

“BALEFUL WEEDS AND PRECIOUS-JUICÈD FLOWERS”:  
*ROMEO AND JULIET* AND  
RENAISSANCE MEDICAL DISCOURSE

A Thesis

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Master of Arts

in

The Department of English

by  
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B.S., Louisiana State University, 2000  
May 2003

This work is dedicated to my mother, who always believes in me, and to Dr. Susannah Monta, without whose tireless help it would be about postmodern theory.

*Omnis practicus est theoreticus.*  
“All practice is theoretical.” --Lafranchi, thirteenth century surgeon

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## ABSTRACT

This thesis claims that Shakespeare exaggerated the characterization of two figures in *Romeo and Juliet*, Friar Laurence and the apothecary, to make a statement about the conditions of medical treatment in sixteenth century London. These two figures represent two very different approaches to healing, one that is informed with ancient holistic medical theory and one that is driven by economics, and this work attempts to explain the cultural conditions that warranted such a discrepancy in the play. I address these two medical figures in the contexts of the events of the text, of the contemporary medical profession, and of materialism in the profession and in the play. An analysis of these characters' actual counterparts in medical history and a subsequent analysis of the characters' roles in the play show how Shakespeare accurately mirrored and also departed from the history that he knew. This history includes an exploration of the relationship between the spiritual and the physical in ancient medicine, as well as how that relationship was incorporated during the Renaissance by professional physicians and lay healers. In addition, this project studies the history of medical theory in England in order to trace a departure between theory and practice. By placing these characters against their historical counterparts, this project concludes that Shakespeare was critical of the conditions under which people practiced medicine. He approved of the friar's spiritual medical theory and disapproved of the apothecary's detached materialism.

## CHAPTER 1 INTRODUCTION

To the best of their ken, scholars estimate that the first performance of *Romeo and Juliet* occurred some time between 1594 and 1595 on the South bank in London (Levenson 99-100). Commoners, merchants, and gentry watched a priest cut flowers and heard him pontificate on the maintenance of the body and the soul. The audience hung in anticipation upon the moment of Juliet's awakening, hoping that the good friar had been trustworthy. But by this time they had already witnessed the transaction of Romeo's doom, the figure of Death masquerading as an apothecary. Watching this, the audience may have thought about their own neighborhood medical practitioners, those physicians, surgeons, apothecaries, alchemists and herb women who offered medicines and remedies to the lowliest peasant and the wealthiest lord. But the medicine men on the stage did and did not compare to those in the streets of London. In fact, according to history, their appearance onstage together was an anachronism to the audience in 1590s London. Several questions are raised by the presence of two medical men in *Romeo and Juliet*. Why does Shakespeare include a priest-physician, when the apothecary would have been more representative of the sixteenth century medical marketplace? Why does the friar care so much about the lovers' fates, and why does no one question his potion-making abilities? More strangely, why is the apothecary, who represents those with knowledge of healing, so willing to sell deadly poison in spite of the inevitable consequences? These questions address a historical situation that this thesis illuminates, and that is an increasingly economically-driven medical marketplace. Using *Romeo and Juliet* as the major text, I intend to address what this play has to say as it comments on, responds to, and shapes the relationship between medicine, holism, and economics.

In *Romeo and Juliet*, Shakespeare presents characters that are unlike their historical counterparts, and the play delivers powerful commentary on sixteenth century medical practice. The friar enacts the holistic theories that drove medical education, actively healing with sincere concern for the physical and spiritual parts of his teenage patients. Conversely, as a terse, financially driven character, the apothecary reveals that the medical marketplace had become so competitive that its practitioners were at the mercy of economics. What these caricatures of historical apothecaries and priest-physicians say about the state of Renaissance medical affairs and how Shakespeare's drama interacts with historical conditions are the focal points of this thesis.

What first prompted these questions were simple observations of language. There is a major difference between the philosophical rhetoric of Friar Laurence and the limited speech of the apothecary. The two characters express themselves very differently at equally critical moments; the friar offers philosophy when Romeo and Juliet most need practical advice, and the apothecary is expedient when the friar's philosophy may have averted the tragic ending. The apothecary is the emerging reality, a secular businessman whose economic situation leads him to disregard the spiritual aspects of healing in the interest of immediate profit. This work will show that he was a victim of his world's economic competition. His engagement with the play's action on a purely economic level is problematic when compared to the friar's fatherly persistence. Friar Laurence's lines indicate that he knows a lot of medical theory, both Galenic and Paracelsian, and most importantly holistic; the apothecary's lines reveal only that he is at the mercy of his poverty. But according to documented history, the friar is anachronistic in late sixteenth century London, and the economic world of the play ensures that he is helpless regardless of his intentions while the apothecary, also a victim of his culture's materialism,

affects the tragic outcome. Through this difference between the friar and the apothecary, the play distinguishes what medicine *should have been* from what it was *becoming* by Shakespeare's time.

Medical education had always promoted the healing of body and spirit, whether Christian soul or psyche; however, *Romeo and Juliet* reveals that medicine was becoming a blessing and a curse, life and death in the figure of a practitioner. History shows that at the same time economic pressures were rising and competition increasing, and medicine's potent theoretical basis was becoming watered down. At the time of *Romeo and Juliet*'s performance, the Royal College of Physicians, a government-sanctioned organization regulating the education and practice of physicians in England, had been in place for three quarters of a century. Many Londoners in Shakespeare's time were very familiar with several aspects of medical practice, but the treatment they received and what the College intended for medical practice were very different things. The gap that grew between the ideal formulation of holistic theory and practice being taught in the medical schools and the formal or informal practice of medicine had become a problem by the 1590s as medical practice became dominated by economics and politics. The ideal, which was the holistic treatment of body and spirit that medical educators insisted practitioners understand and follow, was not a reality. *Romeo and Juliet* presents the priest-physician, a figure who used to exist in the medical past and was an endangered species in 1590s London; although he is a dramatic exaggeration, the apothecary's basic characteristics more accurately represent how healing was influenced by economics. There was no linear progression, as social changes never happen in this way; several factors at once contributed to increased materialism in the medical profession, and eventually holistic practitioners became a smaller part of medical culture. In the following study I offer some factors that contributed to these historical patterns, such as Henry

VIII's dissolution of the monasteries, the College of Physicians's attempted regulation of medical practitioners, and the gradual marginalization of holistic theory through the rise of consumer economics in sixteenth century London. I provide an explanation of the holistic theories that were meant to underlie medical practice and then an explanation of actual practices in London during Shakespeare's time, hoping to show the difference between the ideal and reality.

Thus, a chapter is devoted to the holistic theoretical basis of Renaissance medicine. By studying the medical discourse of the sixteenth century, I have discovered within the ancient theory that the College taught concern for the treatment of both the material and the immaterial. To some of the masters like Galen, Aristotle, and Hippocrates, this meant paying attention to the invisible sources of the body's animation as well as the solid physical mass. To some others like Thomas Aquinas, Paracelsus, and countless ecclesiastics, holistic treatment meant attending to the body and the soul. The medical profession changed very much as the practice of healing began to center mainly on the body instead of the body and soul together. To understand how this happened, we must understand the prevailing schools of thought in sixteenth century medicine and how practice did not always reflect them. Throughout the sixteenth century, scientists and philosophers supported different educational formats because of the differences in these theories' attention to spiritual matters. Since the second century A.D., the medical sciences had followed the teachings of Galen, and by the sixteenth century, his anatomical and physiological studies, based largely on the classical teachings of Aristotle, Hippocrates, and the Arab Avicenna, had become the most important material studied in medical schools across Europe. When Shakespeare was writing *Romeo and Juliet* in the 1590s, Galen's ideas influenced all medical practice, including traditional medicine, alchemy, and household remedies. Scholars

such as F. David Hoeniger and Charles Webster identify Shakespeare's medical knowledge as almost entirely Galenic, allowing some influence from other schools such as the Paracelsians and Vesalians.<sup>1</sup>

Because this study focuses on several ideas about the human soul, it also looks at the crucial role that religion plays in the happenings of *Romeo and Juliet*. The Protestant Reformation was still new to the country's collective memory; sweeping changes had almost publicly obliterated Catholicism, the once-beloved national faith. Never to be a Catholic nation again, England had already witnessed the dissolution of the monasteries and the dispersion of priests. When Henry VIII dissolved all of the Catholic monasteries across England, it was much harder for Catholic priests and monks to practice medicine even outside of London because many monasteries were also hospitals. Since priests and friars could no longer practice, many Protestant clergymen began to fill the gaps. However, because all practicing ecclesiastics had formerly been Catholic, a person who practiced medicine without a license was at risk of being accused of being a Catholic or a witch by government officials (Webster 234).

The importance of general medicine in this play is unmistakable, but scholarship hardly reflects it. There are countless works on genre, characterization, imagery, and sources that do not even mention the play's obvious interest in medicine. The few that do are grandiose studies of Shakespeare and medicine in general, and even these do not treat the friar and the apothecary as fully as they should. F. David Hoeniger's outstanding survey of Renaissance medicine in the works of Shakespeare has been my major source for understanding the contemporary medical theory.<sup>2</sup> Of the approximately twenty books on Renaissance medicine with reference to

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<sup>1</sup> F. David Hoeniger, *Medicine and Shakespeare in the English Renaissance* (Newark: U of Delaware P, 1992); Charles Webster, ed., *Health, Medicine, and Mortality in Sixteenth Century London* (Cambridge: Cambridge UP, 1979).

<sup>2</sup> Ibid.

Shakespeare, Hoeniger's is the most comprehensive. Margaret Pelling and Charles Webster have provided the most useful statistics about medical practice in Renaissance Europe, reporting on salaries, numbers of practitioners, and resources for the literate.<sup>3</sup> R.R. Simpson addresses the role of the priest-physician, the type that Friar Laurence is meant to mirror.<sup>4</sup> Scholarship on Friar Laurence has concentrated on his ethics rather than his medical knowledge. Articles by Gerry Brenner and James Bryant speculate on the friar's possible self-serving interests in condoning Romeo and Juliet's relationship.<sup>5</sup> Further still, several scholars such as Gayle Whittier, Arthur Marotti, Jill Levenson, and Carol Thomas Neely discuss the friar's participation in the sonnet motif that Shakespeare used to add poetic value to his love story.<sup>6</sup> Although these are important investigations, the context of the philosophy within medicine is what ties the friar to this play because it makes the friar an outsider in Verona. The apothecary's inattention to holistic medical theory used in the dealing of remedies, and the failure of the priest-physician to fit into the material market, help us understand why these two characters fulfill their healing roles in the ways that they do.

While the Royal College may have been very comfortable with Galen's teachings during the mid and late sixteenth centuries, some people and institutions were not. Some even called for a reform of the medical sciences similar to the Protestant Reformation, although this medical reformation would not be an overhaul of major theory or an attempt to establish a new order. What physicians such as Paracelsus, a Christian alchemist in the sixteenth century, advocated

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<sup>3</sup> Ibid.

<sup>4</sup> R.R. Simpson, *Shakespeare and Medicine* (London: E&S Livingstone, 1959).

<sup>5</sup> Gerry Brenner, "Shakespeare's Politically Ambitious Friar," *Shakespeare Studies* 13 (1980): 47-58; James Bryant, "The Problematic Friar in *Romeo and Juliet*," *English Studies* 55 (1974): 340-50.

<sup>6</sup> Gayle Whittier, "The Sonnet's Body and the Body Sonnetized in *Romeo and Juliet*," *Shakespeare Quarterly* 40:1 (1989): 27-41; Arthur F. Marotti, "'Love is not love': Elizabethan Sonnet Sequences and the Social Order," *ELH* 49:2 (1982): 396-428; Jill L. Levenson, "The Definition of Love: Shakespeare's Phrasing in *Romeo and Juliet*," *Shakespeare Studies* 15 (1982): 21-36; and Carol Thomas Neely, "The Structure of the English Renaissance Sonnet Sequence," *ELH* 45:4 (1978): 359-89.

was theory that attended to the holistic treatment of the physical body and the psyche at once, a unity of theory and practice. Just how this was done and the definition of “psyche” were points of contention among physicians of varying religious commitments. Regardless of the theory, then, it has become clear to me that the soul or spirit, being the immaterial part of the human being, was an essential concern of medicine to be tended accordingly.<sup>7</sup> Unfortunately, as my study of the medical marketplace and explication of the play show, concern for this spiritual aspect occurred less and less often in the medical marketplace. It is the failure of the execution of this double duty that I pinpoint in *Romeo and Juliet* as the play’s main critique of the soulless practices of the medical marketplace in Shakespeare’s time.

Scholars agree that any study of Renaissance drama requires attention to religion, although they disagree to what extent it is important. In 1904 A. C. Bradley published his account of Shakespearean tragedy by that name, remarking that

The Elizabethan drama was almost wholly secular; and while Shakespeare was writing he practically confined his view to the world of non-theological observation and thought, so that he represents it substantially in one and the same way whether the period of the story is pre-Christian or Christian.<sup>8</sup>

Taking an opposing viewpoint, G. Wilson Knight argued much later that Shakespeare’s plays are essentially Christian and can only be understood in that context.<sup>9</sup> In 1963, Roland Mushat Frye’s book *Shakespeare and Christian Doctrine* presented both of these viewpoints and offered an early compromise between the two.<sup>10</sup> Frye admits, “Shakespeare emerges from this analysis as a

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<sup>7</sup> Although he did not adhere to Christian values, Galen expounds on the importance of the *pneuma*, or life-giving spirits, in his writings; Paracelsus just discusses these spirits from a Christian perspective. Christian or not, from ancient times, medicine was meant to treat the material and the immaterial, an ideal that Friar Laurence regards with maximum seriousness.

<sup>8</sup> A.C. Bradley, *Shakespearean Tragedy* (New York: St. Martin’s, 1957) 18. Rep. 1992.

<sup>9</sup> G. Wilson Knight, *Shakespeare and Religion* (New York: Simon and Schuster, 1968).

<sup>10</sup> Roland Mushat Frye, *Shakespeare and Christian Doctrine* (Princeton: Princeton UP, 1963).

man who seems to have known Christian doctrine intimately, though not on any professional plane” (9), but he goes on later to draw the following conclusion:

When Shakespeare provides one of his characters with a theological allusion or comment, it is aptly and accurately subordinated to the characterization and the plot development within the context of which it appears. Always adjusted to the controlling interests of his drama, Shakespeare’s theological usage seems to have been familiarly and almost instinctively drawn from intimate awareness (12-13).

Since this publication, scholars tend to take this more liberal view, admitting their ignorance of Shakespeare’s religious leanings yet recognizing the importance of religion to the Renaissance stage. Debora Shugar and Jeffrey Knapp, for example, agree that while we may never know whether Shakespeare was Catholic or Protestant, any study of Renaissance drama must consider religion.<sup>11</sup> As Knapp puts it:

I argue that English theology and ecclesiology shaped the drama at a fundamental level, in helping to determine the conceptualization of the player and the playwright as professions, and of the theater as an institution; these self-images in turn disposed theater people toward the enacting of certain confirmatory plots, themes, and characters on the stage; and thus religion had a crucial say in the creation of plays, in their content, and, by extension, in their presumed social effects (9).

