Medicines for London: The Trade, Regulation and Lifecycle of London Apothecaries, c.1610-c.1670

Patrick Wallis

Lincoln College,
University of Oxford

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LONG ABSTRACT

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Apothecaries formed a crucial part of early modern London's resources against the disorders and diseases that assailed its population, supplying medicines and a range of other goods and services - some medical, others not - to medical practitioners and patients alike. The members of the Society of Apothecaries were the most numerous group of authorised medical practitioners in the city. Despite their importance, this essential element in London's service economy has largely been neglected by historians. Indeed, apothecaries in the seventeenth century have been of interest to many historians only because of what they are thought to have become: most importantly, the 'general practitioner' of the eighteenth century.

This thesis is a study of the regulation, lifecycle and work of apothecaries from the start of the seventeenth century to around 1670. Its primary focus is the group most often known by their contemporaries in London as apothecaries: the apprentices, freemen and officers of the Society of Apothecaries. Where possible it also includes those apothecaries who were not members of the Society, and those who worked in the branches of medicine most closely linked in function with apothecaries,

such as druggists, distillers, and other manufacturers and retailers of medicinal substances. The research is based on the records of the Society of Apothecaries, the archives of the College of Physicians, the Barber-Surgeons' Company and various law courts. In addition, inventories and some rarer personal and business papers related to the work of apothecaries have been used to balance the legal and institutional perspectives of much of the other source material. The start date of the study in the first decade of the seventeenth century allows us to begin as the Society itself begins. While drawing to a close around 1670 allows coverage to extend into the Restoration, and so to address directly questions about the novelty of the consumption and commerce which are often seen as emergent in those years.

Regulation

The main body of the thesis begins in Chapters Two and Three with a fresh analysis of the events that shaped and influenced apothecaries' guild, the Society of Apothecaries, during the seventeenth century. Particular emphasis is given to the various efforts of the College of Physicians and others to govern pharmacy and its practitioners. This period was the high point of the College's campaign to control apothecaries in London. The conflicts that shaped how the government of the medical occupations in the city developed over the seventeenth century turned on the efforts of the physicians to implement an occupational and regulatory hierarchy that would shore up their own fairly weak position in the city. Although there are a number of existing discussions of these events, the importance of corporatism – the idea of a highly structured guild-based economy – in shaping the formation and fortunes of the company has, I argue, been neglected. These chapters together explore the development of systems of medical regulation in London, and the way they were

shaped by political impulses from Court, City and College. This study of the political institutions that governed the majority of London's apothecaries provides an essential context for the rest of the thesis.

Chapter Two analyses how the Society of Apothecaries came to be established in 1617. The formation of an independent company of apothecaries was, to some extent, part of a longer process through which the government of medical occupations in London was formalised and separated from other types of work. Royal concerns about the threat of plague and poison powered the separation despite powerful opposition, especially from the Grocers' Company. However, the more immediate motive for the separatist apothecaries and their patrons among the royal physicians appears to have been the acquisition of a monopoly of the manufacture and sale of medicines. The history of the Society illustrates the complex interactions of City, Crown, Parliament and private interest that underlay corporate change and economic projects. What this case makes unusually apparent is the fluid nature of the alliances that corporate innovations drew upon, and the importance of personal patronage and alliances.

The Society's fortunes over the next five decades as it resisted the repeated efforts of the College of Physicians to gain more effective authority over apothecaries are the focus of Chapter Three. The monopolistic dream that drove the apothecaries to split from the Grocers was short-lived. Equally, although the apothecaries who pushed for separation had held out the prospect of reform to the physicians, after 1617 the Society of Apothecaries sought to do little that was new in the corporate world of London. Despite its origins, it soon came to function as a relatively conventional London company. Hence, it was the College, not the Society, that drove the disputes

between the two institutions. In particular, the chapter looks at the two main phases of conflict between the two institutions: the *quo warranto* suit which questioned the very validity of the Society in the 1630s; and the efforts of the reforming physicians and natural philosophers in the 1660s and 1670s to redefine their role so that it excluded apothecaries. The chapter aims to reconstruct the perspective of the Society as a central – and often neglected – element in these events. More generally, it uncovers much about the way in which London craft disputes were shaped and bounded by the idea of corporatism. The history of medical government in London owed much to questions of freedoms, privileges and liberty which were constantly in play during this period

The structures of regulation and government defined through the political and institutional developments discussed in chapters two and three were important to the everyday experiences of apothecaries. One major aspect of this, the way the Society functioned to police pharmacy is explored in Chapter Four. This chapter looks at the details of policing, patterns of offending, how punishment operated, and the techniques through which apothecaries and physicians tested medicines in order to discern their goodness – processes for judging quality which played a part in the ongoing disputes with the College. It demonstrates the breadth of coverage of policing – showing that both the top and bottom of the Society's membership were disciplined – and its reintegrative orientation. Company regulation was a local and personal process that was shot through with discretion. It was also reliant on systems of assessment that strengthened its tendency to conciliation. The operation of the company as a regulatory force underlines the proximity of medicine to other crafts and trades, while deepening a more particular understanding of the relationship between company, College, and the everyday practices of apothecaries. In addition,

addressing regulation provides insight into the management of expertise and judgement in artisan and learned culture.

Lifecycle

Chapter Five examines the individual and collective identity of apothecaries themselves by examining their lifecycle, backgrounds, and corporate careers. It has a particular focus on apprentices and apprentice-taking. Surveying the backgrounds of apothecaries' apprentices gives an excellent insight into the place of the trade. In many ways, it shows them to have been at the heart of the successful urban middling sort. Their family backgrounds were similar to – or perhaps more elevated than – those of entrants to the great companies. The craft was a relatively prestigious and profitable outlet for sons from the gentry and middling sort who were apothecaries' customers. Their apprentices' backgrounds are reflected in the way apprenticeships were served. Apprentices frequently took on more independent roles than their official position would suggest, serving several masters – or sometimes none – in search of profit and skills. Although their fortunes were mixed, it is hard not to see this group as young craftsmen in possession of far greater autonomy and bargaining power, albeit still not equality, with their masters than we might expect from the official terms of their service. The chapter continues by exploring the way in which apothecaries were trained and how they themselves used apprentices after becoming freemen. By examining apprenticeship from the perspective of apprentices, householder apothecaries, and Society Assistants and officers in turn, we approach the company lifecycle at the point where it most closely interacts with personal and business lifecycles. As the chapter shows, business demands tugged at company norms, yet did not pull them loose from their anchorage in contemporary thinking on the necessity of

guilds. As is apparent in the different patterns of apprentice-taking across the company hierarchy, the Society gave incentives – most obviously the right to take additional apprentices – to motivate those who succeeded in business to move closer to the company, not further away.

Trade

The medical economy, even the means through which medicines were manufactured, distributed and sold, has received little attention from historians. In Chapters Six, Seven and Eight, several aspects of the trade of apothecaries and its role in the wider economy of medicine in early modern London are explored.

Chapter Six examines the complex ways in which medicines were sourced, manufactured and supplied. It has generally been assumed that the production of drugs became a specialised operation only at the start of the eighteenth century. In contrast, this chapter argues that drug importation, wholesaling by druggists and apothecaries, mass production, extensive distribution, and partnerships were widespread throughout the seventeenth century, and possibly before. While most apothecaries kept shops, they were far from being isolated centres of skilled household manufacture. Moreover, apothecaries did not hold a monopoly over pharmacy, either narrowly or broadly conceived, and their competitors, such as surgeons, distillers, and proprietary medicine sellers are considered here. Case-studies of a druggists' partnership and Anthony Daffy's Elixir business are important elements of this chapter. It is difficult to quantify this sector. But the figures available suggest that apothecaries could, at the least, compare themselves without embarrassment to many of the city's smaller merchants.

Apothecaries working patterns are addressed in detail in Chapter Seven. It looks at both the more traditional operations they engaged in, such as filling prescriptions for others, and at the nature of the other kinds of 'multiplex practice' they pursued. The chapter begins with a reassessment of the medical marketplace model which has in recent years become so significant to the history of medicine. It then discusses the interactions of apothecaries with different medical practitioners, highlighting their roles as associates and partners as well as competitors. Finally, the chapter turns to the issue of medical practice by apothecaries. Running through the chapter is the argument that most medical practitioners seem to have thrived through ties of mutual assistance, association, partnership and clientage, rather than strife and opposition. Such strategies were, I argue, the key to success in the medical marketplace, allowing practitioners to survive the uncertainty of demand and the tenuous nature of reputation.

From relations between practitioners, Chapter Eight turns to dealings between apothecaries and their customers. The first part of the chapter looks at what kinds of people actually bought and used medicines from apothecaries. The second part of the chapter is analyses of the material culture of the apothecary's shop, including their location, layout, and the shop wares, such as drug jars, in which medicines were stored and displayed. The overarching aim of the chapter is to examine contemporary attitudes to medicines and their consumption. The difficulties of selling medicines and providing assurances of their worth are, I argue, intimately linked with the shop and its design. The risks of medicines, their easy falsification, and their importance to survival in the pathogenic climate of the city was a problem for producers and retailers, those who advised their consumption and those who consumed them.

Through the thesis, I seek to argue for the fuller integration of histories of medicine with histories of work, business and artisan culture for this period, rather than the debates about the roots and rise of the medical profession in which they are commonly set. The nature and development both of the occupations within medicine, and the manner in which medicine was practised, can only be fully understood if set within a more general history of work in the early modern period that takes into account both formal and informal structures, from guilds to shop display to credit. Such an integration can be of great benefit for historians' understanding of work and the economy, particularly in the relatively neglected service sector.

ABSTRACT

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Apothecaries formed a crucial part of early modern London's resources against the disorders and diseases that assailed its population, supplying medicines and a range of other goods and services – some medical, some not – to medical practitioners and patients alike. Despite their importance, this essential element in London's service economy has largely been neglected by historians.

This thesis is a study of the regulation, lifecycle and work of apothecaries from the beginning of the seventeenth century to around 1670. It demonstrates the importance of the personal, political and commercial histories of seventeenth-century apothecaries to an understanding of medicine and work in early modern London.

The thesis begins with a consideration of the politics and policing of medicine in seventeenth century London. The apothecaries' guild, the Society of Apothecaries,

was established in 1617. The process by which apothecaries came to be separated from the Grocers' Company is analysed in Chapter Two. The Society's fortunes over the next five decades, in resisting the efforts of the College of Physicians to increase its authority over apothecaries are considered in Chapter Three. Two aspects of the internal operation of the company are discussed next. Chapter Four examines the extensive – but moderate – control of the craft by the Society, influenced by legal norms and the difficulties of assessing the quality of medicines. Chapter Five focuses on apothecaries' individual and collective identities through their lifecycle, backgrounds, corporate careers, and, particularly, apprenticeships and apprentice-taking.

Chapters Six to Eight explore several aspects of the trade of apothecaries and the economy of medicine in early modern London. The complex ways medicines were sourced, manufactured and supplied; the interactions of medical practitioners, as associates, partners or competitors; the customers of apothecaries; and the material culture of apothecaries' shops, and its relation to the problem of reassuring consumers about the medicines they purchased.

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ABBREVIATIONS

APC	*Acts of the Privy Council*
BL	British Library
Clark, *College*	Clark, G., *A History of the Royal College of Physicians*, 3 vols. (Oxford, 1964)
Cook, *Decline*	Cook, H. J., *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986)
CLRO	Corporation of London Record Office
Commons Journals	*Journals of the House of Commons*
CPL, Annals	Annals of the College of Physicians of London. All quotations and page references are from the transcript and translation unless otherwise indicated.
CSPDom	*Calendar of State Papers, Domestic*
CSPCol	*Calendar of State Papers, Colonial*
DNB	*Dictionary of National Biography*
GL	Guildhall Library
Grieve	Grieve, M., *A Modern Herbal*, ed. C. F. Leyel, revised edn. (1973)
Lords Journals	*Journals of the House of Lords*
Munk, *Roll*	Munk, W., *The Roll of the Royal College of Physicians of London*, enlarged edn., 5 vols. (London, 1878-1965)
NLS	National Library of Scotland.
OED	*Oxford English Dictionary*
Pelling, *Common Lot*	Pelling, M., *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London, 1998)
Pelling, *Medical Conflicts*	Pelling, M., *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640* (Oxford, forthcoming)
PRO	Public Record Office
Rep	Repertories of the Court of Aldermen, CLRO
Roberts, 'Apothecaries'	Roberts, R. S., 'The London Apothecaries and Medical Practice in Tudor and Stuart England' (University of London, PhD thesis, 1964).
Wall, *Society*	Wall, C., Cameron, H. C., and Underwood, E. A., *A History of the Worshipful Society of Apothecaries of London* (London, 1963)

CONVENTIONS

In quotations from manuscript, contractions have been expanded and interpolations incorporated without indication. Where quotations are from printed works, the capitalisation, italicisation, spelling and punctuation of the original has been retained.

All dates are given in Old Style, but with the year taken as beginning on 1 January.

1.

INTRODUCTION

Apothecary

1. *orig.* One who kept a store or shop of non-perishable commodities, spices, drugs, comfits, preserves, etc.

(This passed at an early period into the next: in 1617 the Apothecaries' Company of London was separated from the Grocers'.)

2. *spec.* The earlier name for: One who prepared and sold drugs for medicinal purposes – the business now (since about 1800) conducted by a druggist or pharmaceutical chemist. From about 1700 apothecaries gradually took a place as general medical practitioners, and the modern apothecary holds this status legally, by examination and licence of the Apothecaries' Company; but in popular usage the term is archaic.

Oxford English Dictionary, 2nd edition (1989)

One that liveth by the turdes of gentlemen

Sampson Sheffield to John Wheeler, 1640, quoted in Squibb, *The High Court of Chivalry* (1959), p. 58

The London Society of Apothecaries was founded in 1617 with a membership of 123 apothecaries, most of them translated from the Grocers' Company. By 1670, over a thousand people had become freemen in the Society, most of whom normally worked for a time at least as apothecaries in London. Clusters of apothecaries' shops were visible in several parts of the city, particularly in the traditional grocers' quarter of Bucklersbury. By supplying medicines and a range of other goods and services - some medical, some not - to practitioners and patients alike, apothecaries formed a crucial part of the city's resources against the disorders and diseases that assailed its population. Yet this essential element in London's service economy has largely sunk below the level of modern historical notice. This thesis analyses the regulation, lifecycle and work of the members of this occupation from the start of the seventeenth century to around 1670.

Let us start with a seemingly simple question: what was an apothecary? According to the rules for apothecaries drawn up by the sixteenth-century physician William Bullein, an apothecary was – or should be – no more than the 'physician's cook', preparing medicines according to the recipes of his more learned superiors, and should 'medle only in his vocacion', not that of anyone else.[1] Sampson Sheffield's more insulting version, quoted above, was equally certain about apothecaries' status, though in his eyes it was the gentleman not the physician who was the crucial referent against which their subordination was defined. To many historians, the answer has seemed equally simple: the apothecary was, in Juanita Burnby's words, 'a progenitor' – of the general practitioner of the eighteenth century most importantly, but also of the dispensing chemist, the druggist and other later figures in medicine and its scientific peripheries.[2] The *OED*, as one would expect, neatly summarises both the traditional functional definition and the conventional historical picture of the evolution of the apothecary.

I am not intending to propose any easy answer of my own in the place of such divergent definitions. Instead, I would suggest that the range of opinions on this question reflects something of the variety of what was done by those who termed themselves apothecaries in the period, and perhaps even more of the contemporary debate about what they *should* have been doing. In taking this position, I am following the arguments about the plural and overlapping nature of medical practice as work in early modern England that have led Margaret Pelling to propose 'occupational diversity' as one of its key characteristics.[3]

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[1] W. Bullein, *Bulleins Bulwarke of Defêce Againste All Sicknes, Sornes, and Woundes* (London, 1562), sig. I.iii[iir]

[2] J. G. L. Burnby, *A Study of the English Apothecary from 1660-1760* (*Medical History*, supplement no. 3, 1983).

[3] M. Pelling, 'Occupational Diversity: Barber-Surgeons and the Trades of Norwich, 1550-1640', *Bulletin of the History of Medicine*, 56 (1982), pp. 485-511.

For reasons that should become apparent, this thesis will largely focus on the group most often known by their contemporaries in London as apothecaries: the apprentices, freemen and officers of the Society of Apothecaries. However, where possible – not an insubstantial caveat given the vagaries of sources on early modern medical practitioners – it will also include those in the city who called themselves apothecaries but who were not members of the Society, and those who worked in the branches of medicine most proximately related to the functions generally attributed to apothecaries, such as druggists, distillers, and the manufacturers and retailers of all kinds of medicinal substances. At some points, therefore, I will adopt an institutional perspective which naturally centres on the members and activities of the Society of Apothecaries, and, at other points, a functional definition that encompasses all those who prepared and sold medicines. There is, however, no attempt here to exclude those apothecaries whose everyday work ventured beyond the orthodox limits of pharmacy. Rather, the richness and diversity of apothecaries' employments is one of my central concerns. Their involvement in the *practice* of medicine, in performing the functions traditionally understood as parts of physic (diagnosis, prognosis, prescription and treatment) and, to a lesser extent, of surgery, occupies much of Chapter Seven.

If this seems complex, it is an inevitable and important consequence of the sometimes knotted and patchwork, sometimes threadbare and worn texture of the work and practice of medicine in this period. It is also a product of two often contradictory impulses that shaped the economy, organisation and representation of medicine and its practitioners in early modern London. The first was the desire for an ordered and well-regulated hierarchy of practitioners and functions that found expression in the notion of 'tripartition'. This ideal of how physicians, surgeons and apothecaries should work and interact, with each having a distinctive domain and

clear status in a hierarchy topped by physicians and tailed by apothecaries, shaped the structure of the medical institutions – the College of Physicians, the Barber Surgeons' Company and the Society of Apothecaries – and the political debates that surrounded them which are discussed in Chapters two and three and to a lesser extent in Chapters four and five. The second impulse was the pluralistic and fluid manner in which different aspects of medical knowledge and medical products were demanded by the sick and those fearing illness, and the equally complex way in which they were supplied by a range of people, which are examined in Chapters six, seven and eight.

This can perhaps be better understood if we pursue the question of definitions further. It appears that the core of what most seventeenth-century apothecaries understood to be their trade was the manufacture and sale of medicines. On this point at least, the apothecaries were in agreement with the College of Physicians and general contemporary opinion. Most of those who described themselves as apothecaries or who were members of the Society of Apothecaries do seem to have been engaged in the manufacture and sale of medicines, at least to some degree, on a regular basis. Certainly, the probate inventories of freemen apothecaries and other metropolitan apothecaries almost invariably contain some record of pharmaceutical instruments and ingredients. In this, the membership of the company and the practitioners of the trade show a degree of overlap unusual among London trades. This reflects the practicalities of the separation of the Society and its subsequent campaigns against recalcitrant apothecaries who sought to remain in the Grocers' Company. There are a few exceptions who did not own apothecaries' shops, such as William Checkley, who kept an inn instead, or Thomas Warren, who traded in expensive fabrics rather than drugs, yet they do seem to have been rare.[4] A number of

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[4] CPL, Annals, ii, 172 (1623); PRO, PROB 4/7033 (1685). Warren's warehouse contained over £1,300 worth of gold and silver lace. A few other similar examples can be found: as well as operating an

apothecaries were substantial money-lenders, and many sold at least a few commodities that were not strictly medicinal, but most also kept shops where they sold medicines.[5]

Keeping some form of shop for the manufacture and sale of medicines appears then (with these exceptions in mind) to provide a common ground among apothecaries. But what did keeping a shop mean? In the opinions of numerous physicians and other critics who sought to prescribe the content of the apothecary's trade, the shop was the workplace of a dedicated craftsman who was directed by physicians to manufacture fresh medicines from carefully chosen ingredients and supply them to a patient without interfering with either recipe or recipient. Some retailing of medicines without prescription might be allowed – opinions differed on this – but if so, the drugs were certainly to be made according to established recipes, which from 1618 meant those set out in the *Pharmacopoeia Londinensis*, the book listing approved medicines compiled by the fellows of the College of Physicians.

This picture of an apothecary's place in the provision of medical care contains certain key elements – what might in fact be thought of as criteria for orthodoxy –

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apothecary's shop, William Hardy had 12 stocking looms worth £60 in his garret and 70 pairs of silk stockings with them which he may have run with Anne Graves, described as his partner: CLRO, Orphans Court inventories, 840.

[5] Money lending appears from inventories to have been a significant aspect of some apothecaries' work. The French immigrant apothecary Didier Foucant was owed over £6000 by various people, including the Lord Chamberlain and other aristocrats: PRO, PROB 4/11990. Richard Godsalve also had an aristocratic clientele: his estate received debts of £30 from the Duke of Richmond, £100 from the Earl of Bristol, £14 from Lord Brooke with smaller sums due from the Countess of Manchester, Lady Chernock, Lord Digby, Lord Fanshaw and Lady Sophia Stuart – plus another £1000 described as desperate: CLRO, Orphans' Inventories, 752. Richard Weston was involved in two cases in the Court of Requests over loans (of £30 and £60) for which he wanted sought to call in the sureties which had been given to secure them: PRO, REQ 2/406/96; 2/401/28.



Plate 1.1: P. Morel, *The Expert Doctors Dispensatory*, trans. N. Culpeper (London, 1657), frontispiece

which are worth highlighting: the apothecary is effectively single-handed, apart perhaps from his family and apprentices; he is responsible for making or supervising the manufacture of all his medicines personally, using ingredients he has selected and stored himself; he is limited to established recipes or those directed to him by regular practitioners; and the majority of his work is carried out for College members.[6] It is an

[6] By 'regular' practitioners I mean members of or those licensed by the Society of Apothecaries, the Company of Barber-Surgeons, or the College of Physicians, the institutions that, at least in theory, controlled access to the three strands of medicine in London. These individuals were legally entitled to work in their respective elements of medicine in London. The term 'irregular' is used for those

image of order that was reproduced in a plate by William Fairthorne set facing the title-page to *The Expert Doctors Dispensatory* (1657), Nicholas Culpeper's translation of the Montpellier physician Pierre Morel's *Methodus praescribendi formulas remediorum* (fig. 1.1). Ironically, given the translator's radical politics, the vertical hierarchy to which learned physicians aspired is reproduced here visually, as is the restriction of diagnosis and treatment to the physician. In the top panel, the physician – marked by his academic cap and gown and rows of books – examines urine brought by a woman wealthy enough to be accompanied by what would appear to be a servant, who is carrying the child. The apothecary in the panel below appears to be taking a prescription from another servant which he will no doubt fill according to the recipes set out in the Dispensatory which is so obviously lying open on his counter using the ingredients and tools – his pestles and mortars and still – that surround him. The intellectual, social and material ambitions of physicians are clearly manifest here.

The failure of apothecaries to meet these idealised criteria was repeatedly lamented by physicians from the mid-sixteenth century onwards. But it was not simply in the polemics of physicians that apothecaries were failing to match the ideal which they were being set. Throughout the seventeenth century, the majority of London's apothecaries were meeting *none* of these criteria. The structure and content of most apothecaries' work was substantially different from that set out in the model of tripartition described above. Indeed, it was different to a degree which makes the usefulness of tripartition in describing medical practice at all in this period fundamentally questionable.

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working in some aspect of medicine without the necessary membership or permission of these institutions, or those members who failed to keep within these bounds of their remit. I am following Margaret Pelling's usage in this case: *Medical Conflicts*.

What then did apothecaries do? The answer to this question is far more complex than the traditional picture sketched out above might suggest. It obliges us not to discard the idea of an apothecary working to fill physicians' prescriptions, but to see this as one among a range of occupational paths which were rarely mutually exclusive. In turn, all of these need to be situated within a larger network of supply, distribution and retail. While most apothecaries kept shops, they were far from being isolated centres of skilled manufacture. Apothecaries operated within extensive networks of wholesale and retail distribution; they were involved in partnerships and associations with a range of practitioners as well as suppliers; and they were themselves active in a range of roles, both medical and non-medical, in addition to carrying out their more traditional functions. Moreover, they did not hold a monopoly over pharmacy, either narrowly or broadly conceived, and their competitors need also to be considered.

In order to address fully the functioning of the trade, the nature of apothecaries' work will be discussed in several chapters, beginning with the manufacture and distribution of medicines in Chapter Six. The issue of the internal subdivisions between medically-related occupations, in particular the question of practice, is addressed in detail in Chapter Seven. In Chapter Eight we turn to the material culture of the apothecary's shop to examine contemporary attitudes to medicines and consumption, and the medical practitioner's repertoire of devices to reassure and attract those who sought his wares.

