

THE SURGEONESS: THE FEMALE PRACTITIONER OF SURGERY 1400–1800

by

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IN the year 1729, Mary Webb, a girl of fifteen, was apprenticed by the overseers of the Parish of Fulham in the county of Middlesex to Mrs Anne Saint of St Leonard's Shoreditch, Surgeoness. The indenture (Figure 1) bound the girl for seven years, during which time the mistress was to teach her the art.¹ But what was a "surgeoness", and what art did she teach? The term suggests a female surgeon, but it could easily be a euphemism for some other activity. For the reality beneath the surface, we must look into the kind of women who treated the sick at that time, particularly those engaged in surgery, and learn something of their background.

The *Oxford English Dictionary* dates "surgeoness" to the year 1815, but the same word and similar words were used in England much earlier. In France and Italy, equivalent terms were used even in medieval times and for this reason it will be necessary to glance at the situation in those countries first.

We must also consider what was meant by surgery and how the surgeon was regarded by his contemporaries. What was expected of him in the fifteenth century is summarized by William Caxton:

Morysse the surgyan
Medleth hym to hele
Woundes, soores,
And apostomes
With oynementis
And with plastres;
He can cutte out the stone,
And hele by drynkes
Of the grauelle and of brekyng.²

There was considerable overlap with the work of the physician and demarcation disputes were not uncommon: the margins between the different kinds of healers are blurred. The person dressing an ulcer may be a nurse or a surgeon. If the surgeon can "hele by drynkes" he may be encroaching on the territory of the physician by giving an internal remedy.

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¹ Archives Department, Hammersmith and Fulham Library Services (hereinafter H & FLS), PAF/1/272/70.

² Muriel Joy Hughes, *Women healers in medieval life and literature*, New York, Books for Libraries Press, 1943, p. 79.

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Three hundred years later, the role of the surgeon was little changed. He "... is only employed in the Cure of Wounds, Bruises, Contusions, Ulcers, and Eruptions in the outward parts, in Trepanning, Cutting, or Scarifying, and Amputations of any of the Limbs or Members, that require these Operations. He applies only topical Medicines, that is, to the outward Parts of the Body affected; such as Plaisters, Cataplasms, Blisters, Cautaries, and the like: but is rarely concerned in any inward Applications; . . .".³ In addition, the treatment of venereal disease formed a large and lucrative part of his practice. Dr Johnson defined Chirurgery as "The art of curing by external applications".⁴ It is clear that at one time the surgeon became the nearest equivalent to the general practitioner of today. After 1730, the words surgeon and apothecary were used interchangeably in the provinces.⁵ As late as 1830, when Sir James Paget had to choose a career, "... it was decided that I should be a 'surgeon' meaning a general practitioner . . .".⁶ In England, at the present time, the GP sees the patient in his surgery, not in his office or his consulting room.

Through to the early modern period, there were several different kinds of women engaged in medical care. Some of the ladies of the aristocracy were capable of managing important affairs, yet at the same time they accepted responsibility for the treatment of their households and also of their poorer neighbours. The lady of the manor might be the unofficial doctor of the village. The example was followed by the wives of wealthy burghers and others of lower degree. At the other end of the social scale, "wise women" used such empirical knowledge as they had to help those around them,⁷ but for the "professionals" as we might term them, we must look to the wives and daughters of the tradesmen and craftsmen. Husbands and wives worked together and lived above the shop. Apprentices could serve both, and a widow could carry on the business. Sometimes a woman worked on her own. They were engaged in many occupations, and no trade was closed to them by law.⁸

One of the biggest handicaps for women was the difficulty in acquiring a good education. When universities were established, those with medical faculties did not encourage them. They were unwelcome to the lay institutions and totally excluded from the universities administered by the ecclesiastical authorities.⁹ In any case, the general education of girls, even of the upper classes, was very restricted. The study of Latin, which was essential, declined in the schools run by the nuns and died out in most convents in the fourteenth century.¹⁰ There were some elementary schools, but girls had no access to the grammar schools.¹¹ Private tuition could sometimes remedy the situation. In England at the time of the Renaissance, among the more cultivated gentry, the father might retain a clergyman or intelligent gentlewoman for

³ R. Campbell, *The London tradesman*, London, 1747, p. 47.

⁴ Samuel Johnson, *A dictionary of the English language*, London, 1755.

⁵ J. F. Kett, 'Provincial medical practice in England 1730–1815', *J. Hist. Med.*, 1964, 19: 17–30.

⁶ Stephen Paget (editor), *Memoirs and letters of Sir James Paget*, London, Longman, Green, 1901, p. 19.

⁷ L. F. Salzman, *English life in the middle ages*, Oxford University Press, 1926, p. 258.

⁸ A. Abram, 'Women traders in medieval London', *Econ. J.*, 1916, 26: 276–285.

⁹ C. H. Talbot, 'Dame Trot and her progeny', in T. S. Dorsch (editor), *Essays and studies*, London, John Murray, 1972, p. 2.

¹⁰ Eileen Power, *Medieval women*, essays collected and edited, with additional material, by M. M. Postan, Cambridge University Press, 1975, p. 81.

¹¹ *Ibid.*, p. 83.

instruction.¹² Lucy Hutchinson (b. 1620), daughter of Sir Allen Apsley, Governor of the Tower of London, had eight tutors at the age of seven, and outstripped her brothers in the study of Latin.¹³

EARLY WOMEN SURGEONS IN ITALY AND FRANCE

To see the English surgeoness in proper perspective, we must first look at her counterpart on the Continent, where the picture is clearer and more detailed at an earlier date. The revival of medical learning at Salerno in the eleventh century was associated with a strong tradition of women healers, and there are records of women given licences to practise surgery. This they could learn by apprenticeship or as members of medical families, as wife or daughter of a surgeon. The numbers were small: in a period of thirty-five years in the early fourteenth century, eighteen licences were issued to women compared to 3,000 for men.¹⁴ Sometimes the licences were limited to the treatment of certain diseases, such as gout, hernia, eye troubles, etc. In 1309, for example, Lauretta was examined by the professor at Naples, Francesco da Piedmonte, and was adjudged competent to treat various diseases, abscesses, external wounds, and even to operate for stone. It was noted that she knew no Latin and spoke only her native tongue.¹⁵ The same applied to Francesca Romana, granted a licence by Charles of Calabria in 1321: "... she has been examined by our royal physicians and surgeons in the art of surgery, and although she knows no Latin, she has been found competent. . . ."¹⁶ In 1404, King Ladislaus of Durazzo granted a licence to Cusina di Filippo de Pastino, daughter of a kettlesmith of Dipignano, to practise the art of surgery in Cosenza. She became "magistra chirurgiae".¹⁷ In 1414, Donna Bella di Paija, a doctor's wife, was granted a licence without examination ("qualsivoglianu infirmitati di celurgia") as a favour from Queen Bianca, who also granted her other privileges.¹⁸ In Venice, the Colleges of Physicians and Surgeons, jointly issued licences to barber-surgeons, both male and female.¹⁹

That many women were engaged in medical practice is indicated, not so much by the individuals whose names have survived, as by the regulations that were issued against unlicensed practice. In Florence, according to the statutes of the Corporation of Physicians, Apothecaries and Mercers (1313–1316), nobody could practise without having passed an examination. Offenders found in the town, whether male or female, would be punished.²⁰ An edict of Pope Sixtus IV (1474–84) confirmed a law of the College of Physicians of Rome forbidding any unqualified man or woman, Christian

¹² W. Notestein, 'The English woman 1580–1650', in J. H. Plumb (editor), *Studies in social history*, London, Longmans Green, 1955, p. 82.

¹³ Lucy Hutchinson, *Memoirs of Colonel Hutchinson*, London, Everyman edition, J. M. Dent, 1965, p. 13.

¹⁴ Talbot, *op. cit.*, note 9 above, p. 13.

¹⁵ *Ibid.*, pp. 11–12.

¹⁶ *Ibid.*, p. 12.

¹⁷ Marcello Segre, 'Dottorresse Ebree nel medioevo', *Pag. Stor. Med.*, 1970, 14 (5): 98–106; L. Münster, 'Woman doctors in mediaeval Italy', *Ciba Symp.*, 1962, 10 (3): 136–140.