In a world dominated by religious strife, spiritual issues were central to drama. The same was true about medicine.

Although he surely knew that religious tension towards and among physicians was present, Shakespeare did not intend in *Romeo and Juliet* to claim that the medical profession was overwhelmingly Protestant or Catholic. For this reason, further speculation on his personal faith continues to be in vain. But what this project can contribute to criticism on Shakespeare and religion is an illumination of this play’s strong contribution to discussions of Renaissance interactions between spirituality and everyday life. This study does suggest that while we cannot

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<sup>11</sup> Debora Kuller Shugar, *Political Theologies in Shakespeare’s England* (New York: Palgrave, 2001); Jeffrey Knapp, *Shakespeare’s Tribe: Church, Nation, and Theater in Renaissance England* (Chicago: U of Chicago P, 2002).

pinpoint his denomination, Shakespeare gives his audience an extremely sympathetic Catholic character who seems to emerge from the medieval medical world. *Romeo and Juliet* clearly communicates nostalgia for the priest physician of the English Catholic past, disapproves of the apothecary's extreme though desperate materialism, and proves a strong commentary on what can happen when economics rules medicine.

## CHAPTER 2 THOUGHTS BEHIND ACTIONS: MEDICAL THEORY IN EDUCATION

### Introduction

From its earliest institution, medical education in Europe concentrated on methods and concepts of healing that originated in ancient Europe. Scholars know this because European medical schools used the same syllabus from their inception until well into the seventeenth century, and the core required reading comes out of the ancient world. However, research on Renaissance medical practitioners shows a more eclectic, empirically-based attitude toward healing. For centuries, although there were several other prominent physicians who influenced the study of medicine, medical teachings followed closely the works of Galen. Since his station as court physician to Marcus Aurelius and Commodus in Rome in the second century, Galen had been the staple of medical students across Europe and into the Middle East. His logical and thorough methods were based on his own experiments as well as theories he encountered in his vast education. Most important, because his works are the most revered of all medical treatises besides perhaps Hippocrates's, they are a lasting example of the holistic approach that medical education still aimed for in Shakespeare's time. The goal of such medical practice was to treat both the physical body and the immaterial substances that were believed to be the source of its animation.<sup>1</sup> Even outside of Galen's works, other learned physicians such as Avicenna, Johannitius, Hippocrates, and Paracelsus believed that the human being existed in two states: the material, consisting of the body itself, and the immaterial, consisting of the *pneuma* or spirits. As such, the cause of sickness was connected to one or both, and therapeutics was attentive to both. This chapter will demonstrate how medical theory incorporated this holistic approach until Shakespeare's time, providing a historical standard with which to compare *Romeo and Juliet's*

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<sup>1</sup> For all purposes in this work, "holistic" will be defined as attention to both spiritual and physical ailment.

characterization of medical practitioners. Later chapters will examine whether medical practitioners actually practiced holistic medicine and how Shakespeare demonstrated his knowledge of this practice in his plays.

Over centuries, the propagation of Galen's medical doctrine changed in England with social and cultural movements, most importantly Henry VIII's dissolution of the monasteries and the Protestant Reformation. By the sixteenth century, outside critiques of the Royal College's choice to continue to teach Galen, whose doctrine was intentionally unreligious, and attempts by notable religious figures to reconcile Galen's teachings with spirituality indicate that the profession had strayed from its original dual purpose. The studies of Galen, Avicenna, Vesalius, and Paracelsus reflect a focus on the dual nature of man that medical practice during the Renaissance did not emphasize as much, one that was greatly affected by increasing economic tensions.

### **Galen and Company: In Theory, the Soul Meets the Body**

#### **Galen**

A body is Simply said to be healthful when it is in good natural temper, when the seven Natural things, viz. Spirits, Elements, Complexions, Humors, Members, Vertues, Operations keep a good decorum, then is a Body Simply said to be in Health (5).

During Shakespeare's lifetime, England's physicians were being educated in ancient theory that was centuries old and intricately intertwined with a life-giving spirit, and it was this holistic theory that lay beneath the receipts and instructions of the popular literature. However, despite its constant references to the spirits, there is no mystery or miracle, only fact and explanation. Galen's teachings were holistic because they involved both mind and body. Galen's ideas, framed by logic and reason, refused to acknowledge any deity's participation in disease and cure, a view that was politically comfortable but religiously abhorrent to Christian physicians like

Paracelsus. However, Galen's teachings united the body with what he called the "soul" in a circle of interdependence, and this theory was still attractive to Christians after the Middle Ages who wanted to appropriate Galen.

Although Galen had no particular interest in linking what he called the soul to any religious concept, his writings reflect his absolute certainty that the body had parts that are obviously material and parts that are immaterial. Although it was intentionally irreligious, Galen's doctrine of the soul was a later target of religious ire because of its theological ambiguity. In a treatise entitled *On the Passions and Errors of the Soul*, Galen asserts that there is no distinction between caring for the health of the body and the soul. He states:

Even if a man of this age should find his body in poor condition, he would not give it over entirely to its poor health, but he would make every effort to make himself more vigorous, even if he could not have the bodily strength of a Hercules. Therefore, let us continue striving to make our souls more perfect (37).<sup>2</sup>

As Hoeniger points out, the soul to the ancient Greeks was simply the principle of life, that which inspired a person, plant, or animal. Galen's own words are the most useful for understanding what he thought was the connection between body and soul; he states "that animals are governed at once by their soul and by their nature (psyche and physis), and plants by their nature alone, and that growth and nutrition are the effects of nature, not of soul."<sup>3</sup> Galen refused to discuss the mortality of the soul, but his treatments required attention to both psychology and physiology, entities that were not separate to ancient physicians.

The healthy body is composed, according to Galen, of a perfect balance of the four humors -- yellow bile (choler), black bile (melancholy), sanguine (blood), and phlegm -- and

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<sup>2</sup> Galen borrowed the idea of the tripartite soul from Plato, claiming the three divisions of nutritive, sensory, and rational. The rational soul is man's reason and what Plato called the intelligence of the cosmos, something that separates man from all other living things. This doctrine guarantees that the soul and the body are inseparable, but it must be remembered that Galen's and the other ancients' uses of the word "soul" were not theological.

<sup>3</sup> Galen, *On the Natural Faculties* 1.1

their imbalance results in disease. Logically, if the humors were out of balance, the task of the physician was to put them in balance once more. Curing by contraries, or *contraria contrariis*, is the most obvious indication that medical theory was governed by the principles of balance and control; this balance, in all cases, had to exist between the passions and body as well. The description of the temperaments that Arab physicians and their Christian successors developed from Galen's texts show further development of this sense of balance. The Salernitan tracts, written in the Middle Ages by physicians at the famous medical school at Salerno, Italy, define this famous formulation in the twelfth century:

The humours cause variation in mood as follows: blood makes men benevolent, jolly, simple, moderate, bland, and sleepy or fat; yellow bile makes man unperturbed, just, lean, a thorough masticator, and of good digestion; black bile makes man wrathful, grasping, envious, sad, sleepy, and critical; phlegm makes a man vigilant, thoughtful, prudent (in Hoeniger 164).

During Shakespeare's time, these conditions were more commonly called the complexions, as Levinus Lemnius's very popular work *Touchstone of Complexions* indicated in 1565 on first publication. The moral philosopher Thomas Wright stated more clearly in *The Passions of the Minde in Generall* (1604) that "Passions ingender Humours, and humours breed Passions," tying emotion and intention with physical expression (in Hoeniger 165). Very simply, happiness, hope, and lascivious desire force the production of blood; boldness and anger are the passions that breed choler; the melancholy passions, sorrow, fear, and despair, cause a contraction of the heart by increasing black bile; and a person who lacks emotions, often called phlegmatic, produces phlegm. Shakespeare demonstrates his knowledge of this system when King John remarks to Hubert that "if that surly spirit, melancholy, / Had baked thy blood, and made it

heavy, thick, / Which else runs tickling up and down the veins” he may be able to kill Arthur (3.3.42-4).<sup>4</sup>

Galen based his theory on the idea that the living organism works as an entire unit, and thus when afflicted, the whole system would feel the effects. He did believe that the organs and organ systems had separate functions, but he did not believe that they could work independently of each other. Thus, Galenic medicine and medicine until the seventeenth century focused on the treatment of the whole organism, by purging, bleeding, or administering, instead of any one part that may have caused the specific illness. In contrast to Aristotle and Christian philosophers after the Middle Ages, Galen did not believe that illness had any connection with a soul, but his doctrine was inherently holistic.

### **The Others: Holistic Theory in Avicenna, Vesalius, and Paracelsus**

For the sake of space and time, I will address holistic medicine in the major writings of only those physicians whose works were read by all medical students until the seventeenth century. As a rule, other medical theorists varied little from what Galen had written in the second century, changing or adding only minor points or expounding further on Galen’s basic ideas. Avicenna and Vesalius, two successors to Galen, adapted to the Galenic view in the tenth and sixteenth centuries, respectively. In the sixteenth century, there were additional challenges to and controversies over Galenic medicine, but as Hoeniger asserts, for the most part

Greek medicine, and particularly Galen, were to exercise an authority over fourteen centuries, surpassed only by that of the Church in theology and by Aristotle in philosophy, psychology, and cosmology. Its basic concepts of physiology, pathology, psychology, and other branches of medicine left their mark on the writings of medieval and later moral philosophers and poets. However simplified, they became part of common knowledge among the educated, and much of the idiom affected ordinary English speech (71).

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<sup>4</sup>This is not a muscle contraction, but a true contraction of the tissue. Black bile, cold and dry, was believed to cause the blood to boil to get rid of the excess cold humor, and too much boiling would burn the veins and dry out the heart until it shriveled.

Galenic medicine would continue to have such an effect until well into the seventeenth century when scientists began questioning its antiquated theories. Of all the prominent physicians on the Renaissance syllabus, Vesalius and Avicenna were undoubtedly the most famous. Through their works we see the transmission of ancient thought to the Renaissance medical world.

Avicenna's *Canon of Medicine*, translated from Arabic into Latin during the early twelfth century, features holistic medicine in the form of humoralism. Already Galen's ideas were over five hundred years old, but they had not lost their central importance to medical thought; the ancient medical corpus had been translated into Arabic a long time before the writings of Avicenna began to journey into the western world. Avicenna's work on the humors is far more complex and thorough than that of Galen, but his insistence on balance between the physical body and the psyche is the same. At the end of Thesis IV of the *Canon*, after addressing the modes and functions of all of the humors in great detail, Avicenna reserves a small section for discussion of the link between the passions and physiology.

Lastly, it must be clearly understood that not only the causes of origin, but also the causes of movement of the humours must be taken into consideration...Even imagination, emotional states and other agents cause the humours to move. Thus, if one were to gaze intently at something red, one would cause the sanguineous humour to move (IV.112).

Primitive though it is, Avicenna's formulation implies a crucial relationship between the external and the internal that lies at the heart of medical science, especially in relation to diagnosis and prognosis. The brain, which even then was considered a vitally important center for activity, could receive stimuli that affected thought and in turn disease.

During the mid-sixteenth century, physicians showed a stronger interest in precise anatomies that were less related to psychology than dissection. The best example of this is Vesalius, whose *De Fabrica* (1543) and its shortened version the *Epitome* revolutionized

Renaissance medical studies by presenting a highly detailed human anatomy complete with hand-drawn pictures of internal systems. Because it is strictly an anatomy that does not address holistic issues, we must look to Vesalius's controversial methods for his holistic approach. Hoeniger reports that until Vesalius, physicians had performed dissections *ex cathedra*, holding a textbook while directing a barber surgeon (22). Vesalius was not satisfied with that because he thought this practice hindered a true understanding of Hippocratic and Galenic theory. This was his most explicit support of the link between Galenic theory and practice, although in his works he never detailed humoralism or any related theory of cause and cure. In his dedicatory preface to the *Epitome*, Vesalius writes to Prince Philip, son of Charles V, that he should

regard it as a situation wretched and unworthy of the greatest Emperors, Kings, and Consuls, that in the pursuit of studies so varied, the harmony of the human body which we shall publish to the world should lie constantly concealed; that man be completely unknown to himself; and that the structure of instruments so divinely created by the Great Artificer of all things should remain unexamined: since it is by the function of these instruments that those things we look upon as most, and almost solely, important are brought to pass (xxxiv).

Vesalius thought that the highest obligation of the physician was to show man "the harmony of the human body" that God had created. Although Vesalius was not as concerned with humoral theory as his predecessors, his works and opinions prove that physicians were still concerned with holistic treatment that covered all aspects of health.

While the major Renaissance medical schools distributed Galenic medicine, a university-educated physician named Paracelsus presented a new view of nature that called for special attention to the spiritual part of man. Unlike Galen and company, Paracelsus's theories were exclusively Christian, concentrated on a formulation of the universe that depended upon the existence of God, but they insisted upon a similar holistic formulation. Allen G. Debus comments on this approach to nature, saying that

Vital or magical forces were seen at work everywhere in the universe, and man, as part of the vast encompassing chain of life, was able to participate in the great world about him. The term “magic” thus came to mean an observational and experimental study of the unexplained or occult forces of nature...Natural magic as man’s legitimate investigation of nature had nothing to do with the traditional black magic. Instead, this form of magic was to be allied, and closely allied, with religion (20-21).

According to this philosophy, man is a part of the universe and must therefore participate in its workings, and the only way to do so is to discover them. Paracelsus’s alchemical works claimed that true faith and the successful investigation of nature were inseparable, calling faith, prayer, and imagination the basis of occult philosophy. In 1520 Paracelsus asserted that “I shall not be concerned with the mortal part of man, and I shall meditate only upon that within him which does not die; for that is what we hold to be the highest philosophy” (4). He is adamant that the most important thing for a scientist to understand is the universe in which he lives, and through that understanding, he will become closer to God. Paracelsus emphatically endorsed the teaching of holistic medicine to all physicians, and the medical schools strove for that ideal.

Paracelsus explored natural magic in order to discover the divinity in the cosmos. To him, Aristotle was heretical because his writings and theories were based on logic, which Paracelsus thought failed to reveal anything new and only explained itself. In Paracelsus’ system, only divine grace allowed man to obtain knowledge. Walter Pagel explains that

by means of unprejudiced experiment inspired by divine revelation, the adept may attain his end. Thus, knowledge is a divine favour, science and research a divine science, the connecting link with divinity. Grace from above meets human aspiration from below. Natural research is the search for God (in Debus 21).

Paracelsus offers a perfect explanation of his intention as a natural philosopher when he says that he has

deemed it good to describe not only the natural man...but also, and with more delight, to go further and describe the eternal man, the heavenly man in the new birth, so that the old man may see and observe what man is, and learn to guide

himself accordingly and learn what this reborn man can do, here on earth, and after this life, in the eternal life (9).

When he practiced medicine, and when he distilled in his laboratory, he was fulfilling his divine purpose on earth.

