As the previous chapter showed, marginalia offer a means for qualifying debates in the history of ideas to show that early modern readers did not automatically trust the information they found in printed books. This chapter uses evidence from the English stage to demonstrate that, for early moderns, the book form was often as important as its content. The material aspect of book knowledge was most pronounced in matters of medicine, where books were especially well-suited as stage properties that could serve characters’ authoritative pretentions. What’s more, an appreciation of books as properties reveals how early modern readers engaged in medical care not exclusively through deference to professional medical authorities but as individualized and idiosyncratic acts of self-healing.

Renaissance Credulity

In considering Renaissance English approaches to the marvelous, Madeline Doran sets out “to recapture the spirit of the cultured and adult Elizabethan, who saw his world through his own eyes, not ours” in order “to understand what to them is normal and what strange, in other words, what their standard of reasonable judgment is.” While post-Enlightenment standards of classification and independent verification of facts were obviously not yet in use in the period, Elizabethans nonetheless “had certain positive principles of reference by which they could judge of the probability of things firsthand,” such as the use of analogies and the doctrine of signatures. Doran proposes that scholars acknowledge the distinct degrees of “responses to the marvelous” that contemporary individuals might hold about various subjects, degrees that range from complete acceptance, through “entertainment of the possibility,” to “complete

1 Doran, “On Elizabethan Credulity,” 151, 156.
2 Doran, “On Elizabethan Credulity,” 163. See also Poovey, History of the Modern Fact.
rejection . . . with a willingness for reasons of convention or of symbolism to entertain the fiction imaginatively.” As she notes, such a range of credulity accounts for the message of John Donne’s popular poem “Go and catch a falling star,” where “it does matter in what state of belief we are in with regard to mandrakes or mermaids, for if we believe in them too thoroughly we shall miss the point of the poem, that a constant woman is as strange as they.”

Even by the standards of modern knowledge, humanists may have made their assertions about early modern credulity and the efficacy of medieval and Renaissance herbal remedies too easily. An article in the Journal of Ethnopharmacology by scientists examining sixteenth-, seventeenth-, and eighteenth-century herbals for evidence of plants that were supposed to effectively treat rheumatoid illness found that more than half so identified by the herbals do work. The authors have since followed up this study with others on Renaissance herbalists’ remedies for epilepsy and malaria. While Francis Johnson may have disagreed with Wyer’s assertion of a hot plaster to cure hemorrhoids in 1944, the same remedy was advocated by master barber-surgeon John Gerard in his herbal of 1597 and may have been a common treatment. The appearance of such remedies suggests that early modern writers who addressed a wide public audience assumed that their readers had a considerable body of personal and common knowledge upon which they could draw to evaluate a book’s claims. Such critiques likewise made their way into popular entertainment. In his mockery of

5 “The leaues of Elder boiled in water vntill they be very soft, and when they are almost boyled inough, a little oile of sweet Almonds added thereto, or a little Lineseed oile; then taken forth and laide vpon a red cloth, or a peece of scarlet, and applied vnto the Hemorrhoides or Piles, as hot as can be suffered, and so remaine vpon the part affected, vntill it be somewhat colde, hauing the like in a readines, applying one after another vpon the diseased part, by the space of an hower or more, and in the end some bounde to the place, and the patient warme a bed: it hath not as yet failed at the fi rst dressing, to cure the said disease; but if the patient be dressed twice, it must needes do good, if the fi rst faile” (Gerard, Herball (1597), sig. 4K8r).
grocers, *The Knight of the Burning Pestle* (1607), Francis Beaumont could assume that enough early moderns recognized the value of licorice to “maketh a mannes brest / his throte / & his lo[n]ges, moyst and in good tempre” (Bankes 1525, sig. E1v) to squeeze even more of a laugh out of a pushy character’s unnecessary interruptions of the action of a play-within-a-play:

**Wife** I pray, my pretty youth, is Rafe ready?

**Boy** He will be presently.

**Wife** Now, I pray you, make my commendations unto him, and withal carry him this stick of licorice. Tell him his mistress sent it to him, and bid him bite a piece; ‘twill open his pipes the better, say. (1.1.69–76)⁸

Just as apprentice Rafe echoes nothing but popular speeches by the likes of Hotspur, Mucedorus, and Hieronimo, his master and his mistress offer their customers nothing but widely known popular remedies. Wife Nell’s disturbance is made the more aggravating (and more humorous) because she assumes her knowledge is specialized whereas it is widely held in common, a usurpation of medical authority that mimics the way she and her grocer-apothecary husband George have usurped the public stage of the fictional play *The London Merchant.*⁹ In a similar way to Nell and George, the booksellers operating during the first century of print endeavored to commodify much common herbal and medical knowledge for their own profits. Although the resulting books supplemented the information circulating in folklore and public discourse, they did not necessarily supplant it.¹⁰

**Authorizing Stage Medicine**

Francis Beaumont’s assumption of his audience’s familiarity with simple remedies in *The Knight of the Burning Pestle* is a reminder that Renaissance dramatists regularly drew both on common knowledge and on contemporary

