

## BOOK REVIEW

### Medicine in an Age of Revolution

by *Peter Elmer*

Hardback 480 pages, September 2023  
OUP, ISBN 978-0198853985

This deeply researched and scholarly work aims, first, to undermine assumptions of the dominant paradigm of an early modern British 'medical marketplace' wherein practitioners largely exempted themselves from political office-holding, and secondly, to re-examine contrary suppositions that lie behind the thesis of Charles Webster and subsequent social history of medicine that a broadly defined puritanism was the prime ideological motor of medical change in mid-seventeenth-century England. Although medical practitioners were increasingly politicised, in analysing the ideological roots of medical reform Elmer argues against over-simplistic categorisation and overly dichotomous characterisation of medically innovative puritans and conservative Anglicans.

A significant strand of Elmer's argument is that contrary to the assumption that either revolutionary forces unleashed in the 1640s or scientific and philosophical developments such as Cartesian mechanism precipitated the demise of organicist forms of discourse, the medical permeation of religious and political discussion of the crisis engendered by the English civil war was a reflection of a mindset grounded in the Renaissance commonplace of the body. In this analogy the physicians were the legal profession, Parliament, and/or the King. Even a causal relationship was perceived between the emergence of diseases like rickets and political turmoil. The analogy of the organic state, an essentially conservative yet 'remarkably flexible tool of political analysis', survived the act of regicide in 1649, adapted, and was invoked not only by Stuart apologists and Tory propagandists but by 'church puritans' who sought order, hierarchy, and harmony. It is suggested that the desire for religious peace, political harmony, and 'healing' may have provided a motive for some to engage more closely with medicine and for the politicisation of those providing medical help.

Prior to civil war, it had been thought improper for a medical practitioner to engage in the business of government, local or national. Whereas religious divisions clearly ran deep, they do not seem to have unduly affected doctor-patient relations. This began to change in the 1630s, when puritan clerics deprived of their livings took up the practice of medicine. The onset of civil war saw patients and medical practitioners increasingly gravitate toward co-religionists. After 1642 an increasingly militarised state appointed physicians to sit on county militia committees and serve as magistrates. Meanwhile, surgeons, apothecaries, and physicians contributed to the Stuart cause by engaging in espionage and plotting.

The decades following the Restoration witnessed an acceleration of the process of politicisation. Many from the ranks of ejected puritan ministers, discouraged from acquiring a medical education in England, were increasingly attracted to the medical schools of the Netherlands, where they encountered the latest medical thinking and supported plots to overthrow the Stuarts. Dissenting minister-cum-physicians like Richard Gilpin preached in Newcastle's barber-surgeons' hall and iatrochemist Quakers offered a combination of spiritual and medical counsel. Meanwhile, at odds

with the emerging distinctive dissenting tradition in medicine, politically active Tory physicians made significant inroads into office-holding at the corporate level and served as government intelligencers. This High Church, Anglican medical establishment was moderated by the influence of the London College of Physicians. By the end of the century, it was quite common for physicians, surgeons, and apothecaries to serve as burgesses, mayors, and magistrates, and sometimes as sheriffs or MPs at Westminster. Contrary to the view of the early modern physician as pragmatic and apolitical, those who served the state did so for profound ideological reasons, as well as for professional advancement, preferment, honour, and future prosperity, though these were precariously dependent on the changing political circumstances.

Turning to the ideological roots of medical reform, Elmer finds that in the early years of the reign of Elizabeth I, many supporters of evangelical Protestantism found Paracelsianism 'both congenial and fully consonant with the reformist goals of puritanism'. But by the 1640s and 1650s, mainstream puritanism was inherently conservative and medically Galenic, whereas radical groups opposed the authority of the London College of Physicians, favouring de-regulation of the medical 'profession' and combining this with interest in the ideas and practices of the iatrochemists or chemical physician Jan Baptist van Helmont (1579-1644) and antipathy towards Galenic humoralism. A co-ordinated medical reform movement in the 1650s with Polish émigré Samuel Hartlib (d.1662) at its centre, was associated with the religious radical and republican Nicholas Culpeper (1616-1654). But many royalists and loyal Anglicans embarked upon medical study at Cambridge in particular in the 1650s, often as an alternative to a clerical or administrative career, and were allured by anatomical experimentation, Helmontianism, and iatrochemistry, which notwithstanding seemed to encourage an antipathy towards religious dogmatism and a preference for theological accommodation.

The attempt in 1665 to overthrow the regulatory authority of the London College of Physicians with the Society of Chymical Physicians is understood within the context of the failure of successive governments to heal the wounds of civil war. The episode demonstrates the enduring stigma of social and intellectual subversion that clung to iatrochemistry, but the evidence points also to the diverse political and religious affiliations of iatrochemists. Although individual members of the medical reform movement were subject to intense politicisation, the critical role in creating the conducive atmosphere for the promotion of medical change was played by the period, rather than specific religious groupings.

A word on the scholarly method and apparatuses of this book is warranted. Prosopography enables a more accurate and detailed assessment of the ways in which religious and political identities impinged upon attitudes to medical practice and beliefs. Analysis of complex webs of networks that medical practitioners inhabited allows firmer judgements as to the ideological roots of medical innovation. Accordingly, the tumultuous fortunes of individual practitioners are foregrounded, for example, Robert Brady (1627-1700), who was forced to flee the country in 1650, prior to completing his medical studies at Cambridge, later used his medical practice as a cover for plotting against the government, was rewarded in 1660 for his loyalty with the grant of a mandated MD and the mastership of Caius College, and published medically inflected historical defences of divine right monarchy and Toryism. Elmer also draws upon detailed biographies of hundreds of early modern healers compiled from a variety of mostly archival sources as part of a Wellcome Trust-funded project, some of which are included in three biographical appendices, including indices of medical and non-medical signatories in favour of the creation of the Society of 'Chymical' or 'Chemical' Physicians. In this otherwise outstandingly scholarly and well-presented book, there are only occasional infelicities; overall it represents an outstanding contribution to the field.

**Peter Mitchell**

**August 2024**

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