Alchemy seemed the best approach for him because it was in itself a series of purifying steps that moved toward an ideal goal. Paracelsus' study of alchemy focused on the entire universe because in his estimation, the universe helps us understand the properties of the four elements. As R. Bostocke, an English Paracelsian, explained in 1585, the study of medicine is "the searching out of the secretes of nature...[by means of] mathematicall and supernaturall precepts, the exercise whereof is Mechanicall, and to be accomplished with labor." He further called this practice "Chymia, or Chemeia, or Alchimia," pointing to the divinity in creation and generation (in Debus 23). Most important to Paracelsus and his contemporaries, alchemy was not merely a science involved in turning base metals to gold, which is how it became regarded in the sixteenth and seventeenth centuries.<sup>5</sup> They appreciated alchemy because some chemists claimed that an alchemist could discover cures for man's bodily ills, as well as create the *aurum potable*, or elixir of life. By the thirteenth and fourteenth centuries, Western scientists before Paracelsus were using transmutation to produce much needed remedies.

Galenic physicians had been following the familiar method ruled by balance since Galen's time, but Paracelsus could not accept the procedures of bleeding, purging, or administering drugs as legitimate therapies.<sup>6</sup> Adding or subtracting one thing would not help at all, according to Paracelsus, because in the human body and in the universe, all things worked as

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<sup>5</sup> Most examples of this occur in popular literature, especially plays; Ben Jonson's *The Alchemist* is the most known example, and there are several passing comments in Jonson's other comedies as well as in Shakespeare and other dramatists.

<sup>6</sup> Paracelsus was extremely distrustful of humoralism because he thought that it had little empirical basis, but his theories still adhered to it. It is not accurate to say that Paracelsus did not believe in the humors, for he most certainly did; but he disagreed with the practice of curing by contraries.

a unit, but each part could be affected individually. Thus, the members, or organs, could suffer separately, throwing off the whole system. The goal of chemical medicine, therefore, was to find the appropriate mixture for the specific illness. Paracelsus departed from Galenic medicine in this regard.

What sense would it make or what would it benefit a physician if he discovered the origin of the diseases but could not cure or alleviate them? And since the fit manner of preparation is not to be found in pharmaceuticals, we must explore further; that is to say, we must learn from alchemy (Paracelsus 84).

The answer was not a guess, and it was not herbs from the field, as it was in Galenic medicine. It was a science of trial and error, one that sometimes had disastrous effects on the patients, but overall, Paracelsus felt that his alchemical cures were more effective than the natural Galenic ones.

Paracelsus proposed more empirical education and practice, a suggestion that largely went unheard by the Royal College and English Crown. However, his concerns reflect a point of view that was not isolated in early modern England, as other people spoke about the need to refocus the profession. But Paracelsus's primary contribution to sixteenth century medicine was his focus on that very important link between a man and his spirit, one that chiefly appears in Shakespeare's references to royalty. In *Macbeth* the famous lines about Duncan's death sing of saintly alchemy.

Here lay Duncan,  
His silver skin laced with his golden blood,  
And his gashed stabs looked like a breach in nature  
For ruin's wasteful entrance; there the murderers,  
Steeped in the colours of their trade, their daggers  
Unmannerly breeched with gore (2.3.108-13).

Although the treatment here is symbolic, Shakespeare demonstrates how a man's emotional or spiritual state could produce a certain physical expression. Duncan's nobility and purity are

linked with the color gold, the purest and most valuable product of alchemy. This is the same image used at the close of *Romeo and Juliet* when golden statues are erected in their honor.

Paracelsus exemplifies the religious emphasis that some physicians placed upon the spirits, but many physicians did not make a connection between the *animus* and a Christian soul. Regardless, medicine since the ancients was intended to be a holistic venture. As Galen entitled one of his treatises, he believed *Quod animi mores corporis temperamenta sequuntur*.<sup>7</sup> Medical education followed this sentiment even while doctors dissected human corpses for the first time.

### **Transmission: From Source to Schools to Streets**

While some of the medical knowledge in Shakespeare's later plays can be attributed in part to his relationship to his son-in-law John Hall, scholars must speculate more broadly about the medical allusions in the early plays. There is enough evidence to certify that Shakespeare knew the *Aphorisms* of Hippocrates by some means. Hippocrates's sixth aphorism reads: "For extreme diseases extreme strictness of treatment is most efficacious."<sup>8</sup> Two examples from Shakespeare's texts restate this saying too clearly to be coincidental. The first is Friar Francis's advice after Hero's public defamation in *Much Ado About Nothing*: "For to strange sores strangely they strain the cure" (4.1.252). This friar has stepped in at Hero's greatest need, offering his moral medicine in the form of her desperate feigned death plot. In another moment of quick decision, Claudius justifies himself in sending Hamlet to England at such short notice.

Diseases desperate grown  
By desperate appliance are relieved,  
Or not at all (4.5.9-11).

These passages are not concrete proof that Shakespeare read medical treatises, for many such aphorisms had worked their way into common speech as proverbs. However, there are so many

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<sup>7</sup> "That the faculties of the soul follow the temperaments of the body." Although Latin scholars disagree, most definitions for *animus* (pl. *animi*) include "soul," "spirit," and "mind."

<sup>8</sup> Hippocrates, *Aphorisms*, trans. W.H.S. Jones (Loeb Classic Library, 1923-31).

similar examples that it is not impossible that he did read them. Although the playwright had “small Latin and lesse Greeke,” F. David Hoeniger suggests that it would not have been past his ken to read some works in Latin. As Hoeniger goes on to explain, if Shakespeare couldn’t have accomplished the Latin, by 1600 approximately 150 medical and scientific books had reached print in almost four hundred editions, and many of these were explanatory textbooks aimed at a general audience. Even if we cannot determine Shakespeare’s specific reading materials, Hoeniger draws conclusions from knowledge about how information traveled in the medical world of Renaissance London.

One can assume that Shakespeare learned orally part of what he knew about physiology, illness, salves, recipes, and other therapeutic means. Not only did the Elizabethans inherit traditions of folk medicine, but many simpler notions and practices derived from learned sources had found their way into popular literature and become part of common speech. At a time when most of the sick and wounded were examined and treated in the home, Shakespeare probably learned from women and others who looked after them (32).

Despite his small Latin, Shakespeare could have received medical knowledge from several sources.

The minimally educated and unlicensed masses, of which Shakespeare was a part, easily propagated and profited from Galenic methods, which were available in the popular literature. Writings that would have been used by domestic healers such as herbals and domestic manuals adhere to the principles of Galenic medicine. Thus, while medical students received Galen directly from the source in the universities, everyone else who would know about medicine received him in a somewhat distilled form. Medical practitioners in Shakespeare’s time, including the clergy and apothecaries both, were fortunate enough to have a library of pharmacological information at their fingertips. Shakespeare had a wealth of sources to consult for knowledge of Galenic medicine, whether word of mouth, medical texts, or common household books. Long before the writing of *Romeo and Juliet*, both William Turner (1551) and

Banckes<sup>9</sup> (1525) had published very thorough herbals that described uses in medicine and cooking. In 1539, both Sir Thomas Elyot and Thomas Moulton had published detailed works outlining common medical practices.<sup>10</sup> In addition, the crown had published lists of government approved medicines and recipes, such as the *Book of Sovereigne Approved Medicines and Remedies* (1577), which were available to anyone who could read them. Implicit within these recipes, or receipts, was an obvious theory of pharmacology that readers would have understood. It was a balanced holistic view that derived from classical sources, the most important being Galenic. Galen had written several pharmacological treatises in which he defined medicines as substances that directly introduced change to the body. A good doctor, according to Galenic theory, will select a drug suited to the patient's particular illness, making sure to consider age, temperament, and physical condition (Hoeniger 245). Trying to achieve overall balance, the physician would prescribe drugs to counter specific offending humors following *contraria contrariis*.

The herbal had gained popularity in the medieval period when medical scholars began to realize the importance of the study of pharmacology. In the 1400s scholars paid special attention to the herbal of the Greek pharmacologist Dioscorides,<sup>11</sup> translated into Latin in the tenth century, and Pliny's *Natural History*, a botanical study much less thorough than Dioscorides's. The sixteenth century saw a need for updated pharmacological material and two anonymous publications, the *Banckes Herball* and *The grete herball* in 1526, provided just that (Hoeniger 42-6). In 1551 the physician William Turner produced the most detailed and researched herbal

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<sup>9</sup> No first name known.

<sup>10</sup> Thomas Elyot, *Castel of Helth* (London: 1541); Thomas Moulton, *This is the myroure or glasse of helthe* (London: 1539?).

<sup>11</sup> *De Materia Medica*, a five-volume pharmacopoeia written in the first century A.D. describing approximately 600 plants and 1000 medicines. It was the first systematic pharmacopoeia ever written.

to date, the first English herbal specifically describing plants only in England and Wales, simply entitled *A New Herball*. This grand project, which he worked on until he died in 1568, included not only names of herbs in English, Latin, Greek, French, and Dutch, but also the remedies in which they could be used for specific conditions. The first truly scientific herbal ever written, this work directly transmitted Galenic holistic medical theory that resurfaces in the friar's words in *Romeo and Juliet*.

A priest physician like Friar Laurence and the average London apothecary would have both been familiar with Galenic medical theory. They probably did not know in exactly which works the ideas were to be found, as most likely they had never read Galen, even in the Latin. This information would have reached them by the herbals, domestic manuals, and word-of-mouth. What is certain is that even if Shakespeare had never read an herbal or domestic manual in his life, he knew of them. Although his source contains the same character, it is clear from Friar Laurence's speeches about herbal remedies and his own medical art that Shakespeare was very familiar with both natural magic and medicine. Shakespeare's character philosophizes about his work while the original Friar Laurence does not. In addition, the friar shows Shakespeare's knowledge of Paracelsian medicine, an indication that his reading was wider than the herbals. The play demonstrates that holistic medicine was still very much understood during Shakespeare's time.

### **The Great Debates: How Marginalization Began**

Paracelsus practiced firsthand observation and accepted less reputed sources of which the College disapproved, largely due to the institution's respect for the classical texts.

I went not only to the doctors, but also to barbers, bathkeepers, learned physicians, women, and magicians who pursue the art of healing; I went to alchemists, to monasteries, to nobles and common folk, to the experts and the simple...I have

oftentimes reflected that medicine is an uncertain and haphazard art scarcely honourable to practise, curing one, and killing ten (4).

Paracelsus notes the dangerous practices of healers in the sixteenth century. While we cannot speculate on his particular ideas about this, it is clear that physicians found themselves in a vise concerning theory, stuck between the classics taught in the schools and the innovative theory of Paracelsus and other upstarts.<sup>12</sup> The Londoner William Clowes, a prominent sixteenth and seventeenth century surgeon, felt the pressure from this debate profoundly. A statement made in 1602 by Clowes in his writings on the status of the medical profession represents the situation in which other healers found themselves.

I must confesse his [Paracelsus's] Doctrine hath a more pregnant sence then my wit or reach is able to construe: onely this I can say by experience, that I haue practised certaine of his inuentions Chirurgicall, the which I haue found to be singular good, & worthy of great commendations. How be it, much strife I know there is between the Galenistes and the Paracelsians, as was in times past betweene Ajax and Ulisses, for Achilles Armour (16).

Clowes is apparently addressing a medical establishment that was intolerant of unlicensed practitioners, as the Royal College most certainly was. But surprisingly, Clowes also expresses an attitude that transcends the vicious feud between Galenic and Paracelsian theory, revealing his own serious regard for the theories put forth by these two masters and his concern for his own religious integrity. Despite the extreme rivalry between Galenists and Paracelsians, Clowes vows,

Notwithstanding, for my part I will heere set up my rest and contentation, how impertinent and unseemely so euer it make shew; That is to say, if I find (eyther by reason or experience) any thing that may be to the good of the Patients, and better increase of my knowledge & skil in the Arte of Chirurgery, be it eyther in Galen or Paracelsus; yea, Turke, Iewe, or any other infidel: I will not refuse it, but be thankfull to God for the same (16-17).

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<sup>12</sup>Vesalius was considered a radical because of his hands-on discovery of human anatomy, leading to the later mapping of the circulatory system by Harvey.

Here Clowes indicates the need for a compromise for the benefit of all the sick that shows true concern for the welfare of his patients. This statement is not merely surprising in its blatant distaste for taking sides in a wildly controversial feud. More important, these words reflect a new attitude toward medical education that rejected specification and in turn bred doctors who refused to adhere to any particular methodology.

The university educated physicians resented the apothecaries, surgeons, and other informally educated practitioners for their supposed ignorance of holistic medicine, but some writings indicate that the medical community was reaching a new understanding of their profession. If they were to truly help the masses, they must settle for a compromise among all theories, for there was too much of a mix out there to control. They did not want the radical changes advocated by Paracelsus, for that would shake the foundations of medicine in England. On the other hand, some physicians were beginning to see the archaic Galenic principles as insufficient against overwhelming waves of plague and smallpox. However, as the medical marketplace was overrun with non-licensed practitioners and anti-Galenists, physicians began to accept healing by any method possible. Boundaries became blurred and medical practitioners often used the cures of both Galenic and Paracelsian medicine. One of the earliest examples of this openness is Conrad Gesner, an intimate friend of John Caius who was an influential supporter of chemical medicine. He was most certainly a Galenist, criticizing Paracelsus for rejecting the ancients and claiming that he “heard that he [Paracelsus] accomplished nothing worthwhile, indeed, rather he was an impostor.” However, he also recognized that “waters and oyles secreate by the singuler industrie and wit of Chymists, are of most great vertues,” and he also admitted that despite his disagreement with Paracelsus’ theories, he knew that Paracelsus was successful in curing seemingly incurable illnesses (Gesner 219). We have already heard

William Clowes' opinion on the matter; he wished to have all knowledge that would benefit his patients. John Debus records the following list of influential surgeons and physicians who were of a similar mind.

George Baker, master of the Company of Barber-Surgeons in 1597, had been one of the first to promote such remedies in the 1570s, and although he had no love for Paracelsus, many of his colleagues borrowed freely from the specifically Paracelsian remedies. One of the most notable instances of this is the *Antidotarie* of the famous English surgeon John Banister (1589)...Nicholas Gyer, noting the dangers resulting from blood letting performed by unskilled lancers, suggested that such men should be treated as witches (69).

Debus goes on to mention Thomas Moffett, a fellow of the Royal College, who was a Paracelsian in practice but not necessarily in theory. Moffett's most important work on this issue is his *De Jure et Praestantia Chemicorum Medicamentorum*, a tract including a dialogue between two physicians named Philerastus, a caricature of Paracelsus's greatest critic Thomas Erastus, and Chemista and five appended letters dealing with attacks on the new medicine. In this dialogue, the characters argue the admirable points of both methods, finally ending with Philerastus' defeat and renaming as Philalethes, which signifies a growing need for speedy and efficient health care, regardless of the philosophical background (Debus 69-70).

As the gap between the friar and apothecary in *Romeo and Juliet* will show, physicians and scientists were still aware of the holistic theories behind healing, but physicians continuously indicated that these theories were becoming increasingly blurred as medical conditions in London demanded a large number of practitioners. Christ, the original physician, was still an ideal figure. In "A Prayer," William Clowes expresses his understanding of the spiritual function of healing, but reveals also that spiritual health has become a personal responsibility, not a part of the physician's duties.