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¹⁰ More specialized studies of readership reinforce this readerly resistance. For example, J. Wogan-Browne’s work on hagiography and virginity literature reinforces the ways in which female readers in particular deployed complex strategies of interpretation to challenge dominant narratives about women’s bodily autonomy. See *Saints’ Lives and Women’s Literary Culture: Virginity and Its Authorizations* (Oxford: Oxford University Press, 2001).
cultural debates to furnish the worlds of their plays. Here, too, can we find evidence that the material forms of books caused readers to take matters of influence into their own hands. Renaissance dramatists widely recognized that, as props, books could figure synecdochally on stage to endorse and to undermine characters’ authority.\(^{11}\) In a number of plays by Shakespeare and his contemporaries, lay healers (that is to say, medical practitioners other than physicians and surgeons) are explicit in their use of written materials to validate their own successful healing acts. Other characters defend their right to self-medicate, which provides a larger context for understanding how herbal authors attempted to assert their dominance over the administration of herbal remedies. Such an interruption in my analysis of the printing history of Renaissance herbals may seem to mistake the symptom for the cause, but this chapter is designed to illuminate the setting in which sixteenth-century publishers, herbalists, and medical authors competed for readers. As Jean E. Howard has remarked in her study of the Elizabethan public theatre’s role in cultural transformations, “the scripts themselves embody social struggle . . . they enact a contest between and a negotiation among competing ideological positions.”\(^{12}\) Only in an environment where readers already assumed that they had a responsibility to heal themselves did it make sense for medical authors to take such pains to position themselves as gifted advisors and specialized counsellors. Such attention also offers a literary payoff: drawing out this lost history of self-medicating as it appeared not only on the Renaissance English stage but also on the extant pages of popular sixteenth-century herbals enables me to account for the curious disappearance of Cordelia’s attendant “Doctor” – a character who exists in the 1608 quarto History of King Lear but whose role is replaced by an indistinct “Gentleman” in the 1623 folio Tragedy of King Lear. Given Shakespeare’s attitudes towards physicians and lay healers elsewhere in his canon, I propose that this famous crux concerning the character’s identity is inflected by debates over who has the right to authorize what should be common knowledge. To understand Beaumont’s joke about George and Nell is thus to understand something of the King’s Men’s revision of King Lear: both cases highlight the ways that English healers tried to assert their scholarly and literary credentials upon resistant subjects.\(^{13}\) Printed books played a major part in this jockeying for authority.


\(^{13}\) I remain convinced by the argument that Shakespeare was the agent behind the revision of Quarto to Folio texts provided by John Kerrigan’s essay “Revision, Adaptation, and the Fool in King Lear,” in Taylor and Warren, The Division of the Kingdoms: Shakespeare’s Two Versions of King Lear (Oxford:
In the 1520s, when both the little *Herball* and *The Grete Herball* were first published, members of the nascent College of Physicians of London were still struggling to situate themselves within a diverse medical marketplace. London’s Company of Barber-Surgeons, like the Stationers, had a long history within the City and would soon get a royal charter of their own in 1540. Apothecaries like George and Nell would remain part of the Grocers’ Company until the Society of the Apothecaries would split apart from them (with the physicians’ help) in 1617, but the Grocers’ status as one of London’s great twelve livery companies ensured that such medicament-dispensing grocers were both plentiful and powerful. When, in 1518, the College of Physicians of London was granted their charter, its members were profoundly outnumbered by London citizens well-equipped to manage the commercial and civic aspects of healing. The handful of physicians could not realistically compete for practical dominance, but members of the College had other, far more important, social goals in mind.

Margaret Pelling has written at length about the College’s struggles during the seventeenth century to differentiate itself from other healers and empirics through a concerted program of professionalization and “aggressive intellectual activity” that sought to demonstrate the ways that physicians’ considerable humanistic training raised them above the menial “body-service” performed mostly by women. Pelling’s work shows that, while early modern English physicians might have been able to obtain high social status on an individual level, their professional body remained insecure about their intellectual pretensions as a group. “[T]he College seem[ed] to be manifesting a form of self-consciousness unusually well developed for the period,” Pelling writes, “composed of anxieties, insecurities, and a mode of self-righteousness, allied to an entirely anomalous institutional position and lack of effective connection with the political process.” Seeking to establish physicians not only as healers but more importantly as intellectual counselors...
with the ear of royal and civic authorities, the College even went so far as to implement a code of elevated dress for its members in 1597, stipulating “scarlet for feast-days and solemn meetings, purple for other occasions.” Such sumptuary dress signified a distinction between a College physician and any other practitioner of medicine such as a barber-surgeon or an empiric, whose services were not only cheaper but apparently preferred by laity at all levels of status. Francis Bacon was espousing popular opinion when he noted in his *Advancement of Learning* that “in all times, in the opinion of the multitude, witches and old women and imposters have had a competition with physicians.” It is evident, however, that Bacon didn’t really blame the public for their preferences, as his opinion of the College was not much better: “Medicine is a science which hath been (as we have said) more professed than laboured, and yet more laboured than advanced; the labour having been, in my judgement, rather in circle than in progression. For I find much iteration, but small addition.”

Since the granting of their charter of 1518, the College of Physicians had endeavored to “regulate” medical practice in London (and within a seven-mile radius of the city) by prosecuting unlicensed healers who fell outside the civic guilds of Barber-Surgeon and Grocers, such as empirics, mountebanks, and cunning women. This right was granted them by their charter’s patent, which was designed “with a view to the improvement and more orderly exercise of the art of physic, and the repression of irregular, unlearned, and incompetent practitioners of that faculty.” Such “irregular practitioners” were viewed as a practical threat not only to the physicians’ attempted monopolization of physic but also to the decorum and status of medicine itself, an anxiety that did not go unnoticed by Elizabethan dramatists alert to such moments of social struggle. Throughout Thomas Heywood’s city comedy *The Wise Woman of Hoxton* (performed 1602–1603), for example, the disguised heroine Luce 2 critiques the eponymous character’s “lawless, indirect and horrid means / For covetous gain!”

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status quo of professionalized medical authorities, Luce 2 dismisses the Wise Woman’s pretensions, asking “How many unknown trades / Women and men are free of, which they never / Had charter for?” (3.1.43–45) and ultimately concluding that the Wise Woman’s efforts are “no trade, but a mystery” (3.1.68). For her own part, the Wise Woman views herself as a veritable civic polymath:

Let me see how many trades I have to live by: first, I am a wise woman and a fortune-teller, and under that I deal in physic and forespeaking, in palmistry, and recovering of things lost. Next, I undertake to cure mad folks. Then I keep gentlewomen lodgers to furnish such chambers as I let out by the night. Then I am provided for bringing young wenches to bed. And for a need, you see I can play the matchmaker.

She that is but one and professeth so many,\nMay well be termed a wise woman, if there be any. (3.1.164–82)

The Wise Woman’s bravado, which celebrates not only her healing prowess but also her skills as prophet and bawd, later serves to suggest that the play’s outcome derives less from any inherent cleverness that she might have than it does from the naïve foolishness of her victims.