However, there is another way of answering the question with which we began. Rather than trying to discover *what* an apothecary was, we can attempt to find out *who* they were in the hope that this will give us some insight into the answer to the

former question. Certain assumptions about who apothecaries were have often been submerged within discussions of medical practitioners in this period. Indeed, by discussing medicine as work and apothecaries as artisans I have perhaps incurred the risk of seeming to impute a 'mechanical' identity to the occupation which could then be contrasted with the more genteel, learned physicians. It is not, as Chapter Five should make clear, a division that I would support. In many ways the social proximity of the two groups is among their most striking characteristics. Surveying the backgrounds of apothecaries' apprentices gives us an excellent insight into the 'place' of the trade. Taken alone, however, this is only one starting point for an examination of who apothecaries were. Roles and identities are, obviously, developed over a lifetime. For London apothecaries, their later interaction with the Society of Apothecaries was a significant factor in this ongoing process. The sources allow us to explore in detail one aspect of this, the way in which apothecaries were trained and how they themselves used apprentices after becoming freemen, as the second and third sections of Chapter five show. Apprenticeship was a crucial factor in the corporate experiences of apothecaries. It was central to the perpetuation of a craft and the development of businesses within it. Moreover, by examining apprenticeship from the perspective of apprentices, householder apothecaries, and Society assistants and officers in turn, we can approach the company lifecycle at the point where it most closely interacts with the personal and business lifecycles of guild members.

Pursuing a fuller understanding of these areas is not a task peripheral to the history of medicine: apothecaries were at the centre of the medical world of seventeenth-century London. The members of the Society of Apothecaries were the most numerous group of *authorised* medical practitioners, although it is important to underline at the outset that the number of those who worked as medical practitioners

irregularly is estimated to have been greater.[7] According to the traditional dictates of medical theory, the apothecaries' responsibility for pharmacy gave them a major role in the everyday work of physicians, whose prescriptions they filled and not infrequently administered; consumption of medicines being perhaps the most regularly employed of the therapeutic options suggested by Galenic theory. This expertise gave apothecaries a prominent role in therapeutic relationships which might otherwise have been non-commercial, by supplying medicines to lay individuals on demand, for their personal, household and neighbourhood use. It also encouraged at least some apothecaries to engage in a wide variety of medical roles, acting in a manner that has been frequently described as that of a 'general practitioner'. As I will argue in Chapter Seven, this was a move which was already well established by the start of the seventeenth century.

Despite their numerical and functional importance, and the rapid expansion in work on the social history of medicine in recent decades, seventeenth-century apothecaries have not been the subject of much historical study. Two theses have been written on them, although that by Juanita Burnby, later published as a monograph, begins in 1660 and is concerned mainly with provincial apothecaries.[8] Various other articles and studies have appeared on an occasional basis. The position for England is not so dissimilar to that for France, which Colin Jones and Laurence Brockliss have recently deplored, but were unable to remedy: quite simply, all too little is known.[9] For France this situation can be justified to some extent by the loss of much of the institutional source material for apothecaries' guilds. For England, and London in

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[7] M. Pelling and C. Webster, 'Medical Practitioners', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 165-235.
[8] Roberts, 'Apothecaries'; J. G. L. Burnby, 'A Study of the English Apothecary from 1660-1760, with Special Reference to the Provinces' (University of London, Ph.D. thesis, 1979), published in 1983 as Burnby, *English Apothecary*.
[9] L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997), pp. v, 7.

particular, this is not the case. A substantial amount of material remains in the records of the Society of Apothecaries, as well as in the archives of the College of Physicians, the Barber-Surgeons' Company, and various law courts. In addition, there are a reasonable number of inventories and some rarer survivals of personal and business papers related to the work of apothecaries, which provide a counter-balance to the legalistic and institutionalised perspectives of much of the other source material.

Although not often particularly concerned with apothecaries, the agendas worked out in recent years within the social history of medicine provide much of the framework for this study. However, echoing those historians who have sought with some notable successes to bring questions of health, disease and medical provision into the mainstream of historical scholarship, the arguments and material presented here are not framed purely as essays in medical history. Instead, I seek to provide an argument for the fuller integration of histories of medicine with histories of work, business and artisan culture for this period. This concern is in part a reaction against the common positioning of histories of seventeenth-century apothecaries within debates about the roots and rise of the medical profession. Given the volume of scholarly attention which the professions have attracted over the past five decades, it is not surprising that apothecaries have largely been approached from this angle. This approach has drawn further strength from an even longer tradition of viewing the seventeenth-century apothecary is viewed as the seed of later developments in pharmacy and medicine, as I have argued elsewhere.[10] Nonetheless, I would suggest that the nature and development both of the occupations within medicine, and the manner in which medicine was practised (a more general issue), can only be fully understood if set *within* a broader history of work in the early modern period, one that

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[10] P. Wallis, 'The First English Histories of Pharmacy - Their Origins and Influences', *Pharmacy in History*, 42 (2000), pp. 26-48.

takes into account both formal and informal structures, from guilds to shop display to credit. This is not a prescription directed solely at medicine: such an integration can be of great benefit for historians' understanding of work and the economy, particularly in the relatively neglected service sector.

London and the work that went on in the city are therefore not merely the backdrop to this study. They are essential to it. The city in the seventeenth century was, as both contemporaries and historians have frequently commented, a unique place. London, by its sheer population, seems to justify intensive consideration. But it is London's crucial place in mercantile, manufacturing and retail networks, together with the consumption that they fed, that is of particular import here. For, whether or not the forms of work, association, and informal organisation that occurred among medical practitioners in London were mirrored in the provinces, the mobility of goods, information, and people to and from the metropolis meant that its apothecaries played a major part in supplying the medical needs of at least some, probably rather elite, sections of the nation as a whole. In addition, London apothecaries helped shape the expectations and demands of the larger numbers of people who might spend some time in the city during their lifetimes; they also trained a tithe of the practitioners who provided medical care across England.

Taking London as the focus here has other consequences. The political importance of the city and the elaboration of its systems of parish and trade government had a significant impact on the way in which apothecaries and other medical practitioners lived and worked. The most obvious manifestation of this in terms of the present study was the Society of Apothecaries itself. London's companies have been the subject of a substantial and growing amount of literature, while the

politics of medical provision have also received their measure of attention. Part of my concern here is to bring these two areas closer together, to sketch out the interaction of different corporate models and the way they shaped and were shaped under political impulses from court, city and College. This is an area which is explored in Chapters two and three, where the creation of the Society of Apothecaries in 1617 and its struggle to survive against the opposition of the College of Physicians over the seventeenth century are discussed in detail. This exploration of the political institution that governed the majority of London's apothecaries provides an essential context for the thesis.

The politics of London's corporate medical world operated at several levels. For apothecaries, in particular, more is known about the (semi-) high politics of the Society and its struggles with the Grocers' Company and the College of Physicians which are discussed in Chapters Two and Three, than about the political relations that operated within the company. However, if we are to seek to understand apothecaries within the Society, we need to discuss their everyday experiences of corporate life as well. Few were involved in the debates with the College of Physicians during these years. For many, their interactions with their own company were far more fraught. It is arguable that the companies and College alike were primarily institutions for policing work and workers.[11] The dynamics of the company as a regulatory force, explored in Chapter Four, serve to underline the proximity of the organisation of medicine to that of other crafts and trades, while also adding to a more particular understanding of the relationship between the company and College and the everyday practices of apothecaries. In terms of analysing the interaction of Society and

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[11] For companies and guilds in general there are a number of competing interpretations; for a survey see: I. A. Gadd & P. Wallis, 'Introduction', in Gadd & Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2001), pp. 1-14.

apothecary, looking at policing also serves the useful purpose of balancing the examination of apprenticeship that occupies Chapter Four. In both of these areas, we can observe in detail the tensions and contradictions between business and company practices that added an ambivalence to apothecaries' relations with their company.

Both the institutional and the economic questions pursued here have contributed to the chronological coverage of this study. Its start date in the first decade of the seventeenth century allows us to begin as the Society itself begins; while drawing to a close around 1670 allows coverage to extend into the Restoration, and so to address directly questions about the novelty of the consumption and commerce which are often seen as emergent in those years. Choosing to traverse the watersheds of civil war, Republic and Restoration in this manner might be seen as either denying the importance of the 1640s and 1650s, or else as pursuing a policy of scissoring the social from the political in a manner that has rightly drawn criticism in recent years. Neither is intended here: although the political upheavals of these years will not feature prominently, this is more a reflection of their limited impact on the *everyday* forms of medical practice and practitioners as a whole as far as can be ascertained.[12] As should become clear, adopting such a time-span is intended to allow us to recognise more accurately the aspects of medicine that are changing fundamentally, and those which remain much the same as the seventeenth century progresses, while not presuming an over-simplified starting-point for these developments.

As a final point, it is necessary to highlight a couple of the areas which it has not been possible to discuss here in any detail. Perhaps the most striking of these,

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[12] On the intellectual importance of these years: C. Webster, *The Great Instauration: Science, Medicine and Reform, 1626-1660* (London, 1975).

given the traditional preoccupations of historians of medicine, science and pharmacy, is the lack of detailed consideration of the development of medical theory in this period. This is one of the rare places where a few individual apothecaries have attracted serious historical attention, and the quality of existing scholarship in this area is sufficient for it to be relied upon in this thesis. The same cannot be said of the other obviously deficient area: the role of women. While the importance of women as lay providers of medicine – particularly as the manufacturers of drugs - has long been recognized, their importance as commercial medical practitioners is only now coming to be recognised. Unfortunately, the sources employed here have offered little that is new to inform this subject. Nonetheless, it is clear that when at many points here we are referring to male apothecaries, it is in fact the production of a household involving women, both as wives, daughters and servants, that is being discussed.

PART I

REGULATION

2.

THE CORPORATE WORLD OF MEDICINE

the best of *Politics* is that *Invention* whereby men have bin fram'd into *Corporations*, *Guilds*, or *Fraternities*

William Shepheard, *Of Corporations, Fraternities, and Guilds* (London, 1659), sig. A3r.

Wee use our trade as other Tradesmen of London doe and sell things fitting to bee sould to such as require them

Society of Apothecaries objections against the College of Physicians' petition, 1638 (GL, MS 8205, f. 37v)

From the turn of the seventeenth century to its close, the political order of the main medical occupations in London – surgeons, apothecaries and physicians – was rarely stable and never certain. A number of attempts have been made to untangle the confused events and disputes that marked this century and through much detailed scholarship something like a standard narrative has been established.[1] However, a generally accepted explanation for these events has proved harder to achieve. The purpose of this chapter and the next is to provide a fresh analysis of the events that shaped and influenced the Society of Apothecaries during the seventeenth century. Particular emphasis will be given to the various proposals of the College of Physicians and others to limit pharmacy and its practitioners. These proposals are of obvious interest because they lay at the centre of the disputes which embroiled the company so frequently. But in addition, the form of regulation has an obvious importance for the everyday experiences of apothecaries, and the way it operated is explored in chapter four.

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[1] See: Cook, *Decline*; Wall, *Society*; Roberts, 'Apothecaries'; Clark, *College*.

In these first two chapters my focus is on the nature and consequences of the debates and initiatives that occurred at an institutional level, often involving both national and civic government. This separation of themes is not an accidental matter. Companies' institutional frameworks encapsulated ideals and aspirations which were generally quite distant from the more diverse, varied and confused reality they sought to control, a tension which will be explored in greater depth in chapter four.[2] Nonetheless, it is impossible to appreciate the lives and work of London's apothecaries, or indeed of the other medical practitioners who worked in the city, without an appreciation of the nature, origins and fortunes of the main institutions – the Society of Apothecaries and the College of Physicians – that structured and oversaw significant parts of their existence. Equally, the regulation of drugs and practitioners needs to be considered as one of many measures for the preservation and improvement of the commonweal if we are to have a full analysis of the relationship between medicine and government in this period.

At the centre of this story is the relationship between London's apothecaries and the College of Physicians; the Barber-Surgeons' Company only rarely concerned itself with apothecaries. Indeed, it is the high point of the College's campaign to control apothecaries in London which we are covering in these two chapters. In the next chapter, I examine the tumultuous disputes between College and Society in the 1630s, and the renewal of discord between the institutions in the two decades after the restoration. Here, though, I focus on the shaping of the institution that governed London's apothecaries from 1617: the Society of Apothecaries. The chapter begins by looking at the main historiographical positions on the institutional history of the

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[2] See: J. -P. Sosson, 'Les Metiers: Norme et Realite: l'exemple des Ancients Pays-Bas Meridionaux aux XIVe et XVe siècles', in J. Hamesse and C. Muraille (eds.), *Le Travail au Moyen Age* (Louvain-la-Neuve, 1990), pp. 339-48; M. P. Davies, 'The Tailors of London and their Guild, c.1300-1500' (Oxford University D.Phil. thesis, 1994); G. Rosser, 'Crafts, Guilds and the Negotiation of Work in the Medieval Town', *Past and Present*, 154 (1997), pp. 3-31.

Society of Apothecaries, and suggesting that the importance of corporatism – the idea of a highly-structured guild-based economy – in shaping these events has been neglected. It continues with a discussion of the sixteenth-century developments in the government of London's medical practitioners which provided the background to the establishment. After a brief narrative of the events of that led up to and followed the Society's charter's being sealed in 1617, it then analyses the support the separatists received from the College of Physicians and the Crown in the face of powerful opposition, setting these events against other measures for social and economic regulation. Finally, it turns to the ambitions of the apothecaries and their immediate patrons, the royal physicians.

Debates

Explaining the separation of the Society and its subsequent relationship with the College of Physicians has proved difficult for historians. Some of the key issues underlying the tensions between the apothecaries and the physicians were undoubtedly economic: notably the question of how medical practice should be organised, and who should be allowed to perform various tasks. It is perhaps unsurprising, therefore, that their respective institutional histories have been taken as being intimately related to rapid changes in the economic role and ambition of apothecaries, a position most fully expressed by R. S. Roberts.[3] Apothecaries' move from being submissive partners to the physicians in the late sixteenth century, through growing independence, to their flowering as general practitioners by the close of the seventeenth century, was, he argued, mirrored in the arguments that surrounded the separation in the 1610s and were reiterated in subsequent decades. However, Roberts'

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[3] Roberts, 'Apothecaries'.

argument suffers from his desire to synchronise economic and political developments: slow commercial changes are telescoped to fit political watersheds; institutional events prompt instantaneous responses in everyday practices. I would not wish to argue that this was not a century of change in the practice as well as the organisation of medicine, although, as I suggest in chapter eight, the kinds of 'general practice' that Roberts identifies as emerging late in the seventeenth century were widely established a century earlier. Rather, my point is that the business of politics in this period bears only a loose relationship to the politics of business.

In taking this perspective, my approach comes close to that of Harold Cook, whose work on the College of Physicians is the other main reference point that these two chapters will employ.[4] Cook has emphasised the need to view these events in the context of contemporary politics and intellectual movements, and draws particular attention to the way that the College's regulatory powers and political initiatives relied on the willingness of the Crown to support them. Much of the rest of this chapter and the next are implicitly a discussion of Cook's interpretations, and the differences in our arguments are better left to the moments they appear. There is, however, one general divergence that needs to be highlighted at the outset. I suggest that there is a political context and narrative which Cook largely omits from his version of these events: that of the guilds and companies of London. At one level this is an obvious point, for the Society of Apothecaries was a London company created at the same time as a number of others, and to this extent it inevitably formed part of a broader, non-medical picture. Less obviously, bringing in this context is important because of the proximity between the structure, growth and decline of the College's

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[4] Cook, *Decline*; H. J. Cook, 'Institutional Structures and Personal Belief in the London College of Physicians', in O. P. Grell and A. Cunningham (ed.), *Religio Medici: Medicine and Religion in Seventeenth Century England* (Aldershot, 1996), pp. 91-114.

powers, and that of other corporate bodies concerned with crafts and trades in London.

However, my principal reason for drawing attention to the importance of guilds and companies is because the disputes and debates over medical organization that occurred during the seventeenth century were, I argue, profoundly shaped by what might be termed a corporate understanding of the economy.[5] Work of all kinds – including medicine – was understood to fall into a structured and finely graded matrix of roles. In theory, companies were the legal expression of these divisions. Such a viewpoint did have its critics, particularly in connection with monopolies. Arguably it was weakening over this period, no doubt helped by the frequent establishment, division, and recombination of companies, and even more by the internecine disputes between guilds over the boundaries of their crafts that regularly broke the peace of the city. But corporatism's persistence is apparent in the scarcity and unpopularity of campaigns for *liberty* in physic in this period, despite the limited success of medical institutions in preserving their monopolies. Generally, the arguments discussed below were over privileges and precedence within some version of the existing framework. The changes proposed were not strikingly different from guild structures existing in other crafts. Even the projects of the 1650s and 1660s for a College of Graduate Physicians and a Society of Chemical Physicians employed corporate models.[6] There are some examples of the tradition of freedom to practise medicine finding political expression, most obviously the so-called 'quack's charter' of 1542 which gave the College so much trouble. Nonetheless, in the legal and political spheres in which the

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[5] The importance of guilds in early-modern English medicine has been most fully drawn out in Pelling, *Common Lot*, pp. 230-58. My argument has parallels with Ogilvie's analysis of the force of corporatism on proto-industrialisation in Württemberg and elsewhere in Europe; however she excludes England from consideration on the grounds that guild structures broke down earlier there: S. Ogilvie, *State Corporatism and Proto-Industry: The Württemberg Black Forest, 1580-1797* (Cambridge, 1997).

[6] Opponents of corporate solutions remained rare: J. P. Cooper, 'Social and Economic Policies under the Commonwealth', in G. E. Aylmer (ed.), *The Interregnum: The Quest for Settlement, 1646-1660* (1972), p. 132

organisation of medicine was discussed in this period – the Crown, Privy Council, Parliament and law courts – the corporate ideal of economic order still carried great weight.

Corporatism is not an incidental feature of these debates. As a political discourse it framed arguments that were, at their heart, about power relations between different groups of practitioners. No matter how awkward it might have been to implement authority in practice, this was a live issue for all those involved. Corporatism structured both criticisms and proposals, set limits on the possibilities and ambitions for reform, and provided resources for those resisting change. Something of the importance of corporate solutions can be appreciated from the way this form of regulation was so often put forward as the cure for the economic ills of the entire nation in this period. Examples might include Thomas Violet blaming the decay of trade in 1650 on retailers and shopkeepers taking 'liberty' to become merchants to the hurt of the nation, or the 1640 proposals to incorporate the cloth trade on a county basis to prevent the 'diverse and manifold abuses…which are the chief and principal cause of the decay of our draperies'.[7] To the extent that the force of corporatism shaped the political ambitions of both the Society and its critics, the institution's political history can also be understood as an aspect of the cultural history of economic thought.

Corporatism was not the only important factor shaping the regulation of medicine. The Crown's concern for the health of its subjects; physicians' and apothecaries' respective personal and professional desires; and the ambitions and

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[7] J. Thirsk and J. P. Cooper, *Seventeenth-Century Economic Documents* (Oxford, 1972), p. 59-60, 246-52; G. Ramsay, 'Industrial Laisser-Faire and the Policy of Cromwell', *Economic History Review*, 16 (1946), pp. 93-110; J. P. Cooper, 'Economic Regulation and the Cloth Industry in Seventeenth-Century England', *Transactions of the Royal Historical Society*, 20 (1970), pp. 73-99; M. Zell, 'Walter Morrell and the New Draperies Project, c.1603-1631', *Historical Journal*, 44 (2001), pp. 651-75.

preoccupations of various individuals, such as Gideon de Laune or Christopher Merrett, also played a significant part. Nor was English corporatism the only economic model available to contemporaries. As a number of historians have recognised, to understand the political history of London medicine we need to pay attention to the mingling of continental exemplars with London's institutional and governmental norms. It is the interaction of these various aspects of the social and political firmament which we will be examining in the discussion of the way in which the Society was established which occupies the rest of this chapter.

Regulation and reform, to 1617

Across England in the sixteenth century, apothecaries were incorporated within guilds containing a variety of different combinations of crafts.[8] London, with its tradition of single-craft guilds, was somewhat different. There, apothecaries were mostly members of the Grocers' Company, as they had been since the fourteenth century at least. The union of grocers and apothecaries in one company in London reflected the hazy boundary between the occupations, and their overlapping origins. Both grocers and apothecaries traded in imported medicines and drugs. In theory, apothecaries were concerned with the processing and retailing of these products as medicines, while grocers restricted themselves to wholesaling them. However, beyond the Court with its entourage of identifiable medical practitioners, this division is difficult to find in practice in the fifteenth century and before. In many ways, this division of labour was a product of attempts by learned physicians to define the roles of those involved in medicine, rather than being based on the aspirations or practices

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[8] L. G. Matthews, 'The Spicers and Apothecaries of Norwich', *The Pharmaceutical Journal*, 198 (1967), pp. 5-9; L. G. Matthews, 'The City of York's First Spicers, Grocers and Apothecaries', *The Pharmaceutical Journal*, 1 (1967), pp. 2-3; T. D. Whittet, 'The Apothecary in Provincial Guilds', *Medical History*, 8 (1964), pp. 245-73.

of apothecaries and grocers themselves.[9] Within the Grocers' Company there appears to have been little effort to distinguish those who acted as apothecaries from the general mass of its members.

By the sixteenth century a significant and possibly increasing number of freemen within the Grocers' Company were specialising in making and selling medicines.[10] The most visible of these were those who held offices as royal apothecaries, such as John de Soda and Hugh Morgan.[11] These few prominent apothecaries were, however, merely the tip of the iceberg. The occasions on which bad drugs were discovered on search during the late sixteenth century underlines the presence of many manufacturers and retailers of medicines in the Grocers' Company.[12] It is difficult to assess the degree to which these individuals ceased to trade in grocery wares. However, at least one of the censured freemen, Anthony Warfield, explicitly identified himself as an apothecary not a grocer, claiming in 1570 that he would be judged by the College of Physicians not the Grocers' Company, and that he had been wronged when the guild's Wardens burnt some of his lignum aloes.[13]

The system of medical regulation in London at the start of the seventeenth century was unusual by European standards. In Castile, Aragon, the Kingdom of Naples, Sicily and Sardinia, apothecaries were one of the groups under the purview of the 'protomedicati', leading physicians appointed by the Crown or its delegates;

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[9] N. G. Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago, 1990), pp. 20-1. Pamela Nightingale has suggested the apothecaries were already tending to go their own way as a group within the Grocers by the late fifteenth century: *A Medieval Mercantile Community: The Grocers' Company and the Politics and Trade of London 1000-1485* (New Haven, 1995), p. 549. More generally on apothecaries and medicine in the fifteenth century and before, see: C. Rawcliffe, *Medicine & Society in Later Medieval England* (Stroud, 1995), pp. 148-69; F. Getz, *Medicine in the English Middle Ages* (Princeton, 1998), pp. 6-12.

[10] D. Jacques, *Essential to the Practick Part of Phisick: The London Apothecaries 1540-1617* (London, 1992), chapter 2.

[11] L. G. Matthews, *The Royal Apothecaries* (London, 1967).

[12] GL, MS 11588/1, ff. 207v, 209v, 235.

[13] GL, MS 11588/1, f. 235.

indeed, the visitation of apothecaries' shops was, David Gentilcore has suggested, their 'raison d'être'.[14] In France, the royal physician had been granted supervision of apothecaries and surgeons throughout the nation in 1598, including the power to oblige them to form corporations.[15] A wave of new guilds of surgeons and apothecaries had followed in the towns of France.

In contrast, London had seen fewer and less ambitious organisational initiatives. The Crown and Privy Council had introduced greater regulation of medical practice in the city in the first half of the sixteenth century. In part imitations of the frameworks developed on the continent, these changes were responses to the impact of repeated plague epidemics, the flowering of ideas of commonweal at the court, and the interests of influential medical practitioners (often well-travelled in Europe) concerned with their professional welfare as much as the health of the people.[16] They marked out the health of London as being a concern of special importance to the Crown, and perhaps indicated that the city faced distinctive problems.[17] While the first major Tudor innovation – episcopal licensing for physicians and surgeons established in 1511 – possessed national scope, all later central initiatives until the College of Physicians' charter of 1663 focused exclusively on London.