Make it profitable unto us, good Lord, to spy out all our spiritual sicknesses and diseases, and to find the true remedies for the same, that we may fly from all the occasions that

may draw us to sin, and recover strength more and more, against all our several sins and corruptions. And for as much as thou hast also graciously provided outward remedies for the diseases of our bodies and appointed Physicians and Surgeons, the ministers of the same, we beseech thee, make us diligent in searching, careful in using, and faithful in practising and applying of those remedies that thou hast taught us (169).

Clowes still considers the physician a “minister,” like Christ, but he restricts his duties to the physical, which is not what Christ prefigures in the New Testament. He has finished discussing spiritual matters and turns to matters of the body, failing to combine the two in a Christ-like metaphor. He does not explicitly state the once popular belief that disease was a “corruption,” or result of sin, plainly bisecting his prayer with a decisive “And.” Shakespeare’s doctor in *Macbeth* perfectly demonstrates this phenomenon on the popular stage:

*Macbeth.* Canst thou not minister to a mind diseased,  
Pluck from the memory a rooted sorrow,  
Raze out the written troubles of the brain,  
And with some sweet oblivious antidote  
Cleanse the stuffed bosom of that perilous stuff  
Which weighs upon the heart?  
*Doctor.* Therein the patient must minister to himself.  
*Macbeth.* Throw physic to the dogs! I’ll none of it (5.3.42-9).

Macbeth implores the doctor to call on his training in holistic medicine, expecting that the physician is able to treat both body and mind. However, the doctor refuses that responsibility, placing mental and spiritual health in the hands of the patient. While Macbeth may be trying to shirk his own and his wife’s spiritual responsibility, Shakespeare’s doctor, as a representation of the medical community, will only heal the physical body. A passage from *All’s Well That Ends Well* shows some of Shakespeare’s characters who responded to this emerging pattern with a discussion of the social conditions surrounding it.

*Lafew.* They say miracles are past, and we have our philosophical persons to make modern and familiar things supernatural and causeless. Hence it is that we make trifles of terrors, ensconcing ourselves into seeming knowledge when we should submit ourselves to an unknown fear.  
*Parolles.* Why, ‘tis the rarest argument of wonder that hath shot out in our latter times.

*Bertram.* And so 'tis.

*Laf.* To be relinquished of the artists—

*Par.* So I say, both of Galen and Paracelsus (2.3.1-11).

Shakespeare acknowledges the great debate between the ancient and the new, but he also makes a profound statement about science in the Renaissance. He expresses a sentiment that the friar will echo in *Romeo and Juliet*: science without some form of spirituality is a detriment to the patients.

What the history of medical theory most clearly expresses is that medicine was meant at its core to be holistic, and the next step in this inquiry is to ask whether medical practitioners remembered their holistic roots in practice.

## CHAPTER 3 THE MEDICAL PRACTITIONER

### **Introduction**

By the time Shakespeare wrote *Romeo and Juliet*, the priest-physician did not have a place in the London medical marketplace, but the apothecary was thriving. Chapter two probed the holistic background of medical education in the sixteenth century, revealing an ancient concern for the body and the spirit or soul at its core. This chapter's main question is, Do the medical practitioners in the London streets adhere to that holistic ideal? The answer involves an inquiry into medicine's growing relationship with economics and politics. As I will show, Shakespeare's play provides commentary on possible interactions between medical culture, economics, and politics that could be harmful for the medical profession. Firsthand accounts, medical treatises, and even political satire reveal that medicine was becoming increasingly influenced by money matters. Imprecise mentions in public record and special publications such as herbals and domestic manuals show how much practitioners such as apothecaries and traditional healers were individually impacted by rising economic competition and how much the College of Physicians feared their monetary success. Because specific details are lost over centuries, we are left with questions we can only try to answer. What happened to holistic medicine in the sixteenth century? When did certain medical practitioners become more interested in economic success and why? And how was patient care affected as a result? Answers to these questions lie within the political context of the period, and only after noting these important changes can we see how slowly but steadily attention to holistic methods diminished among many groups of practitioners as economic pressures rose.

Some time after the dissolution of the monasteries in the 1530s, physicians began to consider less the spiritual side of holistic approaches to healing. One reason for this may have

been the severe reduction in the numbers of spiritual advisors practicing medicine. The disbanding of England's holy houses had an irreversible effect on the important role that the clergy played in the healing community. In London, some orders had established the most important charity hospitals such as St. Bartholomew's, begun by Augustinian monks in 1123. Thus, some religious persons worked in these hospitals from the middle ages into the Renaissance, when they began to be slowly replaced by lay physicians and surgeons. However, the former religious people who remained in the country spread their medical knowledge to the lay people who resided there. Lynette Hunter discusses this dispersion of medical knowledge, claiming that it may have been

a social factor deriving from the responsibility for the community that devolved on the old and new aristocracy and gentry after the dissolution and reallocation of monastic lands—after all, the abbeys and monasteries had been a primary source of hospital care for many people for centuries (100).

The loss of monastic hospitals left a hole in the fabric of healthcare that the local gentry had to fill. In addition to this disruption, the institution of a Royal College of Physicians in 1518 had forced religious and traditional healers to the margins as the market was opened for professional, university educated, profit-seeking practitioners.

Economic survival became the primary concern of many professionals and empirics alike. Thus, practitioners outside of the university began to criticize each other in the interest of personal gain. Frustrated with a market that was dominated by what they considered uneducated quacks, the Company of Barber-Surgeons attempted to stop unlicensed practice after its establishment in 1540. They were so determined to force other practitioners out of business that the Crown, which normally supported the College's physicians exclusively, was obligated to issue a regulating decree in 1542. It stated that

the Company and Fellowship Surgeons of London, minding their own lucre, and nothing the profit or ease of the diseased patient, have sued, troubled, and vexed divers honest persons, as well as men and women, whom God hath endued with the knowledge of nature, kind and operation of certain herbs, roots and waters, and the using and ministering of them, to such as have been pained with custumable diseases...And yet the said persons have not taken anything for their pains or cunning...In consideration whereof, and for the ease, comfort, succour, help, relief, health of the King's poor subjects, inhabitants of this his realm, now pained or diseased, Be it ordained, etc., that at all time from henceforth it shall be lawful to every person being the King's subject, having knowledge and experience of the nature of herbs, roots, and waters, etc., to use and minister according to their cunning, experience, and knowledge (in Hoeniger 28).

Although these lay healers continued to vex the barber-surgeons and the College because they escaped censure, thereby preventing a monopoly on medical services and maintaining the trust of the masses, they were not as powerful as the Company of Barber-Surgeons. The surgeons, because they were so influential with the common people, presented a serious economic threat to the medical establishment because they offered patients help at a more reasonable price. The surgeons' further attempts to cut out lesser competition prompted the government to issue statements like this one, thereby keeping all practitioners on the same level. More important, however, the government was forced by the threat of economic unrest officially to endorse healing that was not taught in the medical schools, thus void of the holistic background that the College supported. The largest effect that lay healers, apothecaries, and surgeons had on the profession, then, was that they did not practice the holistic medicine taught in the medical schools discussed in chapter two.

Essential to this discussion is an intense look at the major medical practitioners of the time and their relationships to each other and to the College. Licensed practitioners are very easy to follow. Their education and subsequent movements were well documented by the College of Physicians. On the other hand, unlicensed practitioners escaped the spotlight. Private care was exactly that and was rarely documented, especially in the household. Because

of an unfortunate lack of information, critics have been either unwilling or unable to attend to these folk, able only to generalize and hypothesize about their practices. But the College's concern with this threatening majority reveals a state of economic competition that was increasing healers' concern for their economic welfare. Most importantly, an understanding of the unlicensed majority is crucial to considering Shakespeare's knowledge simply because he was among their number. According to my reading of *Romeo and Juliet*, there is no doubt that Shakespeare understood the dynamics of the medical marketplace well enough to offer the play as legitimate commentary on the historical situation. Interpreting his medical knowledge requires that we scrutinize the roles of licensed physicians at the time of and after the establishment of the College of Physicians in 1518. In this way we can understand where medical practitioners were in the context of the overwhelming movement towards secularizing healing.

### **The Royal College's Classical Ideal**

In the early sixteenth century, Henry VIII's government, concerned about outbreaks of sweat, smallpox, and plague in the second decade of the century, took action during what they considered to be a public emergency. The Crown, seeing standardization of medical education and practices as the only way to combat the devastating epidemics, gave charter for the establishment of the Royal College of Physicians in 1518. Scholars such as Harold Cook, Charles Webster, and Margaret Pelling agree that the major impetus for this move was dedication to medical humanist idealism.

At Henry VIII's request, the pioneer English medical humanist Thomas Linacre assembled a group of court physicians and higher-ranking doctors to become the first fellows of the College. Linacre had spent thirteen years studying in the Italian medical college system, and

his experience there heavily influenced his organization of the English descendant. An extremely well educated man, Linacre was highly trained in textual analysis and knew the classic medical texts intimately. His vision was to create a fellowship of learned physicians who could responsibly and knowledgably practice medicine for all the infirm; he thought this could happen by improving education, and after 1555 John Caius continued in his footsteps.<sup>1</sup> Ideally, with qualified physicians in place, fatalities due to malpractice and simple inexperience would decrease as unlicensed practitioners fell by the wayside. Charles Webster provides a profile of the ideal academically educated physician as

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 M.A., and a further seven years or more accumulating medical qualifications. During this period the medical student often held a college fellowship, minor teaching posts in medicine or other subjects, and practised medicine. He might also have prepared himself for an alternative career in the church, civil service, or in some other faculty at the university. If the doctor sought to practise in London he might then become involved in a lengthy process of selection for a fellowship of the College of Physicians. By establishing this profile the physician could claim a dignified position in society, dress according to this rank, and establish his right to charge high fees, and to dominate all inferior groups within the medical profession (189).<sup>2</sup>

This strategy no doubt would have worked except for one large error on the part of the College and Crown: they sorely underestimated both the number and influence of unlicensed practitioners. Charles Webster comments on the College's supposedly charitable interests, arguing that the College's actual concerns were not about public health in a rapidly growing city. He says that they were more worried, in fact, about "fastidious details of internal management and the protection of their monopoly against the swelling tide of unlicensed practitioners" (168).

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<sup>1</sup> For a more detailed look at the College's organization after Linacre, see Norman Jones, *The English Reformation*, (Oxford: Blackwood, 2002).

<sup>2</sup> This quotation exemplifies humanist medical education that incorporated the study of ancient medical texts that I claim is the Royal College's ideal.

The result was an attempt to monopolize the medical marketplace in London, one that had no effect until the last decades of the sixteenth century when marginal groups began to feel the College's control. However, the College tried very hard to change the face of the marketplace in the beginning, and the College's jurisdiction targeted all persons who practiced medicine within the city limits and seven miles without.

The College's main goal was to control the market by granting medical licenses. By their rules, only an individual who had received a license from the College was legally permitted to practice medicine within their jurisdiction.<sup>3</sup> According to their procedures, a medical license could be granted in two cases. First, any Englishman who had obtained a medical doctorate (M.D.) from any English university would be allowed to visit with the existing fellows and be judged in character and knowledge after passing a three-part examination on physiology, pathology, and therapeutics. Current members would then vote on whether the applicant would be elected as a fellow.<sup>4</sup> This policy set several barriers at once. In order to apply, one could not be foreign, uneducated, or unlikable. In order to account for those excluded by these stringent rules, the College also granted licenses to those without an M.D. or those who had studied outside of England under certain conditions. If the applicant could pass a similar three-part examination in Latin, then he could become a licentiate of the College, but not be allowed to join as a fellow. This was only partly reasonable, however, because while some apothecaries, surgeons, and others had the Latin to pass the exam, many of them did not. Still, if one had not obtained an M.D. but had sufficient knowledge and training, one could practice lawfully inside the city and seven miles without. These lawful practitioners included surgeons, apothecaries, midwives, and any other likewise qualified practitioners who could read enough Latin to pass the

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<sup>3</sup> Webster, ed., *Health, Medicine, and Mortality in Sixteenth Century London* (Cambridge: Cambridge UP, 1979) 165-72.

<sup>4</sup> This policy later changed after the accession of James I.

test. Although those standards were a good idea, the city of London was neither willing nor really able to comply with them.

To outsiders, the College seemed to operate with fair and practical procedures, ones that would ideally expand the lawful medical marketplace and allow the College some defense against critics. Harold Cook writes,

when the physicians of the College wished to refute publicly that they were a 'monopoly,' they pointed to their licentiates, a category of practitioners that, they claimed, showed that virtually any worthy practitioner might gain admission to the College. Thus, the College of Physicians was a body whose full members, the fellows, were highly educated physicians otherwise engaged in private practice, and whose licentiates were only somewhat less academic in their training (74).

In reality, the medical environment in London was not so easily categorized. Despite its good intentions, the College could not force all of the unlicensed practitioners to join its ranks or give up practicing medicine. Margaret Pelling and Charles Webster, in the most thorough study ever done on medical practitioners in early modern London, estimate that between 1580 and 1600, there were at any one time approximately 450 medical practitioners, both licensed by other institutions and completely unlicensed, who were not fellows or licentiates of the Royal College.

Complicating things was the fact that the College was not the only institution granting licenses. An act of 1511-12 gave local bishops the power to examine practitioners in medicine and surgery. If the practitioner supplied testimonials from colleagues and church officials confirming "correct faith and good art," the bishop could issue a license to practice in the diocese (Cook 45). In addition, practitioners could take an examination at either Oxford or Cambridge for a fee and obtain a license that way. Furthermore, the Archbishop of Canterbury could issue a license to any person he wanted. Because there were alternatives to seeking licensing from the College, the numbers that Pelling and Webster came up with were understandably high for practitioners unlicensed by the College. Interestingly, although they remark that there was a

“substantial body of priest-physicians,” this group is never mentioned in the breakdown of the miscellaneous practitioners they list outside of the College (199). What they do offer is the following breakdown: 50 physicians, licentiates of the College; 100 surgeons belonging to the Barber-Surgeons’ Company; 100 apothecaries belonging to the Grocers’ and other Companies; and 250 miscellaneous, unlicensed practitioners, not including midwives and nurses (188). These estimates tell us that this marketplace was by no means under the control of the College; practitioners outside of the College outnumber those inside nine to one. There was no established health service and no absolute doctrine that the miscellaneous majority followed. In sum, there were too many practitioners for the College to control, but the major problem was one of simple economics.

The basic economic principle of supply and demand ensured the power of lay healers. The demand for medical treatment was very high, and this demand was met by the large number of practitioners on the streets. In addition, university educated physicians were far too expensive for anyone outside of the gentry, so traditional healers, apothecaries, and surgeons who offered cheaper help were the obvious alternative (Hoeniger 17). The high selectivity that the College practiced established an overwhelming gap between the fellows and licentiates and the rest of London, demanding a standard of education that could not be equaled by experience. In addition, this advanced training increased physicians’ fees, and the mass of formally uneducated healers profited from this. There was no real need for licensed practitioners to join the College for several reasons. First, university licenses and some ecclesiastical licenses allowed those licensed by institutions outside the College to practice throughout England. In addition, they were not afraid to practice in spite of the College’s penalties for practicing without a license, which were not stringent. Although people not licensed by the College faced punishments from

finer to excommunication, these punishments were seldom enforced (Webster 190-91). As a result, most people were not motivated to apply to the College when their patients would accept any medical license they had to show.