Luce 2 ends Heywood’s play as its unmistakable hero, making clear that the Wise Woman is simply a charlatan; but not all early modern dramatists were quite so sympathetic as Heywood to the cause of the professional medical authorities. William Kerwin points out the ways that the “medical theater” of John Webster’s The Duchess of Malfi serves to display “how claims to ancient and disinterested tradition can cover up base interests,” ultimately revealing the ways that “medical power legitimates itself.”

At the root of Kerwin’s argument is an association that Webster makes between Malfi’s corrupted court and the tenuous medical authority of the play’s physicians, best illustrated by the Doctor’s overestimation of his ability to intimidate Ferdinand’s madness right out of him:

Let me have some forty urinals filled with rose water: he and I’ll go pelt one another with them; now he begins to fear me. Can you fetch a frisk, sir? Let him go, let him go upon my peril. I find by his eye he stands in awe of me: I’ll make him as tame as a dormouse. (5.2.68–73)

23 All quotations from The Duchess of Malfi are taken from John Webster, The Duchess of Malfi, ed. Elizabeth M. Brennan, New Mermaids (London: Ernest Benn, 1964).
As Pescara and Bosola witness, the Doctor’s bombast fails; instead of submitting to the Doctor’s authority, Ferdinand beats him, adding:

Can you fetch your frisks, sir? I will stamp him into a cullis; flay off his skin, to cover one of the anatomies, this rogue hath set i’th cold yonder, in Barber-Chirurgeons’ Hall. Hence, hence! you are all of you like beasts for sacrifice, there’s nothing left of you, but tongue and belly, flattery and lechery. (5.2.73–80)

Adding insult to the injuries he showers upon the Doctor, Ferdinand’s reference to the barber-surgeons’ public anatomies serves to remind audiences that, of the major competitors for medical authority in Jacobean London, it is the surgeons’ skills that were practically and empirically obtained.24 Evidence of physicians’ lax morality, as well as their middling success at healing, is presented throughout the play, from a remark about doctors’ overreliance on urine analysis, “which some do call / The physician’s whore, because she cozens him” (1.2.58–59), to their preoccupation with lucrative trivialities like cosmetics, or “scurvy face physic . . . the very patrimony of the physician” (2.1.25–44).25 In her own mistrust of physicians’ practice of raising the expense of medicine to little curative effect, Julia notes that unreactive gold “hath no smell, like cassia or civet, / Nor is it physical, though some fond doctors / Persuade us, seethe’t in cullises” (2.4.64–66). Webster’s play endeavors to remind its audience that physicians’ labored proximity to royal and ecclesiastical authorities so readily corrupts them that, despite their Hippocratic Oath, they are as suspect as

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24 In order to be admitted to the freedom of the Barber-Surgeons’ Company, a candidate had to have met the general requirements for admittance to a London mystery (by serving an apprenticeship for no less than seven years’ time, by being the son of a member of the company, or by redemption) as well as pass an examination assuring that the candidate was “well exercised in the curing of infirmities belonging to surgery of the parts of a man’s body commonly called the anatomy.” See Sidney Young, The Annals of the Barber-Surgeons of London (New York: AMS Press, 1978), 316. In contrast, as Pelling and Webster note, “the profile of the academically educated physician which gradually emerged was that of a humanistically inclined scholar, familiar alike with classical tongues and the medical sciences. This physician had spent many years studying at English universities, and sometimes also a few years abroad at one or more of the continental medical schools. This course of education frequently involved seven years in preparation for an MA, and a further seven years or more accumulating medical qualifications” (“Medical Practitioners,” 189). Though both the College and the Company required their members to participate in anatomical demonstrations, it was not the Physicians but the Barber-Surgeons who both enforced this regulation and opened their dissections for the interest of the curious public (“Medical Practitioners,” 176; see also Young, Annals).

any other indentured menial. As Bosola muses, “all our fear, / Nay, all our terror, is lest our physician / Should put us in the ground” (2.1.61–63), an opinion the Duchess shares: “physicians thus, / With their hands full of money, use to give o’er / Their patients” (3.5.7–9).

Such dramatic anxiety over devious physicians was also apparent in the works of Webster’s predecessors and contemporaries. In The Jew of Malta, Marlowe’s murderous Barabas (who famously “go[es] about and poison[s] wells”) claims to have learned his trade when

\[
\text{Being young, I studied physic, and began} \\
\text{To practice first upon the Italian;} \\
\text{There I enriched the priests with burials,} \\
\text{And always kept the sexton’s arms in ure} \\
\text{With digging graves and ringing dead men’s knells. (2.3.185–189)}
\]

The city comedies of Thomas Dekker, Francis Beaumont, and John Fletcher likewise demonstrate an awareness of popular apprehensions surrounding medical authorities’ access to poison; and with good reason: the widely publicized trial of Dr. Roderigo Lopez in 1593 and the murder by poison of Sir Thomas Overbury in 1613 kept such medical dangers in the forefront of the public imagination. When Ben Jonson’s Corbaccio (himself a would-be poisoner) insists that the sleeping draught he offers Volpone is safe, he admits to having overseen its preparation just to make sure that the untrustworthy physician didn’t slip in anything lethal: “I myself / Stood by, while ’t was made; saw all th’ ingredients” (1.4.14–15).

Later in the play, as Volpone imitates a mountebank, such guile is extended beyond physicians to include anyone engaged in medicating others for profit, and the drama’s humor rests in depicting the absurdity and futility of the commodified medical marketplace of Jacobean London (in its Venetian guise). Mosca’s repeated claim that “He hath no faith in physic” is sufficiently broad to make a jest of anyone fool enough to hand over coin in exchange for an assurance of health.