Of the three main medical occupations, only the apothecaries saw no large-scale organisational changes in the sixteenth century. In an attempt to regulate the

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[14] D. Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998), p. 34. See also: G. Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore, 1998), pp. 6-7, 22-3.
[15] Brockliss, *Medical World*, pp. 181-2.
[16] C. Webster, 'Thomas Linacre and the Foundation of the College of Physicians', in F. Maddison, M. Pelling, and C. Webster (eds.), *Linacre Studies: Essays in the Life and Work of Thomas Linacre, C. 1460-1524* (Oxford, 1977), pp. 198-222.; P. Slack, *The Impact of Plague in Tudor and Stuart England* (London, 1985), pp. 225, 200; Clark, *College*, i, 59-66. There had been attempts in the fifteenth century to institute a company of surgeons and physicians: Rawcliffe, *Medicine*, p. 134; Clark, *College*, i, 26-9.
[17] Physicians were part of guilds in several English towns, including Bristol, Norwich, York and Canterbury, while in Oxford, the University physicians appear to have had significant authority over apothecaries, beyond even that of the Parisian Faculty: Pelling, *Common Lot*, p. 159; Rawcliffe, *Medicine*, p. 159.

quality and limit the numbers of physicians, the College of Physicians had been founded in 1518. Something of a hybrid, with similarities to English models including Oxford and Cambridge Colleges, Doctors' Commons, and the companies of London, as well as continental institutions, the College licensed and supervised physicians in the city and seven miles around.[18] With variable success it also suppressed bad and unlicensed practitioners. Next, in 1540, the surgeons of London, who had had their own guild since 1435, were amalgamated with the city barbers into the Barber-Surgeons' Company, with the power to examine and license surgeons in the city, whether freemen of the company or not. Throughout this period, the apothecaries remained firmly entrenched within the Grocers' Company.[19] However, the College of Physicians did seek greater control over their work, with some success. In 1525 the city government ordered that apothecaries should not fill the prescriptions of unlicensed physicians and that they should keep a file of prescriptions as evidence of treatments given; in return, members of the College would not themselves sell patients those medicines which they could buy from apothecaries.[20] Then, in 1540, the College gained statutory powers to search apothecaries' shops and destroy defective drugs first with – and from 1554 without – the assistance of the Wardens of the Grocers' Company.[21] Although they made various efforts to prevent apothecaries practising physic or selling poisons and bad medicines, particularly in the 1550s, the College failed to win any further formal control over them in this century.[22]

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[18] Clark argues against the guild comparison: *College*, i, 61-2. For arguments supporting the influence of guild models see: Webster, 'Thomas Linacre', pp. 198-222; Pelling, *Common Lot*, pp. 236-8; O. M. Lloyd, 'The Royal College of Physicians and Some City Livery Companies', *Journal of the History of Medicine*, 11 (1956), p. 412.

[19] In the early fifteenth century there had been moves to introduce surveillance of apothecaries as part of the short-lived conjoint college of physicians and surgeons: R. T. Beck, *The Cutting Edge: Early History of the Surgeons of London* (London, 1974), p. 66.

[20] Clark, *College*, i, 79.

[21] 32 Henry VIII, cap. 40; 1 Mary, cap. 9.

[22] Various measures against both illicit practice and the sale of bad medicines were taken by the College in the 1550s. The Annals suggest they were receiving royal support against those who sold bad medicines, and the Queen urged them to enforce regulations, particularly against poison, in a 1557 letter: CPL, Annals, i, 26-29.

For their part, throughout the sixteenth century the apothecaries seem largely to have been satisfied with their position within one of the greatest of London companies. The Grocers' Company far exceeded the College in influence and wealth, after all. Few can have been surprised when an attempt by the College in 1562/3 to convince Parliament to grant them the power to examine and license apothecaries, as well as to censure and correct them in all matters relating to drugs, failed under strong opposition from the Grocers and City.[23] Tensions were raised again in the late 1580s by the efforts of a group of apothecaries within the Grocers' Company to gain a monopoly of making and compounding medicines for their craft. In response, the College took new interest in proposals, which had recently been allowed to lapse, to compile an official pharmacopoeia which would have circumscribed the autonomy of the apothecaries by defining the recipes of medicines. It also retaliated more immediately in 1590by cancelling the rule that forbade its members to make or sell medicines. Eventually both the issue of apothecaries' semi-autonomy within the company and the pharmacopoeia project lapsed.[24]

After the accession of James I, a fresh wave of changes in the corporate structure of London's medical occupations began. The Barber-Surgeons obtained a new charter and an expanded role in 1605, despite the College's opposition.[25] The Grocers' Company in turn gained a revised charter in 1606. However, rather than seeking change, this underlined the status quo, emphasising the union of both grocers

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[23] *Commons Journals*, i, 63, 66; CPL, Annals, i, 39; GL, MS 11588/1, f. 81 (4 March 1563).
[24] CPL, Annals, ii, 57, 62, 64, 66, 91. The idea of writing a pharmacopoeia had been mooted in 1585, but put aside as too onerous a task: *ibid.*, ii, 34.
[25] The Barber-Surgeons' efforts to revise their privileges through revised ordinances and a new charter were ongoing from the last years of the sixteenth century: GL, MS 5257/3, ff. 67r (15 Jan 1599), 76r (10 Sept 1601), 70 (15 Aug 1600), 160 (15 Feb 1603), 184-5 (9 Feb 1604), 204 (13 Sept 1604), 209 (10 Oct 1604), 212-5, 227 (28 Feb 1605), 230 (22 Jan 1607), 238 (7 May 1607). They were primarily concerned to ensure that the Bishop of London and Dean of St Paul's, who had the power to license surgeons under the statute of Henry VIII, did not do so without the surgeon being examined first by the company: *ibid.*, ff. 29 (6 Aug 1599), 244-5 (20 July 1607).

and apothecaries in the one company.[26] Then, in 1610, a proposal for a separate incorporation of apothecaries was put forward. This time it appeared in a Bill 'to redresse abuses' among apothecaries which was directed to Parliament by a group led by Gideon de Laune, the French immigrant apothecary to Queen Anne (who was not himself a member of the Grocers). On learning of the Bill, the governors of the Grocers managed to divide and quell the separatists. The Bill disappeared after its first reading in the Commons, and in October 1610 the appearance of order in the company was restored when the apothecaries successfully petitioned the Court of Assistants – the body which governed the Grocers' Company – for a reformation of abuses in the trade.[27]

In April 1614, however, a new petition for the separation of the apothecaries appeared, this time addressed to the King. It asserted that 'of late yeres many Empiricke, and unskillfull persons' were making and selling 'without restreint, false and corrupt medicines in & aboute London' and the country. The situation was a disgrace to physic, the 'learned Phisicons', and 'skillfull' apothecaries, and was a threat to people's health and lives. Echoing recent complaints from freemen of the Goldsmiths' and Cutlers' Companies about their governors, the apothecaries lamented that they had 'noe place of authority' in the Grocers' Company, whose Wardens had no skill in the craft, and that these abuses would receive no 'due reformacon' while the apothecaries remained in the company.[28] In contrast, the Physicians and Surgeons

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[26] It is often wrongly stated that the apothecaries formed a separate section of the company by virtue of this charter: Wall, *Society*, pp. 9-10 (relying on J. A. Rees, *The Worshipful Company of Grocers: An Historical Retrospect, 1345-1923* (London, 1923), p. 142); Roberts, 'Apothecaries', p. 199; J. P. Ward, *Metropolitan Communities: Trade Guilds, Identity, and Change in Early Modern London* (Stanford, 1997), p. 117. In fact, the charter stated simply that it incorporated the 'mystery of Grocers and Apothecaries of the City of London' as the Grocers' Company, with no provision for any internal subdivision. This phrasing seems likely to have been intended to emphasise and clarify the unity of the crafts within the company, rather than undermine it: see GL, MS 11638.

[27] GL, MS 11588/2, ff. 586, 608; *Commons Journals*, i, 437 (12 June 1610). No draft of the bill survives, but a manuscript entitled 'The Substance of the Bill Concerning Apothecaries' gives a précis which, from internal evidence, refers to this Bill: BL, Lansdowne MS 487, ff. 196v-198r

[28] On the Cutlers and Goldsmiths: R. Ashton, *The City and the Court, 1603-1643* (Cambridge, 1979), p. 54.

of London had long been incorporated independently 'whereby the abuses of their Arte are very much reformed'.[29]

This petition successfully began a lengthy process which, after much debate, culminated in the charter incorporating the Society of Apothecaries being sealed in April 1617.[30] Along the way, the terms of the charter were moderated, with the exemption from the parish offices of watch and ward included in the original draft being removed. Nevertheless, the charter remained controversial as it forcibly translated all apothecaries in London into the Society irrespective of their original company, included aliens (people not born in England), in the company, and gave the members of the Society a monopoly of the manufacture and sale of medicines and many related commodities.

It is striking that the charter ever reached the Great Seal. Similar patents, such as the new charter granted to the Cooks' Company in 1614 had recently failed.[31] From the beginning the Grocers had marshalled an impressive array of forces against the apothecaries' separation. They had the strong support of the Court of Aldermen, who funded their efforts and gave them the assistance of city officials, including the Recorder, City Solicitor and Remembrancer. A number of prominent physicians, including Sir William Paddy, and several senior apothecaries, among them George Shieres, one of the royal apothecaries, and the apothecaries identifiable in the Grocers' Court of Assistants, Anthony Soda and Roger Gwynne, were ranked alongside them against the new company. It is possible that the delays and additional

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[29] Versions of the petition survive in the minutes of the Grocers (GL, MS 11588/2, ff. 811-2) and the papers of the Apothecaries (GL, MS 8251, f. 68r).
[30] Before reaching this point, the arguments and influence of both supporters and opponents of the separation were displayed at a long series of hearings were held before various judges, law officers, and the Privy Council: Wall, *Society*, pp. 8-22, 216-20; Roberts, 'Apothecaries', pp. 197-218.
[31] *Analytical Index to the Series of Records Known as the Remembrancia*, ed. W. H. Overall (London, 1878), pp. 96, 97-8.

hearings that faced the charter when it reached the Lord Chancellor, Baron Ellesmere, in 1616, owe something to his connections with the Merchant Adventurers and East India Company – both organisations including numerous senior members of the Grocers.[32] In addition, the Grocers attempted to shame the separatists back into the fold, and to demonstrate both their ability to police the apothecaries and willingness to reform the craft further, even drawing their efforts to the personal attention of Theodore de Mayerne, one of the royal physicians who was supporting the separation.[33] The strength of the resistance they overcame is a good measure of the apothecaries' influence and support.

The sealing of the charter in 1617 was by no means the end of the opposition to the Society's establishment; the dispute continued fiercely for some years in the Privy Council, Court of Star Chamber, Parliament and the Court of Aldermen. However, after the grant of the charter, the focus of opposition to the Society shifted to more limited aims: preventing the forced movement of freemen apothecaries into the Society; destroying the monopoly of making and selling medicines it had been given; and defending as far as possible the customary privileges of London. The Grocers had some early successes. The extent of the Society's monopoly was narrowed significantly at hearings before a committee of the Privy Council in 1618 and 1619, whose report in June 1619 gave grocers the right to wholesale a number of drugs and simples, with the exception of several powerful chemical medicines, poisons, and the 'epidemical antidotes' mentioned in the Society's charter.[34] The

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[32] Ellesmere also refused the patent for licensing inns and delayed the patent for the manufacture of gold and silver thread, which was passed by Bacon: G. Unwin, *The Gilds and Companies of London*, 4th edn. (London, 1963), pp. 315-16. See: L. A. Knafla, *Law and Politics in Jacobean England: The Tracts of Lord Chancellor Ellesmere* (Cambridge, 1977).

[33] The Assistants both lectured apothecaries personally and printed a sermon on loyalty: GL, MS 11588/2, f. 816; R[oger] F[enton], *A Sermon Preached on the 8. Day of May 1615...at an Anniversarie Solemnitie and Assemblie of the Companie of Grocers of London* (London, 1615). For their measures to reform apothecaries: GL, MS 11588/2, ff. 826, 836, 839, 895; MS 11588/3, ff. 36, 39.

[34] On the hearings: CLRO, Rep. v. 33, f. 427v; GL, MS 8292; GL, MS 8200/1, f. 11. The reserved substances were arsenic, mercury sublimate, oil de bay, nux vomica and mastic. A copy of the order is

Court of Aldermen also delayed the enrolment of the Society's charter, and the Grocers nearly succeeded in bankrupting the Society over the loan for the defence of the Palatinate in 1620.[35] Following the incorporation, however, opposition to the Society had become inseparable from debates over the royal prerogative. Inevitably, the crucial forum for opponents of the separation thereafter was Parliament, where the prerogative and the creation of monopolies was already coming under intense scrutiny.[36]

London companies were highly able Parliamentary lobbyists and much energy was expended by both Grocers and Apothecaries to achieve a definitive resolution to the dispute. As well as offering the Grocers the best chance to have the apothecaries' charter overturned, Parliament could equally provide statutory confirmation for the Society's charter which would largely protect them against further opposition.[37] None of the petitions for and against the Society submitted to the Parliament of 1621 received a hearing before the Parliament was prorogued, although with accusations of bribery relating to the charter numbered among the charges against Francis Bacon, the case against the Society must have seemed strong, although of relatively minor importance.[38] The 1624 Parliament also received petitions from the Society, seeking

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in GL, MS 8251, ff. 28r-30v. It was a decision which reflected worries that would surface again in the 1630s: C. Webster, 'William Harvey and the Crisis of Medicine in Jacobean England', in J. J. Bylebyl (ed.), *William Harvey and His Age: The Professional and Social Context of the Discovery of the Circulation*, (*Bulletin of the History of Medicine*, Supplement, new series, no. 2, 1979), p. 12.

[35] On enrolment: *Remembrancia*, ed. Overall p. 110. On the loan: GL, MS 11588/3, ff. 164, 165, 168; GL, MS 8200/1, ff. 49, 60, 66, 67; CLRO, Rep. v. 35, f. 210v; CLRO, Remembrancia, V, 102, 118, 119; VI, 10; PRO, SP 14/121: 43, f. 97. The loan remain unpaid until 1627.

[36] T. Cogswell, *The Blessed Revolution: English Politics and the Coming of War, 1621-1624* (Cambridge, 1989); E. R. Foster, 'The Procedure of the House of Commons against Patents and Monopolies, 1621-1624', in W. A. Aiken and B. D. Henning (ed.), *Conflict in Stuart England. Essays in Honor of Wallace Notestein* (New York, 1960), pp. 59-85. A detailed, but ultimately unconvincing, reassessment has been offered in: C. Kyle, '"But a New Button to an Old Coat": The Enactment of the Statute of Monopolies 21 James I Cap.3', *Journal of Legal History*, 19 (1998), pp. 203-23.

[37] I. Archer, 'The London Lobbies in the Later Sixteenth Century', *Historical Journal*, 31 (1988), pp. 17-44; D. M. Dean, 'Public or Private? London Leather and Legislation in Elizabethan England', *The Historical Journal*, 31 (1988), pp. 525-48.

[38] Petitions were sent by the Grocers' Company, the distillers of London (distillation being part of the Society's monopoly), and the Society of Apothecaries. The Grocers' concern with this Parliament is underlined by their decision to ensure that London residents would be Wardens that year as the cause demanded 'great attendance paynes care and trouble': GL, MS 11588/ 3, ff. 172, 181, 209, 270; PRO,

to confirm its charter, and from the Grocers, whose inclusively titled petition from the 'Marchants, Grocers, [and] Drugists being interrupted in theire trades by the Apothecaries' was submitted to the Commissioners for Grievances with the support of the Court of Aldermen.[39] Carefully balancing the preservation of civic privileges against open criticism of the Crown, the Grocers' petition emphasised that its authors did not intend to question the Society's charter or separation, nor did they seek liberty to *make* medicines. Rather, they sought their customary liberties as London citizens to be restored in the retail trade in medicines. The petition was tailored to appeal to the concerns of the Commissioners who, on 6 April 1624, 'adjudged the Apothecaries letters patente to bee voyd in law and damned the same', as the Grocers' Court of Assistants noted.[40]

The Commissioners' order was, in fact, not quite so overwhelming. They only condemned those parts of the charter challenged in the petition: the forced translation of freemen, and the apothecaries' monopoly of drugs, distillation and conserves. Indeed, they concluded that 'the sayd Apothecaries should have the sole confection and making all medicaments within the Citty of London which require art and skill and are for the body of man' and permitted them to submit a bill to that end.[41] Nevertheless, buoyed up by success, the next month the Grocers' Company ordered

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SP 14/119: 113, f. 230; 14/119: 135, f. 265-7; GL, MS 8200/1, ff. 41, 51, 56, 67; W. Notestein, F. H. Relf & H. Simpson, *Commons Debates, 1621*, 7 vols. (New Haven, 1935), v, 259; vii, 327. The Barber Surgeons' Company also considered petitioning against the Society's charter; however they were more concerned with the charter recently secured by the College: GL, MS 5257/4, ff. 333, 337, 338.

[39] GL, MS 11588/3, f. 239; CLRO, Rep. v. 37, f. 184; CLRO, Remembrancia, VI, 17; *Commons Journals*, i, 770 (19 April 1624); i, 79 (29 May 1624); GL, MS 8200/1, f. 130. The Commissioners for Grievances were investigating monopolies and general abuses (they were also petitioned by the Barber-Surgeons' Company: GL, MS 5257/5, f. 30 (20 April 1624)): S. D. White, *Sir Edward Coke and the 'Grievances of the Commonwealth'* (Manchester, 1979), pp. 33-4; B. Malament, 'The "Economic Liberalism" of Sir Edward Coke', *Yale Law Journal*, 76 (1967), pp. 1321-58.

[40] GL, MS 11588/3, f. 242. In November 1623 a committee from the Society of Apothecaries had appeared before the Commissioners: GL, MS 8200/1, f. 124.

[41] *Commons Journals*, i, 756 (6 April 1624); GL, 11588/3, ff. 273-4.

that they would admit that those who had been apprenticed to freemen of the Grocers, even if their masters had later joined the Society.[42]

For a moment in 1624 the Grocers' Company seemed to be winning. This would not last, as we shall see. But while the structure of events can be set out fairly clearly, thus far we have skirted around the reasons why the institutional arrangements at stake were of much concern at all. This now needs to be addressed.

The support of College and Crown

For the Court of Aldermen and the Grocers the very idea of separation was objectionable, particularly because of the precedent it set. The forced translation of freemen and new monopoly were added barbs to an already unacceptable act, particularly as the Grocers had only recently lost part of their trade under the starch makers' monopoly created in 1607. However, to appreciate why it inspired such an expenditure of time and money on *both* sides of the dispute, and what held together the coalition of patrons, physicians, and artisans that enabled the apothecaries' separation to succeed against such powerful resistance, we need to return to the small print of the Society's charter.

The terms of the Society's charter were unusual for a London company. In particular, it created a close relationship and dependency between the new company and the College of Physicians. The new Society was obliged to consult the College over by-laws regarding medicines, and, as in Paris, to have those seeking to become freemen examined by a physician appointed by the College. As it was put in a royal

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[42] GL, 11588/3, f. 276.

proclamation of 1620, the Society was to 'have a speciall relation and dependancie upon the Colledge of Phisitians, and in that respect differed from the general case of other Companies'.[43] The apothecaries thereby conceded some of the powers the College had sought in the 1560s. If the charter had also contained the restrictions that had been agreed in 1614 by the apothecaries and two of the royal physicians, Henry Atkins and Theodore de Mayerne, the position of the Society would have been even more subordinate.[44] These original terms would have imposed an oath on apothecaries limiting them to filling the prescriptions of College physicians, again as in Paris, forcing them to report irregular practitioners, and forbidding them from practising or giving advice, substituting ingredients without permission, or supplying certain drugs without a prescription.[45]

In exchange for giving their crucial support to the separation, the physicians were exacting a high price. Rather than gaining full independence, the apothecaries were to be dependent on the College of Physicians. The 1610 bill had envisaged the apothecaries 'remaining still in general one Company with the Grocers', with separate government among themselves 'so far forth as concerneth their own Art and profession', much as had been suggested in the 1580s.[46] Now the apothecaries were to be entirely divided from the Grocers and instead subjected to College supervision.

Although power over the apothecaries was obviously attractive, the support of the College of Physicians was not given automatically. The College's wariness was

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[43] J. F. Larkin and P. L. Hughes, *Stuart Royal Proclamations*, 3 vols. (New Haven, 1964-9), i, 490.
[44] These conditions were recommended by Francis Bacon and Sir Henry Yelverton, the law officers to whom the petition had first been referred, but for some reason were omitted from the final draft. The referees report is in GL, MS 8251, f. 84v.
[45] The headings agreed between the Royal apothecaries, de Mayerne and Atkins, and the apothecaries were drawn up between 5 April and 13 May 1614. A copy signed by 76 apothecaries survives in the Society's papers: GL, MS 8251, f. 68r. They were discussed by the College on 23 May 1614: CPL, Annals, iii, 57. On Parisian regulations: Brockliss, *Medical World*, p. 216.
[46] BL, Lansdowne MS 487, f. 196v.

understandable: in the past, changes in the organisation of the apothecaries had largely been ventured as a means to resist the College's supervision, while supporting the separation meant alienating the Court of Aldermen and Grocers – a high price for a body already struggling to control irregular practitioners in London. It was up to the royal physician Atkins (de Mayerne was not a member of the College until 1616) to convince the College to support the separatists against the opposition of a number of senior fellows, notably Sir William Paddy, some of whom had close links to the Grocers' Company.[47] Atkins had several prizes to offer. No doubt many physicians appreciated the promise of better-made medicines which was linked to the separation; this would, the supporters of separation argued, advance physic and remove a source of slurs on the physician's skill. But perhaps most important in swinging the College behind the separation was that it offered the physicians a weapon against their own rivals.

The apothecaries' charter would place the apothecaries 'in servitude' to the College as they never had been before, as Atkins emphasised when he made the case for their separation.[48] The College had identified increasing control over the apothecaries as an important instrument against irregular practitioners, and had recently obtained from the Privy Council an order that apothecaries should allow the physicians to inspect all unlicensed practitioners' prescriptions that they received.[49] Through the punitive structure of oaths and ordinances which Atkins and de Mayerne

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[47] Roberts suggests the College were 'delighted' to hear of the petition: 'Apothecaries', p. 202; however, avoiding internal division over the separation was a problem for the College and measures were taken to prevent public dissent: CPL, Annals, iii, 68 (13 Feb 1614/5), 69 (14 Feb 1614/5). Paddy had strong links to several companies, including the Barber-Surgeons, where he held the surgery lectureship until 1609.

[48] CPL, Annals, iii, ff. 16v, 20v (*original MS*). I am grateful to Frances White for her assistance with the translation of this passage; the version in the transcript and translation is inaccurate. H. J. Cook, 'Policing the Health of London: The College of Physicians and the Early Stuart Monarchy', *Social History of Medicine*, 2 (1989), pp. 14-15; Clark, *College*, i, 220-3.

[49] CPLA, iii, 44 (order dated 22 April 1613). Measures earlier in the 1610s include ordering licentiates not to consult with quacks, and the College had been debating how to make a stand against empirics the month before: CPL, Annals, iii, 36 (1612), 56 (18 Apr 1614).

negotiated, the charter would have stopped apothecaries practising physic themselves and made them into weapons against irregular practice.[50] Though these clauses were missing from the final version, the College did in fact win more extensive new powers than the Society's charter suggested. In the royal proclamation of 1618 that ordered that none but freemen of the Society of Apothecaries should work as apothecaries in London, the College was given the job of composing a pharmacopoeia for apothecaries (both in London and nationwide), and apothecaries were ordered to follow its recipes unless directed otherwise by a physician's prescription, thereby restoring one of the lost clauses.[51]

From 1614, two of the royal physicians, Atkins and de Mayerne, the royal apothecaries, de Laune, John Wolfgang Rumler, and Lewis Lamoire, and Atkins' apothecary, Edmund Phillips, who was to become the first Master of the Society, established an alliance between the apothecaries and the College and which gave it crucial patronage at Court.[52] Influence at Court was a key factor in the successful incorporation of many Stuart companies, and while the connections of the apothecaries, particularly through de Laune, should not be underestimated, many of the most senior apothecaries, including Shieres, the King's apothecary, and Gwynne, an Assistant of the Grocers' Company, were opposed to separation.[53] As has been mentioned, de Mayerne and Atkins played a direct role in shaping the separation over the next few years, advising Francis Bacon and Sir Henry Yelverton, the referees who

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[50] GL, MS 8251, ff. 70r-72r. Unfortunately for the physicians, the most limiting clauses of the draft Charter did not survive in the final version, and the apothecaries did 'verie little' in practice to help the College: PRO, STAC 8/44/9, ff. 26r-26v. The reason for the loss of these clauses has been debated inconclusively several times: Wall, *Society*, pp. 20-1; Roberts, 'Apothecaries', pp. 215-16.