It is obvious that the state of the medical marketplace was not as ordered as the College would have liked it to be, but there was little they could do to change this immediately. It is also evident that medicine and religion were linked for a very long time before the 1590s, and as a result unauthorized practitioners faced excommunication and turned to local clergy for their licenses. In order to achieve the highest levels of standardization, the College would take advantage of the diminished number and redistribution of priest-physicians after the dissolution of the monasteries, placing further strictures on the population of practicing clergy.<sup>5</sup> The Royal College hoped to control the medical profession, but the greatest success belonged to those practitioners who were able to make money despite the College's strictures.

### **Major Professional Competition I—The Surgeon**

More than any other medical figure, the surgeon is continuously represented or discussed in Shakespeare's plays. In what is perhaps the pivotal scene in *Henry V*, Henry discusses wartime politics and royal culpability with some of his soldiers, disguised as one of them. During their discussion, Williams describes a doomsday battlefield scene

when all those legs and arms and heads, chopped off in a battle, shall join together at the Latter Day and cry all, "We died at such a place"—some swearing, some crying for a surgeon, some upon their wives left poor behind them, some upon the debts they owe, some upon their children rawly left (4.1.135-41).

Shakespeare presents the surgeon on the battlefield, hurrying to and from the wounded as they lay strewn about. Off the battlefield, surgeons were some of the most prolific medical practitioners in London, matched in number only by licensed apothecaries. Most important, the

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<sup>5</sup> The College of Physicians soon rendered ecclesiastical licenses invalid. Although never issuing a formal decree, Webster discusses their indirect discrimination against clerics (210).

surgeon experienced a similar genesis and success to the apothecaries in London, and their economic circumstances were an indication of the competition that controlled the medical profession.

In many instances patients were more comfortable with a practitioner who was familiar with both theory and real practice on human beings, following the thirteenth century aphorism by the surgeon Lafranchi: *Omnis practicus est theoreticus*.<sup>6</sup> However, in many cases, the surgeon became regarded as the herald of economic prosperity (Webster 177). At the beginning of the sixteenth century, physicians began to feel the threat of educated surgeons who not only knew about complicated surgical procedures, but also began to encroach upon the physicians' knowledge. At this time surgeons such as Thomas Vicary, John Hall, and Thomas Gale wished to educate themselves on the medical theory behind their surgical procedures. Gale's major goal was to make the profession more respectable, on the level of the physicians who wanted to dominate the medical marketplace. According to Hoeniger, Gale "insisted that a proper surgeon's knowledge be based on both theory (book-learning) and experience," and in order to make that happen, he translated the bulk of Galen's works into English (40). The self-improving attitude of surgeons was such a threat to the College of Physicians that they refused to allow fellowship to them and only allowed them licentiate status. William Clowes, a surgeon himself, was so taken aback by the appearance of one of his fellows that he has trouble hiding his disgust:

Then rises out of his chair fleering and jeering this miraculous Surgeon, gloriously glittering like the man in the moon, with his bracelets about his arms...his fingers full of rings, a silver case with instruments hanging at his girdle and a gilt spatula sticking in his hat, with a Rose and a Crown fixed on the same...And now here he did begin to brag and boast as though all the keys of knowledge did hang at his girdle (115).

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<sup>6</sup> "All practice is theoretical."

Clowes presents the surgeon he encountered as one who outrageously flaunted his wealth and knowledge. While we cannot assume that all surgeons were of this nature, it is evident from Clowes's commentary that some practitioners' success was becoming troublesome. Finally, no longer able to ignore the extremely important role surgeons played in the medical environment of London, the Crown issued a charter in 1540 for the establishment of the United Company of Barbers and Surgeons.

Because surgeons stood to take business from the physicians in the College by charging lower fees, the Royal College kept a close eye on their competition. Fearing the College's censure, the Barber-Surgeons' Company ensured that surgeons would have some protection from the College of Physicians in that it issued individual licenses as well. It established the same kind of system of regulation and standardization of the profession that the College offered, organizing a similar licensing system and convincing outside sources to cease licensing surgeons who had not been examined by the guild.<sup>7</sup> Although they were protected by a city company, surgeons still felt the influence of the physicians that some saw as mentors and senior partners, and others as oppressors. In 1595, finally fed up with the meddling surgeons, the College issued a formal warning to the Barber-Surgeons' Company "that they should refrain completely from the practice of medicine."<sup>8</sup> Of course this never happened, but the fact that the College felt so threatened by other practitioners affirms their attempt at monopoly.

The experience of the surgeon exemplifies how much the College wanted to control the medical practitioners who resisted them. Contemporary writings express the condescending attitude of the College and its fellows toward the surgeons, and we must infer that they had similar negative feelings for all others outside of their ranks. Although it was much less verbal

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<sup>7</sup> "Outside" sources being ecclesiastics and universities.

<sup>8</sup> Young, *Annals*, 7 Nov. 1595

about apothecaries, it is unlikely that the College would have reserved their distaste for only one group. However, the apothecary is much more present in period writings, and from those we can ascertain just what threat the apothecaries posed.

### **Major Medical Competition II—The Apothecary**

The surgeons and apothecaries enjoyed very similar histories under the jurisdiction of the Royal College. Even more revealing than his lines on surgeons, Shakespeare's picture of the apothecary in *Romeo and Juliet* shows us an independent medical practitioner who was just as potentially dangerous to the College of Physicians as the surgeons. The play states that the apothecary's practice of selling remedies without attention to holistic healing was indicative of the market economy under which medicine thrived. Thus, although a majority of the chemical distillations performed by apothecaries were Paracelsian and drew from that balanced doctrine, Shakespeare's apothecary, as a victim of economic pressures, sold them as a matter of profit only. Historically, apothecaries were little more than pharmacists who simply sold medicines as needed. While many apothecaries considered themselves artists, many critics, including the large population of chemists in London, regarded as worthless most of the mixtures apothecaries sold. As a physician stated in a letter to an apothecary, "Your syrups be but sauces, your purgations for the most part poisons, and...your confortatives, exhilaratives, and regeneratives, are by nature so fast fettered that they cannot move against their enemies" (Webster 178).

There are very few records of an apothecary's responsibilities, but available evidence suggests their duties as early modern druggers. A few years before Shakespeare was writing *Romeo and Juliet*, Robert Greene provided a small catalogue of apothecaries' services in 1592 in his satirical pamphlet, *A Quippe for an Vpstart Courtier*. His two characters, Cloth-breeches and Velvet-breeches, are a bumpkin and a courtier choosing a jury to decide which of them is more

worthy. Cloth-breeches likes neither the surgeon nor the apothecary because he thinks they will favor the courtier, who has the money to pay them. He provides in his argument a list of remedies that he thinks demonstrate an unnecessary dependence on the apothecary:

And for you, M. Apothecary, alas, I look not once in seven year in your shop, without it be to buy a pennyworth of wormseed<sup>9</sup> to give my child to drink, or a little treacle to drive out the measles, or perhaps some dregs<sup>10</sup> and powders to give my sick horse a drench withal (Best xxix).

These remedies are relatively simple and what we might get through prescription or over-the-counter today. However, beneath the apparent simplicity of the apothecary's services, Cloth-breeches sees that people are too dependent on apothecaries to the point of foolishness, and he continues to address this dependence straightforwardly:

Queasy Master Velvet-breeches cannot have a fart awry but he must have his purgatives, pills, and clysters,<sup>11</sup> or evacuate by electuaries;<sup>12</sup> he must, if the least spot of morpew come on his face, have his oil of tartar, his *lac virginis*,<sup>13</sup> his camphor dissolved in verjuice<sup>14</sup> to make the fool as fair, forsooth, as if he were to play Maid Marian in a May-game or morris dance (Best xxix).

Cloth-breeches suggests that instead of real service to the community, the apothecary offered fashionable and often cosmetic products and was quite successful in return.

The apothecary's success drew loud criticism. In general, the apothecary was considered a false, greedy quack who would do anything to make money, including selling bogus remedies. In 1530 Paracelsus proclaimed, "I do not take my medicines from the apothecaries; their shops are nothing but foul sculleries, from which comes nothing but foul broths" (6). Over twenty years later, John Caius criticizes "apotecaries" who supposedly came

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<sup>9</sup> Any purgative that was believed to expel worms from the body, such as aloe.

<sup>10</sup> Pun on drugs.

<sup>11</sup> Enemas.

<sup>12</sup> Medicinal pastes.

<sup>13</sup> "Virgin's milk," a cosmetic.

<sup>14</sup> Apple vinegar.

from ye seruice of Emperoures, kinges & quienes, promising helpe of al diseases, yea uncurable, with one or twoo drinckes, by waters sixe monethes in continuall distillinge, by Aurum potabile, or quintessence, by drynckes of great and hygh prices, as though they were made of the sune, moone, or sterres, by blessinges and Blowinges, Hipocriticall prayenges, and foolysh smokynges of shirtes Smockes and kerchieffe (Caius 26).

According to this account, some apothecaries were absolute frauds who claimed miraculous healing powers and charged sufficient prices for them. At the close of the century in 1594, while Shakespeare was writing *Romeo and Juliet*, the satirist Thomas Nashe provided a picture of the apothecary for popular literature.

The hungrie druggier, ambitious after preferment, agrees to any thing, and to Court he goes; where being come to enterview, hee speaks nothing but broken English like a French Doctor pretending to haue forgotten his naturall tung by trauell, when he hath neuer been farther than either the Lowe Countries or Ireland, inforced thether to flye either for getting a maid with child, or marrying two wiues. Sufficeth he set a good face on it, & will sweare he can extract a better Balsamum out of a chip than the balm of Iudaea: yea, all receipts and authors you can name he syllogizeth of, & makes a pish at in comparison of them he hath seen and read (in Debus 55).

Not only were the apothecaries false healers, they were also socially ambitious. They claimed to know the theories behind their practices, but Nashe saw ripe material for satire in their behavior and ridiculed the folly that he saw apparent in the apothecary's business. But they were able to become highly successful selling either a small quantity to several commoners or larger quantities to the nobility and gentry.

The apothecary was not a charitable figure, for every service offered was for a price. Financial records from the house of Sir William Petre of Ingastone Hall, Essex, Secretary of State to Henry VIII, Edward VI, and Mary, reveal what apothecaries charged for various services. In January 1549, the household paid an apothecary 6s. 8d. for a purgation for the master and a total of 30s. to surgeons for a broken leg. In April 1559, the household paid

To Ryche the poticarye Wednesday 5<sup>th</sup> for madenhare 2d., scolopender 2d., a box of unguntum album 8d., Harts tongue 1d., Alome 1d., for a purgacion and his paines for bringing it, 10<sup>th</sup> day 6s. 8d.; To hym 16<sup>th</sup> day for mercury 2d., for honeysockle water 2d.,

To hym 17<sup>th</sup> day for barley water with the glas 6d., 3oz. Sirop venegar 11d., white sugar candye 2d., six urinals 15d., a skyn of rede leather 6d., etc. (Swain 193-9).

The total of this record reaches 32s. for the month, an expense that seems extravagant, considering that craftsmen made on average 1s. per day and gentlemen a half-crown per day (2s. 6d.) (Bloy). The apothecaries then had a very distinct financial advantage in the medical marketplace. Hoeniger notes that “many apothecaries exercised remarkable freedom in selling what drugs they pleased,” easily gaining control of the drug market and making a substantial profit. The College of Physicians was not happy about the freedom and economic success of the apothecaries, but there was relatively little it could do to prevent the apothecaries from getting richer, although they were informally educated. Gideon Harvey expresses the frustration that the physicians felt and asserts that although surgeons and apothecaries are having great success, the physicians will always be necessary for greater cures.

Touching these great medicines, it is very fortunate they have not yet arrived to the knowledge of the little apothecaries, or the prescribing surgeons, who, using them without method, though sometimes they might do good, yet, for want of capacity in the applications, would certainly at most times do great mischiefs with them; and, therefore, every physician ought to reserve them secret by preparing them himself; and when necessary to be used, to send them to the apothecary to be exhibited, or to give them to patients with what directions are requisite (Simpson 63).

Harvey wants to interfere with the non-physicians’ financial success that was obviously taking business away from him and his colleagues. Harvey clearly attacks surgeons for their ignorance of the medicines they administer, revealing that some practitioners dispensed more for profit than for healing purposes. He wants doctors to begin mixing remedies to compete with the apothecaries and “prescribing surgeons” and to sell them either privately or in the apothecaries’ shops. Despite these attempted capitalist maneuverings, London physicians still felt threatened by the apothecaries because they had support from the city companies.

The apothecaries were in a very good legal position because they had been for a long time part of the Grocers' Company, a very strong guild in London during the sixteenth century. Thus, they were bound and protected by the statutes of that well-established group. There were no limitations on the sale of drugs by grocers, so the apothecaries had access to an open market. When the grocers ordered supplies, they also ordered whatever the apothecaries needed for their remedies. Despite their dependence on the grocers, apothecaries enjoyed much success in sales, as figures like John Hester prove. Hester ran one of the largest apothecary shops in London from about 1570 to 1593, and it is almost certain that Shakespeare knew of him.<sup>15</sup> The apothecary's chemically prepared medicines were much more common in the open market than physicians' remedies, and the College of Physicians soon began prosecuting apothecaries for the illegal practice of medicine in the sixteenth century. The sixteenth century apothecary Edward Barlow was found guilty not only of illegally practicing medicine, but also of dispensing for unlicensed physicians such as William Gilbert and Richard Forster. Finally tired of being bullied by the College and depending on the grocers, the apothecaries petitioned the College in 1585 for a monopoly over compounding medicines and selling them for medicinal purposes. This did not work, and it was not until 1618 that the Society of Apothecaries was formed to protect interests (Webster 178). Even after this, the request for monopoly was stringently denied by the College, although the apothecaries were never forced out of business. This political and economic strength points to several similarities between the apothecaries and all other practitioners outside the College: they were independent, successful, and trusted by their customers. Their civil support was a double-edged sword; they had backing from the city companies, but because they were so openly recognized, they were also easily targeted by the College's regulation.

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<sup>15</sup> In *All's Well That Ends Well*, Helena suggests a cure for the king's fistula that remarkably echoes Hester's *The First (and Second) Part of the Keye of Philosophie* (1596) in which he offered two new cures for the fistula (Hoeniger 287-306).

The history of the apothecary is very interesting when considered against the figure in *Romeo and Juliet*. The apothecary in this play does not enjoy the economic success of his historical counterparts. For example, Shakespeare's apothecary is poor, hardly the successful businessman that historical record presents. Like the historical apothecary, he is financially ambitious, for he is present even on a holiday to catch a possible sale. However, his shop is full of useless wares, and his economic misfortune is clear. Shakespeare definitely knew the tenor of the medical marketplace judging by Romeo's speech about the apothecary's business dealings. I suggest that Shakespeare's play comments on one possible consequence that may occur when healers are at the mercy of economic competition. The apothecary is poor, but he has power in *Romeo and Juliet*, and this is indicative of increasing economic pressure of the sixteenth century medical marketplace.