26 Compare the “true physic” of Ben Jonson’s Volpone: “’Tis aurum palpabile, if not potabile” (1.4.73).
27 All quotations from Christopher Marlowe’s The Jew of Malta are from David Bevington’s edition in English Renaissance Drama (New York: W. W. Norton, 2002).
28 For a reading of a similar perspective on the physicians of Ben Jonson’s Sejanus, His Fall and Volpone, see Tanya Pollard, “‘No Faith in Physic’: Masquerades of Medicine Onstage and Off,” in Stephanie Moss and Kaara L. Peterson (eds.), Disease, Diagnosis and Cure on the Early Modern Stage (Burlington, VT: Ashgate, 2004), 29–41, as well as Pollard’s monograph Drugs and Theater in Early Modern England (Oxford: Oxford University Press, 2005).
29 All quotations from Benjamin Jonson’s Volpone, or The Fox are from David Bevington’s edition in English Renaissance Drama (New York: W. W. Norton, 2002).
As far as the efficacy of medical authorities is concerned, Shakespeare seems to have been more of Webster’s persuasion than either Heywood’s or Jonson’s, seeing medicine as something that could be successfully practiced – but by empirics, lay people, or cunning women, and not by physicians. Of the eight characters in Shakespeare’s plays designated as “doctors” by their speech prefixes, all are men, unsurprising given the exclusively male makeup of the College. Yet, while Shakespeare’s doctors are universally male professionals, the same cannot be said of his healers both on and off stage. Twelfth Night’s Fabian urges that Malvolio’s urine be carried “to th’ wise woman” for analysis of the cause of his madness (3.4.88), while The Comedy of Errors’ Adriana is dismayed that her wisely duties as caregiver have been usurped by the Abbess’s sheltering of the seemingly mad Antipholus of Ephesus (5.1.99–102). In explaining these and other medical moments in Shakespeare’s plays, Barbara Howard Traister sees a general movement towards an acceptance of physicians’ authoritative pretensions that they struggled so hard to maintain. Traister suggests that Shakespeare’s Jacobean doctors function less as healers than as authenticators of offstage action, valued for “their ability to observe and to pronounce judgment, rather than for their therapeutic skills.” She points out that, despite the prevalence of impotent or inactive medical professionals in the Shakespeare canon, two of his later plays offer lay medical practitioners who ultimately succeed where professional medicine has failed: in All’s Well That Ends Well, Helena cures the French king’s seemingly incurable fistula, while Pericles’ Cerimon raises the entombed Thaisa from death. I will return to Cerimon’s and Helena’s activities in a moment.

Margaret Pelling’s work has shown that one of the “aggressive intellectual activities” employed by the College was an attempt to mirror the religious and intellectual authority the clergy maintained through its elite

30 Included in this count are the sometime-schoolmaster Dr. Pinch in The Comedy of Errors, the French Dr. Caius in The Merry Wives of Windsor, Cymbeline’s moral Cornelius, Macbeth’s Scottish–English physician pair, Henry VIII’s Dr. Butts, and the otherwise unnamed “Doctors” of Two Noble Kinsmen and the quarto of King Lear.


33 Traister, “Note Her a Little Farther,” 45.
access to biblical texts. By representing the works of Galen as similarly sacred, choosing only to employ Galenic methodology in treatment and denying the feasibility of alternatives such as Paracelsianism, the College declared its respect for in-depth reading practices and aligned itself with the general humanistic linking of scholarship and gentle status.\(^3^4\) Implicitly connected to physicians’ authority over the public practice of physic was a connection to books and learning, an association most clearly emphasized in the distinction made between the elevated theory of medicine as described in books and the hands-on business of practical healing. With their extended university educations, physicians had a vested interest in the social elevation of book learning, while medical practitioners operating in the civic guild tradition such as Barber-Surgeons and Apothecaries, or “empirics” operating without a company affiliation such as Heywood’s eponymous Wise Woman of Hoxton, emphasized the importance of successful practice. Pelling and Webster note that, over the course of the sixteenth century, members of both licensed groups became increasingly invested in authoring works of natural history, mathematics, and medicine as part of a larger effort to demonstrate both their authoritative knowledge and their hands-on experience.\(^3^5\)

Such conflicting values may be seen in the title character’s first scene, where the Wise Woman receives a suite of seven clients at once, all clambering for her attention. Presented with the urine of a Countryman’s ill wife, the Wise Woman claims to diagnose from it the heartbeat and ill stomach from which the wife suffers, eventually crowing her success in a long speech that celebrates the practical expertise of empirics:

I think I can see as far into a millstone as another. You have heard of Mother Nottingham, who, for her time, was prettily well skilled in the casting of waters. And after her, Mother Bomby. And then there is one Hatfield in

\(^{3^4}\) “[I]n meetings with as well as outside the College, censorship was mainly exerted by means of the Censors’ admonitions to aspirants and irregulars as to what works they should and should not read, quote from, or publicly applaud. It is fair to say that none of the moderns sufficed in the absence of Galen, and irregulars were never instructed to read a modern author. Indeed, the Galenic texts were represented to (male) irregulars as all-sufficing . . . [a}s far as the officebearers were concerned, innovation was allowable only from within, not outside the College” (Pelling, Medical Conflicts, 70). See also 17, 57–83.

\(^{3^5}\) Pelling and Webster, “Medical Practitioners,” 172, 177. In the case of Barber-Surgeons, who, more than any other London medical organization, were invested in public health initiatives to treat illnesses such as the plague and pox, these publications were also designed to teach the literate to treat their illnesses themselves. See Margaret Pelling, “Appearance and Reality: Barber-Surgeons, the Body and Disease,” in A. L. Beier and Roger Finlay (eds.), London 1500–1700: The Making of the Metropolis (London and New York: Longman, 1986), 82–112; 103.
Pepper Alley; he doth pretty well for a thing that’s lost. There’s another in Coldharbour that’s skilled in the planets. Mother Sturton in Golden Lane is for forespeaking. Mother Philips of the Bankside for the weakness of the back. And then there’s a very reverend matron on Clerkenwell Green, good at many things. Mistress Mary on the Bankside is for ’recting a figure. And one – what do you call her – in Westminster, that practices the book and the key, and the sieve and the shears. And all do well, according to their talent. For myself, let the world speak. (2.1.21–37)

Yet, as the unimpressed Luce 2 notes in an aside, the Wise Woman can actually only see “[j]ust so much as is told her” (2.1.14), and she bemoans that the public’s glorification of novelty overshadows the more important problem of the Wise Woman’s lack of a formal education:

’Tis strange the ignorant should be thus fool’d.
What can this witch, this wizard, or old trot,
Do by enchantment or by magic spell?
Such as profess that art should be deep scholars.
What reading can this simple woman have?