¹⁸ Münster, *ibid.*

¹⁹ Gweneth Whitteridge, 'Some Italian precursors of the Royal College of Physicians', *J. R. Coll. Physns Lond.*, 1977, 12(1): 67–80; Ladislao Münster, 'Notizie di alcune "medichesse" veneziane della prima metà del trecento', *Scritti in onore del Prof. A. Pazzini*, Rome, Edizioni Minerva Medica, 1954, pp. 180–187.

²⁰ Melina Lipinska, *Les femmes et le progrès des sciences médicales*, Paris, Masson, 1930, p. 31.

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or Jew, treating the human body, either medically or surgically.²¹

In France, too, many women acted as healers despite the hostility of the authorities, especially the University of Paris, administered by the ecclesiastics. In its fight against the “*mediennes*”, it passed an edict in 1220 banning outsiders, but for a long time it remained a dead letter.²² The campaign extended to the practice of surgery; an edict of November 1313 prohibited women from practising surgery in Paris unless they had been examined by a competent jury.²³ That Jewish women were of their number is indicated by an edict of 1271, when the masters of the medical faculty of Paris ordained “that no Jew or Jewess presume to operate surgically or medicinally on any person of Catholic faith . . .”.²⁴ They continued, “. . . therefore we strictly prohibit that any male or female surgeon, apothecary or herbalist, by their oaths presume to exceed the limits or bounds of their craft . . .”.²⁵

A closer view of one of these practitioners and of her work may be obtained from the detailed account of the arraignment of Jacoba Felice by the dean and masters of the Faculty of Medicine in Paris in 1322. She had not studied at or been approved by the Faculty and it was therefore contended that she had practised illegally and was liable to excommunication and a fine of 60 pounds (Paris). Far from being one of the ignorant old wives so often depicted, Jacoba was a highly intelligent, sophisticated woman of good social standing, who had to be addressed as *Domina*. She was still in her thirties. None of the eight witnesses called had any complaint against her. Several had asked for her help after the regular doctors had failed them. One of them had heard that she was more experienced in medicine and surgery than any master of medicine or surgery in Paris. She defended herself with eloquence and subtlety, both by questioning the law invoked against her and by putting clearly the case for women doctors: a *Portia* as well as a *Jex-Blake*. But it was all in vain and she lost her case. About the same time, Belota the Jewess and Margaret of Ypres, surgeon, met the same fate (*Margaritam de Ypra chirurgicam et Belotam Judeam*)²⁶.

Nevertheless, the women were not yet suppressed. Nearly a century later, in 1411, Perretta Petonne was reported by the master surgeons of Paris because she had not been examined or approved. At a previous hearing, a year earlier, she had protested that it was unfair to prosecute her while other women surgeons had been left undisturbed. Nevertheless, she was put under arrest and ordered to deposit her books on the art of surgery at the office of the *prévôt*, to be examined by the physicians. Although allowed bail, she was forbidden “to exercise the profession or act of surgery in any way or to place, or cause or presume to place, on her house a box, banner or other sign of a surgeon or surgeoness.”²⁷ The women were fighting a losing battle. In 1484, all

²¹ *Ibid.*

²² *Ibid.*, p. 46.

²³ *Ibid.*, pp. 46–47.

²⁴ Lynn Thorndike, *University records and life in the middle ages*, New York, W. W. Norton, 1975, pp. 83–84, translation of *Chartularium universitatis Parisiensis*, 1: 488–490.

²⁵ Lipinska, *op. cit.*, note 20 above, p. 48, quotes the original, but with a wrong reference.

²⁶ Eileen Power, ‘Some women practitioners of medicine in the middle ages’, *Proc. R. Soc. Med.*, 1921, 15 (3): 20–23; Talbot, *op. cit.*, note 9 above, pp. 3–10.

²⁷ Thorndike, *op. cit.*, note 24 above, pp. 289–290, translation of *Chartularium universitatis Parisiensis*, 4: 198–199.

women, except the widows of surgeons, lost the right to practise surgery,²⁸ and in 1694, even these were banned.²⁹

EARLY WOMEN SURGEONS IN ENGLAND

Although England lagged behind Italy and France in the development of medical services, we do find evidence of women healers, including surgeons. According to Charrier, the right of women to practise medicine is made explicit in the ecclesiastical laws of Edgar (crowned AD 973): “Possunt et vir et femina medici esse”.³⁰ This would be consistent with the status enjoyed by the women of Anglo-Saxon England, particularly in regard to property rights and the power to act independently.³¹ They were better off than their successors. There may have been centres, not confined to men, where they could get a liberal education, and some women had a knowledge of Latin.³² In the list of medical practitioners of medieval England compiled by Talbot and Hammond, there are seven women, including Katherine “la surgiene” in 1286, whose father and brother were surgeons.³³ The petition of Joan, widow of William of Lee, discovered and translated by Eileen Power, shows that medical practice was a livelihood for some women. Joan’s husband had been killed when Henry IV invaded Wales in 1400 and, some time between 1404 and 1408 she appealed to the king for his protection: “And she has nought whereby to live save by physic [fesik] which she has learned”.³⁴

We glimpse other female practitioners through the eyes of male contemporaries. John Arderne (1307–90) tells of a priest who had a lump in the right breast for over two years and then was “taughte of a lady to leye an emplastre therto and to drynke of the drynke of Antioche”. Later, he consulted a wise surgeon who warned him against treatment with corrosives or cutting.³⁵ Another of John’s patients was treated for six months by a lady who used only “drynk of Antioch and other pillules”.³⁶ John seems to have had an antipathy to the “drynk of Antioch” (though he himself occasionally used the remedy).

The early organization of the barber-surgeons assumes the presence of women. “From the earliest times the custom has prevailed to admit women to the freedom mostly by apprenticeship but also by patrimony, and these freewomen bound their apprentices, both boys and girls at the Hall;”.³⁷ They were not, however, admitted to

²⁸ Lipinska, *op. cit.*, note 20 above, p. 55.

²⁹ Kate Campbell Hurd-Mead, *A history of women in medicine*, Haddam, Conn., Haddam Press, 1938, p. 390.

³⁰ E. Charrier, *L'évolution intellectuelle féminine*, Paris, 1931, p. 447.

³¹ Dorothy Whitelock, *The beginnings of English society*, Harmondsworth, Middx, Penguin Books, 1979, pp. 94–95.

³² *Ibid.*, pp. 197–198.

³³ C. H. Talbot and E. A. Hammond, *The medical practitioners in medieval England*, London, Wellcome Historical Medical Library, 1965, p. 200.

³⁴ Power, *op. cit.*, note 26 above, p. 23, citing and translating PRO Ancient Petitions, File 231, No. 11510.

³⁵ D’Arcy Power, ‘English medicine and surgery in the fourteenth century’, *Lancet*, 1914, ii: 176–183.

³⁶ Hughes, *op. cit.*, note 2 above, p. 85.

³⁷ Sidney Young, *Annals of the barber surgeons*, London, Blades, East & Blades, 1890, p. 260.

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the livery. In 1389, four master surgeons were sworn in before the Mayor and Aldermen of London to maintain “faithful oversight of all others, both men and women, occupied in cures or using the art of surgery. . . .”³⁸ In Ireland, the Guild of St Mary Magdalene in Dublin was established in 1446 for the promotion and exercise of the art of surgery. It was to consist of “men as well as women” as brothers and sisters of the guild.³⁹ When Nicholas Bradmore, a wealthy London barber-surgeon died in 1417, he remembered his apprentice Agnes Wodekok in his will and left her a red belt buckled with silver and a sum of 6s. 8d.⁴⁰ In 1421, the physicians, as yet unorganized, tried to prohibit anyone who had not studied at a school of physick of a university from practising. They emphasized that “No woman use the practice of Physick”. The Lords of the Privy Council were directed to consider the petition, but apparently no effective action was taken.⁴¹

A century later, by the Act of 1511,⁴² the physicians were in a much stronger position and were able to assert their authority. Ostensibly, the measure was directed against the unorganized mass of healers who were regarded as quacks and charlatans and subjected to much abuse and criticism. No doubt, much of this was deserved, as crooked practitioners abounded and would be so regarded in any age, but the judgement is too sweeping and there were many people who strove to give an honest and devoted service even though they had no university degree or bishop’s licence. The propaganda put out by the vested interests was powerful and enduring. The preamble to the Act goes a long way to accusing the women of witchcraft: “. . . and Women, boldly and accustomedly take upon them great Cures, and things of great difficulty, in the which they partly use Sorcery and Witchcraft, . . .”. This was a serious accusation in an age when the belief in witchcraft was common to both the ignorant and the learned. In spite of all this, the Act of 1511 must have proved unworkable. The Act of 1542⁴³ removed many of the restrictions and enabled “divers honest men and women” to carry on with their activities, at the same time giving a side-swipe at the surgeons for “minding only their own luces”. In Tudor times, according to Roberts, “The greater part of general medical practice lay in the hands of wise country people who were sound empirical practitioners protected by the Act of 1542.”⁴⁴ The bad reputation attached to the women stems largely from the strong hostility of the men trying to maintain their own monopoly and status in their closed corporations.

