

Mary E. Fissell
The Range of Healers

If you got sick in early modern England, you had a substantial range of healers whom you might consult. Herb-women who collected healing plants from the countryside and sold them; itinerant oculists who traveled from town to town offering their specialist services; astrologers who diagnosed via horoscopes; midwives who delivered almost all babies; apothecaries who prepared drugs to physicians', patients' and their own specifications — and many more. One of the key differences between their medical world and our own is the relative lack of regulation. While we too have a wide range of healers, from acupuncturists to orthodontists, doulas to drugstore pharmacists, all are highly regulated by the state, often via professional organizations that set educational and other requirements. In early modern England, organizations of physicians, surgeons, and apothecaries exercised very limited regulatory powers, primarily in London. Most forms of healing were not regulated by the state.

Historians use the concept “the medical marketplace” to describe the organization of healing occupations in early modern England. Instead of the state issuing licenses to healers, contractual relations between a healer and patient structured the delivery of health care. Patients picked and chose whom they would consult, and paid their healer to perform specific procedures. If the first healer didn't succeed, the patient might move on to someone else. Healers worked hard to build their reputations, for it was reputation, not a license or a diploma, that spoke to patients about a healer's efficacy. Unlike today, when there is a clear hierarchy of providers, with nurses, for example, in theory overseen by physicians, and a fairly rigid protocol about whom to consult for what complaint, and in what order, patients in early modern England saw anyone they chose whom they could afford. Frequently, patients did not ascend any kind of occupational hierarchy but moved from, say, a physician to a local wise woman and then had a prescription offered by a friend made up by an apothecary, and so on.

Most healing took place in the home, and often the women of the household were the first responders to ill-health. In better-off households, women or men might manage a collection of herbal remedies they had prepared and kept in readiness, or they might ask friends for additional recipes if their initial efforts did not heal the sufferer. Physicians and surgeons were expected to attend patients in their homes, often on a daily basis, while apothecaries might be consulted in their shops. Midwives usually delivered women in their own homes, with a mother's friends and family in attendance. While much healing today takes place in clinics and hospitals, such institutions were almost unknown in early-modern England; health-care happened at home.

Surgeons and apothecaries trained as apprentices, learning their trade on a case by case basis from their masters, functioning as both trainees and servants. In larger towns and cities, apothecaries and surgeons were organized into guilds, like other trades, which functioned as local monopolies and guarantors of quality. Apothecaries both prepared medicines and acted as general practitioners, diagnosing and prescribing. Surgeons were

sometimes also barbers, letting blood and shaving clients; most focused on trauma and ailments on the outside of the body, such as wounds, hernias, broken bones, and skin ailments. They also treated venereal diseases, which manifested in sores on the outside of the body. Physicians, unlike other healers, often had a university education, and usually focused on ailments that manifested inside the body, such as fevers. Midwives might learn their trades via less-formal apprenticeships, and were sometimes licensed by local bishops, who got testimony from mothers that the midwives were competent obstetrically and morally.

Many healers took up a trade as and when it suited them. Some specialized in a particular procedure or therapy, making and selling a medicine, or healing deafness with a specific procedure. Some practiced what we might consider religious or magical healing, although it is often unclear how healers and patients saw boundaries between natural and supernatural healing. Kings laid hands on subjects with scrofula (a painful swelling of glands in the neck) and healed them; sufferers muttered charms whose roots lay in pagan or Christian pasts, hoping to heal themselves.

Additional Reading:

Harkness, Deborah E., "A View from the Streets: Women and Medical Work in Elizabethan London", *Bulletin of the History of Medicine* 82 (2008): 52-85.

Jenner, Mark and Pat Wallis, eds. *Medicine and the Market in England and Its Colonies*, (London: Palgrave, 2007).

Pelling, Margaret, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640*, (Oxford: Clarendon, 2003).

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