunning-folk is telling:

Nay I doe not thinke that the olde woman hath bewitched you, or that your body
is bewitched, but the divell hath bewitched your minde, with blindnes and
unbeleefe, to draw you from God, even to worship himselfe, by seeking help at

¹³⁸ Perkins, *Discourse*, 39-40.

¹³⁹ Holland, *A Treatise against Witchcraft* (Cambridge, 1590): sig. G3r.

the hands of devils. It is a lamentable case to see how the devill hath bewitched thousands at this day to run after him: and even to offer sacrifice unto him...It is not in these matters to be taken as wee imagine, but as the word of God teacheth. What though a man think he worshipping not devils nor seeketh not help at their handes, as he is persuaded, nor hath any such intent, is he ever the neere, when as yet it shall be found by Gods word, that he doth worship them, and seek unto them for help?¹⁴⁰

This response encapsulates the sentiments of the ministers I have examined. Consulting cunning-men and women was seen as diabolical, drawing one away from God and causing them to worship Satan instead, and Gifford seems to paint this as part of a broader satanic scheme to pull Christians from the Gospel, noting that “thousands” had already been deceived into believing in the efficacy of cunning-folk. This was, in other words, idolatry: the witches, who drew their power from Satan, were certainly idolaters, but in seeking the aid of such people Samuel himself had become an idolater, essentially one and the same as the witches themselves.¹⁴¹

English ministers thus were just as preoccupied with the real-life behaviors of sick patients in choosing their healers as they were with the spiritual state of souls. In the previous section I showed that medical metaphors were prevalent in English religious tracts and sermons in early modern England and pointed out the place of patient metaphors in particular as a powerful explanatory tool for discussing the intimate links between body and soul. Here, I have endeavored to explore the points of contact between the physical and spiritual, arguing that ministers’ concern for the physical wellbeing of their sick patients was deeply tied to their

¹⁴⁰ Gifford, *Dialogue*, sig. B1^v-B2^r.

¹⁴¹ *Ibid.*, sig. B3^r-B4^r.

spiritual concerns for their souls. This not only comes through in their belief that using medicine when sick was biblically mandated, but also in their close management of the *types* of healers their congregations saw. While ministers condemned empirics as unlearned and dangerous, they reserved their most vitriolic rhetoric for the cunning-men and women, witches who provided services under the guise of the helpful village healer, but who were in reality diabolical idolaters who led their clients to the destruction of their souls. Thus, the medical advice of ministers, though it indeed shows their concern with the physical state of the body, ultimately reflects their spiritual concerns, embedded in a framework in which the body and soul were inseparable parts of the same whole.

IV. Conclusion

My analysis of religious tracts, sermons, and demonological treatises written by English ministers has shown the intimate connections between religion and medicine in early modern England. More specifically, I examined how ministers explored the interconnectedness of body and soul, navigating the boundary between the spiritual and physical via the medium of health and medicine. Indeed, as historians such as David Harley, Andrew Wear, and Charles Webster have shown us, medicine was deeply intertwined with religion in seventeenth-century England.¹⁴² Not only did ministers frequently employ medical metaphors, such as *Christus Medicus*, but they also demonstrated deeply religious outlooks on health, disease, and even the use of medicine. The religious aspects of disease have been well-documented; Calvinist theology linked bodily afflictions with divine providence, with disease being framed as either a blessing from God to help one grow in faith, or as a chastisement for sin. However, as I have shown, ministers frequently extended their spiritual interpretations of sickness into the realm of actual medical practice. Healthcare itself—not just disease—became spiritualized.

Thus, the care of the body and the care of the soul were intimately connected in English theology. This can be seen first through the prevalence of medical metaphors during this period. As I have argued, metaphors served two crucial functions. On one level they functioned as explanatory theological tools via their close parallels with experiences of health and sickness, helping make complex theological points more comprehensible to the laity. However, they also expressed the intimacy between physical and spiritual matters; indeed, one could not say medicine was purely physical or that religious experiences were purely spiritual. The work of Helen Smith has shown that the metaphor of religious conversion as cure reflected the visceral,

¹⁴² I have cited their works throughout this thesis.

felt experience of early modern spirituality, “blurring the distinction not only between ratiocination and sensation, but between bodily and imaginative feeling.”¹⁴³ So while metaphors could help the lay Christian make sense of theological points via similitude, they also helped them see everyday experiences, such as being sick and being healed, through a spiritual lens. Patient metaphors in particular were instructive ways of conveying theological points and dispensing advice, for it placed the experiences of the individual at the center of the boundary between the physical and spiritual.