TUDOR AND STUART PRACTITIONERS

The attempt to control medical practice in the reign of Henry VIII led to the system of licensing by the bishops of all practitioners, except the graduates of Oxford and

³⁸ D’Arcy Power (editor), J. F. South, *Memorials of the craft of surgery in England*, London, Cassell, 1886, p. 19.

³⁹ W. D. Moore, ‘An outline of the history of pharmacy in Ireland’, *Dublin quart. J. med. Sci.*, 1848, 6: 64–102.

⁴⁰ R. Theodore Beck, *The cutting edge*, London, Lund Humphries, 1974, pp. 56, 75.

⁴¹ *Ibid.*, p. 62; J. W. Willcock, *The laws relating to the medical profession*, London, A. Strachan, 1830, p. iii.

⁴² Statutes of the Realm, 3 Henry viii, c. 11.

⁴³ *Ibid.*, 32 Henry viii, c. 42.

⁴⁴ R. S. Roberts, ‘The personnel and practice of medicine in Tudor and Stuart England’, Part 1, *Med. Hist.*, 1962, 6: 363–382.

Cambridge. The innovation was not very effective. After the first rush (e.g., a batch of seventy-two surgeons licensed by the Archbishop of Canterbury in 1514) many practising in the City and suburbs ignored the regulations. The charter granted by Edward IV and confirmed by Henry VII in 1499 and Henry VIII in 1512 gave superintendence of the Barber-Surgeons' Company to the Master and Governors. There were then two licensing bodies for the barber-surgeons, leaving room for evasion and conflict. Many surgeons did not bother to get a bishop's licence, or left it late in their careers merely to seal their status.⁴⁵ There were probably many more unlicensed surgeons than licensed, and this would apply even more so to the women. Of the 850 licences issued by the archbishops of Canterbury between 1580 and 1775, only seven were to women. In 1613, Anne Hubbard of Norfolk and Eleanor Woodhouse of Shoreditch, the wife of a vintner, were licensed for surgery. In 1620, Catherine Greene, wife of the vicar of Royston, Hertfordshire, was licensed for medicine, and Alice Blower, a clothier's wife, for surgery. In 1685, Jane Pernell of Southwark was licensed for surgery; in 1687, Elizabeth Wheatland of Winchester for medicine and surgery; and in 1696, Mary Rose of Portsmouth likewise.⁴⁶ These few names must represent only a very small proportion of the women actually engaged in practice if we consider the long gap between 1620 and 1685.

Whether licensed or not, women played a considerable part in providing the services of medicine, surgery, bone-setting, midwifery, and nursing for the community, especially for the poor.⁴⁷ The attack on the surgeons for their greed in the Act of 1542 suggests that ordinary people could not afford them. The women, therefore, would be more in demand to provide what was necessary at a reasonable cost. Such competition was strongly opposed by the men in their closed corporations. In Norwich, for example, the physicians and barber-surgeons in 1561 drew up a special set of rules for the better regulation of their guild, and at the same time took the opportunity to complain of the "sondrye women", among others, who were practising physic and surgery and were regarded as quacks.⁴⁸ Similarly, in Salisbury in 1614, a charter given to the Company of Barber-Surgeons inveighed against the "divers women and others within this city, altogether unskilful in the art of chirurgery; who oftentimes take cures on them, to the great danger of the patient . . .". It was therefore ordered "that no such woman, or any other, shall take or meddle with any cure of Chirurgery . . .".⁴⁹

In spite of all harassment, women continued their work and tried as much as possible to gain knowledge by instruction as well as experience. Ben Jonson illustrated this in *The alchemist* (1610). When the girl, Dol, meets Mammon, she tells him that she is lodging with a rare man to study mathematics, distillation and physic. Afterwards he comments:

⁴⁵ R. R. James, 'Licences to practise medicine and surgery issued by the Archbishops of Canterbury 1580-1775', *Janus*, 1936, 41: 97-106.

⁴⁶ *Ibid.*, pp. 101-102.

⁴⁷ Margaret Pelling and Charles Webster, 'Medical practitioners', in Charles Webster (editor), *Health, medicine and mortality in the sixteenth century*, Cambridge University Press, 1979, p. 232.

⁴⁸ Charles Williams, *The masters, wardens and assistants of the gild of barber surgeons of Norwich*, Norwich, 1900, p. 5.

⁴⁹ Alice Clark, *Working life of women in the seventeenth century*, London, Frank Cass, 1968 (reprint of first edition, 1919), p. 259.

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This nook here of the Friars is no climate
For her to live obscurely in, to learn
Physic and Surgery, for the Constable's wife
Of some odd hundred in Essex.⁵⁰

It was not remarked on as anything unusual and presumably the practice was familiar to the Jacobean audience.

Various responsible authorities employed women and must have found their work satisfactory. When William Clowes was appointed to Christ's Hospital as visiting surgeon in 1576, the resident surgeon-apothecary was a Mrs Cook. She even saw private patients in her official residence, and was reprimanded for doing so.⁵¹ Licences for surgery continued to be granted. In 1568, the Bishop of Norwich licensed Cecily, wife of Edmund Baldrye of Great Yarmouth, to practise the art of chirurgery.⁵² In the same year, one of two licences in surgery granted by the Bishop of Exeter was to a woman.⁵³ Sometimes they were limited to bone-setting, dentistry, green wounds, eye diseases, and other special fields.⁵⁴ The whole question of licensing is confusing. The number issued to women was probably disproportionately low. In a survey of over 1,000 licences, sixty-six were given to women, of which thirty-one were for surgery, four for medicine and surgery, and two for midwifery and surgery.⁵⁵ Some of those who acquired licences had already been in practice for many years. It would seem that, for the most part, the law was flouted, but this did not stop people making use of the services of these women or the authorities from employing them. Attempts at enforcement were made from time to time. Twelve women outside Norwich were prosecuted during the visitation of 1597.⁵⁶ At York in 1586, "Received of Lances Hobbes for his wife dealing in surgery, presented by the surgeons – 6d."⁵⁷ In 1605, Widow Ebbesan was arrested as "an abuser of the Arte of Surgery".⁵⁸ In Hertford, in 1683, Prudence Ludford was presented for "practising the profession of a Chyrurgeon contrary to law".⁵⁹ Wherever the surgeons could organize, they made it difficult for those practising outside the fold.

On occasion, those who had the power protected the unlicensed practitioner. In 1572, the House Books of York refer to Isabell Warwicke who "has skill in the scyens of Surgery and hath done good therein, it is therefore agreed that she, upon her good behaviour, shall use the same without lett of any of the surgeons of the city."⁶⁰ In 1602, the College of Physicians wanted to sue a Mrs Woodhowse, but she had a letter of protection from the Lord Treasurer (Thomas Sackville) who had sent

⁵⁰ Ben Jonson, *The alchemist*, Act 4, Scene 1.

⁵¹ F. N. L. Poynter (editor), *Selected writings of William Clowes*, London, Harvey & Blythe, 1948, pp. 22–23.

⁵² Charles Williams, *The barber surgeons of Norwich*, Norwich, 1896, p. 13.

⁵³ R. M. S. McConaghey, 'The history of rural medical practice', in F. N. L. Poynter (editor), *The evolution of medical practice in Britain*, London, Pitman, 1961, p. 124.

⁵⁴ *Ibid.*, p. 124.