In Chapter 5, I explained how the materials of the printed book provided a site for early modern readers to contest the intellectual authority of verbal texts in their annotations by correcting, modifying, or otherwise changing the book to suit their own particular ends. The materials of the printed book likewise serve the idiosyncratic ends of a figure like the Wise Woman, who recognizes that her customers settle questions of her authority over medical and mystical matters by the mere appearance of learning: the Wise Woman handles books, therefore she can handle whatever problems are brought her way. “As is so often true in this period,” Jean Howard writes of Heywood’s play, “power is shown to lie with the theatrically skillful, and in this play the most theatrically skillful figures are women.”36 Because part of the Wise Woman’s theatrical skill depends on her careful deployment of the materials of traditional medical authority, the physician’s classically steeped university education in Galen can easily be mimicked with the assistance of appropriate properties. After Luce 2 has employed herself in the Wise Woman’s service, she continues to question her new mistress directly:

_LUCE_ 2 . . . But, mistress, are you so cunning as you make yourself? You can neither write nor read; what do you with those books you so often turn over?

36 Howard, _Stage and Social Struggle_, 89.
**Wise Woman** Why, tell the leaves. For to be ignorant, and seem Ignorant, what greater folly?

**Luce 2** [aside] Believe me, this is a cunning woman.

Andrew Sofer has observed that “props are not static symbols but precision tools” that require interaction with an actor in order to achieve meaning. The acutely performative Wise Woman is well aware of this fact, and she makes the most of the book props at her disposal. Even Luce 2 is sardonically impressed with her performance.

While Heywood has an empiric’s (and mountebank’s) view of book learning serve as a mere pretense to supplement her practical skills, both of Shakespeare’s successful lay healers actually read books alongside their hands-on experience in order to construct their medical authority, mirroring the scholarly humanistic shift that the physicians so self-consciously attempted to employ. In scene 14 of *Pericles, Prince of Tyre*, the Lord Cerimon restores Thaisa, the dead wife of the play’s hero, back to life after she died in childbirth during a Mediterranean voyage and was buried at sea. The wooden box containing Thaisa’s body eventually washes up on the Ephesian shore and is promptly brought to Cerimon to open and investigate. At the start of the scene, Cerimon enters attendant on the servants of two ill masters who have sought out his medical advice. Nothing can be done for the first, but he offers the second a prescription to be filled by an apothecary. Such advice would not be remarkable coming from a real doctor, but as his title suggests, Cerimon is not a trained physician but a lay healer, drawn to medicine through its connection to what he calls “virtue and cunning” (14.25). As a healer, Cerimon is apparently very successful, and the Second Gentleman notes that “hundreds call themselves your creatures, who / By you have been restored” (14.42–43). In order to account for his medical knowledge, Cerimon offers the following explanation:

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’Tis known I ever
Have studied physic, through which secret art,
By turning o’er authorities, I have
Together with my practice, made familiar
To me and to my aid the blest infusions
That dwells in vegetives, in metals, stones,
And so can speak of the disturbances
That nature works, and of her cures . . . (14.29–36)
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The “authorities” that Cerimon refers to here are learned writers, not only Galen but also those medical practitioners, like medieval Roger Bacon, whose texts outlining the manufacture of alchemical “blest infusions” were publicly denounced by the College of Physicians. Cerimon’s books reveal to him “secret arts,” such as the method behind the mystic recoveries of bodies that have “nine hours lien dead” (1.4.82), or the principles espoused by Paracelsus of alchemical medicine found in metals and stones.

A similar emphasis on the authority of the written word can be seen in Helen’s request to the Countess in All’s Well That Ends Well. Helen’s wish to go to Paris to cure the king by using her father’s “prescriptions / Of rare and proved affects” (1.3.193–194) is well known both to the world of the play and to its critics (such as Lafeu’s dictum to her in the play’s first scene: “you must hold the credit of your father” [1.1.66]), but less critical attention has been paid to the source of her physician father’s knowledge, which comes down to Helen through the reading habits that scholars have observed in the surviving records of actual Renaissance physicians. As well as his “manifest experience” (1.3.195), Gerard de Narbonne’s remedies, “notes whose faculties inclusive were / More than they were in note” (1.3.198–199), stem from his “reading” (1.3.194) and are conveyed to Helen only because Narbonne in turn “set down” (1.3.200) his knowledge in manuscript. Whether Narbonne’s note-taking was a deliberate transfer of his own knowledge to his daughter (Helen remarks only that they are passively and ambiguously “left” her [1.3.193]) or whether he took notes for his own later benefit is unclear. However, what is crucial in my reading of this passage is the material means by which Helen receives this knowledge, means that are similar to the way her father would have first received his – by reading. Crucial, too, is that Narbonne was, as were the medical practitioners in attendance on the King of France, a physician with a humanist university education – he was neither a surgeon nor an apothecary who learned his trade by apprenticeship in accordance with civic custom. It is the Galenic theoretical underpinnings of physicians’ educations learned by rote that the Countess surmises leaves them too “[e]mbowlled of their doctrine” to truly help their king (1.3.213).

Something more than skill, Helen claims, will allow her to try her receipt out on the King. Critics such as Susan Snyder see that “something more” in Helen’s status as a virgin: in his address to the King, Lafeu “goes on to

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39 See Traister, Notorious, and Murphy, “Common Places.”
emphasize Helen herself as the curative application, rather than the prescription she carries.”

Such a reading holds well in Lafeu’s allusive emphasis that Helen will bawdily raise the King to “sprightly fire and motion” (2.1.70). Yet it is in these bawdy puns that we also see confirmation that the mode of authority that Helen carries with her is the written artifact – “to give great Charlemagne a pen in ’s hand / And write to her a love-line” (2.1.72–73).