### **The Biggest Threat: The Unaffiliated Masses, Including the Priest-Physician**

Women, clergy, and other unlicensed and unaffiliated practitioners felt the College's pressure most severely, although their existence proved a constant obstacle to the College's complete authority. There were also hundreds of everyday citizens who had informal but legitimate knowledge of medicine. The College had no power if it could not control the commonest people. As a displaced priest in a larger European city, Friar Laurence represents their numbers. Of all the unaffiliated practitioners, the clergy were the most pushed aside by the established medical body and perhaps the most difficult to trace. The history of religious involvement in medicine is complicated, and only in the sixteenth century did the clergy's widespread participation diminish. Scholars are unsure as to particular duties and services carried out by priests and nuns, mainly because the services were charitable and there are no financial records. However, we do know that these holy people treated the ill and infirm in the

pattern of public hospitals until the dissolution in the 1530s. G.W.O. Woodward reports on the monastic traditions of hospitality and alms giving that involved taking care of the sick poor.

Hoeniger discusses the changes that took place in the early sixteenth century that greatly affected the way the clergy practiced medicine:

During the Middle Ages monks, friars, and many a local priest had looked after the sick and tended gardens of medical herbs like Friar Laurence's in *Romeo and Juliet*. Therefore, when in 1535 Henry VIII abolished the monasteries and reduced the orders of friars, a critical shortage of educated people who could assist the sick developed in parts of the country (24).

The long tradition of monastic medicine was badly disrupted during Henry VIII's reign, and although it is likely that many clergy resided in London who could distill medicinal herbs, it is almost certain that there were many more apothecary shops. While there were approximately 100 apothecaries practicing at the end of the sixteenth century in London, there were certainly not that many priests with private herb gardens within the city limits.<sup>16</sup>

At the same time, some clerics did study medicine as a safeguard against religious persecution during the Protestant Reformation. In the midst of the turmoil, a few Puritan leaders, including William Turner, studied medicine in order to help people, but they were careful to separate themselves from wise women and other traditional healers. Unfortunately, as Webster reports, this was not always a good idea because healers risked being suspected of "illegal and sinful magical practice." Thus, they could be labeled witches, prosecuted for propagating Catholicism or radical Protestantism, or reprimanded by ecclesiastical authorities who wished to supervise the ministry rigidly (Webster 234). Further complicating the clergy's foray into medicine was the College's adamant disapproval of licensing scholars who would ultimately enter the Church. Current scholarship is silent as to why the College felt this way, but it is

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<sup>16</sup> Although *Romeo and Juliet* is not set in London, Webster and Pelling present their data as indicative of most European communities with similar systems of medical education.

evident that the College did not support the marriage of medicine and religion. While they certainly could not completely control the numbers of priest-physicians in London uncoun- ted by Pelling and Webster, the College could refuse to grant licenses to them and urge other institutions to follow their example. The College passed on this discriminatory attitude to its members.

Another result of the dissolution of the monasteries was the important move that traditional monastic medicine made to the city. After the holy houses were disbanded, the women who worked there were also out of luck; they were forced to use their skills in the small communities surrounding the monasteries. These religious women who had worked in the monastic hospitals passed on their knowledge to other women in the community, including noblewomen who then taught the art to the household staff. Also, women who lived on the estates that replaced the monasteries, who were already practitioners of their own household medicine, took up the role of healer in the community to make up for the lost monastic contribution. Joining a popular trend in the sixteenth and seventeenth centuries, country gentry families sent their daughters, who had learned from their mothers the arts of domestic economy, to London as domestic servants for the wealthy (Hunter 100-102). There, young girls could increase their knowledge, becoming even more familiar with the religious and medical duties associated with the household. Thus the community of informally educated practitioners grew within the city limits.

The priest-physicians in Shakespeare's time were members of a dwindling group of ecclesiastics who upheld the old traditions of the monasteries even after their dissolution (Hoeniger 24). When the clergy and women and others in the city practiced medicine, there were many sources from which they could draw, and to the College's chagrin, vernacular

literature was the most powerful source of information. Medical practitioners in Shakespeare's time, and quite possibly Shakespeare as well, were fortunate enough to have a library of pharmacological information at their fingertips. The herbal became an important genre of medical publication in England with the anonymous publication of *Banckes Herball* in 1525, named for the printer. It was a compilation of the names, usefulness, and dangers of any number of various herbs and plants found throughout the author's experience. The format of the herbal varied among authors, but the basic organization included the names of the plants, usually in Latin, the author's mother tongue and sometimes in several more. The herbal also included their parts in the mixing of medicines and distillations both helpful and harmful. In a time when only a select few were privileged enough to receive formal training in the medical arts, laypersons depended upon sources that were easily accessible. Herbals were available to anyone who was literate, but the introduction to William Turner's *New Herball* in 1551 suggested a specific target audience:

I dowt not but many both physicyons of the mean sorte, many surgiones and potecaries, and many of the common people, that will wysely and warely use herbes with the counsel of the phisycyan, shall take very great profit and commodyte (3).

Later in his prologue, Turner mentions some of the specific "common people" whom he thinks may be affected by the publication of his herbal, constructing for his readers the web of interaction in the sixteenth century medical marketplace. He asks

whether all the Phisicians of England (savyng very few) commit not the knowledge of herbes unto the potecaries or no, as the potecaries do to the olde wyves that gather herbes, and to the grossers, whylse they send all there receytes unto the potecary, not beyng present their to se, whether the potecary putteth all that shuld be in to the receyt or no? (4).

The herbals were instruction manuals not only for licensed physicians, but also for independently practicing people without formal medical education. Turner wanted the midwives, housewives, apothecaries, and grocers to read his herbal so that they would not kill people by mixing the

wrong medicines, a problem that was an obvious concern of this professional healer and probably others.

Still, the unlicensed healers (not counting apothecaries and surgeons) were part of a trusted group who often practiced medicine for free and were also pretty well educated, though popularly. While their education could not rival that of the College's physicians or licensed surgeons and apothecaries, they were familiar with the needs of the common people on a very intimate level. Folk training guaranteed that lay healers would understand simple procedures, but not intricate aspects of theory and more complicated procedures. Shakespeare was intimately familiar with traditional healing because Friar Laurence and Friar John reflect the charitable nature of ecclesiastical medicine.

### **The College's Challenge: Regulation**

What was the College of Physicians to do in the face of all this competition? It did the only thing it could do, and that was to attempt to impose regulation on every practicing medical group. On the College's philosophy, Harold Cook says,

the College preferred to enforce its authority by pursuing rival practitioners so as to frighten them from practice or to make those who were physicians take up membership or quit London: the College was primarily concerned with illicit practice. It could not force every practitioner to conform to the College, but it could make occasional examples of those who did not (90-1).

Cook suggests that since the College's Annals only document the censoring of learned "professionals," it is likely that they were more worried about these—physicians, apothecaries, surgeons, and formally educated practitioners—than the unaffiliated, uneducated group. I argue that instead, these professionals may have been easier for the College to track, since many of them were wealthy and successful and had more affluent contacts. In addition, for the College to fine and imprison someone, it needed clear testimony that the person had practiced physic *and*

that he or she had been paid for those services. Many traditional healers did not receive monetary payment for their medical help, so they could not have been prosecuted in most cases. It is clear that the College did care about the traditional healers, as it attempted to monopolize licensing. In the eyes of the College, if you were not one of their number you were competition, and they would have taken any measure to eliminate those threats.

### **Conclusion**

In his play Shakespeare provides the economic and medical contexts necessary for reading Friar Laurence as a less common practitioner of holistic medicine and the apothecary as a victim of economic competition. An understanding of the medical marketplace helps us understand how much holistic medicine the priest-physicians and apothecaries in sixteenth century London practiced. Such an understanding then helps in reading *Romeo and Juliet*, for it comments on what happens to holistic medicine when economics rules the profession.

**CHAPTER 4**  
**FRIAR LAURENCE'S PHILOSOPHY AND THE APOTHECARY'S ECONOMICS**  
**IN *ROMEO AND JULIET***

**Introduction**

It is both interesting and confusing that there are two characters who dispense medicine in *Romeo and Juliet*. According to what we know about the London medical marketplace in the 1590s, priest-physicians were so rare in the city that the apothecary would have actually been a more accurate representation of medical practice and potion making. The inclusion of both characters, although in a play set in Italy, borders on anachronism when we consider the statistics stated above and the political and cultural circumstances that had slowly edged the clergy out of the marketplace. I argue that Shakespeare purposely exaggerates these characters to comment on what he saw as the unfortunate loss of holistic concern in the medical profession, and in doing so he reveals his knowledge of a medical marketplace that was not what medical education intended it to be. Students of medicine, including apothecaries, surgeons, and others who were licensed by the Royal College of Physicians, were aware of prevailing medical theory, ancient in origin, that promoted a healing approach that was holistic in that it attended to the body and the psyche at once. In many cases physicians were encouraged by the original texts to minister to the patient's soul, taking care that moral health received as much attention as physical. In *Romeo and Juliet*, however, only one of the medical men practices this way, and he is the one who would have been truly out of place both historically and economically in sixteenth century London: Friar Laurence. The apothecary, upon whose action the end of the play depends, is a victim of the economic competition that had enveloped the medical marketplace; his haste to make a sale that is potentially deadly to Romeo reflects his reluctant commodification of medicine. The friar, then, comes to represent nostalgia for the total healing of the body and the

spirit that is endorsed in the medical schools but not necessarily always practiced in the marketplace. The apothecary's material poverty marks him as a victim of the material world of the play, and he performs the only transaction in the play by dispensing aid for Romeo's self-indulgence. The apothecary supposes no moral or theoretical connection between his poison and the fate of Romeo's soul; the liquid will simply "dispatch you straight" (5.1.79). But unlike Galen and the other medical fathers, he does not consider the immaterial soul when he sells the poison. This economically driven society that the lovers are in endorses material gain and alienates spiritual concerns, and as a result the death sleep potion scheme that would potentially breed a happy ending fails and a "glooming peace" prevails (5.3.305).

### **The Friar, the Apothecary, and Medicine in Shakespeare Scholarship**

*Romeo and Juliet* scholarship has produced surprisingly little concerning the friar, the apothecary, or medicine in this play. The most commonly discussed issue is the play's shift from comedy into tragedy, beginning with H.B. Charlton's groundbreaking essay that claimed that Shakespeare was experimenting with genres. Since "*Romeo and Juliet* as an Experimental Tragedy," the issue has been revisited several times by such scholars as Jill L. Levenson and Susan Snyder, resulting in a consensus that closely follows Charlton's original hypothesis. Another important discussion in the scholarship circles around the influence of the love sonnet sequences on the play.<sup>1</sup> Work on aspects of religion in *Romeo and Juliet* is sadly lacking; Paul N. Siegel is the only critic who specifically and thoroughly addresses the friar's belief in Christian love. Besides source studies and textual studies, there is little scholarship on Friar

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<sup>1</sup> Ralph Berry, "*Romeo and Juliet*: The Sonnet-World of Verona," *The Shakespearean Metaphor* (London: Macmillan, 1978) 37-47; A.J. Earl, "*Romeo and Juliet* and the Elizabethan Sonnets," *English* 27:128 (1978): 99-119; Jill Levenson, "The Definition of Love: Shakespeare's Phrasing in *Romeo and Juliet*," *Shakespeare Studies* 15 (1982): 21-36; Harry Levin, "Form and Formality in *Romeo and Juliet*," *Shakespeare Quarterly* 11 (1960): 3-11; and Arthur J. Marotti, "'Love is not love': Elizabethan Sonnet Sequences and the Social Order," *ELH* 49:2 (1982): 396-428.

Laurence and science. All books concerning the play in general address the friar, but only in reference to charity or Christian guidance.<sup>2</sup>

There are three major essays on the friar's role in the play, only one specifically targeting him as a priest-physician. In his short article about a nobleman's travel diary, M.G. Brennan locates in the journal a reference to an Italian apothecary's store that verifies the existence of a death-like potion similar to that used by Shakespeare. Thus, it is not concerned as much with the friar's character as the authenticity of Shakespeare's medical knowledge. The other two essays about the friar deserve a bit more attention because they address his specific function in the play. In "Shakespeare's Politically Ambitious Friar," Gerry Brenner suggests that because of Friar Laurence's hasty behavior and disrespect for established law, the priest is actually corrupt and ambitious. The author claims that when the friar speaks about goodness and ill coming from one source, he is talking about himself instead of Romeo. Further, Brenner says that the friar does not care about Romeo and Juliet's relationship, that he uses them for his own fame, and that he actually wants to harm them. Brenner states that Laurence, like the apothecary, "tampers with God's natural order and uses nature's secret powers to serve his own purposes" (53). Brenner labels them both "scientific meddlers" who have no right to tempt fate in his interpretation, one that borders on predestinarian and clearly misunderstands alchemy, a science that was closer to God than the author thinks.

In another look at the friar's role, James C. Bryant focuses on the context of religious controversy when assessing how the Elizabethan audience would have received this character. Bryant is correct on many points, for this thesis argues in part that the friar is an anachronistic

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<sup>2</sup> Robert Owen Evans, *The Osier Cage: Rhetorical Devices in Romeo and Juliet* (Lexington: U of Kentucky P, 1966); Jay L. Halio, ed., *Shakespeare's Romeo and Juliet: Texts, Contexts, and Interpretations* (Newark: U of Delaware P, 1995); John F. Andrews, ed., *Romeo and Juliet: Critical Essays* (New York: Garland, 1993); H. A. Mason, *Shakespeare's Tragedies of Love* (New York: Barnes and Noble, 1970).

character, which this author argues in religious terms. The friar is a sympathetic Catholic, a characterization that seemed to oppose the Latin humanists' comic treatment of corrupt friars in the fifteenth century. Bryant finds a disparity between the friar's behavior and the audience's expectation of his behavior according to common literary treatment of Catholic clergy. This argument is most definitely valid because of the staunch Protestantism enforced during Elizabeth's reign. Bryant's argument departs from mine, however, when he states that Shakespeare's friar is less sympathetic than Arthur Brooke's. In his estimation, Friar Laurence's desire to promote love on earth is not an excuse for his immorality; he is a liar to the lovers' advantage, a terrible confessor, and a coward who runs from trouble. While the friar does in fact commit the aforementioned indiscretions, Bryant fails to acknowledge the Christian charity underlying all of the friar's actions. This type of misinterpretation underestimates not only Shakespeare's knowledge of medicine but also his ability to reflect culture in his characters by deliberately deviating from his sources.