⁵⁵ Hurd-Mead, *op. cit.*, note 29 above, p. 521.

⁵⁶ Pelling and Webster, *op. cit.*, note 47 above, p. 232.

⁵⁷ Margaret Barnet, 'The barber surgeons of York', *Med. Hist.*, 1968, 12: 19–30.

⁵⁸ Young, *op. cit.*, note 37 above, p. 392.

⁵⁹ Clark, *op. cit.*, note 49 above, p. 263.

⁶⁰ Barnet, *op. cit.*, note 57 above, p. 27.

her to his daughter, Lady Montague, when she was ill “to discover what joint she had dislocated and to move her from her resting place”.⁶¹

Much of the work of the women was among the paupers, presumably because there was less competition from the men in the guilds and companies who would strive for more lucrative openings. In Norwich, the Maiories Book of the Poore records that in 1571–2, Glavin’s wife was paid 3*d.* to heal Tom Parker’s leg, and Mother Colls 6*s.* 8*d.* for healing Margurette Pains’ broken leg.⁶² Similarly, in Barnstaple, in 1585–6, Widow Yard received 5*s.* for healing a poor girl’s leg, and in 1578, Johanna Salisbury received 3*s.* 4*d.* for “curing Rowcliff of his disease”.⁶³ A century later, much the same procedure can be traced. In Torrington, in 1691, Mary Kelloway was paid £2 for treating a man and his wife for scalds, and in 1694, Eliza Hill received 3*s.* for curing a woman’s leg.⁶⁴ Treatment of the pox was part of the surgeon’s work, and in Norwich in 1573, Frances Bush, a widow, was paid 5*s.* on account towards the cure of goodwife Woolsey of the French pox, with a promise of 15*s.* more when the cure was perfected.⁶⁵

The women sometimes worked in hospitals. Mother Edwin in 1563 was called in by the governors of St Thomas’s Hospital to cure the hernia of a boy at a cost of 13*s.* 4*d.* (6*s.* 8*d.* cash down and the balance after cure, with 1*s.* for materials for the truss and 8*d.* for labour).⁶⁶ At St Bartholomew’s, the treatment of scald head was regularly carried out by women, beginning with Elizabeth Hall in 1554, who received 3*s.* a time, and going on to Ann Harris who was appointed in 1699.⁶⁷ Scald head, possibly ringworm of the scalp, was very prevalent among pauper children and was originally regarded as part of surgical practice. In 1567, Edmond Hill was appointed to St Thomas’s as “surgeon for healing sore heads”,⁶⁸ and in 1640, Thomas Hollyer was appointed surgeon with a salary of £65 p.a., made up of £40 for ordinary cures, £15 for cutting for the stone, and £10 for curing scald heads.⁶⁹ The treatment of scald heads was dropped by the general surgeons, but until 1663, the condition was regarded as serious enough to warrant admission to hospital.⁷⁰ The employment of women in this sphere was widespread and examples can be cited from many different parts of the country. They were called in by the parish overseers down to the late eighteenth century. In Fulham, Middlesex, sometimes men, sometimes women undertook the treatment of the pauper children. In 1757, Esther Wicks was paid £1 8*s.* 6*d.* for her care of the children with scalded heads,⁷¹ in 1765, Mrs Lanyon was employed,⁷² and in 1775, on two occasions, Mary Thomas.⁷³

⁶¹ Annals of the Royal College of Physicians (English transcript), 2nd book, p. 149.

⁶² McConaghey, *op. cit.*, note 53 above, p. 126.

⁶³ *Ibid.*, p. 126.

⁶⁴ *Ibid.*, p. 127.

⁶⁵ Williams, *op. cit.*, note 52 above p. 29.

⁶⁶ E. M. McInnes, *St Thomas’ Hospital*, London, Allen & Unwin, 1963, p. 39.

⁶⁷ Gweneth Whitteridge and Veronica Stokes, *A brief history of the hospital of St Bartholomew*, London, Governors of the Hospital, 1961, p. 29.

⁶⁸ McInnes, *op. cit.*, note 66 above, p. 39.

⁶⁹ *Ibid.*, p. 48.

⁷⁰ *Ibid.*, p. 50.

⁷¹ Archives Department, H & FLS, PAF/1/25b.

⁷² *Ibid.*, PAF/1/27.

⁷³ *Ibid.*, PAF/1/29.

and Ireland King, Defender of the Faith &c. Annoq. Dom. 1729
Francis Conyers Churchwarden of the Parish of Fulham in the
County of Middlesex and John Carr and Joseph White Overseers of the Poor of
the said Parish and with the consent of his Majesty's Justices of the Peace
of the County of Middlesex whose names are hereunto subscribed, have put and placed
sent do put and place Mary Webb, Daughter of John Webb,
of the said Parish, apprentice to Anne Saint of St Leonard's
County of Middlesex Surgeon, with her to do and will do serve
the date of these Presents, until the said Apprentice shall
attain the age of twenty and four years (for nine years) according to
the Statute in that behalf made and provided: During all which term the said
Mistress faithfully shall serve in all lawful Business,
Power, Wit or Ability, and honestly, orderly and obediently in all
things and shall behave herself towards her said Mistress, and the said Anne
her Executors and Administrators, doth covenant and grant to
the said Churchwarden and Overseers, and every of them their Executors
and Administrators and their and every of their Successors for
the said Presents that she the said Mistress the said An-

Figure 1. Extract from the indenture of apprenticeship of a pauper girl to a "surgeon", Fulham, 1729.
(By courtesy of the Archives Department, Hammersmith and Fulham Library Services.)



Figure 2. Caricature of female barber-surgeons. Oil painting on panel, 28.7×24.1 cms. Anon., after Cornelis Dusart, 1695. In the Wellcome Institute Library. (*By courtesy of the Wellcome Trustees.*)

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Some of the women who interested themselves in medicine and surgery were far removed from the stereotypes of old ignorant crones that often come to mind. They were women of good social position and well educated, and they had a strong sense of public duty reinforced by their religious convictions, chiefly expressed in the study of medicine. Sir Thomas More had earnestly wished that his daughter might spend the remainder of her life in studying physic as well as the Holy Scriptures.⁷⁴ Nearly all descriptions of the upbringing of girls at the time make some reference to the study of physick. Those brought up at home had the advantage of being taught by the older generation, usually the mother.⁷⁵ The care of the sick poor was considered to be one of the duties of a "Person of Quality" whose housekeepers were expected "to have a competent knowledge in Physick and Chyrurgery that they may be able to help their maimed, sick and Indigent Neighbours".⁷⁶

The great ladies of Tudor and Stuart times continued the old tradition of providing medical care for their families, servants, and neighbours. Their knowledge was gained by experience, by instruction from other members of the household, by converse with learned men of their acquaintance, and by studying books. They took their duties seriously. For example, Grace Sherrington, Lady Mildmay (1552–1620), was brought up by her father's niece, Mistress Hamblyn, who had a "Good knowledge in phisick and surgerie". She read Turner's *Herball* and Bartholomew Vigoe.⁷⁷ After her marriage to Sir Anthony Mildmay, Grace became mistress of Apethorpe in Northamptonshire. She recalled that in her youth, "Also every day I spent some time in the Herball and books of physick and in ministering to one or another by the directions of the best phisitions of myne acquaintance; . . ."⁷⁸ Her daughter said of her that she "spent a great part of her days in the search and practice of 'man's body, drugs, preparations of medicines, and signs of disease'."⁷⁹ Her epitaph still proclaims that "she was compassionate in Heart and charitably helpful with Phisick Cloathes Nourishment or Counsels to any in misery."⁸⁰

Lady Margaret Hoby (1571–1633), a very devout woman, not only managed a large estate but also regularly dressed the sores and wounds of those around her. A typical day might be one such as 27 April 1601, as noted in her diary: "After privat praier, I was busie about the house, and dressed my sarvants foot and another poore mans hand, and talked with others that came to aske my Counsell."⁸¹ Later in the year, she acted as paediatric surgeon when she made a desperate attempt to relieve an imperforate anus: "this day, in the afternone, I had a child brought to se that was born at Silpho, one Talliour sonne, who had no fundement and had no passage for excrementes but att the Mouth; I was earnestly intreated to Cutt the place to se if any passhage Could be made, but, althought I Cutt deepe and searched, there was none

⁷⁴ Dorothy Gardiner, *English girlhood at school*, London, Humphrey Milford, 1929, p. 262.