**Contextualizing Cordelia**

In contrast with Shakespeare’s other professional healers, *King Lear* offers an example of an *un*characteristic physician who is at once able to uphold both the intellectual authority espoused by his College and the practical success of the empiric or lay practitioner. In the Quarto of 1608, when Cordelia returns to the story in the fourth act, her attendants include a “Doctor” who counsels her how best to treat her ailing father’s madness by using the Paracelsian method of “like cures like.” To counteract the mad King Lear’s crown of weeds, the “rank fumitor and furrow-weeds, / With burdocks, hemlock, nettles, cuckoo-flowers, / Darnel, and all the idle weeds” (4.4.3–5), the doctor prescribes “many simples operative, whose power / Will close the eye of anguish” (4.4.14–15). The physician’s exposition of the effects of simples, medicaments so-called for being made from the extracts of a single plant, here serves a dual

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41 Snyder here also makes much of Lafeu’s claim of Helen’s “profession” in 2.1.78, aggravating G. K. Hunter’s 1959 gloss of “that in which she professes” to “amazing not in itself but in conjunction with her sex, her years.” This, I think, takes Lafeu’s perceived sexism too far, because many of the medical practitioners of the Elizabethan/Jacobean era were female and recognized as experts even within the patriarchal confines of membership in City companies (see Pelling, *Medical Conflicts*, 189–224). Women could not, of course, be university-educated physicians, and according to Aristotle, they were also notoriously stupid – but it does not necessarily follow that Shakespeare’s audience believed that they were also inadequate to the practical task of healing. What is key for Lafeu is in Helena’s intellectual status, not her gender, suggesting that what is most revealing about the phrase “Dr She” is the Dr, not the She.

42 Galenic therapies insisted that illness was caused by an excess or lack in one of the four humors and sought to restore humeral balance by means of divesting surplus humors (usually bleeding or purging) or by supplying deficits. Paracelsian medicine saw illness and infection as occurring as a result of an outside agent entering the body, and its remedies often claimed to cure by offering a chemically modified version of the agent responsible for causing the illness. See entry on “Paracelsus,” in Sujata Iyengar, *Shakespeare’s Medical Language: A Dictionary* (London: Bloomsbury, 2011).

purpose. The first offers a practical explanation for Lear’s later difficulty waking in 4.7, a simple having presumably been given him as a sleeping aid in order that he might receive the “repose” denied him in his madness. Yet, in her questioning of the limits of “man’s wisdom / In the restoring of [Lear’s] bereavèd sense” (4.4.8–9), it is Cordelia who derives immediate solace from the physician’s confident explanation of “simples operative,” or the healing powers of plants. She replies:

All blest secrets,
All you unpublished virtues of the earth,
Spring with my tears. (4.4.15–17)

On stage, whether performed as an invocation of Nature’s power or of Cordelia’s own palpable relief that herbal medicine can restore her father, the affect of Cordelia’s prayer, and the logic of its image, can mask her otherwise curious statement. By complementing the Doctor’s knowledge as “blest secrets” of the “unpublished virtues of the earth,” Cordelia’s speech implies that flora’s therapeutic properties are so impenetrable that only an expert can decode them.

Scene 4, Act 4 marks Cordelia’s return to the stage after a three-act absence, and her concern with Lear’s overthrow finds its expression in her preoccupation with the material circumstances of her father’s madness. She describes in detail the disparate plants Lear wears in the place of his once unifying golden crown, descrying the “idle weeds” of her sisters that grow in England’s “sustaining corn” (4.4.5–6). The analogy of a neglected garden for a state in turmoil is common to Shakespeare; Hamlet, too, complains of “an unweeded garden / That grows to seed” (1.2.135–136), while the Gardener in Richard II offers the metaphor an extended treatment, espousing a variety of horticultural activities that ensure the health of the estate by the means of preventing harm. The trope continues with an image of the King as a sickly plant fed upon by the weeds he shelters with his leaves, and little room is left for the possibility of Richard’s redemption in gardener Bolingbroke’s plucking up of everything “root and all” (3.4.53). In the case of Lear, however, the metaphor stops short of such drastic husbandry, and through their manipulation into medicaments, the plants

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44 As in OED “simple,” sense 6: “A medicine or medicament composed or concocted of only one constituent, esp. of one herb or plant (obs.); hence, a plant or herb employed for medical purposes”; also “a single uncompounded or unmixed thing; a substance free from foreign elements, esp. one serving as an ingredient in a composition or mixture” (7.a).

45 An editor’s choice in modernizing punctuation can make Cordelia’s question clearer, as in Kenneth Muir’s Arden 2 edition: “What can man’s wisdom / In the restoring his bereaved sense? / He that helps him take all my outward worth” (4.4.8–10).
in Lear’s crown serve both as the symbol of the King’s sickness and as the source of his cure.

Cordelia’s admission of botanical ignorance is curious, because not only was a knowledge of plants and horticulture sufficiently understood by early moderns as to be a useful and common Shakespearean metaphor but by far the majority of medical care in the sixteenth and seventeenth centuries was self-administered. While physicians attempted to elevate the practice of physic by fighting unlicensed healers like Heywood’s Wise Woman, their major impediment was the folk traditions that enabled people to take care of themselves. Simples, plant-based medicaments that could be gathered on one’s own, were generally understood to be a part of an average early modern’s personal medical repertoire, and as this study demonstrates, the books about herbs and simples that were a flourishing publishing niche throughout the sixteenth century and well into the seventeenth demonstrated that public interest in the topic was perennial.

In light of such material evidence that provides a broader sense of what some scholars call “history from below,”46 Friar Laurence’s knowledge of the “powerful grace that lies / In plants, herbs, stones and their true qualities” (2.2.15–16) is thus perhaps not as remarkable as our modern editorial tendency to separate spiritual and physical counsel might suggest:

Within the infant rind of this weak flower
Poison hath residence, and medicine power;
For this, being smelt, with that part cheers each part;
Being tasted, slays all sense with the heart. (2.2.23–26)

Though scholars frequently argue that Friar Laurence’s botanical familiarity is highly specialized, the evidence found in extant botanical books suggests that the Friar’s musing is rather a part of the common knowledge easily accessed by the nonmedical laity, a knowledge over which figures like Thomas Gibson were eager to claim authority.47 In a similar vein, when Romeo seeks out a poison from the Apothecary, he demonstrates a familiarity with accessing medicine as an independent consumer, recognizing that the Apothecary’s knowledge of the “[c]ulling of simples”

46 Coined by the founder of the Annales school Lucien Febvre, “history from below” endeavors to produce historical narratives oriented around the perspectives of those ordinary or average people who have not previously been considered worthy of investigation.