[51] Dated 26 April 1618: Larkin, *Royal Proclamations*, i, 389-90.

[52] De Mayerne had only recently arrived from Paris, where he had been physician to Henri IV, and it seems likely that he was drawn into the affair by his fellow émigré de Laune. While Cook argues that de Mayerne was pivotal, Atkins' part in the separation should not be understated, particularly given his association with Phillips: Cook, *Decline*, pp. 95-6. See also: Jacques, *Essential*, chapter 4, p. 5; Matthews, *Royal Apothecaries*, pp. 89-90, 92-100; H. Trevor-Roper, 'The Court Physician and Paracelsianism', in Vivian Nutton (ed.), *Medicine at the Courts of Europe, 1500-1837* (London, 1990), pp. 79-94.

[53] Ashton, *City*, pp. 73-4. On Shieres, see: Matthews, *Royal Apothecaries*, pp. 84-5.

examined the petition, and deliberating on the ordinances that should be included in the patent.[54] Their part was underlined following the incorporation, when the first Master and Wardens of the Society took their oaths before them. The usefulness of the royal physicians' influence at Court was also recognised by the College. In 1616, shortly before the College won a new charter and a warrant from the Privy Council against empirics, de Mayerne was elected a fellow, and the royal physicians were given precedence over all fellows save the President.[55]

While due regard must be given to the part the royal physicians and de Laune played at Court on behalf of the apothecaries, it would be a mistake to assume that royal support for the separation was given purely at their behest. Some measure of the Crown's interest in the new Society can be gauged from James I's reaction to the Society's inclusion among the grievances compiled by the 1624 Parliament.[56] James disagreed with the complaint against the Apothecaries in his response to Parliament on 29 May, commenting:

> I myself did devise that Corporation & doe avowe it: The Grocers are but merchaunts, the mixture of those Apothecary wares belongs to the Apothecaries wherein the Grocers have noe skill, & therefore I thinke it fitt they should be a Corporation by themselves.[57]

James went on to condemn the Grocers for importing bad wares and thinking that 'no man must controule them'.[58] When the Society of Apothecaries, chastened by their

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[54] The terms of James I's reference to the law officers stated specifically that they were to call the two royal physicians before them, and, if incorporation was necessary, then they should take their advice on its form: GL, MS 8251, f. 68v. The physicians' influence is apparent in the referees' report which suggested that some 'principall ordinances', to be made with their advice, should be inserted in the patent: GL, MS 8251, ff. 84v, 69v.

[55] Cook, 'Policing', p. 16.

[56] On learning of the possible inclusion of the Society's charter among the grievances, secretary Conway wrote to the Solicitor General dismissing assertions that the King's intention had been perverted by unscrupulous apothecaries and ill counsel: the patent was passed by 'his meere choice and iudgment for the health of his people'. Unfortunately, these attempts to prevent the Society's patent from being included among the Parliament's grievances came too late: Conway's letter was dated the 25 May, the same day that the Commons agreed to include the letters patent of the Apothecaries among those to be submitted to the King: PRO, SP 14/165: 40, f. 78; *Commons Journals*, i, 795 (25 May 1624). James also referred 'The Quest betwene ye Potticaries and Grocers' in his speech to the City in May: CLRO, Remembrancia, VI, 44.

[57] PRO, SP 14/165: 57, f. 133. A briefer account of his speech simply recorded him as stating that he considered the Society 'as a general good': PRO, SP 14/167: 10.

[58] PRO, SP 14/167: 10; GL, MS 8251, f. 81r.

inclusion among the grievances, ordered that they would not put their Charter fully into execution until given 'further power' from Parliament, the King issued a warrant to the company instructing them to proceed in the due execution of their charter, notwithstanding the condemnation they had faced in the last session of Parliament.[59] Undoubtedly, James' approach was designed to defend his use of the prerogative to create monopolies in the defence of the commonweal – an area in which there was common agreement that monopolies were justifiable – but there seems to have been more to the king's interest than this alone.[60]

In fact, James seems to have taken a personal interest in the new Society. His patronage gave it a great advantage in overriding delays and objections.[61] As Bacon commented in his own plea for the Apothecaries to be left alone, the separation was a 'work which the King made his own, and did and as I hear doth take much to heart'.[62] The King's interest is not surprising in light of his earlier record. The Society followed continental precedents, as James earlier had when he established the Faculty of Physicians and Surgeons of Glasgow with supervision of apothecaries in 1599.[63] Moreover, James' notion of kingship included a sense of duty to the physical, as well

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[59] GL, MS 8200/1, f. 132; PRO, Sign Manual, 16: 6.

[60] This extends to Coke, who focused his attack on the Apothecaries' charter on the issue of their right to separate, and their monopoly of distilling and the drug trade. The Committee of Grievances, which he chaired, agreed, nonetheless, that a private bill restricting the manufacture of 'physical composures or potions' to 'men of skill and experience' would be welcomed: White, *Coke*, pp. 123-4.

[61] The majority of historians have ignored or dismissed suggestions that James took a personal interest in this matter: Cook, 'Policing', p. 17. Recent reassessments of the King's character make his involvement much more reasonable: R. Lockyer, *James VI and I* (London, 1998), pp. 1-5, 34-49; J. Wormald, 'James VI and I, *Basilikon Doron* and *the Trew Law of Free Monarchies*: The Scottish Context and the English Translation', in Linda Levy Peck (ed.), *The Mental World of the Jacobean Court* (Cambridge, 1991), pp. 36-54. See also: W. B. Patterson, *King James VI and I and the Reunion of Christendom* (Cambridge, 1997).

[62] *The Letters and the Life of Francis Bacon Including All His Occasional Works*, ed. J. Spedding, 7 vols. (London, 1861) vii, 514-5.

[63] J. Geyer-Kordesch and F. McDonald, *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow, 1599-1858* (London, 1999), pp. 9-10. While local interests can be discerned in Glasgow, when James ordered the Scottish Parliament to establish a College of Physicians in Edinburgh in 1621 his actions seem not to have been inspired by a petition or the work of a local patron: it was left to Parliament to find out who was fit to be included in the College: W. S. Craig, *History of the Royal College of Physicians of Edinburgh* (Oxford, 1976), p. 41. The planned Edinburgh College also included supervision of apothecaries.

as the commercial and spiritual health and well-being of his subjects. Although we must be alert to the influence of traditions of royal rhetoric, he does seem to have felt a responsibility to 'procure the weale of both soules and bodies'. This is apparent both in his *Counterblast against Tobacco* and in the way in which the Society's charter was defended in 1624 as being concerned with 'that which most properly belongs to him [the King], care of the publick and good of his people'.[64] The 'manifold abuses' of unskilful apothecaries were therefore very much within his perception of his remit.[65]

James I's concern with this matter was unusual. At the 1625 Parliament, Charles I took a far more moderate position on the question, leaving it to Parliament to remedy any error in the Apothecaries' patent.[66] The change in regime appears to have deeply affected the form the Society gave to the 1626 Bill to confirm its Apothecaries charter, in which many controversial areas were watered down.[67] Although it would have secured the existence of the Society, the Bill would have also limited the translation of apothecaries to the apprentices of freemen apothecaries, not the freemen themselves, and would have given them a monopoly of making and selling medicines that did not extend to the more controversial areas of conserves, distillation and wholesaling. Moreover, the text of the Bill emphasised that the Mayor and City were to have the same powers over the Society as they had over other

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[64] James VI and I, *The True Lawe of Free Monarchies: Or, the Reciprock an Mutuall Dutie Betwixt a Free King, and His Naturall Subjects* (Edinburgh, 1598), sig. B4^{r}; PRO, SP 14/165: 40, f. 78; James VI and I, *A Counterblaste to Tobacco* (London, 1604).
[65] PRO, SP 14/94, f.173.
[66] He did 'not think fit it should be left without government in the meantime': *Proceedings in Parliament 1625*, ed. Maija Jansson and William B. Bidwell (New Haven, 1987), pp. 302, 307.
[67] PRO, SP 14/163: 14, ff. 19-27; *Commons Journals*, i, 823, 830, 851. The Act was entitled 'An Act for the Avoiding of Deceits and Abuses in making and Compounding of Physical Receipts and Medicines and for the Suppressing of Empericks in and about London and seven miles'. In *CSPDom, 1623-1625*, p. 218 the draft of this Act is incorrectly attributed to [19 April] 1624; however internal evidence, principally a paraphrase of Charles I's comment on the case in 1625, dates it as being from 1626.

companies. The Grocers still petitioned against the Bill, which also failed, but tensions between the two Companies gradually lessened over the rest of the decade.

The role of the King and Privy Council in the separation also reflects their worries about the control of plague and poisons in London – concerns which were motivating other elements of Crown policy at the time. London had seen an epidemic in 1603 and plague deaths had continued to occur in significant numbers until 1610. A series of notorious poisonings – most famously the Overbury case – had also recently shaken the city and Court, heightening fears about the dangerous wares sold by apothecaries, who were implicated in several of these cases.[68] As we have seen, the Privy Council had already shown concern that the College should be able to regulate apothecaries, presumably in response to these problems, much as Queen Mary had in the 1550s. These issues are apparent in the 1614 charter, which made much of apothecaries' extraordinary responsibilities towards patients and physicians during epidemics and which gave the Society a specific duty for 'epidemicall antidotes', in particular theriac and mithridatium, medicines considered effective against plague and poison.[69]

It should be emphasised that theriac and mithridatium were complex, expensive and important compound medicines. In several parts of Europe their manufacture was already subject to special supervision, most famously in Italy where their preparation had become a public ceremony in which the town physicians directed the apothecaries. The Venetian manufacture even came to attract English tourists, such as John Evelyn, who thought it 'extremely pompous and worth seeing'

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[68] A. Somerset, *Unnatural Murder: Poison at the Court of James I* (London, 1997); T. Pollard, 'Beauty's Poisonous Properties', *Shakespeare Studies* 27 (1999), pp. 187-210.
[69] See, for example: GL, MS 8251, f. 77r.

after his 1646 visit.[70] Under rule 13 of the ordinances of the Society, the manufacture of theriac and mithridatium in London was now to be 'publikly dispensed and ye ingredients Viewed by ye President and Censors of ye Physitians of London'. No additional or substitute drugs were to be included in these compositions and they were only to be sold by approved apothecaries. Given royal concerns about plague and poison, it is unsurprising that the only survival of the College's original ambitious plans for regulation should concern these key medicines. Subsequently, as mentioned earlier, a number of strong chemical medicines and poisons were restricted by the Privy Council commissioners' decision of 1618 about what goods grocers and apothecaries could sell, and, more generally, the threat of bad – or incompetently made – medicines was addressed through the *London Pharmacopoeia* (1618).[71]

In supporting measures to separate and regulate the apothecaries in this period, the Crown and Privy Council were showing a greater interest in controlling medical practice than at any time since the 1550s – another decade particularly marked by epidemics. However, while these fears about plague and poison seem to tie the separation to a particular political and social moment, the Society of Apothecaries might equally be seen as a product of the extension of 'absolute power' for the benefit of the public weal which Paul Slack has recently argued was a feature of the half-century from 1580 onwards, and in a wider context as part of an even longer Crown activism about commonwealth matters.[72] Even if they were marked by specifically Stuart absolutist aspirations, these measures were in practice simply another reformulation of a political concern with the commonweal that possessed a much

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[70] G. Watson, *Theriac and Mithridatum: A Study in Therapeutics* (London, 1966), pp. 104-6; *The Diary of John Evelyn*, ed. E. S. de Beer, 6 vols., (Oxford, 1955), ii, 478

[71] The purpose behind the pharmacopoeia has been debated, albeit somewhat inconclusively: G. Urdang, 'The Mystery About the First English Pharmacopoeia', *Bulletin of the History of Medicine*, 12 (1942), pp. 303-14; M. P. Earles, 'The Pharmacopoeia Londinensis 1618: A New Look at an Old Problem', *Pharmaceutical Historian*, 12 (1982), pp. 4-5.

[72] P. Slack, *From Reformation to Improvement: Public Welfare in Early Modern England* (Oxford, 1999).

longer history.[73] The Crown's actions in the 1610s were not significantly different in type from earlier measures and the arguments behind the separation were, in many ways, similar to those made a century earlier for the College of Physicians.[74]

The apparent novelty of Stuart medical regulation evaporates further when it is placed alongside older systems for the control of foods, drugs and the urban environment, such as the bread assizes, building regulations, and water supply, which continued to operate and be extended in this period.[75] In this, Crown policies reflected the wide-ranging and holistic conceptualisation of health and disease expressed in the Galenic tradition. Concern with health – at all levels of government, not just among the Crown and its advisors – had long mingled freely with issues of moral policing, labour equity and just price in the regulation of markets and the environment.

A great many trades were important in preserving the health of the people of early modern London. When discussing reforms, we must be careful about uncritically accepting the apothecaries' claims to be a special case by virtue of their medical role. The apothecaries justified their separation by maintaining that their craft was different, for it 'consisteth of learninge', and was 'not comparable with any trade in London' for it concearned 'the life and health of man'.[76] This idea had some force, and appeared to influence both the King and Parliament, as we have seen. However, medicines and foods were part of a continuum of health-related substances in which many substances, such as chocolate, tobacco, and a large number of spices, were defined by their context and use at a particular time: all those who dealt in or

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[73] In counsellors such as Francis Bacon, these positions still found a voice at the Stuart Court: J. Martin, *Francis Bacon, the State and the Reform of Natural Philosophy* (Cambridge, 1992), pp. 6-22; Slack, *From Reformation to Improvement*, pp. 59-60.
[74] Webster, 'Thomas Linacre', pp. 200-22.
[75] P. Slack, 'Books of Orders: The Making of English Social Policy, 1577-1631', *Transactions of the Royal Historical Society* (1980), pp. 1-21; T. G. Barnes, 'The Prerogative and Environmental Control of London Building', *California Law Review*, 58 (1970), pp. 1332-63.
[76] GL, MS 8251, f. 76r.

manufactured such substances could justifiably claim to be concerned with the health of the people.[77] The reverse of this was also true: as was demonstrated later in the Star Chamber cases of the early 1620s, a significant number of apothecaries saw their craft as being fundamentally no different from the others incorporated within the Grocers' Company. This sense of proximity between the apothecaries and other trades was apparent in the later debates and the frequent references to corporate and craft privileges which abounded in them. Both the apothecaries' pretensions to singularity and their complaints about fraud and deceitful practices in their craft were, to a large degree, formulaic. They were virtually indistinguishable from similar complaints – essentially about the failure of companies to enforce ordinances – made from within the Goldsmiths', Leathersellers', Cutlers', Skinners' and Fishmongers' Companies at around the same time.[78] Calls for the reformation of abuses in crafts and trades were ubiquitous because they gave freemen the means to challenge one of the central premises on which a company's privileges were founded.

Even the powers given to the new company to maintain standards were hardly novel: the examinations of new freemen bear comparison with the introduction of proof-pieces in the Cordwainers' Company in 1608; while the unification of apothecaries in one company was presaged in the Cooks' Company unsuccessful attempt to achieve the same end in their disallowed 1605 charter, and in the power given to several companies, including the Glaziers, Clockmakers and Dyers, to supervise craftsmen in other companies, as well as by earlier attempts to recreate

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[77] See, for example, the Gardeners' Company who mentioned producing 'much wholesome food and physic necessary for men's bodies' in their 1656 petition for a confirmation of their charter: Thirsk, *Economic Documents*, p. 267. On the varying understandings of exotic substances: R. Matthee, 'Exotic Substances: The Introduction and Global Spread of Tobacco, Coffee, Cocoa, Tea, and Distilled Liquor, Sixteenth to Eighteenth Centuries', in R. Porter and M. Teich (ed.), *Drugs and Narcotics in History* (Cambridge, 1995), pp. 24-51.

[78] Ashton, *City*, pp. 54-5; C. Welch, *History of the Cutlers' Company of London*, 2 vols. (London, 1919-23), ii, 43-6; J. J. Lambert, *Records of the Skinners of London, Edward I to James I* ([London], 1933), pp. 341-3.

craft-company homogeneity.[79] A similar case can also been made about the introduction of the *Pharmacopoeia Londinensis*, which set out the authorised recipes for medicines. Although it mimics continental dispensatories, the pharmacopoeia also possesses parallels with procedures in other guilds, such as the Stationers' registers of books or the Pewterers' 'sizings', in which the weight and form of wares was set out.[80] Within the Grocers' Company the office of garbler illustrates the continuity of this blend of trade and health regulation. Garbling – the cleansing and sorting of spices and drugs – had been initiated as an aspect of trade regulation in the late fourteenth century.[81] Its justification was medical as well as commercial: spices were central to both medicine and food 'being aliments and nutrimentes to restore and preserue the health of man, or to preuent some infirmitie and diseases'.[82]

A politics of profit?

One crucial question remains to be addressed: why did the apothecaries and their allies wish to establish a separate company? The Grocers repeatedly impugned the apothecaries' motives, suggesting separation was the self-interested plan of certain disgruntled and overly ambitious individuals seeking preferment and office.[83] This may hold for a few of those involved, most obviously de Laune, who gained his

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[79] Unwin, *Gilds*, p. 264.
[80] R. Homer, 'The Pewterers' Company's Country Searches and the Regulation of Prices', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800*, (London, 2002), pp. 101-14.
[81] Nightingale, *Mercantile Community*, pp. 337-8.
[82] *A Profitable and Necessary discourse...[on] Garbelling* (London, 1592), p. 4. The preamble of a 1604 statute 'for the well garbling of Spices' succinctly expresses this: abuses in the trade in drugs and spices were 'to the jeapardie of his Majesties person, and of his Subjects usinge the same in theire Meates Drinkes and other needfull Occasions, and to the greate Deceipte Losse and Hinderance of such of his Majesties Subjects as shall buy the same': 1 James I, c. 19. Similar arguments were made for another act passed that Parliament: 'An Acte for avoydinge of deceiptfull sellinge buyinge or spendinge corrupte and unwholesome Hoppes', which concerned itself both with the frauds of merchants in packing them and the 'danger of Sicknesse' from Brewers using such false and unclean hops, 1 James I, c. 18. In 1619 garbling was extended to tobacco on similar grounds: *Commons Debates, 1621*, Appendix B, pp. 457-9. The Grocers' Company were still concerned with failures by the garbler and his use of unskilful servants with 'no judgment in the true distinguishing and separating of spices and druggs which are good and what bad' in the 1630s: GL, MS 11588/3, f. 521.
[83] Ward concurs with the Grocers: *Metropolitan Communities*, p. 120.

freedom and access to company and civic office from the separation. Yet, as was repeatedly emphasised by the defendants in the Star Chamber suits that the Society promoted against those who resisted translation in the 1620s, the apothecaries lost numerous benefits with their independence – access to charitable loans, almshouses, scholarships and the like. There is little obvious attraction to abandoning membership of one of the most rich and powerful companies in London, largely mercantile in orientation and genteel in recruitment, for subservience to the College, a small and often marginal, middling institution.[84]

One explanation has been proposed by George Unwin, who argued that the frequent splits within large and prestigious London Companies at this time was the result of the alienation of the craft-oriented small masters from the merchant-dominated Courts of Assistants which ran the companies, who were failing to enforce the ordinances which protected the craftsmen against the growing power of large capitalists.[85] But while enforcement was an issue in the Society's separation, there is little indication of a growing division between merchants and apothecaries in the Grocers' Company. Unlike some craft splinter-groups, the separatist apothecaries did not complain of any dependency upon their wholesale suppliers. Nor were apothecaries' interests without representation in the government of the Grocers: a number of apothecaries were liverymen, and several had become Assistants. Economic motives were nonetheless relevant. The apothecaries' separation fits well with Robert Ashton's argument that many of the attempts to subdivide large companies aimed to recreate a traditional form of craft organization, privileging a

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[84] W. J. Birken, 'The Fellows of the Royal College of Physicians of London, 1603-1643: A Social Study' (University of North Carolina at Chapel Hill, Ph.D. thesis, 1977), pp. 377, 383; M. Pelling, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in H. Marland and M. Pelling (ed.), *The Task of Healing* (Rotterdam, 1996), pp. 102-15.
[85] G. Unwin, *Industrial Organization in the Sixteenth and Seventeenth Centuries* (Oxford, 1904), pp. 126-47. Roberts finds this argument convincing: 'Apothecaries', pp. 206-8, 286.

rough economic equality between members and the idea of company-craft homogeneity.[86] Those apothecaries who formed the Society can largely be traced back to a small group of apothecary-freemen of the Grocers' Company in the mid-sixteenth century; the separatist apothecaries shared a sense of what a trained apothecary was, and, whether fairly or not, they exercised it in refusing to admit certain people to the new company.[87]

More important than the dream of recreating traditional economic structures, however, was the chance to gain a monopoly over the making of medicines and the sale of a wide range of related commodities. The charter stated that only members of the Society were

> To make, mix, compound, prepare, give, apply, or administer any Medicines, or any way to sell, set on sale, put forth, or put to sale to any person or persons whatsoever, any Compound medicines, or medicinable Compositions.

The monopoly was enforceable with a fine of £5 for each month which an apothecary worked in the city without permission (the rights of College physicians and freemen of the Barber-Surgeons were excepted), and was included in the 1618 royal proclamation announcing the London Pharmacopoeia. The late sixteenth and early seventeenth centuries were the highpoint of opportunistic monopolies, and the numerous Stuart incorporations were closely linked to this movement.[88] The apothecaries' desire for incorporation and the support they received is comparable to the mingling of public and private interest that Joan Thirsk discerned in so many other contemporary projects.[89] In this case, though, the nature of the monopoly needs further examination. The apothecaries' monopoly has been seen as an attempt to corner a new and expanding market in exotic and chemical medicines. It is

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[86] Ashton, *City*, pp. 53-70.
[87] Jacques, *Essential*, chapter 2.
[88] Unwin, *Gilds,* pp. 317-9; J. Thirsk, *Economic Policy and Projects: The Development of a Consumer Society in Early Modern England* (Oxford, 1978), pp. 98-9.
[89] Thirsk, *Policy and Projects*.

questionable whether the move was in fact so positive and opportunistic.[90] Traditional rather than new products were the main concern of the monopoly – the entire idea may have been an effort to bolster prices which were falling rapidly as new trade routes expanded. It is plausible that the separation from the Grocers was a defensive measure, mirroring the increasingly numerous prosecutions of unlicensed practitioners by the College of Physicians in this period.

The attractions of a monopoly lead us to the question of what motivated the apothecaries' patrons, the royal physicians Atkins and de Mayerne, to become involved. Both men were cut from entrepreneurial cloth. This is well known in the case of de Mayerne, who was later a leading figure in the monopoly on distillation and the closely related incorporation of the Distillers' Company in 1638. However, Atkins also appears to have possessed commercial ambitions. Closely involved with the East India Company, Atkins seems to have attempted to supplant John Woodall's monopoly of the supply of medicine chests for their surgeons in the 1620s.[91] Nothing survives to indicate quite how the royal physicians might have anticipated profiting personally from the Apothecaries' incorporation. But, as Unwin noted, it was not unusual for the means by which courtiers sought an income from their help in gaining new charters to be difficult to identify.[92] Profits from the apothecaries might, for example, have been tied into a later programme which never saw the light of day, in the manner in which the Earl of Stirling helped support the monopoly of the Beavermakers and then received a rent out of the tax on the hats.[93] Both de Mayerne's later use of the Distillers' Company, and the plans that Peter Chamberlen the younger

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[90] Roberts' figures for the importation of drugs show no substantial increase across the board until later in the century: 'The Early History of the Import of Drugs into Britain', in F. N. L. Poynter (ed.), *The Evolution of Pharmacy in Britain* (London, 1965), pp. 165-85.
[91] *CSPColonial, 1617-21*, p. 350; *CSPColonial,1622-4*, pp. 144, 149, 150, 151.
[92] Unwin, *Gilds*, pp. 319-20.
[93] Unwin, *Gilds*, pp. 319-20.

put forward in early 1616 to create a corporation for midwives, suggest that patronising an incorporation could be an attractive business enterprise.[94] Indeed, Chamberlen, who possessed his own connections at Court, may even have been inspired by the incorporation of the Apothecaries. We can certainly assume that he knew about the details of the project: as well as being a close associate of de Mayerne, whose wife was god-parent to his daughter Marguerite (b. 1616), he was brother-in-law to the apothecary de Laune.