⁷⁵ *Ibid.*, p. 262.

⁷⁶ Clark, *op. cit.*, note 49 above, p. 255.

⁷⁷ Dorothy M. Meads (editor), *Diary of Lady Margaret Hoby 1599–1605*, London, Routledge, 1930, pp. 49–50.

⁷⁸ *Ibid.*, p. 52.

⁷⁹ *Ibid.*, p. 52.

⁸⁰ The Mildmay monument, St Leonard's Church, Apethorpe.

⁸¹ Meads, *op. cit.*, note 77 above, p. 169.

to be found.”⁸² Of her reading, she mentions the “Herball”, presumably Turner’s, and “of Bright of Mallincocolie” (*Treatise of melancholie*, 1586, by Timothy Bright). Perhaps the latter helped her when one evening in 1604, she visited “Munkmans Wiffe who was sore afflicted in minde, but for what she hath not yet uttered.”⁸³

Anne, Lady Fanshawe, in her memoirs of 1625, tells how charitable her mother was and how she “drest many wounds of miserable people when she had health, and when that fall’d, as it did often, she caused her servant to supply that place.”⁸⁴

The clergy and their wives also believed that the medical treatment of the poor was a religious duty. Margaret Colfe (1564–1643) wife of the vicar of St Mary’s, Lewisham, is described in her memorial tablet as “having bene above 40 yeares a willing nurse, midwife, surgeon, and in part physitian to all both rich and poore; without expecting reward; . . .”⁸⁵ A near contemporary was Elizabeth (died 1624), the mother of Bishop William Bedell. She lived in Black Notley, Essex, and “was very famous and expert in Chirurgery, which she continually practised upon multitudes that flock’d to her, and still *gratis* without respect of persons, poor or rich. It hapned occasionally that some would return like the heal’d Samaritan, with some token of thankfulness; though this was seldom.”⁸⁶

Prudence Potter, wife of the Rector of Newton St Petrock in Devon, died at the age of seventy-seven in 1689. Her tombstone records that “Her life was spent in the industrious and successful practice of physick, chirurgery and midwifery”.⁸⁷ This is very reminiscent of the brass plates of general practitioners of the recent past: “Physician, Surgeon and Accoucheur”.

Robert Burton’s mother, Dorothy (died 1629), was acknowledged “. . . to have excellent skill in Chirurgery, sore eyes, aches etc. and to have done many famous and good cures upon divers poor folks, that were otherwise destitute of help, . . .”⁸⁸

Elizabeth Walker (1623–1690), whose husband was Anthony Walker, Rector of Fyfield, Essex, tried to help those afflicted by “inward Sickneses, and outward Wounds and Sores: She had a competent good measure of Knowledge both in Physick and Chirurgery, which she attained with no small Industry and Labour, and increased by Experience . . .”. Here again, we see an intelligent, educated woman who took her medical work seriously. Her brother-in-law was “a very able Doctor of the *London College*” who helped her a great deal. She also questioned other doctors and studied books in English, such as Riverius, Culpeper, and Bonettus. She kept a well-stocked pharmacy, the usual medicines and also surgical dressings. She would stay with her patients or return “to see the operation or success”. She would get up any time to see women in labour.⁸⁹

⁸² *Ibid.*, p. 184.

⁸³ *Ibid.*, p. 210.

⁸⁴ John Loftis (editor), *The memoirs of Anne, Lady Halkett and Ann, Lady Fanshawe*, Oxford, Clarendon Press, 1979, p. 109.

⁸⁵ Memorial tablet in St Mary’s Church, Lewisham.

⁸⁶ Thomas Wharton Jones (editor), *The life and death of William Bedell*, London, Camden Society, 1872, p. 2.

⁸⁷ Tombstone in churchyard of Newton St Petrock, Devon. The inscription, now difficult to decipher, was transcribed by Nesbitt Burns, ‘A woman doctor of the seventeenth century’, *Br. med. J.*, 1941, i: 124. There is at least one error, “medicine” has been substituted for “physick”.

⁸⁸ Robert Burton, *Anatomy of melancholy* [1621], London, Bell, 1923, (vol. 2), p. 290.

⁸⁹ *The holy life of Mrs Elizabeth Walker*, London, 1690, pp. 177–178.

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Similarly, Elizabeth Bury (1644–1720), wife of the Rev. Sam Bury, took a great interest in anatomy and medicine, prompted by her own ill health and partly by a desire to be helpful to her neighbours. She impressed even the masters of the faculty with her knowledge of the “Human Carcase” and the *materia medica*.⁹⁰ Nevertheless, she was upset that the learned men were not as helpful as they might be, “so very uncharitable to her sex, as to speak so little in their Mother-Tongue . . .”.⁹¹ She was reluctant to take on chronic cases but often “. . . the Poverty of Patients, and their great Importunity compell’d to it.”⁹² Among the papers she left were “Critical Observations in Anatomy, Medicine, Mathematicks, Musick, Philology, Rhetorick etc.”, reflecting an astonishingly wide range of interests.⁹³

At the time of the Civil War, some women had to deal with battle casualties. After an assault on Nottingham Castle held by Parliament, five wounded soldiers were brought to Lucy Hutchinson, the wife of the governor, as no other surgeon was at hand. She dressed their wounds and they did well. Of interest is her contribution to medical ethics. Seeing three Royalist prisoners who were badly hurt taken down to the dungeons, she insisted on treating them also, much to the annoyance of the Puritan officer present, who told her that “his soul abhorred to see this favour to the enemies of God; she replied she had done nothing but what she thought was her duty in humanity to them as fellow-creatures, not as enemies. But he was very ill-satisfied with her.”⁹⁴

On the Royalist side was the redoubtable Anne, Lady Halkett (1622–1699). Early in September 1651, while travelling from Dunfermline, she came across some fugitives wounded at the battle of Dunbar a few days earlier. At her lodging in Kinrose, she set up a dressing station, and with minimum help treated about sixty men, some of them in a very serious condition. She mentioned one with a head wound so deep that “the watter came bubling up” suggesting an escape of cerebrospinal fluid.⁹⁵ Another casualty was a boy of sixteen run through the chest by a tuke (rapier), which went under the right shoulder and came out at the left breast, “. . . yett he had little inconvenience by itt, butt his greatest prejudice was from so infinitt a swarme of creatures that it is incredible for any that were nott eye wittneses of itt.”⁹⁶ Anne was no kindly amateur improvising on the spot. She had come fully prepared and had sufficient dressings to give to patients to take away and treat themselves. At Fyvie, where she spent two years, she continued to look after the sick, not excluding the English soldiers to whom she was opposed. She dealt with such problems as the woman “who had beene three yeare under a discomposed spirit”, and the young woman, once beautiful, with her face “loathsomely deformed with a cancerous humour that had overspread itt, which deprived her of her nose and one of her eyes and had eaten much of her forehead and cheecke away; . . .”.⁹⁷

⁹⁰ *An account of the life and death of Mrs Elizabeth Bury*, Bristol, 1720, p. 6.

⁹¹ *Ibid.*, p. 7.

⁹² *Ibid.*, p. 34.

⁹³ *Ibid.*, p. 179.

⁹⁴ Hutchinson, *op. cit.*, note 13 above, p. 144.

⁹⁵ Loftis (editor), *op. cit.*, note 84 above, p. 55.

⁹⁶ *Ibid.*, p. 55.

⁹⁷ *Ibid.*, p. 58.