### **Definitions of Materialism Exemplified in *Romeo and Juliet***

My reading of Friar Laurence, that he embodies belief in holistic healing in the midst of an economically driven world, requires some clarification of terms. According to the Oxford English Dictionary, the terms "material," "materialist," "materialism," etc. did not exist in the vocabulary of sixteenth century London in an economic sense. Before its first literary use by Nathaniel Hawthorne in 1851 in terms of economics, materialism was a philosophical concept stating that nothing exists except physical matter, and that is produced by material means. This definition denies the existence of anything spiritual. This is the type of materialism rejected by Friar Laurence as well. Later, especially in the teachings of Karl Marx in mid-nineteenth century Germany, materialism became an economic concern, but even at that late date it was juxtaposed

with spiritual concerns.<sup>3</sup> I use the word “material” for lack of a precise term, to describe the emerging capitalist market in sixteenth century London. Paul Delany discusses the development of this new economy:

Shakespeare lived at a time when an uncertain balance had been struck in the transition from the feudal-aristocratic society of medieval England to the emergent bourgeoisie state. The aristocracy and the bourgeoisie were a rough match for each other in power, cohesion, and self-confidence;...the personality typical of a particular class was elevated to a norm that all mankind should recognize (in Kamps 21).

Renaissance Europe redefined material worth at this time, as the hereditary feudal system began to give way to an economy dominated by the rising middle class. In his discussion of overwhelming cultural changes that followed the English Reformation, Norman Jones points out that the dissolution of the monasteries was driven as much by economics as by religious concern.

Property was the great sweetener of the Reformation, and it guaranteed the royal supremacy...The laity emerged victorious and powerful, uninterested in any church that tried to take back their power. For many “How should I live now?” became “How can I get mine?” And once they had it, they were scarcely enthusiastic about any ecclesiastical establishment that claimed authority over them. Perhaps they were not anti clerical, but they were opposed to clerics who were unwilling to practice apostolic poverty (4).

Jones’s analysis of the government’s acquisition of monastic property suggests that although it was considered a religious movement, the Reformation in England was also about economics. The friar is in fact a vivid reminder of the dissolution, for he occupies the type of property that made Henry VIII rich. *Romeo and Juliet* links the decline of holistic medicine in Renaissance culture with rising economic materialism in the medical marketplace, providing the apothecary as an example of this relationship and the friar as a measuring stick for holistic healing.

For centuries England had been ruled by property inheritance as a primary source of income, but during the Renaissance the development of economic competition provided the new middle class with a means for gaining economic power. The old ways, too, fit with this new

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<sup>3</sup> OED.

opportunism; in *Romeo and Juliet*, the older generation negotiates wives and husbands for their children.

Dympna Callaghan discusses this development in terms of marriage in her book on Shakespeare and feminist politics.

*Romeo and Juliet* was written at the historical moment when the ideologies and institutions of desire—romantic love and the family, which are now for us completely naturalized—were being negotiated. Indeed, the play consolidates a certain formation of desiring subjectivity attendant upon Protestant and especially Puritan ideologies of marriage and the family required by, or at least very conducive to the emergent economic formation of, capitalism (59).

She briefly alludes to a world in which capitalist impulses and romantic subjectivity enjoy simultaneous development, and this implies a close relationship between the two. Callaghan suggests that *Romeo and Juliet* reflects a moment in English history when the new economic system encountered barter marriage, and as the material culture developed, a marriage system that already depended on trade for profit fit the changes. Love was a commodity as much as goods or services, and parents fully expected to make money on their trade. Callaghan suggests that Romeo and Juliet attempt a relationship that exceeds traditional boundaries. The clash between the elders' and the lovers' ideals creates tension that is primarily economic.

Early on Shakespeare introduces a society that prefigures capitalism, one that is heavily influenced by material exchange. This is continually developed throughout the play. The Veronese negotiate for profit, even when the item in question is love. When speaking of marriage, the Capulets are given language full of economic terminology. Capulet's instructions to Paris are that

Among fresh fennel buds shall you this night  
Inherit at my house. Hear all, all see,  
And like her most whose merit most shall be;  
Which one more view, of many, mine being one,  
May stand in number, though in reck'ning none (1.2.29-33).

The County Paris will be able to confront his prospects at the party and “count” the wealth of each one, including the young Juliet. Lady Capulet also refers to the relationship between Paris and her daughter as a negotiation when she explains to Juliet how she may elevate herself by marrying him.

That book in many's eyes doth share the glory  
That in gold clasps locks in the golden story.  
So you shall share all that he doth possess,  
By having him, making yourself no less (1.3.93-6).

Lady Capulet tells Juliet that she can increase her own worth by adding it to Paris's, but this is not the same kind of worth that Juliet discusses in her marriage scene. The adults and their loyal family members and servants do not see love in the same way that the friar does. The friar, in many ways the voice of religion and philosophy in *Romeo and Juliet*, is a humble servant to divine love.

### **Shakespeare's Use of His Primary Source**

Part of the reason why I believe scholars read the friar incorrectly is that they misread Shakespeare's manipulation of the primary source for *Romeo and Juliet*. While some critics maintain that Shakespeare may have actually read some of his source material in the original Italian,<sup>4</sup> no one disputes that his main source was Arthur Brooke's 1562 English translation, *The Tragicall Historye of Romeus and Juliet*. In this verse adaptation, the friar enters the action at the same time that he does in the play, but his entrance is accompanied by a lengthy introduction that is impossible on the stage. The result is a much clearer picture of the friar than Shakespeare offers in the play.

This barefoot friar girt with cord his grayish weed,  
For he of Francis' order was, a friar as I rede.  
Not as the most was he, a gross, unlearned fool,

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<sup>4</sup> Eric Haywood and Cormac O'Cuilleanaian claim that Shakespeare may have had access to Luigi da Porto's version.

But doctor of divinity proceeded he in school.  
The secrets eke he knew in Nature's works that lurk,  
By magic's art most men suppos'd that he could wonders work (12).<sup>5</sup>

Brooke contrasts the friar's doctorate with a more rustic knowledge of natural remedies in the next two lines, setting up two sides of the monastic life. Shakespeare leaves the former detail out of the play, and his Friar Laurence is closer to the traditional country friar with ancient knowledge of natural healing. Later in the poem, when the friar explains the sleeping potion to Juliet, the friar reveals even more about his experience with herbs and healing.

Thou art not ignorant—because of such renown  
As everywhere is spread of me, but chiefly in this town—  
That in my youthful days abroad I travelled  
Through every land found out by men, by men inhabited...  
But not in vain, my child, hath all my wand'ring been,  
Beside the great contentedness my spirit abideth in,  
That by the pleasant thought of passed things doth grow,  
One private fruit more have I pluck'd which thou shalt shortly know:  
What force the stones, the plants, and metals have to work,  
And divers other things that in the bowels of earth do lurk,  
With care I have sought out, with pain I did them prove,  
With them eke can I help myself, at times of my behove,  
(Although the science be against the laws of men) (29-30).

We learn in detail about the friar's active study of herbal medicine in a passage whose language is reminiscent of the herbals. The poem makes the friar into a living herbal who teaches himself all he needs to know. In addition to information about his natural studies, the passage reveals that the friar is known throughout the country for his skill, and that such skill was looked upon as magic.<sup>6</sup> Although Friar Laurence's methods are distinctly Paracelsian and Galenic, Shakespeare offers no explanation of the friar's education or his former life in the play. Instead, Friar Laurence is a humble man who sees the larger divinity in the small plants he transforms.

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<sup>5</sup> This edition does not contain line numbers.

<sup>6</sup> This idea that medicine and magic are related is reminiscent of Paracelsus' holy magic, his alchemy.

To increase dramatic appeal, Shakespeare had to give his friar thematic insight in exchange for personal history. It is not important where Friar Laurence has learned his craft, but how he frames his knowledge within the context of the play. To a certain extent, the friar understands that money is the most important thing in Verona, and he tries to accommodate the older generation and the younger at the same time. However, Friar Laurence's success in Verona is limited by his inability to comply fully with Verona's economic demands.

### **Friar Laurence, Verona's Resident Philosopher**

As a part of Veronese society, Friar Laurence is not totally removed from the impulses that control it. In line with his society's competitive nature, he readily overrides the lovers' parents' decisions and makes himself Romeo's and Juliet's primary confidant. However, his intentions toward the lovers are always charitable. When considering his course of action, Friar Laurence wisely advises the lovers to beware the sin of overindulgence. While marrying them, he warns them: "love moderately: long love doth so; / Too swift arrives as tardy as too slow" (2.5.9-15). When Juliet enters the marriage scene, Laurence's language takes on the imagery of exchange. When he says, "Romeo shall thank thee...for us both," he alludes to sexual gratification in return for the friar's clandestine services (22). This is an allusion to monetary exchange in marriage, overlaid with the carnal image.<sup>7</sup> Understanding the rules of exchange, in a later warning to Romeo after Tybalt's death, the friar clearly expresses his disappointment at Romeo's shameful attempt to kill himself.

Fie, fie, thou shamest thy shape, thy love, thy wit,  
Which like a usurer aboundst in all  
And usest none in that true use indeed  
Which should bedeck thy shape, thy love, thy wit (3.3.121-4).

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<sup>7</sup> Specifically, exchange of dowry and jointure.

Here Friar Laurence uses economic language to express his disgust for Romeo's concern for the physical. As a Catholic priest, he speaks against the prohibited practice of usury. But as a spiritual counselor, Friar Laurence wishes that Romeo pay attention to his body, his love affair, and his working mind in a more abstract way, and the words "true use" allude to Laurence's wish that Romeo use things in the way that God intends. Friar Laurence understands that Romeo thinks in terms of the physical primarily, but he certainly does not approve.

The explanation of his work that introduces him to the action in 2.2 serves to simultaneously place him within and alienate him from the material world of Verona. Friar Laurence is the only true philosopher in the play. Immediately upon his entrance, Friar Laurence displays his philosophy that equally considers the spiritual and the physical worlds. His speech, partly meant for running commentary on the play's themes of love and death, also introduces the audience to his interest in divine love. The human being is the microcosm that reflects God's love, and the Paracelsian microcosm that Friar Laurence is intent on maintaining is Romeo. Here and in many other places Friar Laurence demonstrates his understanding of the theories previously discussed. He lives by the Galenic doctrine of signs, wanting visible actions to indicate inner morality. At the same time, he also reflects the neo-Platonic harmony that infused Paracelsus's alchemy, asking that Romeo always look to the divine that is within his own breast. This friar is not a university educated social climber as he is in Brooke; he is interested only in the welfare of Romeo and Juliet's souls, in raising their love beyond the material culture it is trapped in, and keeping the peace in Verona. For while Brooke's friar states that his double goal is to succeed "Both to my praise and to thy tender parents' joy," we immediately see that Shakespeare's friar is worried about things on a more spiritual level.

Thus, when he enters the play, Friar Laurence speaks beyond the level of simple medical commentary. He asserts that it is his duty to understand the helpful and harmful uses of his herbs, a duty that assists him in understanding both the physical body and the spiritual state of man.

Now ere the sun advance his burning eye,  
The day to cheer and night's dank dew to dry,  
I must upfill this osier cage of ours  
With baleful weeds and precious-juiced flowers.  
The earth that's nature's mother is her tomb;  
What is her burying grave, that is her womb;  
And from her womb children of divers kind  
We sucking on her natural bosom find;  
Many for many virtues excellent,  
None but for some, and yet all different.  
O mickle is the powerful grace that lies  
In plants, herbs, stones, and their true qualities;  
For naught so vile that on the earth doth live,  
But to the earth some special good doth give;  
Nor aught so good but, strained from that fair use,  
Revolts from true birth, stumbling on abuse.  
Virtue itself turns vice, being misapplied,  
And vice sometime by action dignified (5-22).

With words like “grace,” “true qualities,” “virtue,” and “vice,” the friar makes a clear distinction between heavenly and earthly states of being. This speech is certainly Paracelsian in its vision of the spiritual in all material things; the friar combines the dualistic Paracelsian view with the Galenic method of administering herbal remedies. This passage, however, introduces the motif of double use that Shakespeare uses to comment on the medical profession. It is no coincidence that mankind has been given a choice in the use of his herbs. Things that live on earth have dual purposes: they may be “vile,” but they may also be used for good. This is the mark of God. But Shakespeare takes the metaphor further here, expanding the sentiment that he later uses in *All's Well That Ends Well*: “The web of our life is of a mingled yarn, good and ill together” (4.3.70-71). In *Romeo and Juliet*, medical practitioners must choose which substances to use and how to

apply those uses. The friar chooses to concern himself with the health of the body and mind, so he chooses to use only those herbs which are not harmful. The apothecary, on the other hand, does not worry about Romeo's spiritual or physical health, and so he chooses to use his herbs for the sale of all substances, including poisons. When Friar Laurence says that "naught so vile on the earth doth live, / But to the earth some special good doth give," he emphasizes the good uses that he chooses for his medicine.

Shakespeare introduces his theory of dual use, which presupposes the medical practitioners' intentions, in a famous speech. As Romeo enters the friar's cell, giving the audience an immediate referent for the metaphor in the previous passage,<sup>8</sup> the priest expresses his apprehension about the danger he sees as imminent:

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, stays all senses with the heart.  
Two such opposed kings encamp them still  
In man as well as herbs, grace and rude will;  
And where the worser is predominant,  
Full soon the canker death eats up that plant (2.2.23-30).

The friar is obviously referring to the war that is going on inside Romeo that will eventually lead to his destruction, but there is a more philosophical undertone here.<sup>9</sup> These words introduce a certain dualism that the friar advocates, one that specifically understands both the physical and the spiritual aspects resident within all living things. His formulation is not explicitly neo-Platonist, but this ancient philosophy is definitely a basis for his dualistic theories. Using his plants as a point of reference, Friar Laurence offers an explanation of man's dual nature that proves that he understands what his medicine is for. He sees it as a personal duty to maintain

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<sup>8</sup> Some critics suggest that the friar is speaking metaphorically about himself in this speech, and some suggest that he merely talks about Romeo, who is entering. I maintain that he is speaking about the tendencies of all people.

<sup>9</sup> Although Friar Laurence does not yet know about Romeo's troubles, Shakespeare provides here a philosophical view of the world that will help in the friar's future counseling of Romeo.

physical health, with the use of herbs, and spiritual health, which may be deteriorated by the “two such opposed kings” he speaks of (27). Throughout the play the friar mines the good in all material things, seeing God’s reflection on earth but realizing the detrimental effects of material goods. By speaking of both body and mind, he demonstrates an understanding of the close relationship between the material and the ethereal that separates him from the apothecary.

Romeo understands that the friar is concerned for his spiritual well being, commenting on the help that he trusts Friar Laurence will provide and offering an outside view of the role of the medical practitioner in Elizabethan England:

I have been feasting with mine enemy,  
Where on a sudden one hath wounded me  
That’s by me wounded. Both our remedies  
Within thy help and holy physic lies (2.2.49-52).

Romeo points out the double-sided character of Friar Laurence’s aid. He will try, unsuccessfully, to preserve the lovers’ physical health and spiritual well being. The phrase “holy physic” has a similar double meaning here. First, the word holy can be read as a modifier of Friar Laurence, meaning that he is a holy man who administers medicine to the sick. Second, the word can also modify the physic itself, meaning that it will be healing for things that are part of the spiritual realm. The friar demonstrates a holistic view of healing that is very distant from the physician in *Macbeth* and from later physicians like William Clowes. It is just this idea of holy physic that does not fit in Verona’s material culture.