The royal physicians also had an alternative model to consider: the premier French royal physician had been granted the right to inspect corporations of apothecaries and surgeons throughout that kingdom in 1598, a policing power which included receipt of a fee for each new master surgeon or apothecary admitted to a corporation.[95] De Mayerne was one of the physicians to the French Crown at the time this occurred and so would have known of the scheme. James had already given support to what was possibly an imitation of the French plan in Glasgow: Peter Lowe, the surgeon at the centre of the foundation of the Glasgow College in 1599, had served Henri IV of France as a military surgeon and had only returned from that country in 1598.[96]

Against these indications of self-interest, it might be argued that Atkins' support can be explained by his long involvement in the College of Physicians (he was President in 1606, 1607, 1608, 1616, 1617, 1624 and 1625). However, this can hardly hold for de Mayerne, who was not yet a member of the College. Their joint

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[94] CPL, Annals, iii, 94 (24 Jan 1617), 95-6 (21 Feb 1617). Similar proposals for a company of midwives put forward in 1634 by Peter Chamberlen the younger's son, Dr Peter Chamberlen, suggest that profits from such an incorporation would arise from midwives being obliged to use Chamberlen in cases of difficulty: J. H. Aveling, *The Chamberlens and the Midwifery Forceps* (London, 1882), pp. 22-4, 35.

[95] Brockliss, *Medical World*, pp. 181-2.

[96] Geyer-Kordesch, *Glasgow*, pp. 6-7.

involvement seems to stem from their common position at court, which was the basis on which they were able to influence the separation, rather than any bond as physicians or as defenders of their profession. Moreover, involvement with the College did not necessarily lead to the conclusion that separation was a good idea: for much of this period, when Atkins was not President of the College, it was generally Sir William Paddy – an opponent of the apothecaries' separation – who held the office (in 1609, 1610, 1611 and 1618). Interestingly, in 1615 Paddy had been accused by Atkins of seeking an 'unworthy profit' by retailing medicines bought from apothecaries, hinting at the possibility that there may even be an element of competition between the supporters and opponents of separation, though no further evidence survives on the matter.[97]

Conclusion

On one level, the Society of Apothecaries came into being through an unusual coalition of apothecaries and royal physicians based on prospective profit. Beyond this, however, the history of the Society illustrates the complex interactions of City, Crown, Parliament and private interest that underlay corporate change and economic projects in sixteenth and seventeenth century London. In the Society, we can observe much of the ambiguity of motives and outcomes that Thirsk found in Stuart projects more generally. What this case makes unusually apparent is the fluid nature of the alliances which corporate innovations drew upon, and the importance of personal patronage and alliances. The ability of the royal physicians to raise the support of the Crown and Privy Council and to muster the College of Physicians alongside the apothecaries was a crucial ingredient in the success of the separation. Neither Council

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[97] CPL, Annals, iii, 67 (13 Jan 1615).

nor College gave their support automatically. Equally, the interest of the King in the separation argues against interpreting the work of patronage in an instrumental manner, at least for this set of events; the idea of a separate Society of Apothecaries fell on fertile soil. This was a fortunate coincidence as the attention James I gave to medical matters was not imitated by his son. The College's enthusiasm for the Society was even more short-lived, and was at best limited and conditional. In short, the separation of apothecaries from the Grocers was certainly not inevitable. Both supporters and opponents of an independent company of apothecaries could claim that their position was 'natural', in economic terms.

While at one stage it looked as though it might be a genuine departure from the norm, in the end the Society as a regulatory institution only stepped a little outside the existing forms of corporate government in London. Just as the worries over poison and plague that motivated the Privy Council mirrored the preoccupations of their predecessors in the sixteenth century, so the overlaps of authority between the Society's and the College's officers were reiterations of earlier practices. We should not, perhaps, be surprised by such an outcome: the continental systems the physicians took as their exemplars seem to have shared, to varying degrees, a similar relation to local guild structures as occurred in London.[98] Nonetheless, the final form of the Society, particularly the ambiguity which surrounded its relationship with the College, proved to be an issue over the rest of the seventeenth century.

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[98] K. Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, 1985), pp. 15-17; Brockliss, *Medical World*, pp. 177-88; Gentilcore, *Healers*, p. 43.

3.

INSTITUTIONAL SURVIVAL

The Society of Apothecaries was to find surviving the seventeenth century almost as difficult as it had found its birth. The long-standing tensions between London's apothecaries and physicians that had been suppressed to some degree during the 1610s were played out fully in succeeding decades. The narrow margin by which the College had failed to subordinate the apothecaries in 1617 seemed to give an added spur to their campaign for greater control over the craft. Certainly, the relative weakness of the new Society in comparison to the Grocers' Company meant that the apothecaries could not hope to be left alone as they had been for much of the sixteenth century. Like the interests that shaped the separation, the disputes between the College and the Society during the remainder of the seventeenth century allow us to explore the extent and implications of the corporate world of medicine.

This chapter re-examines the various campaigns of the College to control the Society and the work of apothecaries after 1617. It centres on the two main phases of conflict between the two institutions: the *quo warranto* suit which questioned the very validity of the Society in the 1630s; and the efforts in the 1660s and 1670s of a group of reforming physicians and natural philosophers to redefine their role so that it excluded apothecaries. As with the previous chapter, much of this is well-trodden ground. Nonetheless, the debate over the interpretation of these events is far from closed. Much of the best work on these disputes has been largely concerned with the College and learned physic, rather than the Society and its members. This is perhaps

unsurprising, given that the Society was largely fighting off, rather than initiating, attempts to change further the way that apothecaries were governed. Indeed, in older histories of medicine it was common to find their reluctance to accept closer supervision by the physicians being criticised on much the same grounds that the College's champions put forward. Such whiggish perspectives have largely been discarded. There is, however, still a need to reconstruct the perspective of the Society if we are to understand the way in which the government of medicine in London was developed after 1617. As in the previous chapter, this leads us to consider the role of the Crown and Privy Council; in particular we can reassess Cook's arguments about 'medical police'. It also suggests an alternative explanation for the way in which pharmacy was addressed by reforming physicians. More generally, though, we uncover much about the way in which London craft disputes were shaped and bounded by the idea of corporatism.

From charter to quo warranto

The first two decades of the Society's existence were troubled by ongoing threats to its existence and independence. The same issues that had helped the apothecaries gain the College's support for their separation from the Grocers were at the root of these later disputes. In pursuing a campaign to enforce its monopoly of medical practice, the College was able to draw on government patronage and to appeal to a compelling ideal of order modelled on continental regulatory systems. However, throughout these efforts, it was hampered by its awkward position in relation to the City of London. The strong traditions of corporate privileges and the rights of freemen, together with the obvious practical flaws of the College's plans to exclude irregular practice, played into the Society's hands and enabled it convincingly

to resist attempts to limit further the freedom of its members, despite the length of time spent on these questions by the Privy Council.

In the years following its incorporation, the Society was doing more than resisting its opponents. As we saw in the previous chapter, the Society quickly obtained a royal proclamation to give force to its existence. It then sought a position in the hierarchy of London companies from the Court of Aldermen.[1] Most of its efforts were dedicated to enforcing its charter through two suits in Star Chamber.[2] These prosecutions had two aims. The first was pursuing those apothecaries who were resisting the move from the Grocers to the Society. The second was securing its monopoly by stopping freemen in other companies making medicines, even if it was only simple plasters and fruit conserves, as Robert Hanch, a freeman of the Weavers' Company discovered. These cases eventually petered out without real conclusion in 1624, by which point attention was again focused on Parliament.[3] In the meantime, the Society had secured another royal proclamation in 1620, restating the content of the 1618 proclamation about the *Pharmacopoeia* and enforcing the decision of the Privy Council committee on its drug monopoly made in June 1619.[4] Following this proclamation, most of the remaining apothecaries who had resisted separation entered the Society.

The Society also started to carry out the less confrontational tasks that formed the everyday business of London companies: drawing up by-laws, enrolling apprentices, examining and accepting new freemen, collecting quarterage, electing

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[1] GL, MS 11588/3, f. 134; GL, MS 8200/1, ff. 21, 27.
[2] The first suit in 1618 (PRO, STAC 8/26/1) was stayed until the Privy Council had reported. The complaint was taken up again in 1621: PRO, STAC 8/44/9; GL, MS 11588/3, ff. 201-2.
[3] In February 1624, the Privy Council referred the case to the two Lord Chief Justices, who were to seek to settle the differences: GL, MS 11588/3, f. 270 (20 Feb 1624). No further record survives in the State or Society of Apothecaries' papers.
[4] 4 Aug 1620: Larkin, *Royal Proclamations*, i, 490-3.

officers, and resolving disputes between its members. Its early activities demonstrated a concern to stamp out abuses in the craft – or at least to give that appearance while the question of its existence was still being closely scrutinised – and its ordinances on search and epidemical medicines were quickly put into motion.[5] These efforts could go only so far without more money or the support of the Court of Aldermen. A hall was not built until the early 1630s, the Society did not settle its ranking among the other companies of the city until 1628, and it was finally granted a livery two years later in 1630.[6]

In the Society's records for the 1620s, the College of Physicians and its fellows barely appear. No physicians are mentioned at search between 1620 and 1629.[7] The examination of apothecaries' apprentices by the President of the College or his representative seems to have been nominal at best at this time, while the minutes of the College indicate that they found the Society of little use in controlling bad and irregular practice.[8] The large numbers of apothecaries summoned before the College in the early 1620s suggest that the physicians were particularly concerned about the craft in this decade, and perhaps felt a new confidence in their ability to police it; but equally their failure to repress the activities of those apothecaries who appeared indicates that the campaign was not particularly effective. Despite the College's hopes that the new company would reduce their problems, apothecaries appear to have carried on much as before, working with irregulars or undertaking irregular practice themselves.[9] The apothecaries' response to their concerns probably

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[5] See Chapter Four.
[6] GL, MS 8205, ff. 4v-5r; GL, MS 5257/5, f. 75. Roberts mentions the 1628 settlement: 'Apothecaries', pp. 245-6. Wall *et al.* also noted the later settlement of Jan 1630 when they were placed twenty-eighth, transcribed in GL, MS 8205, f. 5v: Wall, *Society*, p. 220.
[7] In 1627, the College did order that a day for search be fixed, but there is no indication of whether or not this occurred: CPL, Annals, iii, 131-2 (12 Nov 1619); 221 (16 Mar 1627)
[8] See below, pp 157-60.
[9] Roberts suggests that the numbers of apothecaries summoned marks their return to irregular practice after a brief space of good behaviour while securing the charter, as their monopoly proved worthless:

angered rather than appeased the physicians, who seem to have welcomed Parliament's rejection of the bill to confirm the Society's charter.[10] By the summer of 1624, the College was already debating what to do about apothecaries practising physic. In 1627 it finally acted: the apothecary Robert Holland was 'discommuned', put under an order which forbade College members to use him. He was the first of several to face this new discipline.[11]

Late in 1630 the College decided to remedy the problem of the apothecaries properly. This time it sought to add restrictive clauses to the freeman's oath sworn by all members of the Society, reviving an idea that had been around at the separation.[12] This decision came soon after the Barber-Surgeons' Company had acquired a new charter with additional privileges, and may indicate a concern in the College that its powers were shrinking. At the same time, the numbers of apothecaries continuing to be summoned for practice, and in particular the troublesome case of John Buggs, must have been an irritating sign of the flaws in the current system of regulation.[13] The

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'Apothecaries', p. 281. It seems more likely that the increase in numbers is a function of College supervisory activity rather than a reflection of such a rapid series of shifts in their work.

[10] Roberts suggests that a shift in the leadership of the Society was responsible for a deterioration of relations in the mid to late 1620s. However, no such change appears to have occurred. The group of apothecaries with close links to physicians whom he identifies as being displaced (p. 283, fn. 4) are in fact not significant within the Court of Assistants until later, having largely been elected Assistants after its foundation. In contrast, the group of six 'wealthy apothecaries' whom he suggests 'slowly emerged' in the 1620s (p. 287), includes three of the original Assistants of the new Society (who were thus more senior than the members of Robert's other group). Nor, indeed, did the latter 'group' seize power within the Society between 1629 and 1633: as the most senior Assistants these offices came to them through the normal order of precedence as can be seen in Appendix A, below: Roberts, 'Apothecaries', pp. 282-3, 289-90, 300.

[11] CPL, Annals, iii, 185 (June 1624), 197 (9 Oct 1624), 190 (23 Nov 1624), 202 (9 Mar 1625), 206 (6 Jul 1626). The College formed a committee in October 1624 whose activities they didn't record because 'it was secret': *ibid.*, iii, f. 193. On Robert Holland, see: *ibid.*, iii, 236 (22 Nov 1627), 243-4 (7 Dec 1627). In 1629 he sought to be licensed by the College again: *ibid.*, iii, 261 (28 Mar 1629).

[12] CPL, Annals, iii, 328 (2 Nov 1631), 328-9 (22 Dec 1631).

[13] On the Barber-Surgeons' charter: Roberts, 'Apothecaries', pp. 259-60, 264. On Buggs: Roberts, 'Apothecaries', pp. 302-8; Wall, *Society*, pp. 243-54. Roberts links the timing to some powders which had been seized in George Brooke's shop during a search. Although the Society initially failed to bring the powders to the College when summoned (deciding after a vote that they would send a committee instead, who presented the Society's judgement on the materials), they did in fact take the powders to the College the next Friday and so did not persist in their refusal and create a crisis as Roberts suggests. Indeed, the apothecaries seem to have then sat through a lecture from the College President on the imperfections of their oath without protest: 'Apothecaries', p. 290; GL, MS 8200/1, f. 254; CPL, Annals, iii, 292-3, 300-1.

College's efforts received a boost when the Crown's interest in the control of poisons was revived by the suspected poisoning of one John Lane by an apothecary's apprentice in 1632.[14] The Privy Council referred this case to the College, who took the opportunity to campaign for closer regulation of the apothecaries, asking the Crown for an edict that no grocer, apothecary or druggist might freely sell various dangerous poisons without the purchaser giving his or her name, that no apothecary might compound a medicine without a prescription from a living physician, and that all apothecaries be bound to show prescriptions when asked.[15] In their order of early June, the Privy Council went beyond the College's suggestions. The Council proposed to add clauses to the apothecaries' oath which would oblige them to fill prescriptions as written unless a physician approved a substitution, and forbid them from using or selling bad, old or ill-made medicines, and from selling poisons *or medicines* without either a prescription or the purchaser giving his or her name. They also favoured public pricing for medicines, which would be based on the Society's supplying standard prices to the College. The Council included a coda that would prevent a surgeon carrying out any 'great operation' or trepanning without consulting a physician – procedures at which a Master of the Barber Surgeons' Company should be present under that company's ordinances.[16] At the meeting when William Harvey reported this order, Atkins also reminded the College that it already had power to examine apothecaries' apprentices.[17] The Privy Council's order, if implemented, would have given the College powers beyond even those agreed with the apothecaries in 1614, and thereby massively limited apothecaries' economic freedom.

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[14] A detailed narrative of the Lane case is given in: Wall, *Society*, pp. 256-61.
[15] CPL, Annals, iii, 342-3 (28 May 1632).
[16] The text of the order (dated 13 June 1632) is given in GL, MS 8205, ff. 47v-49r.
[17] CPL, Annals, iii, 346 (25 June 1632).

The Society naturally objected strongly to the Privy Council order, employing arguments that would be deployed repeatedly throughout the rest of the century. Against the College's proposals, with its implicit model of a hierarchical medical world dominated by the learned physician, the apothecaries set London's corporate norms and privileges, the everyday realities of lay as well as commercial medicine, and the practical limitations of physicians' abilities and uses.[18] Their own company ordinances, they argued, already obliged them to dispense exactly and honestly and to sell good medicines; any further oath would be an unprecedented and needless imposition. To limit the retail of medicines and poisons by apothecaries in this way was both impractical (as it ignored the fact that druggists, grocers and chandlers also sold poisons which were widely used) and wrong-headed (as it punished the seller for the purchaser's crimes). If apothecaries were forbidden to sell medicines without prescriptions, the trade of those in the Society 'that have noe dependance at all' upon physicians would be destroyed. More worryingly, ordinary people's freedom to treat themselves would be overturned, the poor would be deprived of all medical help, and the apothecaries would not even be able to help in emergencies when no physician was available. As they pointed out, they had been forced to supply medicines to Londoners during the recent plague because of 'the willinge absence of the Phisicians' – an issue that would be raised again after 1665.[19] As they seem to have emphasised to the Council, to limit their freedom to 'reform' physician's bills could have dangerous consequences by perpetuating errors in prescriptions, as had happened at St Bartholomew's Hospital where a patient had died under William Harvey's care as a result. This array of arguments – with their blend of existing

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[18] On the power of the language of freedoms which they drew upon: N. Carlin, 'Liberty and Fraternities in the English Revolution: The Politics of London Artisans' Protests', *International Review of Social History*, 39 (1994), pp. 223-54.
[19] GL, MS 8205, ff. 10r-12v.

privileges and practicality – may have convinced the Attorney General, for no further action on this order seems to have been taken by the Council.

The dispute between the Society and the College continued, however. In the summer of 1633, new plans were put forward in the College to restrain the apothecaries who were thought to be engaged in 'sinister dealings'.[20] This time, control was to be ensured by the actions of physicians rather than by securing changes in the Society's rules or oath, this latter tactic having so far failed repeatedly. The scheme had three parts: the physician was to omit something from every prescription and add it later so the apothecary would not be able to repeat it without his involvement; only apothecaries who conformed to the College should fill physicians' prescriptions; and patients should not pay their bills until the physician had costed the medicines. The second part of this proposal, at least, simply formalised a practice which had been in use since 1627 when apothecaries began to be discommuned. The other parts were not implemented at this time, and might well have proved impossibly tiresome to carry out if the attempt had been made, although they presage later suggestions in the 1670s and 1680s. However, the abandonment of these plans was probably due to the emergence during the summer of 1634of a new focus for the dispute – the control of lac sulphuris – rather than to any inherent flaws they might have contained.

Lac sulphuris was a preparation of sulphur, not listed in the *Pharmacopoeia Londinensis*, which was used for various lung disorders. It first emerged as a concern due to internal conflict within the Society. In November 1633, George Haughton had accused Samuel Harrison of deceitfully selling him false lac sulphuris, sparking a

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[20] CPL, Annals, iii, 360 (15 Apr 1633), 361 (25 June 1633).

heated dispute among the senior members of the Society which grew to include Job Weale and Thomas Pavey.[21] The College learned of the issue in early June 1634 – possibly through a complaint from Harrison – and summoned the apothecaries to a comitia on 4 July. At this inconclusive meeting, where the apothecaries present fell into 'altercation', William Harvey gave a speech to the apothecaries which underlined the College's strong line on approved medicines. After emphasising the importance of conformity and honesty in apothecaries, Harvey gave it as the College's opinion that, while a physician might privately appoint any medicine, they must not be 'promiscuouslye sould'. No other medicine which was not in the dispensatory should be freely sold till it was approved by the College.[22]

The College seized on this opportunity to assert its authority. Five days after this meeting, the College met privately and resolved that lac sulphuris and other medicines not in the *Pharmacopoeia* should be banned by the censors.[23] The apothecaries were summoned again, but the Master and most of the Assistants of the Society failed to appear. Undeterred, the College wrote to the Society on 11 July, affirming that its officers were the 'sole judges' of lac sulphuris and any other new medicines not in the *Pharmacopoeia*, and that the Society should not take upon itself the judgement or punishment of those who made them.[24] Pointedly, on the day this letter was sent, Weale's shop was searched by the College. Soon after, its officers also searched Haughton's shop.[25] Both searches focused deliberately on lac sulphuris,

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[21] GL, MS 8200/1, f. 327v. Harrison was later joined by Leonard Stone, Israel Woolfe, John Lawrence and James Rand as complainants against Haughton. This is the group Roberts identifies as the traditionalists, in conflict with Edward Cooke, Richard Edwards and other 'dissidents'. It seems likely that Harrison and his supporters were seeking to gain the support of the College in an uneven struggle against their more senior rivals (see fn. 11 above) rather than the opposite: Roberts, 'Apothecaries', p. 313. The origins of the dispute are obscure, but the internal affairs in London companies were frequently riven by such grievances.

[22] CPL, Annals, iii, 380-1.

[23] CPL, Annals, iii, 381.

[24] Details of how medicines were judged in the dispute over lac sulphuris are discussed in chapter four.

[25] GL, MS 8200/1, ff. 326v, 334r, 337v; GL, MS 8286, ff. 1-28v; Wall, *Society*, pp. 269-4.

which was condemned and destroyed by the searchers. The searches were not without their difficulties, however. On both occasions, the searchers were forced from the apothecary's shops; Weale even raised a mob against them. Afterwards, Haughton successfully prosecuted John Morecroft, one of the Society's Assistants, in the Lord Mayor's Court for his part in the search, and Weale arrested several College officers, including the President and Censors.[26]

The actions of Weale and Haughton were a turning point in the dispute between the Society and the College. Until that moment, neither side had possessed a clear advantage over the other; indeed, the Society had been gaining stronger support than ever before from the City.[27] Now, in November 1634, in response to the College's petition complaining about the apothecaries, the Privy Council ordered the Attorney General to institute a writ of *quo warranto* in the Court of Exchequer against the Society's charter (a suit against Weale, Haughton, and the other apothecaries was also begun around this time in Star Chamber).[28] *Quo warranto* proceedings were the means used to examine whether or not a corporation had abused its privileges or not carried out the duties which it had been granted by the Crown.[29] Targeted at the charter on which the company was founded, this writ posed a direct threat to its existence and could have led to it being dissolved.

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[26] GL, MS 8286, f. 8; BL, Sloane MS 3914, ff. 75v-77r; Roberts, 'Apothecaries', pp. 319-20.
[27] When the Physicians attempted to force the Apothecaries to bring candidates for the freedom to the College to be examined in late 1634, the Society complained to the Lord Mayor. After hearing from the College, he decided in favour of the Society, and in November 1634 ordered the City Chamberlain to grant the freedom to apprentices who had completed their term: Roberts, 'Apothecaries', pp. 319-20; CPL, Annals, iii, 403 (31 Oct 1634), 407 (7 Nov 1634).
[28] The Council made their order on 12 November 1634: GL, MS 8286, ff. 16r-17v, 15v-16r; CPL, Annals, iii, 407 (17 Nov 1634).
[29] P. D. Halliday, *Dismembering the Body Politic: Partisan Politics in England's Towns, 1650-1730* (Cambridge, 1998), pp. 162-4; I. A. Gadd, '"Being Like a Field": Corporate Identity in the Stationers' Company, 1557-1684' (Oxford University D.Phil. thesis, 1999), p. 52.