Lady Halkett was much admired by her contemporaries. She made all her own preparations, which “she ministred every Wednesday to a Multitude of Poor infirm Persons, besides what she dayly sent abroad to persons of all Ranks who consulted her in their Maladies.”⁹⁸ Over fifty years later, she was still remembered: “Next to the studies of divinity, she seems to have taken most delight in those of physick and surgery, in which she was no mean proficient: . . .”⁹⁹

One person of high rank who did not disdain a female practitioner was King Charles II. This was Mrs Holder, a sister of Sir Christopher Wren. According to Aubrey, she had “a strange sagacity as to curing of wounds, which she does not doe so much by presedents and Reciept bookes, as by her owne excogitancy, considering the causes, effects, and circumstances.” After the king had injured his hand, it became worse in spite of the treatment of his regular surgeons, and Mrs Holder, “a rare shee-surgeon” was sent for urgently. Under her care he rapidly improved and she continued to treat him until all was well: “. . . to the great grieffe of all the Surgeons”, says Aubrey maliciously, “who envy and hate her”.¹⁰⁰

THE ATTITUDE OF THE MEN

The involvement of these influential and educated women in medicine and surgery produced an ambivalent attitude in their male contemporaries. On the one hand, there was scorn and denigration, on the other, an appreciation of their good work among the poor, worthy of support. Women of a lower social status who were in the business to earn a living were more likely to receive virulent abuse. Accusations of witchcraft and sorcery were rife. Master Gale, in 1562, ascribed the poor state of some 300 patients in St Thomas’s and St Bartholomew’s hospitals to their treatment “by witches, by women, by counterfeit juviels [rascals]”.¹⁰¹ He estimated that there were “three score women that occupieth the arte of physicke and chirurgerye”.¹⁰² No doubt the range of these women’s activities was wide, as was the case with the men, including a great deal of quackery and trickery, but most of the leading men of the time were unfriendly to all women engaged in medical practice without discriminating much between them. John Cotta, a successful Northampton physician, in 1612, cautioned: “Here therefore are men warned of advising with women counsellours. . . . We may justly here taxe their dangerous whisperings about the sicke, wherein their prevalence oft being too great, they abuse the weake sense of the diseased while they are not themselves; and make just and wise proceedings suspected, and with danger suspended”.¹⁰³ The same attitude is evident in a younger physician, James Primrose (d. 1659), a licentiate of the College of Physicians working in Hull. His book on popular errors (1651)¹⁰⁴ has a frontispiece showing a neatly dressed woman being held

⁹⁸ Gardiner, *op. cit.*, note 74 above, pp. 263–264, citing [S.C.], *Life of Lady Halkett*. 1701, p. 56.

⁹⁹ George Ballard, *Memoirs of several ladies of Great Britain*, Oxford, 1752, p. 371.

¹⁰⁰ O. L. Dick (editor), *Aubrey’s Brief lives*, Harmondsworth, Middx, Penguin Books, 1972, p. 322.

¹⁰¹ W. J. Bishop, *The early history of surgery*, London, Robert Hale, 1960, p. 91.

¹⁰² Pelling and Webster, *op. cit.*, note 47 above, p. 187.

¹⁰³ John Cotta, *A short discoverie of the unobserved dangers of severall sorts of ignorant and inconsiderate practisers of physicke in England*, London, 1612, p. 25.

¹⁰⁴ James Primrose, *Popular errorrs or the errorrs of the people in physick*, London, 1651 (translation by Robert Wittie of the original Latin version of 1638).

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back by a guardian angel to allow the true robed physician to come to the bedside of the patient. The woman has been described as a “curious quack female doctor”,¹⁰⁵ but the original author in his “Explication of the Frontispiece” merely said:

Loe here a *woman* comes in *charitie*
To see the sicke, and brings her *remedie*.

Of course, all her suggestions were wrong and the angel

Leads the *Physitian*, and guides his hand,
Approves his *Art*, and what he doth must stand.¹⁰⁶

In his book, Primrose wrote “Of Women that meddle in Physick and Surgery”. He conceded that they were good at making beds, preparing broths, and other nursing services; he even allowed that they could treat minor ailments. The trouble was that they wanted to go further: “But they especially are busied about Surgery: and that part chiefly which concerns the cure of Tumours and Ulcers: Notwithstanding, the cure of Ulcers and Wounds doth require very much art; . . .”. How did they acquire the knowledge to deal with the complexities of diagnosis and treatment? Scornfully he answered, “. . . they usually take remedies out of English bookes or else make use of such as are communicated to them by others and then think they have rare remedies for all diseases . . .”.¹⁰⁷

The production of medical works in English had long been a subject of controversy. There were hardly any before the reign of Elizabeth. William Clowes (1544–1604), although a fierce opponent of the unlicensed practitioner and a leading surgeon of his day, had to defend his use of English in his surgical writings. If the famous aphorism of Hippocrates were true, “. . . how then can every bad man and lewd woman, as they term them, become physicians and surgeons in a short time, only by reading of a few books of Physic and Surgery in the English tongue?”¹⁰⁸

Some of these books may have been directed at the upper classes to give them sufficient knowledge to help them choose the doctor they needed. Collections of remedies were especially useful to women treating their own households and advising others in the absence of a physician.¹⁰⁹ This is explicit in *The ladies dispensatory* produced by Leonard Sowerby in 1652.¹¹⁰ *The surgion's directorie* of 1651 was inscribed “To all the Vertuous Ladyes and Gentlewomen, of this Common-Wealth of England”, who wanted to exercise themselves in the art of medicine and surgery especially in remote areas where there was no physician or surgeon in emergency, and especially where the poor were at risk.¹¹¹ The compendium included Vicary's *Anatomy*, first published in

¹⁰⁵ Phillis Cunnington and Catherine Lucas, *Occupational costume in England*, London, A. & C. Black, 1967, p. 314.

¹⁰⁶ Primrose, op. cit., note 104 above, frontispiece.

¹⁰⁷ Ibid., pp. 19–21.

¹⁰⁸ Poynter, op. cit., note 51 above, p. 163.

¹⁰⁹ Paul Slack, ‘Mirrors of health and treasures of poor men: the uses of the vernacular medical literature of Tudor England’, in Webster (editor), op. cit., note 47 above, p. 260.

¹¹⁰ Leonard Sowerby, *The ladies dispensatory containing the natures, vertues, and qualities of all herbs and simples usefull in physick* . . . London, R. Ibbitson, 1652.

¹¹¹ *The surgion's directorie for young practitioners in anatomie, wounds and cures, ec . . . and may well serve as a noble exercise for gentlewomen, and others; who desire science in medicine and surgery, for a generall good*. London, T. Fawcett, 1651.

1561 after his death, Turner's book on the Bath of 1562, and chapters on various preparations. It was not good value for money, as the *Anatomy* was out-of-date even at the time it was written.

A more useful and practical book was *The English house-wife* (1615) by Gervase Markham (?1568–1637).¹¹² Although he was not a medical man, he was a sound writer on many technical subjects. He acknowledged that the housewife was largely responsible for the preservation of the health of the family, and therefore "... it is meet that she have a physical kind of knowledge. ..." He believed that "... the depths and secrets of this most excellent Art of Physick, are far beyond the capacity of the most skilful woman, as lodging only in the brest of learned professors, ...", but if she received from them "some ordinary rules and medicines", it would be of benefit to her family. Apart from the usual herbal remedies, he discussed certain surgical procedures, such as the stitching of wounds ("if it be fit to be stitched, stitch it up"), the treatment of burns, scalds, and sores, broken bones, and dislocations. He advised on plasters and splints. Even venereal disease came into the province of the housewife surgeon, and he advised quicksilver for the French or Spanish pox. His advice seems very reasonable in the context of its time and probably follows that of the professional practitioners.

Such works indicate that medical practice by gentlewomen was tolerated and even encouraged, if the poor were not to be completely bereft of any medical help.

In spite of the hostility of the medical men, the women practitioners were quite well regarded by some of the people who could observe them at close quarters, Ralph Josselin, vicar of Earls Colne in Essex, in 1653, called in a neighbour when his little boy hurt his foot: "Johns shut-bone in his instep set by Spooners wife", he recorded in his diary.¹¹³ Thomas Gough, in his account of the village of Myddle, recalled Elinor Mansell, a housekeeper and wife of a bailiff who "... was very usefull and indeed famous for her skill in surgery ... and in that way shee did much good in the country."¹¹⁴ Mrs Julian Ames, c. 1650, "... was very helpfull to her neighbours in Chirurgery in which shee was very skilfull and successfull."¹¹⁵

Towards the end of the seventeenth century, the attitude of some of the male doctors had softened and they were prepared to give testimonials on behalf of women practitioners applying for licences. From these testimonials we can also learn something about the kind of women who engaged in full-time practice. When Mrs Jane Pernell of Southwark applied to the Archbishop of Canterbury in 1685, a local surgeon certified that she was "very fittly qualified to practise the Artes of physicke and Chyrurgery". She claimed to have had over twenty years' experience and had been married to medical men. Her first husband had been a doctor of phisick and a man-midwife, her second a surgeon and freeman of London, her third, unfortunately, had been taken prisoner in the Dutch wars and she had lost everything and was unable to maintain her family.¹¹⁶ In 1687, Elizabeth Wheatland from Winchester was

¹¹² Gervaise Markham, *The English house-wife*, London, George Sawbridge, 1675, pp. 4, 35, 43.