Furthermore, medical metaphors provided a highly useful bridge over which ministers could move from metaphorical expressions to providing practical advice for the sick. While the spiritualization of sickness and death have been well-noted, I argued that the experiences of taking medicine and seeing physicians were also spiritual experiences as much as physical ones for English ministers, with clear, tangible spiritual consequences for those who chose the wrong method of healing. In other words, the spiritual dimension of medical practice was one reason why ministers recommended the appropriate physic to their readers or listeners. Proper medicine, it seems, was *learned* medicine; that is, the Hippocratic/Galenic physic taught at English universities centered on balancing the four humors and regulating daily regimen. It is also clear that it did not matter if irregular practitioners used the same treatments as university-trained physicians; ministers saw all quacks and empirics as inherently dangerous precisely because they did not have the same training that educated physicians did. In this sense, the concerns of ministers were strikingly parallel to those of physicians such as John Cotta and James Hart, who also condemned irregular practitioners as uneducated and dangerous.¹⁴⁴

¹⁴³ Smith, “Metaphor, Cure, and Conversion,” 477.

¹⁴⁴ On Hart, see Dandridge, “Anti-Quack Literature,” 75-117; David N. Harley, “James Hart of Northampton and the Calvinist Critique of Priest-Physicians: An Unpublished Polemic of the Early 1620s,” *Medical History* 42, no. 1 (1998): 362-386.

However, ministers were concerned about more than just the physical harms done to the body; indeed, even this concern was rooted in a deeper spiritual view of the body as the temple of God, and in the belief that one should not either end life early or try to extend it beyond the time prescribed by Him. Both theological points were rooted in a view of what constituted proper worship; conversely, one could interpret a failure to maintain the physical body as an affront to God and a form of idolatrous behavior. Therefore, to these ministers the potential harms that untrained empirics could bring remained a spiritual as well as a physical threat. That the university-educated physician could also err did not escape their notice, of course; however, from their writings it seems that they saw empirics and their potential for physical harm as far more severe.

Such concerns also extended towards the cunning-man or woman, those village healers who many theologians and divines termed “witches.” The empirics were threatening because they could harm the physical body due to their lack of knowledge and experience; cunning folk were even more threatening because their practices were believed to be derived from the power of the Devil, and thus could put the very soul in danger. Part of this association with the Devil arose as a result of their magical healing practices, which bore resemblances to Catholic rituals which these English ministers deemed demonic in origin. However, this concern with the Catholicism inherent in the practices of cunning folk was a part of a general belief that seeing such healers was tantamount to receiving help from the Devil himself—in other words, it was idolatry in its worst form. Thus, we see many ministers explicitly condemning the use of cunning folk in times of sickness, instead imploring people to turn to God first, then the learned physician, the only pious source of healing. This is also why several of the same ministers wrote separate treatises devoted to demonology, as we can see in the case of Henry Holland and

William Perkins, where they spend a significant number of pages attacking cunning folk, pointing their readers towards the proper physic.

Thus, what I hope to have shown here is one aspect of the intimate connection we find in early modern England between the body and soul, centered around medicine and medical practice. Medical metaphors, as well as practical advice for the sick regarding their choice of practitioner, demonstrate the ease with which ministers moved between the physical and the spiritual; indeed, they were not really moving between them at all, for medicine was at once both physical *and* spiritual. Medicine not only provided a framework to understand spiritual truths; it also functioned as an indispensable part of spirituality, with a proper use of medicine understood as pious, and everything else considered impious, foolish, and idolatrous. Indeed, the reorientation of the moral basis of everyday religion from the Seven Deadly Sins to the Decalogue made the divergence from orthodox medicine a violation of the first Commandment, and therefore a matter of great seriousness for the soul. Finally, while there is no indication that most of the ministers studied here also practiced medicine, we can deduce that, given their concern with religious and medical orthodoxy, they were not among the priest-physicians attacked by Cotta and Hart.