The very real threat posed by *quo warranto* proceedings to the survival of the Society appears to have divided its members. When the news of the *quo warranto* reached the Society in February 1635, measures were taken to establish a fund for defence. But support for a more conciliatory approach towards the College soon grew. This began at the next annual election, when a new set of officers more favourable to the College (including John Morecroft, the Assistant who had joined the College on search and been arrested for his pains, as Warden) were chosen from among the Assistants. Next, moves were made in September to appease the College by disowning the suits brought by apothecaries against physicians and submitting to the College's judgement on whether or not lac sulphuris and other new medicines should be used.[30] It was no coincidence that these years also saw the Society make considerable efforts to demonstrate that it followed its charter: further controls for the manufacture of epidemical antidotes were introduced in 1636, and apprentices were taken to the College for examination from September 1635 onwards.[31]

Nonetheless, several years of tit-for-tat petitioning followed the institution of the *quo warranto*. The Privy Council sent the matter to referees in 1636, and again in 1638, in an attempt to compound the differences between the College and Society.[32] Along the way, the Society – which had been divided by the issue to the extent that the Assistants ended up suing Weale, Edwards, Edward Cooke and Thomas Smith over the conveyance of the Company Hall – effectively abandoned any defence of the

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[30] GL, MS 8200/1, ff. 352r (4 Sept 1635), 353r (23 Sept 1635); CPL, Annals, iii, 427 (28 Sept 1635). Their apologetic remonstrance to the College is given in: GL, MS 8205, ff. 22r-22v.
[31] CPL, Annals, iii, 427 (28 Sept 1635).
[32] An extensive amount of material survives from these events. For the Society's petitions, the College's answers, and the Privy Council orders to the end of 1637: GL, MS 8205, ff. 19r-20r; 18r-18v, 20v-21r , 21r-21v, 21v-22r, 25r-25v; CPL, Annals, iii, 430 (2 Oct 1635), 432 (11 Dec 1635). For later petitions and replies leading up to the second referral: GL, MS 8205, ff. 25v-26r, 23r, 23v-24r, 24r-24v, 27-27v, 28r-29v. For petitions and answers from the second referral: GL, MS 8205, ff. 18v-19r 35v-38, 46v-47r (the second of these – The 'humble petition' of the College – is dated by Roberts to this period and by Wall to a year earlier: 'Apothecaries', pp. 389-90; Wall, *Society*, p. 52). Detailed narratives of these events are given in Roberts, 'Apothecaries', p. 324; Wall, *Society*, pp. 48-57, 265-313.

suits in the Star Chamber against Weale and the other apothecaries. The Privy Council ordered that these were to continue; by 1637 Weale, Haughton and Cooke were sufficiently concerned that they took out licenses to practise physic from the Archbishop of Canterbury. Weale at least seems to have left London, moving to Kingston-upon-Thames where he established himself as a physician.[33]

Some headway toward a compromise solution seems to have been made at the second set of hearings in 1638, although both sides continued to attack each other vigorously, with the Society now accusing the physicians of bad and monopolistic practices such as keeping private apothecaries. However, in their report on 22 November 1639, the referees discarded these discussions and proposed a set of reforms that were almost indistinguishable from those the Privy Council had put forward in 1632. They proposed to change the apothecaries' charter to reduce it to 'a speciall relacon and dependance' to the College: its ordinances on medicines were to be directed by the College; search was to take place only under the direction of the College; apprentices should be examined at the College before taking the freedom; and the Society was not to bind members to keep secrets relating to physic from the College, 'in which respecte they are to be distinguished from other Companies'.[34] In short, the Society was to be reformed and debased from independent London company to College subsidiary, as the earliest drafts of its charter had promised. London's apothecaries were to become as subservient to learned physicians, or even more so, as those in other countries. To draw a continental parallel in this matter is not

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[33] On the Hall conveyance: PRO, C2/ChasI/A32/53 (Society of Apothecaries c. Job Weale *etc*). On licenses: M. Barber, 'Directory of Medical Licenses issued by the Archbishop of Canterbury', 2 vols. (Lambeth Palace Library, typescript, 1997-2000), i, nos. 195, 392, 879; R. W. I. Smith, *English-Speaking Students of Medicine at the University of Leyden* (Edinburgh, 1932), p. 244. The trial of the individual apothecaries can be reconstructed in part from one of the counsel's briefs and from an 11 page report on the trial made by Secretary Windebanke: GL, MS 8286; PRO, SP 16/389/28. The cases continued to 1640: *CSPDom, 1640*, p. 414. The counsel's brief is discussed at length in: Wall, *Society*, pp. 277-311; Roberts, 'Apothecaries', pp. 327-8, 331-6.

[34] GL, MS 8205, ff. 53r-54v.

anachronistic: the relative state of English and European medical regulation was openly debated at these hearings, with physicians such as William Harvey testifying about the situation abroad.

Faced with defeat and obliged to answer, the Society submitted yet another petition. Again, they argued that the additions to their oath were impractical and unnecessary, the proposed price-rating for medicines ignored the reality of the variable costs of their ingredients, and that only poisons – and not medicines – should be controlled.[35] Late in January 1640, possibly in response to a further brief petition from the Society which may have received a warmer welcome in order to avoid alienating City opinion further, the Privy Council seems to have retreated from the tough pro-College position taken by the 1639 referees, and it referred the question for a third time, this time to two of its clerks-in-ordinary who were to seek an amicable end to the differences.[36] The proceedings were only finally derailed by the coming of civil war.

The sheer length and inconclusiveness of these proceedings is striking. In comparison, the Distillers' Company obtained its charter from the Crown in 1638 after only a couple of years of effort, although the City refused to enrol the charter until 1658. The distillers' success against fierce resistance from the City, the Vintners', Barber-Surgeons', Coopers' and Grocers' companies, and indeed the Society of Apothecaries, came largely through the influence of its patrons and patentees, the physicians Sir Thomas Cademan and de Mayerne (one of the patrons of the apothecaries' separation), and the entrepreneurial courtier Sir William

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[35] The Privy Council asked the Society if they would submit to the report on 27 Nov 1639: GL, MS 8205, ff. 55r-55v. The Society responded at length, submitting to some parts, but questioning others: *ibid.*, ff. 55v-57v, 58r. Only one Assistant, John Lawrence, seems to have favoured accepting the College's proposed oaths: GL, MS 8200/1, f. 380v.

[36] GL, MS 8205, ff. 58v, 59r.

Brouncker.[37] While the Society was not strong enough to end the threats to its privileges and independence that the College posed, equally, the College seems to have been unable to swing the Privy Council completely behind its campaign for greater authority, despite possessing powerful patrons at court. The three attempts by the Privy Council to end the dispute through hearings before referees underline its unwillingness to support either side fully.

The College's difficulties in pushing through the *quo warranto*, or in securing any earlier reform of the Society, raise the question of its relationship with the Privy Council, and the attitude that the Council took to health and medicine in London. Cook has argued that these activities form part of a larger Privy Council campaign to police health in the metropolis, which was pursued in partnership with the College of Physicians.[38] Certainly, the Privy Council's support for measures to regulate practice in London, including the establishment of the Society, do indicate a concern with the health of the city. But its efforts do not seem to add up to an absolutist policy of 'medical police', however *ad hoc*, that might anticipate developments two centuries later in France. Nor do they demonstrate a firm alliance between the Privy Council– itself a body with a changeable complexion and effectiveness in these years – and the College.[39] Aside from the effects of the individual influence of the royal physicians, only intermittently deployed on the side of the College, there is little sign of a partnership.[40] True, the Council called on the College for advice on plague in 1625 and 1631, on the impact of the alum works in St Botolph-without-Aldgate in 1627,

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[37] M. Berlin, *The Worshipful Company of Distillers: A Short History* (Chichester, 1996), pp. 7-19; Ashton, *City*, pp. 76-9.
[38] Cook, *Decline*, pp. 97-9; H. J. Cook, 'Policing the Health of London: The College of Physicians and the Early Stuart Monarchy', *Social History of Medicine*, 2 (1989), pp. 1-33.
[39] D. Hirst, 'The Privy Council and Problems of Enforcement in the 1620s', *Journal of British Studies*, 18 (1978), pp. 46-66; H. E. I. Phillips, 'The Last Years of the Court of Star Chamber, 1630-41', *Transactions of the Royal Historical Society*, 4th ser., 21 (1939), pp. 103-32.
[40] Cook, *Decline*, pp. 98-9; Cook, 'Policing', pp. 18-22.

and on tobacco in 1628, but this hardly constituted regular contact.[41] As the *quo warranto* demonstrated, in the end, the Privy Council was unwilling to push through a measure that would damage their relations with the City on the physicians' demand.

Arguably, the Privy Council's greatest medical interest in these decades was not in preserving the rights of regular physicians or the welfare of London, but in securing the supply of able surgeons to serve in the army and navy.[42] Much of the correspondence of the Council, and even more of the Admiralty, was concerned with this issue. It is perhaps not a coincidence that the Barber-Surgeons' Company, which possessed an integral role in examining and pressing surgeons for military service, seems to have faced few of the difficulties in regulating surgeons that the college found in controlling the practice of physic, being able to force translations, impose examinations and generally police its members with reasonable facility.[43]

1640 onwards

The Society suffered few visible effects as a corporate body beyond impoverishment due to the events of the 1640s. When the Grocers presented a petition against the Society's charter to the Long Parliament in November 1640, the Apothecaries counter-petitioned, seeking to divert attention by reiterating their old charges against the monopoly of the distillers and by attacking the physicians, asserting that they kept apothecaries in their houses, refused to use discommuned apothecaries, and prevented payment of unrated apothecaries' bills.[44] In turn, the

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[41] CPL, Annals, iii, 195 (19 Apr 1625; 21 Apr 1625); 227-9 (1 Jun 1627); 258-9 (13 Oct 1628); 279 (15 Mar 1630); Slack, *Impact of Plague*, pp. 217-9.
[42] Keevil is somewhat negative about these efforts, but his evidence displays the degree of concern at least: J. J. Keevil, *Medicine and the Navy, 1200-1900*, 2 vols. (Edinburgh, 1957), i, 149-232.
[43] They did, of course, still face problems over their efforts in the late 1620s to gain a new charter.
[44] *Commons Journal*, ii, 34; GL, MS 8205, ff. 60r-60v.

College entered a Bill of their own to restrict the apothecaries' trade. Although the Grand Committee of Parliament ordered both the Society and the College to bring in their records, none of these petitions and Bills advanced far.[45] Much like a number of other London companies and the College of Physicians (whose regulatory activities largely ceased between 1642 and the mid-1650s), the Society had few reasons to hope that a Parliament opposed to monopolies would offer it protection.[46] There are some signs of the company cutting its jib to suit the political weather in these years. In the early 1640s Mathew Busheret, a former apprentice of the royal apothecary Lewis Lamoire, appears to have suspected a political impulse when the Society pursued him for working in London without taking the freedom. He protested that he kept his shop 'from the king, for religion sake, & for the cause now in hand'; however, the Society had first attempted to suppress him in 1639.[47] The royal arms were taken down from the Hall in 1650 as they were in other London company halls. Under the Commonwealth and Protectorship, matters continued in a quiet vein. One consequence of these years was the easing of relations between College and Society, with the College's chemist, William Johnson, being accepted as a freeman of the Society, and the physicians Christopher Merrett and Thomas Wharton being made honorary freemen in 1659. Individual apothecaries, most famously Nicholas Culpeper, once an apprentice in the Society, became involved with radical politics and with the new intellectual movements and natural philosophical researches of the period.[48] Collectively, however, the Society did little of note during these years.

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[45] The College's petition to the House of Lords in spring 1641 was equally unsuccessful. Cook thoroughly discusses the petitions and political manoeuvres of the College during these years: *Decline*, pp. 99-100, 116..

[46] The political complexion of the College over these years has been the subject of some debate, but it appears that the College did reshape its leadership to make it more Parliamentarian. As Cook has shown, its regulatory work closely mirrored political events: Cook, *Decline*, pp. 102-6, 128-31. Earlier arguments include: L. Sharp, 'The Royal College of Physicians and Interregnum Politics', *Medical History*, 19 (1975), pp. 107-28.

[47] GL, MS 8200/1, ff. 422v, 492v.

[48] Although apprenticed in the Society, Culpeper never took the freedom, remaining outside the company world with its emphasis on protecting craft knowledge. According to Baldwin Hamey jr., Edward Cooke, who had been one of those involved in the problems leading up to the quo warranto, was also a staunch supporter of Parliament: J. J. Keevil, *The Stranger's Son* (London, 1953), pp. 74-5.

The Society's quiescence must have been owing in part to its own uncertain position as an exclusive monopolistic institution. Although it avoided the internal division and unrest that affected a substantial number of London companies, including the Barber-Surgeons, during the 1640s, the Society's involvement in medicine made it a focus for another kind of challenge.[49] While the College of Physicians was the main target of social reformers, the apothecaries were also subjected to a wave of criticism during the 1640s and 1650s. Indeed, proposals for the improvement of medicine frequently focused on pharmacy, aiming at both the advancement of therapeutic learning and the diffusion of knowledge about accurate and effective remedies to a wide body of practitioners.[50] For example, in his pamphlet on the needs of the poor, *Unum Necessarium* (1647), the Parliamentarian barrister John Cook expanded his defence of the irregular physician Dr Trigge against the College's prosecutions into a general argument that physicians should make their own medicines – as apothecaries were too expensive for most people – and that the poor should be taught simple medicines rather than having to rely on apothecaries and physicians.[51] Samuel Herring's proposals of 1653 that a public physician should be maintained in each county and town, and that all books of physic should be translated, echoed Cook's logic.[52]

Christopher Hill has argued that apothecaries largely supported Parliament, but without advancing substantial evidence for this in his essay: 'The Medical Profession and Its Radical Critics': *idem, Change and Continuity in Seventeenth Century England* (London, 1974), p. 159.

[49] B. Manning, *The English People and the English Revolution* (Harmondsworth, 1978), pp. 166-7; Unwin, *Gilds*, pp. 335-40; M. James, *Social Problems and Policy During the Puritan Revolution, 1640-1660* (London, 1930), pp. 193-223; Carlin, 'Liberty and Fraternities', pp. 223-54. On the Barber-Surgeons: GL, 5257/5, ff. 418-9, 424.

[50] A critique of the pharmacopoeia and a promotion of chemical medicines formed the best part of Noah Biggs, *Mataeotechnia Medicinae Praxews. The Vanity of the Craft of Physick* (London, 1651).

[51] J. Cooke, *Unum Necessarium* (London, 1647), sig. I^{v}-$I2^{r}$; Webster, *Great Instauration*, pp. 262, 289-90; Hill, 'Medical Profession', pp. 159-74.

[52] Samuel Herring, 'To the Parliament of 1653', in *Original Letters and Papers of State, Addressed to Oliver Cromwell*, ed. John Nickolls (London, 1743), pp. 100-101. See: Webster, *Great Instauration*, p. 262.

The numerous publications of Nicholas Culpeper from 1649 onwards clearly illustrate this overlap of physician and apothecary as targets for criticism, not least in his choice of a translation of the *Pharmacopoeia Londinensis* as his first project. Although Culpeper's ostensible target was the College, his choice of subjects in this and later works had obvious implications for apothecaries whose craft knowledge was being disseminated.[53] The expansion in the publication of vernacular medical texts, the growing support for Paracelsian and Helmontian theories, and the relative freedom of medical practitioners in London during the Republic and Protectorship must have presented a challenge and threat for many apothecaries, who were tied by their skills, training, and equipment to the production of Galenic medicines. However, at a practical level no significant reforms occurred to undermine the existing *institutional* position of apothecaries during this period.

The Restoration saw the regulation of medicine in London brought into serious question once again. The events of the early 1660s suggest that few of the concerns of the pre-1640 period had changed. Having found its very existence challenged in 1656 by Chief Justice St John's judgement that its legal establishment in 1518 was null and void, the College sought to renew its authority with a new charter which it obtained in March 1663.[54] The charter included little that was different, other than making the College the licensing body for non-graduate physicians outside London, in part an extension of their current practice of making some provincial physicians extra-licentiates. Indeed, the College actually lost some of

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[53] Interestingly, Culpeper's translation of the *Pharmacopoeia Londinensis* was attacked in the royalist newsbook *Mercurius Pragmaticus*, as an offence against the 'famous societies of apothecaries and chyrurgeons': pt. ii. No. 21 (4-9 Sept. 1649), sig X3i^{r}; *DNB*; Webster, *Great Instauration*, pp. 268-71.
[54] Cook, *Decline*, pp. 130-1, 134-41.

its regulatory autonomy through the appointment of visitors, consisting of the Lord Chancellor and three Chief Justices, to judge complaints about its actions,.[55]

The most important goal of the charter was not reform but restoration, however. The College wanted the renewal of the powers it had held under earlier grants, particularly its monopoly of practice in London. The charter did this in good measure. With specific regard to the apothecaries and others involved in making medicines, the charter restated the College's powers to supervise, examine and punish them for their work; to force them to testify against irregular practitioners under oath; to search their shops for bad medicines and to destroy such wares; and to fine any who had sold medicines that were either bad or differed from the prescription. These powers were identical to those granted to the College in the Society's 1617 charter. Although the new charter clearly reflected the continuity of concerns through the century, it was still controversial as the College had never put several of these powers into execution.

As these powers had been at the heart of the earlier disputes with both the Society and the Barber-Surgeons' Company during the 1620s and 1630s, it was unsurprising that the Society, along with the Barber Surgeons' Company and Grocers' Company, took exception to sections of the College's new charter. During discussions held to resolve their differences, the Society infuriated the College by insisting that apothecaries could advise the sick at night or in the absence of a doctor; they also objected to physicians keeping apothecary's shops, and wanted their Master and Wardens to accompany the College's searches.[56] Efforts in early 1664 to reach a

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[55] Complaints that the College was both plaintiff and judge had been made during the 1630s. A copy of the charter is in: C. Goodall, *College of Physicians founded by Law* (London, 1684), pp. 62-118.
[56] Meetings between the College, the Society and the Barber-Surgeons were held both before and after the granting of the charter: CPL, Annals, iv, 118 (29 Apr 1663; 11 May 1663); GL, MS 8200/2, ff. 82r (19 Aug 1663), 86r (28 Dec 1663), 86v (5 Feb 1664), 87v (3 Mar 1664), 87v (26 Mar 1664). The

compromise between the three bodies over adding a proviso which would have protected the Society's and the Barber Surgeons' privileges to the Bill confirming the College's charter were unsuccessful and frustrating. As the College Annals recorded angrily, although the physicians had long 'experienced their filthy designs and slavish warfare', the apothecaries still overbore the College with their 'pride and wanton haughtiness' and delayed the charter's progress with insults and lies.[57] Despite these setbacks, the College went forward with its plan to gain Parliamentary approval. In April that year they sent Bills to confirm the charter and regulate medicine to Parliament. The Bills were still without any proviso protecting the Society's and the Barber Surgeons' privileges and even sought to revise the apothecary's oath along lines rehearsed thirty years previously, so that using substitute ingredients was to be closely controlled by physicians, and the sale of poisons limited. Both the Society and the Barber-Surgeons rushed to defend themselves, and by June the College's bill had stalled permanently.[58]

In June 1664, however, as the College's Bill was gathering dust in Westminster, several physicians began to move towards a different approach to the problems of authority, accuracy and profit which lay between them and the apothecaries. For half a century the College had been seeking without success to impose stricter controls on apothecaries. This group instead sought to reject the apothecaries' role in medicine entirely. As Timothy Clarke, a candidate of the College, complained, physicians had been weakened 'in dishonourable ways by the apothecaries'. He asked the College that physicians might therefore be permitted 'to

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Grocers' Company discussed the matter in May 1664, after the concern was raised by members who traded in drugs: GL, MS 11588/4, ff. 673-4.

[57] CPL, Annals, iv, 122 (4 Apr 1664); GL, MS 8200/2, ff. 88v (15 Apr 1664), 89r (20 Apr 1664).

[58] The College Bill was read on 19 April and the Bill to confirm their charter on the next day; both were committed on the 22 April: *Commons Journals*, viii, 546 (19 Apr 1664), 547 (20 Apr 1664), 548 (22 Apr 1664). GL, MS 8200/2, f. 90r (23 Jun 1664). On the failure of the bill, see: T. M., *A Letter concerning the present State of Physick, and the Regulation of the Practice of it in this Kingdom. Written to a Doctor here in London* (London, 1665), pp. 5-6; Cook, *Decline*, pp. 140-1.

practise pharmacy, and to prepare and prescribe the necessary physic'. His motion was passed as being 'to the honour of the College, the profit and safety of the medical profession and the help and advantage of the people'.[59] Clarke's proposal was not new: it echoed in form and intention the order that physicians be allowed to make their own medicines put forward in the College in the 1580s, and was similar to issues debated in the 1630s.[60] At an everyday level, physicians seem to have been regularly engaged in making medicines or employing others to do so, as the Society had complained several times in the 1630s.[61] However, in the 1660s the idea of physicians making their own medicines had an additional theoretical attraction for those involved with experimental philosophy. By working with their hands, so the reformers' argument went, physicians would unite reason and practical experience in the manner recommended by Bacon, thereby restoring physic to its 'primitive and most excellent form' and advancing the art to new heights.[62] It is no surprise then to find that the suggestion was occasionally linked to moves to remodel the College along the lines of the new Royal Society of which several College physicians were prominent members.

If physicians were to assume this new mode of work there would be economic as well as philosophical consequences. These would be particularly significant for the apothecaries who would be – at least in principle – redundant. Variations on this proposal would therefore be one of the main issues over the next decade of disputes between the College and the Society. At this point in the mid-1660s, however, it was

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[59] CPL, Annals, iv, 122.
[60] In 1638, this had been discussed in *quo warranto* petitions. At that time the Society had bluntly argued that: 'neyther by the lawe nore the Charter of the Apothecarys or by any lawfull usage aunciently here in London or in any other foreign parts the Phisicons ought to use the arte of an Apothecarye or keepe servants for that purpose in their houses, for not onlie the lawes of the land doe restrayne men from using any arte or mysterye they have not bin brought upp Apprentice unto, but also the customes of London require and enjoyne all men that use any arte or mystery in London to be free of London also which the Phisicons or the Apothecaryes brought upp by them in their houses are not'. The Society's charter, they went, on did not grant the physicians this privilege, it merely did not restrain them from using their existing privileges, nor did physicians in Paris, Padua or Venice have such rights: GL, MS 8205, f. 28r.
[61] See below, Chapter Eight.
[62] T.M., *Letter*, p. 5.

debated at an institutional level at meetings between the elites of the Society and College aiming at an 'amicable understanding'. Despite the enthusiasm of the virtuoso physicians, for many of their colleagues in the increasingly divided College the threat of making medicines was a bargaining chip that could easily be spent. At these negotiations, the College had proposed that apothecaries should not practise medicine and that they should guarantee the quality of their medicines. In return, the Society wanted patients to be free to choose which apothecary prepared and administered their medicines, and the physicians to guarantee that they should not act as apothecaries.[63] For those who could remember the 1630s, it must have seemed that the old routine of endless negotiation had returned as before, albeit with a novel philosophical top-dressing.

Plague and then fire disrupted these efforts to establish an agreement between the apothecaries and physicians. However, the tensions between the institutions had not disappeared, and the epidemic may even have served to heighten them by putting the provision of medical advice to the forefront of political and public concern.[64] It was only a few years before conflict broke out again, this time sparked by a series of controversial pamphlets published from 1668 onwards by the physicians Daniel Coxe, Jonathan Goddard, Christopher Merrett, and Timothy Clarke, all fellows of the Royal Society and – with the exception of Coxe – fellows of the College.[65] These books accused apothecaries of numerous failings, as Coxe summarised:

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[63] GL, MS 8200/2, f. 98r (30 May 1665).

[64] The 1665 plague has been presented as the moment at which apothecaries began to practise medicine fully. It is an argument which owes much to the content of contemporary polemic and little to the surviving evidence on practice. For one of the fullest expressions of this argument: T. D. Whittet, *The Sydenham Lecture of 1965* (Epsom, Surrey, 1970). Roberts also considers the plague to be a turning point in the organisation of London medical practice, but sees its main significance in the delay it caused in the College's response to the events in Parliament of 1664: 'Apothecaries', pp. 358-9.

[65] [J. Goddard], *A Discourse Setting Forth the Unhappy Condition of the Practice of Physick in London* (London, 1668), reprinted in 1670 under Goddard's name; [D. Coxe], *A Discourse Wherein the Interest of the Patient in Reference to Physick and Physicians Is Soberly Debated* (London, 1669); C. Merrett, *A Short View of the Frauds, and Abuses Committed by Apothecaries* (London, 1669); [T. Clarke], *Some Papers Writ in the Year 1664, in Answer to a Letter Concerning the Practice of Physick in England, by Dr. C.T* (London, 1670); C. Merrett, *Self-Conviction; or, an Enumeration of the Absurdities, Railings*

> Carelessness, Unskilfulness, Unfaithfulness on the one hand, and intrusion into the Physicians Imployment (I mean the Practice of Physick) on the other: on all which accounts…they are exceedingly injurious to the Publick.[66]

Why were apothecaries targeted so furiously? These authors – like Clarke and 'T.M.' in 1664/5 – sought to reform physic along lines suited to experimental philosophy as much as to defend it against the incursions of apothecaries. Moreover, these years also saw the College under fresh attack from a group of chemical physicians with strong support at court.[67] The campaign for a Society of Chemical Physicians damped down after the deaths of a number of its most vocal supporters during the 1665 plague, but the question of what medicine should consist of and how it should be practised continued to be hotly disputed, even within the College.[68] Chemical physic had been the target of a number of pro-College pamphlets. There were also surgeons, empirics and a swathe of other irregular practitioners threatening the College's authority. Despite this, Goddard, Merrett and Coxe chose to focus on apothecaries. Part of the reason for this no doubt lies in the kind of experimental practices that they themselves advocated: as these often involving chemical remedies, the chemical physicians were difficult targets. Because of the apparent oddity of these physicians choice of target, Cook has argued that the attack on apothecaries was primarily a diversion 'to deflect criticism of the experimental philosophy onto the apothecaries'.[69] However, the decision to centre on apothecaries was more than a strategic device.

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against the College and Physicians (London, 1670). Coxe was elected an honorary fellow of the College in 1680: *DNB*.

[66] [Coxe], *Discourse*, sig. A3^{r-v}.

[67] On the Society: Cook, *Decline*, pp. 148-52; H. Thomas, 'The Society of Chemical Physitians: An Echo of the Great Plague of London, 1665', in E. Ashworth Underwood (ed.), *Science, Medicine and History*, 2 vols. (Oxford, 1953), ii, 56-71; C. Webster, 'English Medical Reformers of the Puritan Revolution: A Background to the "Society of Chymical Physitians"', *Ambix*, 14 (1967), pp. 16-41; P. M. Rattansi, 'The Helmontian-Galenist Controversy in Restoration England', *Ambix*, 12 (1964), pp. 1-23.

