Illustrations from the Wellcome Library
The Jernegan–Arundell Correspondence

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In December 2006 a manuscript dealer approached the Archives and Manuscripts Department of the Wellcome Library with a small collection of fourteen letters, several of which were written by a doctor, and others included references to treatments and disease. All the letters were written to Richard Bellings-Arundell by members of his extended family between 1709 and 1719. The fact that we do not have any communications between his correspondents makes him appear a central and significant figure in their lives. This is further reinforced by some of the letters themselves, as when, for example, his cousin Margaret Jernegan asks him to intervene on her behalf in a dispute with her father-in-law Sir Francis Jernegan, rather than approaching her brother, Sir Henry Arundell Bedingfield, the third Earl of Burlington, as might have been expected. It is evident that the letter writers saw him as a patriarchal figure whose approval was important to them. The Arundell papers contain plenty of material to help future generations verify this.

The archive of the Arundell family consists of over 28,000 documents, divided between the county record offices of Cornwall and Wiltshire, reflecting the division of the family into two branches: the Arundells of Lanherne, Cornwall, and the Arundells of Wardour, Wiltshire. During the period from which these letters date, the two branches of the family were completely separate, and had been since Sir Thomas Arundell, second son of Sir John Arundell of Lanherne, purchased the castle and manor of Wardour from Sir Fulke Greville in 1547, establishing a junior branch of the family in Wiltshire. His grandson, also called Thomas, was created first Baron Arundell of Wardour in 1605. The Arundell family were united once again in 1739 when Henry, seventh Baron Arundell of Wardour, married Richard Bellings-Arundell’s only surviving daughter and heiress, Mary Arundell. The line finally died out on 25 September 1944, when John Francis Arundell, the sixteenth Baron, was killed in action during the Second World War.

Richard Bellings-Arundell (d. 1725) was heir to the Cornish estates, and thus head of the senior branch of the Arundell family. He inherited the estates from his maternal

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1 Wellcome Library (hereafter WL), MS.8463/4–6.

2 Cornwall Record Office (hereafter CRO), AR.

3 Sir Bernard Burke, Burke’s genealogical and heraldic history of the peerage, baronetage and knightage, Privy Council, and order of precedence, 96th ed., London, Shaw, 1938, p. 159.

grandfather, Sir John Arundell of Lanherne, the last direct male heir. Initially named Richard Bellings after his father, he changed his surname to Arundell in 1701 in accordance with his grandfather’s will. Thereafter he was generally known as Richard Bellings-Arundell to avoid confusion with other relations who had the same first name.5

The other family featured in this correspondence are the Jernegans of Norfolk, sometimes also known as Jerningham. Both families were Roman Catholic.6 The Jernegans and the Arundells were connected through marriage, the first recorded union between the two families being that of John Arundell and Ann Jernegan in 1587.7 During the time covered by these letters another such marital link occurred in 1704 between Richard Bellings-Arundell’s cousin Margaret, daughter of Sir Henry Bedingfield, and John, eldest son of Sir Francis Jernegan.8 However, the interchanges extended beyond marriage. John Jernegan’s younger brothers Charles and Henry were also connected to Bellings-Arundell in their own right. Charles was his physician, and had aspirations to marry Lady Elizabeth Roper, Bellings-Arundell’s cousin.9 The only letter in our collection not written by a member of the Jernegan family is from Elizabeth, requesting Richard’s blessing on her marriage to Charles.10 Charles would also be named as one of Bellings-Arundell’s executors on his death in 1725.11 Henry Jernegan was a goldsmith, banker and artist who had business dealings with Bellings-Arundell, as one of the letters in the collection shows. In a letter dated 29 January 1719, on his return from a visit to Paris, he wrote:

I have saved you a great deal by the exchange for tho it was high when I went a way from England, yet nothing like to what it has been since, & is now, being at 3,600 livres for a 1,000 pound sterling. Your cash 50 bills is received, and should it find with your convenience to lend me any more at present you would much oblige.12

It is unclear whether these relationships stem from the marriage of John and Margaret, or whether they pre-dated them and were conceived independently. None the less, the letters demonstrate that the Jernegan and Arundell families were closely linked.