¹¹³ Essex Record Office, T/B9.

¹¹⁴ David Hey (editor), Richard Gough, *The history of Myddle*, Harmondsworth, Middx, Penguin Books, 1981, p. 152.

¹¹⁵ *Ibid.*, p. 204.

¹¹⁶ Lambeth Palace Library, VX 1A/10 223.

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supported by a “practitioner in physick and Chirurgery” who certified that she was “a person sufficiently and fittly qualified for a Chirurgion, we having by due examination found her able and expert in the Art of physick and Chirurgery And also that she is as expert in boansetting And also that she is a person of good life and Conversation and Conformable to the Laws Ecclesiastical of this Realm”.¹¹⁷ In 1696, four doctors testified that Mary Rose of Portsmouth was “a woman of sober life and Conversation and hath (under God) cured severall people of diseases wounds straines bruises etc and we doe consider her very fully quallified to have a Lysense for such purposes”.¹¹⁸ Even though testimonials may be partial and not altogether reliable, the impression does emerge of women of skill and experience who conformed to the establishment. There must have been many others who did not apply for a licence, either because they managed very well without one or because they were Dissenters.

Occasionally, a midwife had wider skills. According to a testimonial signed by two surgeons, two physicians (one of them Paul Chamberlen MD), and a man-midwife, Mrs Elizabeth Frances, in 1689, was “very well Instructed and Practised in the art of Midwifery and also in the knowledge of Medicines which may be of use to women in their several Maladies”. She was granted a licence “tam Chirurgiae quam Obstetricis”.¹¹⁹ These women of skill and experience could pass on their knowledge by means of apprenticeship. In Bristol, in 1681, Margaret Page covenanted to teach, inform, and instruct Sarah Sanders, a yeoman’s child for five years “according to her skill and knowledge in the art & business of Doctress and Chirurgery, which she . . . now useth.”¹²⁰

THE DECLINE OF THE SURGEONESS

In the early years of the eighteenth century, women continued to engage in medical and surgical practice. We have already noted that in 1729, Mrs Anne Saint of Shoreditch could earn her living as a surgeoness and take on an apprentice.¹²¹ The overseers of the poor continued to employ women to treat adults and children for various disorders, although male apothecaries were being used much more. At Westbury-on-Trym, “Elnor Cook” received 6s. for curing Sarah Pullin, “she being very Lame and bad in her Legg by ye biting of a Dogge”.¹²² At Fulham, in 1777, Mrs Walker was paid the comparatively large sum of £2 2s. 0d. for “the cure of Culvers leg”.¹²³ At Woodstock in 1758, the vestry decided “to give Mrs Southam two guineas and a half for the cure of James Smith’s leg . . .” one guinea down and the balance when they were satisfied with the cure.¹²⁴ This seems a reasonable sum. On the other hand, in the small village of Foxton, in Cambridgeshire, a paltry 1s. 0d. was “Paid Mary Green for Doctorering Rutter’s leg”.¹²⁵ No doubt, among the poor and in small

¹¹⁷ *Ibid.*, VX 1A/10 247.

¹¹⁸ *Ibid.*, VX 1A/10 297.

¹¹⁹ Guildhall Library, MSS. 10.116 Box 5 File 12.

¹²⁰ Bristol Record Office, Apprentices 1670–1684, f. 334; Gardiner, *op. cit.*, note 74 above, p. 299.

¹²¹ Archives Department, H & FLS, *op. cit.*, note 1 above.

¹²² Dorothy Marshall, *The English poor in the eighteenth century*, London, Routledge & Kegan Paul, 1969 (reprint of first edition 1926), p. 118.

¹²³ Archives Department, H & FLS, PAF/1/29.

¹²⁴ E. G. Thomas, ‘The old poor law and medicine’, *Med. Hist.*, 1980, 24: 1–19.

¹²⁵ Rowland Parker, *The common stream*, London, Paladin Granada, 1979, p. 189.

outlying villages, women healers could carry on their work for a longer period than in the big towns where the competition was keener.

Sometimes women practitioners were called in by those who could afford the regular medical men. Mrs Bootle of the Peel (now Horton cum Peele) was consulted several times by Nicholas Blundell, the squire of Crosby Hall. In 1707, he obtained some physic from her for his three-year-old daughter.¹²⁶ In the same year, Mrs Blundell went to see her about a burnt finger, and the squire was bled by her after a fall from a horse. Mrs Blundell again consulted her in 1711 when she had a “soar” place in her leg.¹²⁷ When the Blundells became dissatisfied with Mrs Bootle, they called in Betty Bolton, a widow living in Liverpool: “Betty Bolton was sent for to look after my Wives legg. . . . My wife took physic by advice of Betty Bolton. . . . I gave Betty Bolton a good book of Physick and Cherurgery. . . . Betty Bolton went hence, she having much-what cured my Wives Legg. She has been here almost constantly for a fortnight last past.” The “Chirurgieness”, as she was sometimes importantly styled, was paid quite a large fee for those days. “Betty Bolton for Physick and dressing my Wives Legg £1. 0s. 0d.”¹²⁸ Presumably, the ulcer broke down again and in 1713, Mrs Blundell went to Liverpool to consult Mrs Maginis.¹²⁹

Bone-setters continued their work, although they tended to be a special group. The Barber-surgeons of York exempted them from the ruling that a licensed surgeon had to be consulted before treatment was given.¹³⁰ The testimonial in support of Elizabeth Wheatland, already mentioned, emphasized that she was expert in “Boan setting”.¹³¹ Catherine Verney in 1736, wrote that “. . . Miss Philly Isted is come up to Mrs Matt the Bonesetter. The woman says she has put in severall bones of her foot and was to set her backbone; . . .”¹³² This is probably a reference to Mrs Mapp, the highly successful bone-setter caricatured by Hogarth.

In places, some wives of the clergy still kept up the practice of treating their ill and needy neighbours. In 1765, in Catterick, Yorkshire, Mrs Lindsey followed a daily routine of visiting the sick and giving them careful medical attention. She spent time in “. . . studying the case, if any difficulty occurred, (for she had a good medical library, and great acuteness in the discrimination of diseases,) and in prescribing and making up medicines. She was careful always to obtain the best drugs from Apothecary’s Hall, and generally administered them in person;”¹³³

During the eighteenth century, the status and importance of surgeonesses steadily declined. It is evident that they were not taken seriously by the educated and sophisticated young people of the middle classes who regarded them as figures of fun.

¹²⁶ Margaret Blundell (editor), *Blundell’s diary and letter book 1702–1728*, Liverpool University Press, 1952, p. 51.

¹²⁷ T. H. Bickerton, *A medical history of Liverpool*, London, John Murray, 1936, p. 9.

¹²⁸ Blundell, op. cit., note 126 above, p. 65.

¹²⁹ Bickerton, op. cit., note 127 above, p. 9.

¹³⁰ Barnet, op. cit., note 57 above, p. 27.

¹³¹ Lambeth Palace Library, VX 1A/10 297.

¹³² Margaret Maria, Lady Verney (editor), *Verney letters of the eighteenth century from the MSS. at Claydon House*, London, Benn, 1930, vol. 2, p. 144.

¹³³ Catherine Cappe, *Memoirs of the life of the late Catherine Cappe*, London, Longmans, 1822, pp. 111–112, Ivy Pinchbeck, *Women workers and the Industrial Revolution 1750–1850* (reprint of 1930 edition), London, Virago, 1981, pp. 300–301.