[68] Cook, *Decline*, pp. 155-82.

[69] Cook, *Decline*, p. 170; 'Physicians and the New Philosophy: Henry Stubbe and the Virtuosi-Physicians', in R. French and A. Wear (ed.), *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), p. 256.

Although the physicians main interest was arguably in establishing a physic fit for the new philosophy, the primary reason for the attack on the apothecaries was practical not philosophical: the chartered privileges of the Society of Apothecaries were one of the key problems that faced any such reform. The reforming physicians' approach was determined by context. Because the legal structure of work in seventeenth-century London was highly refined, protected and resistant to change, expanding the remit of physicians was an economic and legal exercise as much as it was a philosophical project. The apothecaries' claim that all they sought was the free use of their trade 'as *members* of the *Grand Incorporation*... fully enjoying all the priviledges of the *common Charter*' might be challenged by these physicians.[70] However, to many others the apothecaries' defence seemed powerful. As one writer, purportedly a London apothecary, argued in an unpublished response to Goddard's *Discourse*, the reforming physicians were proposing a manoeuvre which smacked of 'injustice, or an under attempt of not invading but subverting the rights' of the Society.[71] This presented a problem even during the Restoration, when the privileging of the learned gentleman-physician over the artisan-citizen and 'mechanic', with his uncertain political affiliation and lack of ties, might have seemed easiest to justify.[72] This sticking point had been identified by T.M. in a book supporting the idea of physicians making their medicines published in 1665. He had then suggested a compromise which would avoid infringing on the apothecaries' sphere: instead of apothecaries acting for patients and filling prescriptions, physicians should buy

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[70] Nathaniel Hodges, *Vindicae Medicinae & Medicorum* (London, 1665), p. 53.
[71] BL, Sloane MS 631, f. 170. The MS was prepared for publication, but does not seem to have appeared in print.
[72] For a good example of the College's problem phrased in terms of academic physician against 'Mechanick': Goodall, *Royal College of Physicians established by law* (1684), sig. A2iii^{r}. On mechanics and gentry more generally: I. A. Gadd, 'The Mechanicks of Difference: A Study in Stationers' Company Discourse in the Seventeenth Century', in R. Myers and M. Harris (ed.), *The Stationers' Company and the Book Trade, 1550-1990* (Winchester, 1997), pp. 93-111; S. Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago, 1994).

medicine from apothecaries and retail it to their patients themselves as it was needed.[73]

Goddard, Merrett and Coxe rejected such half-measures. They also sought to lead a public campaign for change rather than shift the content of their practices on an individual basis. As a result, they had to prove the legitimacy of their proposal to a degree that T.M. had avoided. In their arguments they therefore brought to their task tools familiar from earlier corporate disputes. Their charge-list was designed to justify the drastic remedy the authors supported: that physicians should make their own medicines. As we have seen, apothecaries were tarred with gross abuses in their craft; they were portrayed as being morally – and politically – bankrupt. Their invasions into practice reflected a 'Phanatick humour of levelling' abhorrent to the restored monarchy, and they 'have always endeavoured and aimed at the depression and ruine of the *Colledg* of *Physicians*, the only *Corporation* of that Art in *England*'.[74] The argument against apothecaries practising physic was put bluntly and effectively in the language of craft prerogatives. As Merrett protested:

> why may not the Plaisterer more reasonably pretend the same to the Painter, and many other Trades against one another, as the Brick-layer to the Stone-Cutter, &c. that they understand the Trade, and that truly too, and that they cannot subsist without this incroachment? And why should not *Chirurgeons* keep open *Apothecaries* shops? But that the same Law limits those Tradesmen, as well as prohibits the Apothecary from the practice of Physick.[75]

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[73] T.M., *Letter*, pp. 20-1. T.M.'s tract was answered in a pamphlet not published until 1670, alongside Merrett, Coxe and Goddard's writings (though purportedly composed in 1664) by a physician 'C.T.' (probably Timothy Clarke), which agreed with many of T.M.'s points but rejected the idea of a compromise: C.T., *Some Papers*. Cook discusses these works: *Decline*, pp. 141-3. The College's chemist, William Johnson, supported T.M.'s argument and advocated a similar compromise – with the addition that apothecaries should be obliged to purchase their chemical medicines from his laboratory in the College: *Agurto-Mástix. Or, Some Brief Animadversions Upon Two Late Treatises* (London, 1665), pp. 129-35.

[74] C.T., *Some Papers*, p. 13; Merrett, *Short View*, p. 19.

[75] Merrett, *Short View*, p. 48.

But arguing against practising apothecaries was the easy part of the physicians' task. Far harder was justifying practice of pharmacy by physicians in the face of the established privileges of the Society. The litany of apothecaries' abuses which they recounted, and the improvements to medicine which they prophesied, were both part of a chain of logic that justified reform. To strengthen their claim, several of the physicians made a case based on law and history. It was asserted that if physicians began making medicines they would simply be reverting to an earlier and better system, as classical physicians had unified all parts of medicine. The current separation of roles had either come about voluntarily through physicians entrusting a menial part of their art to apothecaries – in which case the apothecaries were now breaking trust by their malpractices – or through the general decline of the dark ages – in which case reform was overdue. Hence, the tracts made much of physicians' prior privileges (in this case reaching back to the very origins of medicine as well as to the formation of the Society) to counter-balance the apothecaries' current rights.[76] As was so often the case, arguments for change came dressed in conservative clothing.

The vitriolic tone of the pamphlets was not entirely rhetorical, however. The anger and frustration apparent in them owes much to the success of the Society in blocking the College's charter bills in 1664. It also seems to reflect an acute concern about the economic and social status of College physicians. In these works the figure of the 'Apothecaries' Physician' – a doctor, often young, who became subordinated to an apothecary's economic power – appears as an embodiment of the decline of the profession.[77] Railing against those physicians who entered such alliances was partly a device to imply that those who opposed reform were merely puppets of the

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[76] These tracts contain historical accounts of physicians entrusting part of their art to apothecaries: Goddard, *Discourse*, pp. 8-10, 52; Merrett, *Short View*, p. 25.

[77] Merrett, *Short View*, pp. 14-15. The inverted double of the apothecaries' physician was, of course, the 'covenant apothecary' employed by a physician as his quasi-servant: [G. Harvey], *The Accomplisht Physician, the Honest Apothecary, and the Skilful Chyrugeon* (London, 1676), p. 75.

apothecaries. Partnerships between apothecaries and physicians were certainly not a new development, as is discussed in Chapter Eight. But one wonders if the balance of power within them may have been shifting. In addition, these virtuoso physicians may have been feeling personally embattled and financially vulnerable. Merrett, who claimed to have been making his own remedies for four months, complained that apothecaries had been spreading rumours against him. Goddard, formerly first physician to the Parliamentary army, had been removed from the wardenship of Merton College, Oxford in 1660, and may have been feeling the effect of political disfavour on his practice. Also, in selling his remedy 'Goddard's Drops', he was also competing directly with apothecaries.[78] Their worries were also perhaps compounded by some unrecorded personal alienation from the Society; Merrett at least had once been close to the apothecaries, becoming an honorary freeman in 1659.[79]

The apothecaries' champions replied in kind to these pamphlets, throwing accusations of malicious abuse, self-interest and unfair practice back at the physicians. They highlighted the risks of the physicians' plan: it created a dangerous monopoly; it could lead to untrained servants making up medicines; and the physicians it relied on could hardly be as skilful as apothecaries who had been raised in the art. And they drew out the political implications of the plan. The physicians, they argued, sought 'unlimited power' over the apothecaries who were freemen and citizens, with the rights that this implied, and intended against 'equity' to impose upon the freedom of both patients and practitioner.[80] As was argued on the very first page of one of the defences, these reforms aimed 'to destroy the very being of a

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[78] Merrett, *Short View*, p. 31; *DNB*; Munk, *Roll*.
[79] See above, p. 66. Coxe was still a relatively new arrival to the London medical scene in the late 1660s; Clarke, however, was a successful practitioner with Court office as one of the royal physicians: *DNB*.
[80] *Lex Talionis; Sive Vindiciæ Pharmacoporum* (London, 1670), pp. 7, 21.

Corporation of the City of London'.[81] The dispute was, therefore, simultaneously about the organisation of practice, the privileges of corporations, and the implementation of philosophical programmes in physic.

While these skirmishes in print demonstrate the continuity of issues and corporate solutions from the first half of the century, they are of particular interest because they marked a significant shift in both the context and support behind the disputes. For the first time the public, or at least London coffee-house opinion, was being appealed to. More importantly, the College denied responsibility for the authors and their works when challenged by the Society in March 1670.[82] The College's decision to distance itself from the tracts reflected its internal divisions over the new philosophy. As Cook has emphasised, these debates over the relationship of apothecaries and physicians were only one strand of the noisy disputes that ran on throughout this period: the challenge of the chemical physicians had not disappeared entirely, while the relationship between the Royal Society and the College was still the subject of an extended controversy. Likewise, the change to physicians' work that was being proposed did not appeal to the entire membership of the College. For many physicians, the proposal that they abandon their old methods and alliances came far too close to the very practices of the chemical physicians whom they despised.[83] What many still sought was not change for themselves, but greater regulation for others.[84]

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[81] *Medice Cura Teipsum! Or the Apothecaries Plea* (London, 1671), p. 1.
[82] CPL, Annals, iv, 151-2; GL, MS 8200/2, f. 132v (28 Mar 1670).
[83] Several of the College reformers supported the use of chemical therapies, for example: [Coxe], *Discourse*, pp. 43-61. In the eyes of many chemists, the relationship between physicians and apothecaries was one of the fundamental problems of learned physic. See: Everard Maynwaringe, *Medicus Absolutus Adespotos. The Compleat Physitian, Qualified and Dignified* (London, 1668), pp. 51-77, 88-103. From the earliest Paracelsian and chemical tracts printed in England, the making of medicines by physicians had been advocated: I. W., *The Copie of a Letter Sent by a Learned Physician to His Friend* ([London], 1586).
[84] See, for example, the arguments in: Hodges, *Vindicae Medicinae*; Johnson, *Agurto-Mástix*; [Harvey?], *Accomplisht Physician*.

The tracts did nonetheless prompt a short-lived renewal of the meetings between the Society and the College in the summer of 1670. The issues discussed five years earlier again dominated the agenda. This time the Society set out its propositions first, calling for the physicians not to act as apothecaries or to make private arcana, and offering in exchange joint search of apothecaries' shops and its help in securing a bill against empirics. In response, the College put forward what were by then equally predictable suggestions: no apothecary should practise physic, detract from a physician or his remedies, and none should change, reuse or make a substitution to a prescription without permission. It also denied ever having sought to forbid the sale of medicines without a physician's permission.[85] Again, discussions petered out. Unlike similar periods of negotiation in the 1620s and 1630s, the breakdown of communication was not marked by a turn to more aggressive methods by the College.[86] By the early 1670s, it was clear to most physicians that the power of the College was decayed: the fortunes of the institution had reached their nadir in the seventeenth century.[87] For the apothecaries, this meant a measure of peace as they enjoyed relative institutional prosperity.

True, the College's interest in regulating medicine did not entirely cease in the 1670s. The Crown and City also continued to express concerns about medical practice. The College won test cases against the irregular practitioners Adrian Huyberts and one Needham in external courts, but its position remained weak. A resurgence in College authority from the early 1680s led to further suits against Huyberts and others, and it began judging and punishing irregular practitioners itself for the first time since the 1650s. The College even revived some of its former

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[85] CPL, Annals, iv, 152-3 (21 Jun 1670).
[86] The last comment on these meetings in the Annals occurred 25 June 1670, with the pointed note that the apothecaries' most recent motion showed 'as much the spirit as the quality of the men': CPL, Annals, iv, 154.
[87] Cook, *Decline*, p. 182.

aspirations toward controlling apothecaries after receiving a charter from James II in 1687. Once again, it promised free medical care for the poor to sweeten its assault. This time it also targeted those apothecaries- and surgeons-turned-physicians who became licenciates or fellows of the College without renouncing their previous ties, and made an effort to prevent apothecaries learning from physician's prescriptions through the 'statute of English directions'. This last measure was particularly controversial, involving physicians giving their patients – rather than the apothecaries – directions on the use of the medicines they prescribed, and shared something in approach to T.M's compromise proposals in the 1660s. Moreover, for the first time in a long while the censors searched apothecaries' shops in August 1687, prompting an outcry from the apothecaries and an investigation by the Lord Chancellor.[88] However, the College's new charter soon proved to be more of a problem than an asset, as its uncertain status after the revolution of 1688 threw the College's rights and powers into question and profoundly divided the fellowship.

A measure of the changed regard in which the political nation held medical practice is apparent in Parliament's decision in 1694-5 to grant the apothecaries exemption from serving on parish offices of watch and ward. The basis of the apothecaries' claim was the demands that patients, particularly among the poorer sort, put on them by calling them day and night. When the same claim had been put forward in the Society's original charter in 1617 the objections of the City had led to its removal. Now, despite the opposition of the College, which saw the measure as a thinly disguised attempt to gain liberty in practice, and the City, it was passed by Parliament. Marred by internal divisions, the College had not even secured the addition of a clause to protect its own privileges, though it did manage to prevent the

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[88] *Ibid.*, p. 208.

Bill giving apothecaries a clear right to practise on the poor or in emergencies.[89] The College's concern to undermine the apothecaries found its next expression in the Dispensary scheme of the mid-1690s, but like its other efforts since the mid-1660s this project never came close to long-standing success.[90] In 1704, the House of Lords verdict on the Rose case sealed the apothecaries' acceptance as legitimate practitioners of physic – if still under limited circumstances – as well as their own craft, and damned the College's efforts to restrict them as monopolistic.[91]

Conclusion

The failure of the College to secure effective authority over the apothecaries in 1617 lay behind the disputes that ran through the rest of the century. In practice, the College was unable to exert significant control over the work of apothecaries in the seventeenth century. It could almost be argued that the survival of the Colleges ambitions to 1704, and even after that, reflects a faith in corporatism and a belief in its own superiority and rights that rivalled any other London institution. The College did come close to imposing strict limitations on London's apothecaries the 1630s, but the Society resisted effectively until the political disturbances of the 1640s displaced medical regulation from the political agenda. From the mid-1660s onwards, the issues at stake between the Society and the College shifted. Much of the debate mirrored concerns of the 1620s and 1630s, and the same question remained central: where should the proper boundary line between the two occupations lie? The grounds on which apothecaries asserted they had a right to practise physic had also not changed. Now, though, at least some physicians were approaching the situation in a different

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[89] *Ibid.*, pp. 228-32.
[90] F. H. Ellis, 'The Background of the London Dispensary', *Journal of the History of Medicine*, 20 (1965), pp. 197-212.
[91] Cook, *Decline*, pp. 246-51; H. J. Cook, 'The Rose Case Reconsidered: Physicians, Apothecaries and the Law in Augustan England', *Journal of the History of Medicine*, 45 (1990), pp. 527-55.

manner. By arguing seriously that they should replace their old dependency upon apothecaries with medicines they made themselves, they were challenging the core of apothecaries' traditional role and were threatening to remove that substantial part of the apothecaries' trade which depended on filling prescriptions. But most importantly, in both the movement by these physicians away from the old tripartite ordering of physic, and the College's official distancing of itself from their critique, we can see the beginning of the long retreat from the College's pretension to govern *all* aspects of medicine in London. The campaign begun by Linacre had finally turned into a withdrawal, though this was not to be without occasional rallies of the rearguard, as the 1680s and 1690s showed.

Cook rightly links these events to shifting intellectual preoccupations. But they are also inseparable from changes in contemporary models of work and economy. This is more general than the question of support for corporations dependent on the Crown, which Cook highlights.[92] These disputes were shaped by the fundamental debate over the nature and need for economic order that was ongoing in this period. Those involved in the conflicts outlined above were, with a few exceptions, squabbling over the internal boundaries of regulated practice, not questioning the very nature of regulation, as the focus on corporate remedies via oaths and ordinances illustrates.[93] Although by the end of the seventeenth century both popular and legal opinion were turning against exclusive economic groupings of the kind favoured in the first part of the century, the assumption that economic activity should be divided into corporations remained powerful and widespread. The language of corporate privilege was to some extent a flexible resource which could be used as required. However, at another level its embedding in the legal forms of regulation

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[92] Cook, *Decline*, p. 256.
[93] Assertions of liberty were made by Trigge in the 1650s and Huyberts in the 1670s: Cook, *Decline*, pp. 129-31, 188-90. Also by: M. Nedham, *Medela Medicinæ* (London, 1665), pp. 1-28.

meant it was inescapable. Even when the physicians sought to establish medicine outside the everyday commercial sphere, by drawing out parallels between their authority and that of the Church as several did in the 1660s and 1670s, their need for materials for remedies left them rooted in the commercial conflict in which they were ultimately engaged.[94] The evolution of powers in this case had little to do with the everyday practice of medicine: in London's shops or the bedrooms of the sick, personal affiliations and flexible specialists cut across the jigsaw of particular privileges which divided the government of medicine. Instead, the history of medical government in London owed much to questions of freedoms, privileges and liberty which were constantly in play during this period.

While the events of the separation described in the previous chapter can be seen in part as the result of the efforts of apothecaries, most of the events described above were driven by the College's efforts to secure a measure of control over medical practitioners. As a result of this, the politics of the Society were largely reactive not proactive. It would not be much of an exaggeration to see the Society as largely happy with its own position from around 1625 onwards, and engaging in these disputes only in response to intermittent College campaigns. From this perspective, the disputes of the seventeenth century are a further measure of the anxiety and institutional difficulties faced by the College that Pelling and Cook have traced.[95] The success of the Society's defences of its powers in these instances reinforces the impression that its lack of interest in changing its legal privileges indicates a general sense of satisfaction with the situation, rather than the appeasing silence of the half-

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[94] Cook has argued that the authority of the College in some ways paralleled that of the established Church, but this seems to reflect the aspirations of the College rather than the political realities: H. J. Cook, 'Institutional Structures and Personal Belief in the London College of Physicians', in O. P. Grell and A. Cunningham (ed.), *Religio Medici: Medicine and Religion in Seventeenth Century England* (Aldershot, 1996), pp. 91-114.

[95] Pelling, *Medical Conflicts*; Cook, *Decline.*

defeated. Lest this seem too much a tale of continuity, it is worth highlighting one of the longer-term and unimagined consequences of separation: the establishment of a guild which would survive the effective demise of nearly all its corporate peers to retain regulatory powers to this day, as the public interest 'special case' which medical practitioners used as an argument to defend their privileges simultaneously narrowed its focus and strengthened its political appeal.

4.

DRUG ABUSE:

POLICING APOTHECARIES IN EARLY MODERN LONDON

> There must be a generous, a noble and resolv'd Integrity, Watchfulness and care in Individuals, in every single and particular *Artist*, to make your *Medicines* exactly good and perfect, and never to vend or spend them, but while they continue such: And if by overkeeping they have exhal'd and lost their *vertue*, strength and spirits, to cast them to the place to which the *Salt* is doom'd, when it hath lost its *Savour*.
>
> A. Walker, *A Sermon Preached at St Anne Blackfriars, before the Company of the Apothecaries of London, Septemb. 8th 1681* (London, 1682)

In his 1681 sermon to the Society of Apothecaries, Richard Walker urged every apothecary to ensure that his medicines were safe and well made, reminding him that his reputation, honour and oath were at stake. Ensuring that standards were maintained in pharmacy was a matter for the individual's conscience, but it was also a significant issue for guild, City and Crown. As we saw in the previous chapters, the Society and the College were above all institutions created to govern medical practitioners in early modern London. Their central justification was the prevention of disorder and malpractice among practitioners. While the rules they created to control practitioners are easily accessible, what happened in practice is less clear.[1] The details of the actual operations through which the medical occupations were policed remain clouded with uncertainties. Although some work has been carried out on the manner in which the College of Physicians dealt with unlicensed practitioners, notably by Harold Cook and Margaret Pelling, at present we have few insights into the ways in which other aspects of the medical world were regulated on a day-to-day basis.[2]

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[1] On rules, see: Cook, *Decline*; Clark, *College*; Wall, *Society*; Beck, *Cutting Edge*; Roberts, 'Apothecaries'.
[2] Cook, *Decline*, pp. 90-3; Cook, 'Policing', pp. 5-12; Pelling, *Medical Conflicts.*

Craft regulation was obviously not something limited to the medical occupations. Indeed, guilds and companies' ability to discipline their members and control who could use their trade is central to debates about their impact across Europe, while their failure – or not – to do so is an important part of discussions of their 'decline'.[3] It has become increasingly clear that it is problematic to take ordinances – the rules which companies made to govern their members and crafts – as anything more than nominal guides to the ideals and aspirations of towns and companies.[4] All too little is known about the processes of policing and punishment in any of the livery companies.[5] Even the scale of activity – the number of offences discovered and punished – is unclear. The activities of the Society of Apothecaries have a broader relevance to this issue of how companies understood and implemented regulation on a day-to-day basis. But analysing the Society's policing does more than this. As I suggest here, guild regulation shows significant parallels with the policing of trades and contemporary practices against minor crimes and misdemeanours, allowing us to integrate economic control with more general measures against crime. Moreover, addressing regulation allows us some insight into the management of expertise in artisan and learned culture, a question which is presently widely debated.

In this chapter I focus on the aspect of the government of medicine which was arguably most important because of its connection with poison and plague: the processes and problems of regulating the manufacture and sale of medical substances

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[3] M. Berlin, '"Broken all in pieces": Artisans and the Regulation of Workmanship in Early Modern London,' in G. Crossick (ed.), *The Artisan and the European Town*, (Aldershot, 1997), pp. 75-91; M. J. Walker, 'The Extent of the Guild Control of Trades in England c.1660-1820: A Study Based on a Sample of Provincial Towns and London Companies' (Cambridge Univ. Ph.D. thesis, 1986); J. R. Kellett, 'The Breakdown of Gild and Corporation Control over the Handicraft and Retail Trade in London', *Economic History Review*, 2nd ser., 10 (1957-8), pp. 381-394.

[4] Sosson, 'Les Metiers', pp. 339-48; Davies, 'Tailors of London'; Rosser, 'Crafts, Guilds'.

[5] This question is discussed at greater length in my 'Controlling Commodities: Search and Reconciliation in the Early Modern Livery Companies', in I. Gadd and P. Wallis (ed.), *Guilds, Society and Economy, 1450-1800* (London, 2002), pp. 85-100. See also: Berlin, 'Artisans', pp. 75-91.

in Stuart London.[6] Policing pharmacy was at one level very much a matter of politics and administration, and so we begin with the regulatory systems through which pharmacy was policed in London, setting out in more detail what the institutional structures surveyed in the previous chapter meant for the control of apothecaries' work. From this outline of the shapes of government, we turn to an analysis of offending and the ways in which punishment operated. Finally, we examine the techniques through which apothecaries and physicians tested medicines in order to discern their goodness, and in a partial return to the preoccupations of the two previous chapters, analyse the part these processes for judging quality played in the ongoing disputes between the two institutions. As will become clear, in regulating its craft the Society behaved much like the other guilds of London. However, the specific concerns that surrounded medicines and poisons, and the problems they presented to those attempting to regulate them, gave a particular twist to the Society's actions which throws further light on the complicated relations between different groups of medical practitioners.

The regulatory framework

The policing of pharmacy in London had a long history. Since the formalisation of guilds' responsibilities for the conduct of their crafts in the late fourteenth century, apothecaries had been subject to searches for adulterated or corrupt drugs by the Wardens of the Grocers' company. From the mid-sixteenth century, the Wardens had the assistance of expert apothecaries from the company. If

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[6] For a recent attempt to survey shifts in regulation up to the mid-nineteenth century: S. W. F. Holloway, 'The Regulation of the Supply of Drugs in Britain before 1868,' in R. Porter and M. Teich (ed.), *Drugs and Narcotics in History* (Cambridge, 1995), pp. 77-96. See also: E. W. Steib with G. Sonnedecker, *Drug Adulteration: Detection and Control in Nineteenth-Century Britain* (Madison, 1966); C. M. Foust, 'Rotten Rhubarb: Drug Adulteration Prior to the Mid-Nineteenth Century', in *Actes de la XXXI Congres International d'Histoire de la Medecine* (Bologna, 1988), pp. 801-806.

bad wares were discovered, the company could fine offenders and destroy their goods. As we have seen, this self-directed, local system was supplemented in the sixteenth century as the newly established College of Physicians gained a role in regulating the behaviour of apothecaries.