Smallpox

The person most obviously connecting the two families in the correspondence held by the Wellcome Library is Margaret Jernegan, author of eight of the fourteen letters. She wrote to her cousin Richard Bellings-Arundell on a variety of subjects, from her concern over the poor health of his mother, to the inadequacies of the postal service in Norfolk, complaining that “one of my Br Doctor’s letters I ought to have had by Monday post, but thro a neglect of the post (which happens here frequently)” it had not arrived until Thursday.13

5 CRO, AR/21/42/1. 6 The Jernegan family seat was at Costessey, Norfolk, and the Norfolk Record Office holds most of the family papers in the Jerningham Collection. Additional material relating to the family can be found in a number of other English archives, most notably Staffordshire and Stoke-on-Trent Archive Service, Staffordshire Record Office (hereafter SRO), D641, DW1721/1/1-12 and D1810. 7 CRO, AR/19/50–52. 8 SRO, D641/3/B/1/7. 9 WL, MS.8463/9. 10 WL, MS.8463/8. 11 CRO, AR/21/50. 12 WL, MS.8463/13. 13 WL, MS.8463/3.
Figure 1: Family tree showing connections of the Jernegan and Arundell families, 1708–1719.
Aside from her own affairs and trivial matters such as gossip obtained during a visit to Bath, Margaret seems to have been particularly interested in the health of her family—a recurring theme throughout her letters. Her concern for her aunt, Frances Bellings, is evident. In her first letter, dated 15 November 1708, she writes: “I cannot express the concern I have for her ill health and am perpetually alarmed by others (tho I have it not from any of your family) that her Ladyship has often little relapses and recovers very slowly which gives me the greatest uneasiness and mortification imagerable”. Unfortunately, it is impossible to tell from the letters whether it was Margaret’s tendency to worry or a lack of family closeness which led to this information being kept from her.\textsuperscript{14}

Ten years later, in the autumn of 1718, Margaret was worried that Bellings-Arundell’s health would be affected by his plans to travel from London to his estate in Cornwall for the winter, and wrote him a letter almost entirely about her concerns in this regard:

I am extream glad to hear you are still in Town and hope your friends will persuaide you not to take a winters journey into Cornwall, for I much fear that the country will not agree with you and my cosen Bellings in winter, who have been so much ust to the Town, and I also apprehend that such a lonely retreat will too much indulge your malencholy, so beg you’ll consider your health and determine not to go.\textsuperscript{15}

However, it is apparent that her anxiety was not taken very seriously by the recipient, for less than a month later Charles Jernegan was writing to him in Cornwall.\textsuperscript{16}

In a letter dated September 1716 Margaret’s worries turned to her husband, John: “this cold weather brings Mr Jernegans pain on very fast”.\textsuperscript{17} Although she never specified what ailed him, she made frequent subtle references to his poor health throughout her letters. John’s ailments were exacerbated or possibly even caused by problems with his father Sir Francis. According to Margaret, her father-in-law “pretends to my cosen Eyre that he never gave in the estait for five hundred a year” and “he has writ to our steward to register the woods in his own name”. She hopes that intervention on their behalf by relatives including Bellings-Arundell will “make Sir Francis sensible [of] the hardship we must undergo”.\textsuperscript{18} The loss of this money and land that they believed had been promised to them would be a substantial blow to John and Margaret, and would necessitate a considerable change to their lifestyle and social circumstances.

The stress caused by these problems, combined with John’s poor health, led the couple to conclude that a visit to Bath would be beneficial. The idea was first mentioned in the letter of September 1716, but Margaret was reluctant to go as “I hear the small pox is much in town”, and she was unsure where they could stay because of this.\textsuperscript{19} It is hard to tell from the limited evidence provided by the letters whether the danger posed by this outbreak of smallpox was real or imagined. Margaret was able to put her concerns aside, however, because by Christmas she was writing from Bath, where she and her husband remained until August 1719.\textsuperscript{20}

Although from November 1708 until October 1718 Margaret wrote regularly to her cousin, the letters cease entirely from that point. The reason for this can be found in

\begin{itemize}
\item \textsuperscript{14} WL, MS.8463/1.
\item \textsuperscript{15} WL, MS.8463/10.
\item \textsuperscript{16} WL, MS.8463/11.
\item \textsuperscript{17} WL, MS.8463/4.
\item \textsuperscript{18} Ibid; WL, MS.8463/6.
\item \textsuperscript{19} WL, MS.8463/4.
\item \textsuperscript{20} WL, MS.8463/5.
\end{itemize}
Figure 2: Letter from Margaret Jernegan to Richard Bellings-Arundell, 14 September 1716 (Wellcome Library MS.6463/4).
letters written by her brother-in-law Charles Jernegan shortly afterwards. In November 1718 he informed Bellings-Arundell that he had:

Receiv’d last night a letter from my brother at Bath, who fearing he should not have time to write to you himself, desir’d me to give you an account of how my poor sister on Saturday last was delirious, has had six blisters apply’d and plasters to her feet which at last brought her to her senses, and the doctors say’d if she got well over ye next day, which was last Tuesday, she might recover.

Although apprehensive about Margaret’s condition, Charles also says that his brother “never mention’d to me any bad symptom that attends generally the smallpox” and that she always “seem’d to be of a repleate constitution”, so the situation was not entirely bleak. The final letter in the collection contains Charles’s account of John and Margaret’s recent visit to him on their way back from Bath, along with Margaret’s brother Sir Henry Arundell Bedingfield. Charles describes Margaret as being “little or not at all disfigured with ye smallpox, but is still very weake about ye leggs & feet”.