There are clearly still questions that remain. For one, we know that quackery and irregular medical practitioners remained a prominent part of the English landscape throughout the rest of the seventeenth and into the eighteenth and nineteenth centuries. Indeed, historian Roy Porter writes,

Quack medicine, as we have seen, was neither suppressed nor silenced in England. The public wanted to buy it; the state, increasingly disinclined to interfere in market

regulation, preferred to tax rather than to ban it; the medical colleges lacked the power to force it out of existence...and, in any case, regular practitioners themselves were cashing in on commercial practices barely distinguishable from what was commonly denounced as quackery.¹⁴⁵

As we can see here, Porter focuses largely on economic concerns, framing quacks as competition for physicians in the medical marketplace. However, this leaves very little actually said regarding the religious dimension of this debate. Do ministers continue to condemn empirics, quacks, and cunning-men and women in the late-seventeenth into the eighteenth century? Did the ways in which they approached this issue shift in any significant way? Mark Jenner's work is instructive in this regard. Jenner notes that in the early eighteenth century, arguments for and against quackery were largely shaped by religious concerns and a perceived alliance between learned medicine and proper religion. While in the sixteenth and first half of the seventeenth century attacks on quackery were centered on the Calvinist idea of callings and on the deceitfulness of empirics, Jenner argues that in the latter half of the seventeenth century this shifted to a concern focused on "enthusiasm": quacks were identified with religious enthusiasts—Quakers, Puritan separatists, and a host of other religious sects—as challengers to medical and religious orthodoxy.¹⁴⁶

The debates surrounding medical and religious orthodoxy were also shaped by the rise of the iatrochemists in the seventeenth century—those reformers influenced by the chemical ideas of Paracelsus and Johann Baptista Van Helmont. Paracelsians emphasized the Christian roots of hermetic and magical remedies, attacking the supposed atheism of Galenic medicine and aiming

¹⁴⁵ Roy Porter, *Quacks: Fakers and Charlatans in English Medicine* (Stroud: Tempus Publishing, 1989), 161.

¹⁴⁶ Jenner, "Quackery and Enthusiasm," 313-340.

to replace it with a new chemical medicine grounded in Scripture and a mystical derivation of knowledge directly from God himself. Furthermore, according to Van Helmont, true knowledge was acquired through what he called *ecstasis*, a personal religious experience which gave one the ability to fully understand both Creator and creation. While traditional Galenic medicine emphasized medical training and a knowledge of causes, theoretically opening up medical practice to men with the resources and the desire, these iatrochemists insisted upon the concept of the “priest-physician,” with only a select few chosen to be physicians.¹⁴⁷ Unsurprisingly, many of the mainstream, orthodox Puritans, the “conformists” of the Anglican Church, defended the value of human learning and attacked Paracelsian ideas as diabolical.¹⁴⁸

Additionally, one could even expand a study of these religious tracts to include aspects beyond only medicine. For example, how did ministers understand and retransmit natural philosophical knowledge? Why did they incorporate discussions of natural philosophy in their religious tracts and sermons? What of scientific metaphors? Such questions, I believe, can help us paint a more holistic picture of the place of science and medicine in English religious thought. While much literature has focused on the religious beliefs of prominent philosophers, such as Robert Boyle and Isaac Newton, less has been said about the ways English clergymen knew and understood theories about the natural world.

As a word of caution, this study does not assume that *all* English divines treated medicine this way, nor does it assume that English religious thought was a monolithic entity without disagreements as to the place of medicine in religion. However, what I hope to have shown is that medicine, as seen through the eyes of ministers, had a deeply spiritual component which was ultimately inseparable from concerns about the physical body. Even today, health, sickness, and

¹⁴⁷ Elmer, “Medicine, Religion, and the Puritan Revolution,” 24-30.

¹⁴⁸ *Ibid.*, 30-43.

medicine are discussed in spiritual terms within religious circles, and afflictions of the body continue to carry spiritual meaning for those so inclined. On the one hand, it is faulty to equate modern ideas about health and illness with those of the early modern period; on the other, I believe there still remains a form of continuity in religious thought in regard to how such experiences are seen and interpreted in modern society. If anything, this continuity demonstrates that understanding how people thought about health and sickness in the past can help us, in varying degrees, to make sense of similar ideas today.

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