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Catherine Hutton, writing from Blackpool in 1788, referred to an advertisement she saw in a newspaper of a “Noted Surgeon” called Ellen Haythornthwaite living in the Forest of Bowland:

As for asthmas, coughs, fevers, and all internal disorders, she will not prescribe a large quantity of drugs, and yet effectually cure if curable. But as for burns, scalds, fractured skulls, bruises, and all external wounds, she will in a very little time, make a perfect cure if they come to her before they are mortified. N.B. – She will take nothing in hand if she finds it incurable. Her charges are also very moderate; 12d. a week if they come to her. She travels none abroad.¹³⁴

Ellen Haythornthwaite was apparently in rivalry with the Whitworth doctors, undertaking cases they had failed to cure. Whitworth, a small village outside Rochdale, was where the Taylors practised. George Taylor (1753–1804) held a licence issued by the Bishop of Chester, and he was assisted by his wife, Betty Goodison (1761–1830), who was described in 1819 as “A vulgar, stout and spirited woman, rather avaricious, but very clever at setting limbs or in any other department of surgery.”¹³⁵

With equal derision, Miss Mitford in 1824 wrote of Dr Tubbs, who had inherited his practice from his great-aunt Bridget. Every country village had its doctor “neither physician, nor surgeon, nor apothecary”, although comprising all three; “sometimes an old man, and sometimes an old woman, but generally an oracle, and always . . . a quack.”¹³⁶

Before the middle of the nineteenth century, the surgeoness had disappeared, almost without trace. So completely has she been forgotten that surprise is the usual reaction to a reminder that women, other than nurses and midwives, were for many centuries engaged in conventional medical and surgical practice. A review of the occupations of women in England in 1841, from census returns, shows no one described as apothecary, surgeon, or physician. The nearest approach might be the twenty-three medicine vendors or the 148 chemists and druggists. In contrast were the 676 midwives and the 12,476 nurses (over twenty years of age).¹³⁷ This seems extraordinary in view of the long history of the participation of women in the care of the sick, and we must look for an explanation.

We began by questioning the term “surgeoness”, but we find that in Paris, even as far back as the late thirteenth century, the equivalent term “chirurgienne” was used.¹³⁸ In 1411, Perretta Petonne was forbidden to put up a sign of a “surgeoness”.¹³⁹ In England, we have the “shee-surgeon”,¹⁴⁰ used in the seventeenth century, and “chirugieness”¹⁴¹ in the early eighteenth century, before we come to the “surgeoness” of 1729.¹⁴² There is abundant evidence that these women practised surgery as understood by their contemporaries. The women who must be considered as serious

¹³⁴ C. H. Beale (editor), *Reminiscences of a gentlewoman of the last century. Letters of Catherine Hutton*, Birmingham, 1891, pp. 59–60.

¹³⁵ J. L. West, *The Taylors of Lancashire*, Manchester, 1977, pp. 28–30.

¹³⁶ Mary Russell Mitford, *Our village*, Oxford University Press, 1982, p. 129.

¹³⁷ Pinchbeck, *op. cit.*, note 133 above, pp. 317–321.

¹³⁸ Lipinska, *op. cit.*, note 25 above.

¹³⁹ Thorndike, *op. cit.*, note 27 above.

¹⁴⁰ Dick (editor), *op. cit.*, note 100 above.

¹⁴¹ Blundell, *op. cit.*, note 128 above.

¹⁴² Archives Department, H & FLS, *op. cit.*, note 1 above.

practitioners fall into two main groups. In the first are the wealthy mistresses of households and others, particularly the wives of the clergy, who carried on this work, not for gain, but out of religious conviction and a sense of social responsibility. Their first duty was to the poor, but others took advantage of their availability. That, for the most part, they were not mere dabblers can be gathered from the details of their routine and of the measures they took to improve their knowledge: they read textbooks and communicated with leading medical men. They must have been sufficiently numerous to justify the books written for them and the criticisms levelled against them. The second group consists of the women who were in the business for a livelihood. Those who applied for licences appear to come from families of traders, craftsmen, clergy, and male medical men. Some had considerable experience and all were of good repute. Many of those who did not apply for licences must have resembled them. We do not have much information about the women who treated the paupers, but some of them were paid reasonable sums for their services and appear to have carried out their work satisfactorily. Nevertheless, during the course of the eighteenth century, most of the women in these two groups were squeezed out of the practice of medicine.

The attempt by the physicians and surgeons in the sixteenth century to exercise a monopoly failed in London and did not get very far in the provinces. The highly trained specialists were too expensive for most of the population. The greatest demand was for general medical attention, such as that given by the apothecaries and the barber-surgeons, who were recognized as general practitioners, even in the late sixteenth century.¹⁴³ Some of these were women. At first, it was the surgeon who practised medicine who predominated, but later the apothecaries became more numerous. In spite of the increasing demand, the part played by women diminished.

By the end of the eighteenth century, the apothecaries were becoming more organized, the prelude to the Apothecaries' Act of 1815. Although women were not specifically excluded from the Society of Apothecaries, this was the underlying assumption as Elizabeth Garrett discovered when she tested this in 1865.¹⁴⁴ Some of the apothecaries held the licence of the Surgeons' Company and were surgeon-apothecaries. After the surgeons broke away from the barbers in 1745, emphasis was placed on pure surgery and control of the profession came into the hands of the hospital surgeons. The humbler surgeons who practised midwifery and pharmacy could not attain positions of authority, although the attempt to penalize anyone practising without the Company's licence was ineffective.¹⁴⁵

The apothecaries were being increasingly accepted by the expanding middle classes as their regular medical advisers, and this would undoubtedly influence the poorer classes to follow suit. The establishment of many hospitals in London and the provinces, following the founding of the Westminster Hospital in 1719, and the development of the dispensary movement later, gave many of the poorest people the chance to be treated by regular male practitioners.

The concept of medicine as a religious exercise dwindled towards the end of the

¹⁴³ Roberts, *op. cit.*, note 44 above, Part 2, *Med. Hist.*, 1964, 8: 217–234.

¹⁴⁴ Jo Manton, *Elizabeth Garrett Anderson*, London, Methuen, 1965, pp. 160–163.

¹⁴⁵ Bernice Hamilton, 'The medical professions in the eighteenth century', *Econ. Hist. Rev.*, 1951, second series, 4: 141–169.

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seventeenth century. Women continued working in this field for a living, but the social and economic changes were increasingly to their disadvantage. The surgeoness could thrive at times when medical help was scarce and expensive, and also when there was little to choose between the ministrations of the regular doctors and the unqualified. At the end of the eighteenth century, the medicine being taught in the hospitals was beginning to emerge as a better alternative for the sick, but women were unable to enter the schools where it might be studied.

At the beginning of the eighteenth century, even the well-to-do in the country districts found medical attention hard to obtain. When William Blundell of Crosby became suddenly and fatally ill, there was no doctor in the neighbourhood and attempts were made to find one in towns between twenty and forty miles away.¹⁴⁶ In such circumstances, a local person with some skill and experience and of good reputation, such as the surgeoness, might prosper. This advantage was diminished by the increasing number of apothecaries and the improvement in roads and transport. A wider choice was possible for the public. Eventually, the complete reorganization of the medical profession and the inauguration of the Medical Register in 1858 made the outsider almost by definition a quack. Women debarred from the universities and the medical corporations could gain no access to the Register and the struggle for the right of women to practise medicine and surgery had to begin anew.

SUMMARY

An indenture of apprenticeship of 1729 binding a pauper girl to a “surgeoness” raised questions as to the nature of that occupation and the kind of people that followed it. It is often assumed that the women who practised medicine and surgery prior to modern times were either “wise women” maintaining an oral tradition, or else merely quacks, but there is evidence that there were many who did the work for a living and equalled their male counterparts. Furthermore, there were times when women of superior social status and education regarded treatment of the sick poor as a religious duty and increased their knowledge and efficiency by study and advice from leading doctors.

Since the time of the school of Salerno, women had received licences in surgery, so that the “surgeoness” stood in the mainstream of medical practice. Examples are quoted from Italy and France, before the English experience is discussed in detail, especially since the sixteenth century. Many more women were concerned than the records show, as licensing was so often ignored and the indictments against them were erratic. Until displaced by the apothecaries, the surgeons were the general practitioners of the day and the women largely acted as such. Reasons are given for the decline of the surgeoness and her virtual extinction by the early nineteenth century.

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¹⁴⁶ Blundell, *op. cit.*, note 126 above, p. 1.