In the sources Friar Laurence is principally concerned about one thing: his reputation. This concern manifests itself in a few key passages in *Romeo and Juliet*. Greg Bentley notes that economic imagery is at its height in the wedding scene, when Romeo and Juliet enter the contract that Verona values above all else. However, although they have chosen the bonds of

contractual marriage, they immediately realize that the true wealth lies in their love for each other.

*Romeo.* Ah Juliet, if the measure of thy joy  
Be heaped like mine, and that thy skill be more  
To blazon it, then sweeten with thy breath  
This neighbour air, and let rich music tongue  
Unfold the imagined happiness that both  
Receive in either by this dear encounter.  
*Juliet.* Conceit, more rich in matter than in words,  
Braggs of his substance, not of ornament.  
They are but beggars that can count their worth;  
But my true love is grown to such excess,  
I cannot sum up sum of half my wealth (2.5.24-34).

Surrounded by materialism, the lovers' language is full of its metaphors. They are entrenched in the play's economic imagery, and like Friar Laurence, they understand that marriage is an accumulation of wealth, most often devoid of true love as Juliet's marriage to Paris surely would have been. Although they know that marriage is an economic arrangement in Verona, their desire is to move beyond monetary concerns. Romeo wants her love only, for as he says in the balcony scene, he desires merely "Th'exchange of thy love's faithful vow for mine" (2.1.170). They want to create a love counted by emotion and not monetary value, although their language is affected by their society's economic competition. Friar Laurence, intent upon preserving their spiritual and physical purity, will not rest until "holy church incorporate two in one" because he is constantly trying to prevent their love from harming their spiritual health (2.5.37). Because he is truly concerned for their spiritual states, Friar Laurence attempts to direct their relationship towards a positive end.

The friar's plan demonstrates his spiritual and physical concern for the lovers, and this is most evident in his effort to prevent Romeo from having premarital sex. The first time Romeo comes to him with his problem, Laurence is shocked that the boy may have stayed the night with

Rosaline. “God pardon sin!” he exclaims, and goes on to chide Romeo for loving in excess (44). In addition, he is concerned for everyone who participates in the feud, for he is most hopeful that “this alliance may so happy prove, / To turn your households’ rancour to pure love” (2.2.91-2). Friar Laurence then cautions the excited lovers that “they stumble that run fast,” trying to prevent the drive of Romeo’s tragic urgency at the start (94). As he later prepares to marry the teenagers in secret, the friar warns Romeo further that

These violent delights have violent ends,  
And in their triumph die like fire and powder,  
Which as they kiss consume. The sweetest honey  
Is loathsome in his own deliciousness,  
And in the taste confounds the appetite.

There is no question that the friar cares very much for them. He is keenly aware of the dangers of indulgence, delivering warnings at every turn. But here again Shakespeare recalls the two possible uses of all things, commenting that even romantic love can have negative effects. The tragedy is that as an idealistic clergyman who wants to recognize the spiritual goodness in all things, the friar looks too much for goodness in the face of this particular feud. He underestimates Tybalt’s intense hatred and Mercutio’s tendency to pick fights, as well as the overwhelming territoriality and ownership that pervade the action of the play. His Christian idealism, the belief that love will unite all parties, makes the friar the weakest agent in this tragedy. In Verona, breaches can only be healed with some sort of exchange, resulting in profit on both sides of the deal. His failure to exercise charity successfully in this culture suggests Shakespeare’s larger critique of the medical practitioners in his time. The medical profession was in this estimation governed by exchange for profit, and rewards and redemption can only be achieved by the same means. However, as the play proves, monetary rewards do not necessarily reflect the most helpful service. The friar’s help is more indicative of the holistic background

from which his theory comes. Although he understands the good and bad consequences of every action, the friar still believes in the possibility that good can come from all situations.

Even after calamity has claimed two lives, Friar Laurence continues to see the goodness in ill events. In the speech that reveals the most about his character, he lists the things that Romeo takes for granted and reveals what he wants the most for the two adolescents.

Thy Juliet is alive,  
For whose dear sake thou wast but lately dead:  
There art thou happy. Tybalt would kill thee,  
But thou slewest Tybalt: there art thou happy.  
The law that threatened death becomes thy friend,  
And turns it to exile: there art thou happy (3.3.134-9).

Mercutio's death, Tybalt's death, and Romeo's exile are certainly bad things by any standard, but the friar insists on seeing hope in every situation. The most important things to the friar are the existence of love and living to enjoy the "pack[s] of blessings" that life sometimes offers (140). Laurence chides Romeo for his fragmented and narcissistic perspective:

Why raillest thou on thy birth, the heaven, and earth,  
Since birth and heaven and earth, all three do meet  
In thee at once, which thou at once wouldst lose? (118-20).

Friar Laurence sees in Romeo and Juliet not their material worth, but their souls and bodies united in a divine plan. He is a medieval priest-physician, attendant upon both sides of the human condition. Shakespeare contrasts the friar's hopefulness with the harsher material world of Verona, placing him and the apothecary on two opposite sides. The rest of the society is comfortable with material negotiations, in both senses; they readily exchange money and indulge their physical needs. But the friar cannot succeed in Verona, just as the priest-physician increasingly could not survive the medical marketplace. As a result, when the friar fails, the apothecary steps in with a quick remedy.

## **The Apothecary, Verona's Businessman**

While the play offers the friar as a nostalgic look at holistic medicine, it offers the apothecary as an example of how economics had changed the medical profession. Romeo's exchange with the apothecary reveals the apothecary's place in the material culture. Because the apothecary is at the mercy of his poverty, he does not exercise his will when he contributes to the plot of *Romeo and Juliet*. He does not actually say or do anything of importance besides sell the poison, but Romeo's description of his condition says volumes about what he represents in the play. This exchange between the two men summarizes what the medical profession was becoming in Shakespeare's London, and it is a definite contradiction to everything that the friar is. Although not entirely capitalist by any means, the profession was heavily influenced by market politics such as supply and demand and concern for profit margins. Shakespeare's apothecary appreciates monetary gain, but he is an exaggeration of the apothecaries in London in the 1590s. Apothecaries were not poor, as chapter three has shown, and neither were they ignorant; this apothecary is impoverished and offers no indication that he understands his distillations. This is not ignorance of medical practitioners on Shakespeare's part, but an exaggeration of the apothecary's participation in economic competition. Compared to the well-versed priest-physician, this apothecary is reticent and void of advice. His poverty seems an indication of the vicious competition alive in the marketplace, and his only function in the play is to make a sale.

Although he is poor, the apothecary understands and grudgingly accepts the play's material culture. In the play, this materialism comes in part directly from the sources, for in Brooke's version, Romeus "with the sight of glitt'ring gold inflamed hath his heart" (37). Brooke gives his apothecary greediness that Shakespeare does not highlight in his character. But

the description of the apothecary's shop develops beautifully in Shakespeare's language from a sparse treatment in Brooke. While in Brooke the apothecary had "boxes" and "wares" (37), through Romeo Shakespeare gives a wonderful description of the shops he may have seen in London on a daily basis, even remarking on the showcased stuffed alligator and fish indicating the practitioner's skill with using animals for medicinal purposes.

And in his needy shop a tortoise hung,  
An alligator stuffed, and other skins  
Of ill-shaped fishes; and about his shelves  
A beggarly account of empty boxes,  
Green earthen pots, bladders, and musty seeds,  
Remnants of packthread, and old cakes of roses<sup>10</sup>  
Were thinly scattered to make up a show (5.1.42-8).

Although this apothecary's wares are old and tattered, the objects were common to any apothecary's shop in Renaissance England. This is a sharp contrast to the friar's garden that Shakespeare presents in act two. While the friar has botanical supplies to aid in his medical work, including a basket of willows, "baleful weeds," and "precious-juiced flowers," the apothecary's shop contains objects only for show or for superficial use. The apothecary sells perfumes, drinking bowls, and bladders while the friar reverentially stews herbs that give "medicine power" (2.2.24). Even attitudes toward the shops are different. Romeo remarks on the apothecary's shop's obvious neglect, as it is full of dusty boxes and very few actual items are set up to try to attract customers. In contrast, the friar does not care about showing his wares; his every word remarks on how he is taking part in the processes of nature, and this participation is the most important thing to him. Shakespeare's presentation of the friar's cell and garden characterizes a philosopher and healer, and the apothecary's shop an unsuccessful salesman.

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<sup>10</sup> Rose petals prepared to make perfumes.

Although research supports the fact that apothecaries were not poor or unsuccessful, economic competition would have ensured that some of them would have thrived while others failed.

Shakespeare did take Romeo's bribery of the apothecary from the sources. However, he heightened the apothecary's materialism through Romeo's commentary. While Romeo does not reveal any prior knowledge of apothecaries and wanders aimlessly until he finds an apothecary to suit his purposes, Romeo is well aware of this particular apothecary and seeks him out because Romeo knows he will sell his soul for gold. Romeo knows that the friar, who has already told him that he can distill poisons from plants, will not give him the means to end his life, and so he must go where he knows he can get it.

Noting this penury, to myself I said,  
'An if a man did need a poison now,  
Whose sale is present death in Mantua,  
Here lives a caitiff wretch would sell it him.'  
O, this same thought did but forerun my needs,  
And this same needy man must sell it me (5.1.49-54).

Romeo proceeds to bribe the apothecary, trusting that the apothecary's poverty will give him leverage in the negotiation. Because economic gain is at the heart of this society, Romeo's proposition is an overwhelming success, and the apothecary must admit, "My poverty, but not my will, consents" (75). The apothecary shows his status as a victim here, admitting that he is at the mercy of forces beyond his control. During the transaction, Romeo utters the most important words in the play about the theme of economic materialism. He tells the apothecary,

There is thy gold, worse poison to men's souls,  
Doing more murder in this loathsome world,  
Than these poor compounds that thou mayst not sell.  
I sell thee poison; thou hast sold me none (80-84).

These four lines offer the most direct critique of the commodification that goes on throughout the play. It is not the poison but the desire for gold that kills, causing apothecaries and such others

to sell illegal or dangerous substances against their better judgment. This is the censure that surgeons, apothecaries, and other so-called quacks received from the College physicians. The desire for profit had made medical practitioners sell medicines and tonics that were either ineffectual or dangerous. But this type of trade succeeds in Shakespeare's Italian setting, where the only thing the older generation can understand is the exchange of goods and money. The friar's plan has failed, the apothecary has lent his hand to the conclusion, and the remaining adults must grieve on their own terms.

The lovers end their lives, and Friar Laurence has no power to stop them. His hopes are unrealized on earth, all parts of his plan fail and he is left to tell the story at the end. And he admits his part in the tragedy, saying that he is "the greatest, able to do least" in this horrible situation (5.3.223). In a last ditch effort to clear their names from certain dishonor, the friar tells their story in the hopes that he can fulfill one of his original aims. At last it seems that he is successful, for Capulet finally exclaims, "O brother Montague, give me thy hand. / This is my daughter's jointure, for no more / Can I demand" (296-8). The families are reconciling, but they are still ruled by money. Capulet considers his friendship a "jointure," which is the inheritance due to the wife at her husband's death in return for her dowry. Montague also demonstrates directly thereafter that his focus is still not clearly elevated beyond the earthly realm.

But I can give thee more;  
For I will ray her statue in pure gold,  
That whiles Verona by that name is known,  
There shall no figure at such rate be set  
As that of true and faithful Juliet (299-303).

This is a complicated and not altogether positive change, for Montague still understands things in economic terms; he correlates gold with goodness, a classic alchemical allusion. However, in his last line Montague shows a more spiritual understanding of love that he did not have before the

tragic events of act five. He is reminiscent here of Friar Laurence, stressing more abstract characteristics that can bring happiness from marriage: honesty and fidelity. Through their last-minute reconciliation, the two older men demonstrate a slight lesson learned from their children. Still, the end of this play is not comfortable, mainly because we are not sure how much those left behind have learned.

## **Conclusion**

By the end of the play we have seen poison and medicine in several things: flowers and herbs, romantic love, and the medical profession. What separates the friar and the apothecary, then, are their healing approaches dictated by their respective economic situations. The friar, a traditional ecclesiastical healer who is not worried about economic survival, concerns himself with the holistic treatment of all things. The apothecary, at the mercy of the economic competition rising in the medical profession, sells even poison for profit. This is Shakespeare's vision of the unfortunate effect that economic competition had on the medical profession in sixteenth century London.

The conclusion of the play suggests how things can turn out when economics rules social interactions. The friar's plan fails, the apothecary unwittingly has the most influence, and the fathers make the best peace they can by erecting statues of gold. It is clear at the end of the play that Verona is still and will always be ruled by materialism. But with the appearance of the friar, a figure from an earlier time in England's past, and the contemporary apothecary, the audience is forced to compare the two figures and note their remarkable differences. In this sympathetic character is a yearning for charity in a profession that had been corrupted by economic competition. The play uses the priest's fading holistic medicine to show how economic materialism has made the apothecary a less charitable medical practitioner.

## CHAPTER 5 CONCLUSION

This study has attempted to consider two things in the past, the medical culture of sixteenth century London and Shakespeare's play, with equal attention. For the conditions of the medical marketplace certainly affected the writing of *Romeo and Juliet*, and the play looks at the marketplace historically and aesthetically, using history to illuminate art. Shakespeare did know the ins and outs of the medical profession in his time, and this play is only one example of that knowledge. After analyzing Shakespeare's references to medicine and his characterization of the friar and the apothecary in *Romeo and Juliet*, I hope to use this work to further an exploration of medical culture in other plays. In this work I have alluded to other works in which medicine is thematically important, such as *All's Well That Ends Well*, *Macbeth*, and *Hamlet*. There are other plays that have not been a part of this study, for example *The Tempest*, *Measure for Measure*, and the second Henriad, that are just as important to further study of Shakespeare's medical knowledge. Those plays and more will be addressed at a later time, for the field of Shakespeare studies is in need of a more contemporary look at Shakespeare's medical knowledge.

*Romeo and Juliet* is the only play that looks so closely at the specific roles of healers that Shakespeare and other Londoners knew, and deciphering what those practitioners knew helps us see what Shakespeare knew as well. Further, we may even begin to postulate what he thought about the state of medical affairs in his time, and certainly how this culture affected his art. This play also shows the playwright's keen awareness of the economic conditions of his time, specifically the methods of exchange that were making medicine a true business venture. The economic aspects of medicine in *Romeo and Juliet* coupled with a nostalgic portrait of a priest-

physician reveal a strong link between the decline of the old medical world and the rise of economic materialism in the sixteenth century.

This play, although it offers a remarkable look at changing patterns in the sixteenth century medical profession, does not define Shakespeare's views explicitly. It simply offers two medical figures who are substantially removed from one another and asks the audience to tell the difference. Economic language, philosophical musings, and undertones of spirituality provide a matrix within which to place these characters. The conclusion, then, is simple, and makes suppositions about human nature that are not altogether positive. *Romeo and Juliet* places the decline of holistic concern in medicine alongside increasing desire for profit, and it points to the relationship between the two.

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