47 This perspective is offered in response to accounts such as Lynette Hunter’s, who sees Friar Lawrence as “a serious physician and apothecary, not a fraudster” specifically designed to contrast with the play’s devious, amoral apothecary (174). Lynette Hunter, “Cankers in Romeo and Juliet: Sixteenth-Century Medicine at a Figural/Literal Cusp,” in Stephanie Moss and Kaara L. Peterson (eds.), Disease, Diagnosis, and Cure on the Early Modern Stage (Aldershot: Ashgate, 2004), 171–185.
must necessarily include the familiarity with poisons that Friar Laurence had already demonstrated. A curious textual variant makes this interpretation explicit: in the text of the second quarto of the play, Romeo’s entrance is early enough that he hears Friar Lawrence’s talk about poison; in the Folio, he does not.48

It appears that, in Shakespeare’s own medical ethos, so long as the medicament consumed is a simple, or a plant, such self-medicating is common and acceptable. The simplicity of simples, coupled with the reinforcement of such knowledge in print, enabled early moderns to treat their own illnesses. Buried in Iago and Cleopatra’s references to “drowsy syrups” made from poppy or mandrake (Othello 3.3.324–325; Antony and Cleopatra 1.5.3–5), in King Richard’s efforts to “prescribe, though no physician” (Richard II 1.1.154), and in John of Gaunt’s accusation that the king is guilty of being “careless-patient” (Richard II 2.1.97) is the assumption of the early moderns’ tendency and even their moral obligation to self-medicate. Moreover, though it may have been disputed by the self-appointed medical authorities of the College of Physicians, an individual’s license to minister simple medicaments was entrenched in Tudor law, a boon to sellers of herbals and other books of remedies. A 1543 statute of Henry VIII now known as the “Quacks’ Charter” permitted every person being the King’s subject, having knowledge and experience of the nature of Herbs, Roots and Waters, or of the operation of the same, by speculation or practice within any part of the Realm of England, or within any other the King’s Dominions, to practice, use and minister in and to any outward sore . . ., wound, apostemations, outward swelling or disease, any herb or herbs, ointments, baths, poultices and plasters, according to their cunning, experience and knowledge in any of the diseases, sores and maladies foresaid, and all other like to the same, or drinks for the stone and strangury, or agues, without suit, beractions, trouble, penalty or loss of their goods.49

48 By 1652, in his A Priest to the Temple (London: T. Maxey for T. Garthwait, 1652), George Herbert could specify that the healing skills of a parson derive from reading books: “Now as the Parson is in Law, so is he in sickness also: if there be any of his flock sick, hee is their Physician, or at least his Wife, of whom in stead of the qualities of the world, he asks no other, but to have the skill of healing a wound, or helping the sick. But if neither himselfe, nor his wife have the skil, and his means serve, hee keepes some young practicioner in his house for the benefit of his Parish, whom yet he ever exhorts not to exceed his bounds, but in tickle cases to call in help. If all fail, then he keeps good correspondence with some neighbour Phisician, and entertaines him for the Cure of his Parish. Yet is it easie for any Scholer to attaine to such a measure of Phisick, as may be of much use to him both for himself, and others. This is done by seeing one Anatomy, reading one Book of Phisick, having one Herball by him” (96–97).

49 See 34 and 35 Henry VIII c. 8, Statutes of the Realm, 3:906. On the relationship of the Quacks’ Charter to an outbreak of the pox in London in the 1540s, see Pelling, “Appearance and Reality.”
The ambiguous wording of the charter permits not only an individual’s right to self-medicate but also the right of the individual to administer simples to any example of an “outward sore . . . swelling or disease” of another person. The charter’s intent was to protect the poor’s right to receive medical care outside of the professional and costly options offered by the College of Physicians, whose major objection to lay medical practitioners centered on empirics’ potential to cut into the physicians’ sanctioned monopoly on practicing physic. The general knowledge of folk medicine that so concerned physicians was continually bolstered by an ever-increasing library of medical texts and pharmacopoeias available in the English vernacular. Yet physicians also saw those texts as an opportunity to use print to bolster their own efforts at professionalization, a particularly effective means of publicly broadcasting their authority over medicine. This is the environment in which Robert Wyer thought it prudent to add the name of the founder of the College of Physicians, Thomas Linacre, to the title page of the third edition of his herbal in 1550.

Throughout the dramatic literature of the Elizabethan and Jacobean periods, there is evidence that the early modern public reserved the right to heal itself, despite increasing efforts made by licensed healers to control their behavior. It is worth noting that it was not just poor individuals but members of all classes who benefited from printed works of remedies; indeed, reducing dependency on potentially nefarious medical practitioners by medicating oneself could be particularly attractive to nobility concerned for their lives. To keep the Duchess of Malfi’s pregnancy a secret from prying eyes, her steward claims that she was poisoned by one of her doctors, and he claims that she will neutralize such threats by taking care of herself: “She’ll use some prepared’d antidote of her own, / Lest the physicians should repoison her” (2.2.175–176). That such an alibi works to deter doctors, if not the shrewd conniver Bosola, testifies that lay healing was both an established and acceptable early modern practice. The Duchess’s knowledge of practical remedies is evident throughout the play; her last instruction to a servant is to “giv’st my little boy / Some syrup for his cold” (4.2.200–201), while a few lines later she welcomes death’s improvement upon mandrake’s soporific properties (4.2.231).