Not surprisingly, given the prevalence of smallpox at the time, Margaret was not the only one of Bellings-Arundell’s relatives to contract the disease. In the summer of 1682 his mother had been similarly afflicted. Like Margaret, Frances Bellings went on to make a full recovery, and was, according to Sir George Wakman, “not spoyld at all”.

In the same year that Margaret contracted smallpox, Lady Mary Wortley Montagu had her son inoculated in Constantinople. However, it was not until an outbreak of the disease in 1721 that Lady Mary attempted to introduce the procedure into English society. Inoculation was a controversial method of prevention, and as far as most people were concerned, smallpox was an uncontrollable disease. It was not until the introduction of the safer procedure of vaccination at the end of the eighteenth century that prevention became widespread. There was no treatment or cure. All a physician could do was ensure that the patient was as comfortable as possible and await the outcome, knowing that 10 to 30 per cent of sufferers would die, and that those who survived would frequently suffer terrible scarring.

A Doctor’s Life

Charles Jernegan was educated at Douai College, a seminary in northern France which had educated British Catholics since the reign of Elizabeth I. In late 1705, he left Douai to become a student at the medical school at Montpellier, where he graduated in May 1708. Montpellier was one of the two oldest universities in France, having been established in the twelfth century, along with the University of Paris. At the time Charles studied there, Montpellier was one of the two pre-eminent medical schools in France.

Traditionally, medicine in France had been taught in a largely theoretical manner using textbooks. This reflected the contemporary view that university education was a

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21 WL, MS.8463/12.
22 WL, MS.8463/14.
23 CRO, AR/25/68, 70.
26 Ibid., p. 2.
non-manual endeavour. Professors were seen as being “essentially commentators”, lecturing on the work of leading classical physicians such as Galen and Hippocrates, and occasionally on the work of Arab physicians like Avicenna. Although much of the teaching had continued to be theoretical, by the end of the seventeenth century there was a growing awareness that the traditional authorities needed updating, and professors began to teach from compendia that they had compiled themselves. This was not the only change in the medical education of the period. A number of auxiliary subjects joined the traditional curriculum of physiology, pathology and therapeutics. Students began to learn subjects such as anatomy, botany, surgery and pharmacy. However, it was only in 1707 that Louis XIV made pharmacy, anatomy and botany, but not surgery, a compulsory part of the training of a medical student.

Montpellier had been at the forefront of changes in medical education, and was the first French university to move away from an entirely theoretical curriculum and provide practical tuition to medical students. From 1550 professors had been expected to perform four dissections a year, and from 1556 they had a separate amphitheatre in which to do this. Montpellier also had a botanical garden from 1593, when the chair of anatomy and botany was first established. In addition, from 1634 bachelors and licentiates were expected to visit local hospitals twice a month, and licentiates were supposed to have had six months’ practical work before taking their doctorate.

Whilst Montpellier was considered one of the best medical schools in France, it also had a reputation for an easy-going mode of life and “cheerful sociability” between students and teachers, in contrast to the monastic character of the medical school in Paris. However, Charles Jernegan appears not to have been influenced by this. He was described as someone who “applied himself very closely to his studies at the university, and was remarkably staid and discreet” during his time there.

By 1718 he was well established as a physician. This is evident from a letter written in March of that year to Bellings-Arundell. Richard had two daughters, Frances (b. 1704) and Mary (b. 1716). Concerned for the health of one of them, Charles wrote that he had, in addition to sending her a prescription, “recommended to her the consulting Mons. Chirac in my name should she have occasion”. Pierre Chirac, head of the King’s garden and physician to the Duke of Orléans in 1718, was formerly a professor at Montpellier, obtaining his first chair in 1687. He taught intermittently until 1715. Since Charles studied at Montpellier from 1705 to 1708, and Chirac was in Italy and Spain with Orléans on military campaigns between 1706 and 1708, any acquaintance between the

33 Brockliss and Jones, op. cit., note 31 above, p. 94.
37 Gillow, op. cit., note 27 above, p. 624.
38 WL, MS.8463/9.
two men would necessarily have been brief. However, this did not prevent Charles from exploiting his connection with such an eminent physician.

The daughter alluded to is likely to have been Frances, who was, apparently, in France at the time. Eight months later, Charles wrote again to Bellings-Arundell, this time probably regarding the three-year-old Mary—the term “little miss” would seem to indicate this—who was suffering from measles. He began by reassuring her father that the worst was over: “I found little miss this morning perfectly easy, free from feavour and free from the troublesome cough which always attends the measles, they are now dying away and within a day or two will be quite off.” Unfortunately for little Mary, this was not the end of her treatment. Once Charles considered that she had fully recovered from the disease, he recommended that “she shall take some little purging physick to purify her blood” to improve her health still further.