The Duchess of Malfi, like Pericles and All’s Well That Ends Well, demonstrates that the medical knowledge of the play’s characters is gleaned through study and the reading of books. The Duchess’s brother Ferdinand cites Pliny’s Natural History, and elsewhere Pescara admits to seeking out
written authority to confirm medical conditions he’d never before heard about:

**PESCARA** Pray thee, what’s his disease?  
**DOCTOR** A very pestilent disease, my lord,  
They call it lycanthropia.  
**PESCARA** What’s that?  
I need a dictionary to’t. (5.2.4–8)

Though the Doctor offers Pescara an explanation of the term he has used, Pescara’s self-reliance upon easily accessed authorities diminishes a physician’s traditional theoretical acumen, shrinking it down to the repetition of just so many books.\(^5\)

Evidence from both early modern drama and the manuscript notations in printed books of remedies indicates that folk knowledge of basic medicaments was widespread in the period, and the publication history of herbals and other books of recipes testifies that more specialized treatments of plants’ virtues were easily available in print. This raises the question: Why does Cordelia’s prayer maintain that the therapeutic powers of plants are secretive and mysterious? How could they be the “unpublished,” or secret, virtues of the earth? The answer may be found in the Folio revision to the *Lear* text, which, along with downplaying the French invasion, removes the character of “Doctor” and renames him “Gentleman,” thereby changing the person who cares for Lear from a licensed authority to a lay practitioner like Helena or Cerimon.\(^5\) The dramatic motivation for the change in the revised text may have been a simple desire for accuracy: by curing Lear through the Paracelsian therapy of like curing like, the healer’s herbal remedy was inconsistent with the Galenic standards employed by Renaissance physicians.\(^5\) It was, however, consistent with the procedures employed by apothecaries and surgeons as well as the unlicensed practitioners in the medical marketplace of Jacobean London.

For audiences, Cordelia’s prayer is dramatically effective; but when I put aside the embedded affect of Cordelia’s pathetic fallacy and read it through Shakespeare’s usage elsewhere, I suspect that the key to understanding her claim of plants’ secrecy lies in the French queen’s use of the imperative

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mood. Cordelia prays, but she also commands, and it is her queenly assertion of authority over the virtues of the Earth that will ultimately heal her father:

All blest secrets,
All you unpublished virtues of the earth,
Spring with my tears. (4.4.15–17, my emphasis)

In returning to her English homeland, Cordelia commands the Earth just as another of Shakespeare’s returning English sovereigns had done so before her: in Richard II, the King, returning from Ireland, opens with a long speech of similar pathetic fallacy, ultimately concluding, “This earth shall have a feeling” (3.2.24); and, like Cordelia’s, Richard’s affective invocation to England’s soil prompts the growths of plants: he urges that the earth might “Yield stinging nettles to mine enemies” (3.2.18), a passage that is soon ironically undercut by the Gardener’s later allegorical transference of the King himself into a sick plant (3.4.49–50). Neither Cordelia nor Richard survives until the end of the play; both die in prison, ultimately defeated by events beyond their sovereign control. The botanical usage shared between King Richard and Cordelia is thus dramaturgically, narratively, and affectively similar, suggesting that, as he revised King Lear, Shakespeare may have had in mind the earlier play about another sovereign who was “careless-patient.”

In transforming the Quarto’s Doctor into the Folio’s Gentleman, Shakespeare both eliminates the possibility that Cordelia may be understood to defer to the growing intellectual authority of physicians and sets up the character as a healer in her own right. While it is possible in the Quarto to read the Doctor’s account of “simples operative” as a professional’s answer to Cordelia’s rhetorical question about the limits of “man’s wisdom,” in the Folio those details are provided by an unspecified member of the court. In other words, what had once been specialized knowledge becomes commonplace, able to be spoken by anyone. In the Folio, Lear’s loyal daughter, now turned French queen, savior of England, and general of an invading army, does not submit to taking the council of a physician. Instead, Cordelia, whose name means “heart medicine,” uses this common knowledge to take healing matters into her own hands. When speaking to a Doctor in the Quarto, Cordelia’s “Be governed by your knowledge, and proceed / I’ th’ sway of your own will” (4.7.17–18) defers to a physician’s authority to govern medical care, even when caring for the bodies of kings. Spoken to a Gentleman, however, the phrase serves to elevate the subjectivity that has guided Cordelia’s actions throughout
the play. Once Lear is brought onto the stage, Cordelia utters another assertion of a lay person’s power to cure:

O my dear father, restoration hang
Thy medicine on my lips, and let this kiss
Repair those violent harms that my two sisters
Have in thy reverence made! (4.7.24–27)

For a brief moment, the mad king is lucid, cradled in his daughter’s arms.53

An investigation of Cordelia’s intention in this small speech indicates the increasing complexity of early modern attitudes towards the fields of botany and medicine and highlights the role that books could play in the performance of healing by both professionals and amateurs. By 1608, printed botanical works, along with the manuscript annotations contained within them, were widely available to serve as props that allowed Jacobean dramatists to consider the ways that medical and scholarly authority was constructed as part of the process of self-fashioning. Herbals could likewise serve as props off stage as these books appeared in portraits for figures like Anne Clifford and William Cunningham (see Figure 7.1), who used them to serve as evidence of their own medical, cosmographical, or botanical authority. It is unsurprising, then, that the English stationers who produced and profited from such books recognized their potential as status-conveying commodities. In the semiotic space of the early modern stage, herbals and other medical books held up a mirror to the tentative and conditional nature of scholarly and professional authority.

53 Wayne Lewis, writing on doctors in literature in the back pages of a medical newsletter, calls King Lear’s physician “the original ‘walk-on part’ for the medic . . . He is there for plot and character development only.” Nonetheless, Lewis finds meaning in the character’s ability to signify the triviality of the physician’s role: “Lear’s doctor should remind us that we too have only ‘walk on parts’ in the great tragedies of our patients’ lives.” See Wayne Lewis, “Six Doctors in Literature: Number 5: The Doctor from King Lear, by William Shakespeare,” The British Journal of General Practice 49 (May 1999): 416. On variant stage directions in the texts of Lear, see Sarah Neville, “The ‘Dead Body Problem’: The Dramaturgy of Coffins on the Renaissance Stage,” in Annalisa Castaldo and Rhonda Knight, Stage Matters: Props, Bodies, and Space in Shakespearean Performance (Madison, NJ: Farleigh Dickinson University Press, 2018), 127–141, esp. 132–133.