In the same letter, Charles discusses the treatment of several of his other patients, who were also apparently known to Bellings-Arundell. As part of his therapy, Mr Mathers had been prescribed a vomit. Charles added that he had “laid much stress on a regular abstemious life,” and that only a combination of these things would bring about Mathers’ recovery. In addition, an unspecified number of “my western patients” had been prescribed “a vomit for 12 months to come” although he confessed that “it was never my design” and was worried that “a constitution may be much impaired” by this treatment.

The principal relationship between Charles Jernegan and Richard Bellings-Arundell was that of physician and patient, albeit an important patient. However, Bellings-Arundell comes across as being more than this; he was also a patron who recommended Jernegan to other people. But this was not the only aspect of their relationship. The first letter written by Charles in the Wellcome Library collection puts forward his case for marrying Lady Elizabeth Roper, Bellings-Arundell’s second cousin. He assures Bellings-Arundell that he can support Elizabeth in the style to which she has been accustomed, calling attention to “my business, which is much increased,” his luck in “stock-jobbing,” and “a fitted allowance” provided by his father. He also tried flattery, implying that the esteem in which he was held by Bellings-Arundell had influenced Elizabeth, and that “her favourable intentions on my behalf, are owing to it”.

Two days before Charles sent this letter, Elizabeth wrote to her cousin on similar lines. From what she says, it becomes clear that Bellings-Arundell had previously expressed some concern about the proposed union. He appears to have asked Elizabeth, “how can anybody like to be a Docters wife?” She responds, “tis not worldly notions that gives real happiness” and she believes she could find such happiness “at home with a privet way of life with a sufficiency to maintain it without much want”. It is apparent that this was an unequal match, but Elizabeth was willing to risk the social stigma of marrying beneath her in order to secure her own happiness as well as that of her proposed husband:

He’s willing if I choose it to quitt his business and live in any other part of the world, but I think that would be too great a hardship upon him, to put it out of his power of increasing what little

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41 WL, MS.8463/11.
42 Ibid.
43 WL, MS.8463/9.
44 WL, MS.8463/8.
Figure 3: Letter from Dr Charles Jernegan to Richard Bellings-Arundell, 9 November 1718 (Wellcome Library MS.8463/11).
fortune he has got, that I had better bear what is mortifying in that point, and be despised by some which I hope would only extend so far as to distinguish real friendship, what I have always so much experienced from you, Dear Cosen, that I flatter myself it would still continue the same.\textsuperscript{45}

Although the Wellcome correspondence does not reveal this, the match did take place. Gillow’s \textit{A literary and biographical history}, and Burke’s \textit{Peerage} both make reference to the marriage.\textsuperscript{46} What is evident from the letters is how important the opinion of Bellings-Arundell was to the couple. Since cordial relations between Jernegan and Bellings-Arundell seem to have continued until the latter’s death, it is reasonable to assume that the couple’s entreaties to him to bless their nuptials were successful.

\textbf{An Incomplete Picture}

The letters held by the Wellcome Library provide a tantalizing glimpse into the lives of the correspondents, but they do not reveal a complete picture. The period that the letters cover was a turbulent one for many of the people involved, but the content does not always reflect this. In all correspondences the writers tend to refer to events familiar to both parties, and there is, frequently, a minimum of explanation, so some passages may not be intelligible to anyone but the correspondents. Entire collections of letters are unlikely to survive, and there are often gaps. Although it is impossible to be certain, it seems unlikely that Margaret would not have written to Bellings-Arundell between December 1713 and September 1716, or that Charles would not have been in contact with him between November 1718 and August 1719.

A glance at their family tree shows that a number of less happy events befell the family in the years 1708 to 1719. Thus it appears that Margaret concern for the health of Bellings-Arundell’s mother was not entirely unfounded. In December 1713 she wrote of the “great consarn I have for the dangerous illness of my dear Aunt Bellings”, and by the end of the following year Frances Bellings the elder was dead.\textsuperscript{47} Nor was she the only relative that Bellings-Arundell lost during these years: his older brother Charles died in 1710, his father in 1716 and his wife in August 1718.

\textbf{Conclusion}

Much of the content of the Jernegan–Arundell correspondence is not medical, which serves to demonstrate that medicine does not exist in a vacuum. As such the correspondence is a good example of the philosophy expounded by the Wellcome Library. Although few in number, these letters are highly illuminating. Taken in isolation, they provide a snapshot of early-eighteenth-century life in a family on the fringes of the aristocracy. When read in combination with other sources for medicine and society in the period, and related family material held elsewhere, they provide significant detail that enriches historical understanding of the part which health, disease and medicine played in eighteenth-century lives.

\textsuperscript{45} Ibid.  
\textsuperscript{47} WL, MS.8463/3.