The civic context also played a major part. In addition to the guild and College, London's Wardmote Courts dealt with cases relating to the weights and measures of apothecaries as well as other retailers in the city wards for which they were responsible.[7] More specifically, the quality of medicines was in part subject to the oversight of the garbler of spices, a City official responsible for checking the quality of imported drugs and spices and processing them – known as garbling – to remove any rubbish. He had the power to search the shops and warehouses of grocers to ensure that they did not put on sale anything that was not garbled.[8]

The outlines of this system changed little when the Society of Apothecaries was established in 1617. As we saw in chapter two, continental – particularly French – examples of physicians supervising apothecaries did have a clear influence on the formation of the Society.[9] However, although the Society's charter was sold to the College of Physicians as a measure to ensure better supervision of apothecaries, the few innovations it contained focused on entry to the craft rather than on search or regulation.[10] The sole important novelty in respect of policing was an order concerning the manufacture of general epidemic and poison antidotes, particularly

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[7] Several apothecaries were punished in 1602 by the Court of wardmote of the Ward of Farringdon Without for using defective weights: GL, MS 3018/1, f. 69r.
[8] CLRO, Rep., v. 26, pt. 2, f. 291. There was repeated competition over the office of garbler in the seventeenth century: *CSPDom, 1637-8*, p. 114; *CSPDom,1638-9*, p. 371 Questions around importing drugs and the garbler occurred occasionally, and the College was sometimes consulted by merchants and the Lord Mayor and Aldermen: CPL, Annals, iii, 435-6 (16 Feb 1636), 538 (27 Mar 1643).
[9] Earlier influences on physicians and London incorporations are well described by Webster: 'Thomas Linacre', pp. 198-222. See also William Harvey's comments in: GL, MS 8286, f. 14.
[10] Berlin, *Distillers*.

mithridatium, theriac andromachi and theriac londinesis. With the exception of this clause and the creation of the *Pharmacopoeia Londinensis*, it is worth emphasising again that the remedy for abuses in medicine was apparently to be increased efficiency within established guild procedures, rather than radical change.

The practical measures instituted to control the apothecaries in the Society were, with a few exceptions, much the same as those employed in other London companies. Control still centred on parties of company officers searching the shops and houses of apothecaries, druggists, and others 'vehemently suspected' of having medicines they sought to sell.[11] The Society diverged from London company norms in the presence of the President and Censors of College of Physicians, or their substitutes, during search. However, this long-standing provision seems not to have operated any more consistently in the new company than it had while the apothecaries were still in the Grocers' Company. The College's power to search was effectively defunct during most of the second half of the seventeenth century apart from a short-lived revival in 1687-8.[12] The first search by the Society was held in September 1618, only a few months after the charter was received. Searches appear to have occurred at least annually from that date onwards.[13] In autumn 1619, the medicines seized on search were taken to the College for examination, but thereafter it seems that the Society took care of condemned wares; possibly the Society lacked even a temporary hall on that initial occasion.[14] These ceremonial inspections by robed officers were supplemented by the less picturesque work of informers, employed by the Society, like other companies, in order to root out rival practitioners in particular. In addition,

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[11] The procedures for search were set out in rule 6 of the Society's ordinances, their power to punish those that sold falsified medicines, summon offenders and distrain for fines in rules 14, 15 and 25: GL, MS 8251, f. 35-6.
[12] Cook, *Decline*, p. 208.
[13] GL, MS 8200/1, f. 9.
[14] CPL, Annals, iii, 131-2 (12 Nov 1619).

the Society occasionally received and acted on complaints against its members, such as Dr Sheppard's accusation that William Butler had falsified a receipt for one of his patients.[15] The distinctiveness of the mix of internal and external supervision of apothecaries should not be exaggerated in comparison to other London crafts and trades.

Although the structures by which pharmacy was regulated were largely unremarkable examples of corporate government, both City and Crown were deeply concerned about the quality of drugs. As mentioned in chapter two, the supply of medicines touched on two issues of profound concern for government: plague and poison. The force of contemporary fears about poison and the extraordinary threat that plague posed meant that ensuring that sufficient quantities of unadulterated medicines were available was a significant issue. The impact of these concerns can be seen in the few variations on the standard procedures of guild supervision which the Society did introduce, sometimes at royal behest.

Special regulation of epidemical antidotes, the most obvious new development in the supervision of medicines, has already been briefly mentioned. It is worth emphasising that, the manufacture of theriac and mithridatium had never been closely controlled in London; nonetheless, the Society did not allow this part of their ordinances to lie dormant. Perhaps anticipating that another Parliamentary session in which the Society would be scrutinised might soon commence, the order was reiterated in the company Court in May 1623, and a committee was established to put a 'public dispensation' in effect.[16] The wording of the order is unclear, but it appears that the Assistants were to work together to prepare the compositions in a manner

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[15] GL, MS 8200/1, f. 68.
[16] GL, MS 8200/1, ff, 103, 110-111. During epidemics orders about acceptable substitute drugs for these compositions were also made: *ibid.* f. 150.

similar to the Italian system. Private manufacture was allowed to continue, although the ingredients were to be viewed by Society officers before work began: numerous apothecaries were to be fined for failing to meet this requirement.

Simply testing the epidemic antidotes was a significant job. In 1628-9 alone, the Master and Wardens of the Society together with the Censors of the College viewed 1,501 *lb*. of mithridatium, 108 *lb* of theriac andromachi, 692 *lb* of theriac londinensis, and 277 *lb* of diascordium.[17] Further controls for these medicines were introduced in 1636. Following their (supervised) manufacture, the Underwarden was to seal the drug containers with the company seal to prevent their being used prematurely. After six months the mithridatium and theriac andromachi were opened; the theriac londinensis was closed for only three months. The Underwarden was to be present whenever the containers were opened, including when they were stirred after two months. The Court refined the system again in 1638. Now, when he sealed up the medicines, the Underwarden was to take samples which could later be used 'to see if they [the makers] sell of the same'.[18] But even this was insufficient. By 1643 the Court had noticed that, because the ordinance limited the fine to £3 6*s* 8*d* per offence, freemen were making up great quantities of the antidotes without having them viewed, anticipating that their profit would far outbalance any penalty. As a result, the fine was now made proportional to the volume made, taking the amounts given in the *Pharmacopoeia Londinensis* as the benchmark.[19] There is evidence that, although very demanding and complicated, the system did operate.[20] Throughout this period only two other orders were made concerning regulation, one of which in July 1640 also

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[17] GL, MS 8200/1, f. 212.
[18] This was returned at the end of the year.
[19] GL, MS 8200/1; ff. 420v-421r.
[20] In at least one case of bad diascordium, it was noted that the Warden, in this case Cook, had earlier taken an assay of the composition: GL, MS 8200/1, f. 418r (5 Oct 1643).

concerned poison, ordering that apothecaries were to sell poisonous or dangerous simples with 'espetiall caution'.[21]

Regulation was a political issue. The clustering of these orders in the late 1630s reflects the pressure the Society was under from the College, who were making political capital from royal concerns over medicines, plague – there was an epidemic in 1636 – and poison. It is hard to avoid the conclusion that many of the measures outlined above were attempts to pre-empt the more draconian measures that the College was seeking to impose. Regulation was in many ways the most obvious arena in which the tensions between the Society and the College were articulated. Apothecaries and physicians could discern much about the state of affairs between their respective institutions from the very composition of the search party, particularly the presence or not of the President and Censors. It is not surprising that in early 1638, when they were close to forcing the Society into submission through the *quo warranto* hearings, the College chose to search several apothecaries' shops for epidemic antidotes. On finding theriac and mithridatium sealed by the Warden of the Society, they opened them, gave new instructions about how often they were to be stirred, and then closed them with the seal of the Censor of the College. This piece of political theatre culminated a few days later, when the Master and Wardens of the Society were summoned to the College and informed of their 'ignorance'.[22]

Discovery and punishment

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[21] GL, MS 8200/1, f. 383 (2 July 1640). In addition, the Court passed an order from the College, which was attributed to the King, that apothecaries were to rasp Hartshorn themselves, or buy it from approved apothecaries: *ibid*, f. 366v (7 Nov 1637).
[22] CPL, Annals, iii, 473 (13 Feb 1638), 474 (16 Feb 1638).

The structures that governed pharmacy in London in themselves tell us little about how authority was exercised and experienced in practice. To approach this issue, a good starting point is the seemingly simple question of how many offences the Society's officers actually discovered. This will then lead us to more interesting questions about the patterns of offending and what they suggest. Perhaps the most fundamental of which has to be: what did it mean to early modern London apothecaries to punish and be punished?

Our focus here will be on the pursuit of bad manufacturing, but it is important to recognise that for the Society the policing of the craft was a multifaceted activity. Like all companies, it was also concerned with preventing incursions into their craft by outsiders and reforming the behaviour of apprentices and freemen. Maintaining a closed shop by preventing unlicensed practitioners working in London was not as overwhelming a concern for the Society as it was for the College of Physicians, but it was a constant theme. A number of non-member apothecaries were pursued by the Society in the first five decades of its existence. In the years after receiving its charter, the Society acted vigorously to enforce its monopoly of the craft and to prevent recalcitrant apothecaries in the Grocers' Company from continuing to work in the trade, even prosecuting several in Star Chamber. Rival practitioners were regularly pursued, from comfit-makers and apprentices working before their time was complete, to a group of surgeons in Wapping.[23] The Society was enough of a problem that two of the surgeons who kept apothecaries' shops sought to translate into the company, without success.[24] In the 1650s and 1660s, non-member apothecaries seems to have been an increasing problem. In 1655, the Society attempted to act against

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[23] GL, MS 8200/2, ff. 36v, 49r.
[24] Robert Hembrick asked to take the freedom in 1649, after questioning by the Society; Isaac Harris sought to translate in 1663, three years after requesting liberty to set up an apothecaries' shop: GL, MS 8200/1, f. 484r; 8200/2, ff. 56r, 81r.

surgeons who were selling medicines limited to apothecaries, warning their informer, Burton, that he should make sure that suits against surgeons were made in the proper county.[25] The next year they ordered another informer, Mark Fletcher, to pursue 'all such as set up Appothecaries shopps being not free of this Companie', and took up several cases themselves.[26] Most of the comments made in this chapter hold for company processes against these common offences as well as for misdemeanours in manufacturing medicines.

Apothecaries were often discovered breaking company regulations about pharmacy. In the first thirty years of its existence, 327 offences were dealt with by the Court of Assistants of the Society. The majority of these offences – about 180 – concerned the possession or manufacture of bad or corrupt medicines. The other main group of offences were related to apprentices, particularly freemen's failure to present them for examination or turn them over properly.[27] Like all crime statistics, these numbers need to be read with a constant awareness of the unknown number of offences missed or ignored by officers, and also those which were dealt with through informal warnings and reprimands. Although there were no lengthy periods in which proceedings against those breaking ordinances ceased entirely, the Society did not maintain a constant level of activity, as Figure 4.1 shows. Given the personalised nature of company government, the varying enthusiasm of individual officers must have played a significant part in this. However, the interest which the Court of Assistants paid to pursuing offenders was closely related to external political pressures, much as we have seen with the timing of regulatory ordinances. The years

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[25] GL, MS 8200/2, f. 25r (March 1655).
[26] GL, MS 8200/2, f. 36r.
[27] A crude breakdown of these offences by subject is possible: 79 were apprentice related; 20 were non-members practising as apothecaries; 9 were illegally kept journeymen; 18 were apprentices setting up shop before their freedom; 6 were failure to appear at Court; and 17 were other offences. Some 797 individuals were made free of the Society before 1661.

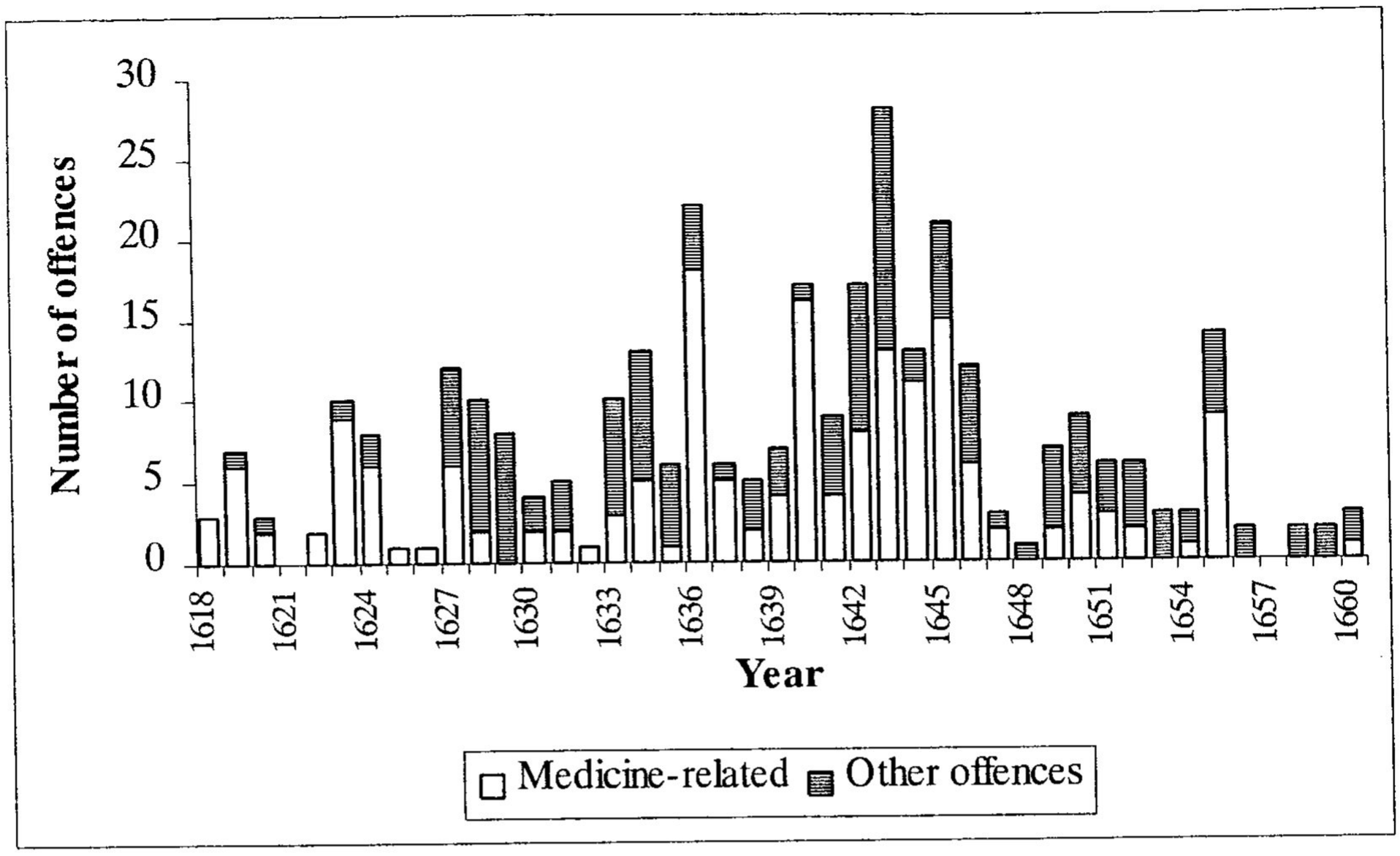


Figure 4.1: Number of offences against ordinances, 1618-1660

after the establishment of the Society saw a moderate level of prosecutions for making or selling bad medicines and drugs, but by the early 1630s interest seems to have been tailing off. Other offences, such as failing to present apprentices, were still being pursued at fairly high levels, suggesting the company remained very much concerned with disciplining freemen over matters that were significant to its internal government and the level of competition between apothecaries. Spikes of activity against those dealing in corrupt medicines in the late 1630s are clearly related to the disputes with the College, with the Society seeking to carry out its role in a model fashion. Interestingly, activity remained high until the late 1640s, long after the threat of the *quo warranto* had been removed, but levels of prosecution died off again in the late 1640s and remained low throughout the 1650s, a time in which the exclusive privileges of companies were under greater question.[28]

Some sense of the intensity and ubiquity of offending can be gained by

[28] Although, see: Cooper, 'Social and Economic Policies'.

Table 4.1: Offences committed by apothecaries freed 1620-1640

	All offences	Freemen (n=60)	Liverymen (n=25)			Officer (n=17)		
Timing of offences		All	Before livery	After livery	All	Before Office	After Office	All
Medicines[T]	77	38	9	14	23	11	5	16
Other*	59	31	4	16	20	4	4	8
Total	136	69	13	30	43	15	9	24

Note: The table is based on a twenty-one year sample of freemen (those apothecaries admitted from 1620-1640 inclusive) and their offences as recorded in the Society's records over a 41 year period (1620-1660). The table is not, therefore, a count of all offences those individuals may have committed during their lifetime. Each status column is exclusive, so 'office holders' who were also liverymen are not counted in the 'livery' columns, while 'freemen' held no office and did not accept a call to the livery. The organization of the 'officer' columns does not include a separation between their offences as liverymen and as freemen because the Society was not granted the right to a livery until 1630.
[T] Medicines includes as offences faults in manufacture or manner of sale, such as adulterating medicines.
* Other offences include those relating to apprentices (largely keeping unbound apprentices over the number allowed), bad behaviour, such as insulting or assaulting company officers, and absences from meetings when summoned.

looking at table 4.1, which analyses offending by a sample of apothecaries with reference to their position in the company. About 28 per cent of all those who took the freedom of the Society between 1620 and 1640 were discovered breaking ordinances at some point. The proportion rises to 38 per cent if only those who bound at least one apprentice are included – and who were therefore definitely using the craft in London.[29] Making or selling bad, falsified or unviewed medicines accounted for over half of the offences of all apothecaries, be they freemen, liverymen or officers: some 16 per cent of all apothecaries, or a fifth of those known to be working in London, were summoned on this offence. A substantial number of apothecaries appeared more than once. The most egregious offender, Edward Underwood, was discovered or complained about for making bad medicines on seven separate occasions on seven successive years from 1640 to 1647.

Even senior members of the company feature regularly among offenders. Roughly a third of those who were, or who later became, Assistants or liverymen

[29] Taking those freed between 1620 and 1640 gives each member of the sample a minimum of 20 years after freedom in which to offend.

were summoned at one time or another for a fault; the same proportion of offending as found among all apothecaries. Indeed, Underwood took the livery in 1641, in the midst of his series of offences, and in 1656 he was even elected an Assistant.[30] As his case suggests, those who were responsible for catching and punishing offenders were liable to have broken ordinances themselves in the past, as has also been found for contemporary holders of parish offices such as constables.[31] This was not simply a case of poachers turned gamekeepers. Presentment and punishment did not cease after a freeman took the livery, or even after he became an Assistant. Indeed, most of the offences discovered among those who became liverymen occurred *after* they took the livery. A smaller proportion of an individual's offences were discovered after he had become an Assistant – and was as a result among those involved in carrying out search and enforcement – although it is difficult to discern the impact of the sample period on each of these findings.[32] These figures are no indicator of the real frequency of offences. However, they do suggest senior members were not allowed a complete exemption from the rules or equally expected to be free of error. The table does show that more offences were committed by liverymen than by those who became officers, possibly implying that a very bad record could make it more difficult for a freeman to reach the top of his company. Clearly, punishment by the Court of Assistants carried low social, political or financial costs in the long-term compared to the advantages of offending.

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[30] GL, MS 8200/1, ff. 393v (12 Aug 1641), MS 8200/2, 34r (15 Aug 1656).
[31] J. A. Sharpe, 'Crime and Delinquency in an Essex Parish 1600-1640,' in J. S. Cockburn (ed.), *Crime in England 1550-1800* (London, 1977), pp. 94-6; J. R. Kent, *The English Village Constable, 1580-1642: A Social and Administrative Study* (Oxford, 1986), pp. 146-8.
[32] The sample only covers between 20 and 40 years of a freeman's career. It is likely that it significantly under-records offences by officers as the average time from freedom to becoming an Assistant was 24.6 years in the Society, and 18.8 years in London companies generally,. Freemen entered the livery on average 10.2 years after taking the freedom in the Society (10.5 years in other companies): Rappaport, *Worlds*, p. 365.

The Society possessed unusual occupational homogeneity, was only recently established, and in part owed its existence to concerns over abuses in medicines. As we have seen, in political terms its ability to prevent abuses was crucial to its struggles with the College of Physicians. The Court of Assistants was even implementing some measures designed to strengthen their control over the trade, suggesting that they were not simply playing lip-service to the rhetoric of their petitions. One might be justified in imagining, therefore, that the Society's policing would be an effective deterrent. Yet these figures present a paradox. The very high rates of offences discovered and the social range of the offenders indicate that policing was operating actively, and was not facing substantial problems from either the influence of offenders or suburban sprawl. Equally, they suggest that abuses were almost the norm rather than the exception.

How can we explain this? Firstly, it is worth emphasising that the situation in the Society was not unusual. A very similar pattern of offending can be observed among freemen of the Stationers' company – another company with an apparently strict regulatory system and much Crown interest.[33] Like the Society, the overall rate of offending by stationers is striking, with 36 per cent of those freed in a twenty-year sample period being discovered breaking the company's ordinances; even when those whose only offence was absence from a Court to which they had been summoned are excluded, the rate remains very high, at 27 per cent. The little evidence available about other companies indicates similar patterns. Frequent and persistent offending was common among freemen bakers who were fined for breaking the Bread Assizes, for example, while Ian Archer has found that a substantial number of Assistants from several other companies had been previously been fined for poor workmanship.[34]

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[33] Wallis, 'Controlling Commodities'.
[34] R. M. Benbow, 'The Court of Aldermen and the Assizes: The Policy of Price Control in Elizabethan London', *Guildhall Studies in London History*, 4 (1980), pp. 107-9; Archer, *Pursuit*, pp. 104-5.

It is also striking that the Society did not abandon the priorities set out in its ordinances and later Court orders. Admittedly, there was no attempt to limit apothecaries to the use of remedies listed in the *Pharmacopoeia Londinensis* – but this was in any case primarily a concern of the College of Physicians not the Society. However, if we look at which drugs and medicines were most often involved in offences, we find a constant focus on epidemic antidotes. In total, some 51 medicines and simples were named as having been examined by Society officers in connection with offences; in many cases the specific bad or falsified drug was not named. But in cases when substances were named, it was commonly an epidemic antidote. Diascordium – an opium-based compound attributed to the Italian physician Girolamo Fracastoro – was far and away the most frequently suspected composition, being involved in 22.9 per cent of all offences relating to drugs dealt with by the Society. Some 15.7 per cent of offences were concerned with mithridatium, and 13.5 per cent with theriac, mostly theriac londinensis. Indeed, six substances and compositions – diascordium, mithridatium, theriac, oxycrocin, oil of mace, and confectio alkermes – accounted for 73.5 per cent of all the drugs that were recorded in examinations.[35] The preponderance of the epidemic antidotes was clearly a function of the greater regulation that was supposed to govern their manufacture. Many of the compositions seized were taken on the grounds that their preparation had not been viewed according to the ordinances. Inevitably, compositions that were not automatically subject to examination were less likely to be found to be bad. However, like the sheer numbers of offences, these figures also demonstrate a continued willingness by the Court of

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Michael Power has suggested that the bread assize was only enforced when viable -- and so might not operate in times of dearth when most needed: M. Power, 'London and the Control of the "Crisis" of the 1590s', *History*, 70 (1985), pp. 371-85.

[35] Diascordium was not listed in their ordinances or described as an plague remedy in the *Pharmacopoeia Londinensis* (1618). However the Society consistently treated it as such in their orders. Confectio Alkermes was also considered effective against plague and poison. Other commonly adulterated substances were rhubarb, syrup of violets and liquorice juice.

Assistants to do their job. In discovering offences, if not in preventing them in the first place, the Society's officers were clearly working hard.

For a fuller explanation of the pattern of offending we need to turn from the frequency and content of offences to the processes of punishment. Examination and punishment was straightforward, at least in theory. Suspected offenders were normally summoned to a meeting of the Society's Court of Assistants where the Master and Wardens examined and judged them. Ideally, the procedure was quick and effective: within one meeting their guilt would be assessed and a punishment set. In practice though, troublesome cases could drag on through months of no-shows and inconclusive discussions. As in other judicial arenas, although its ordinances and charter generally set out penalties, the Society exercised its powers with discretion and rarely imposed the full tariff available to it.[36]

The punishments the Court used reflect the contradiction between the Society's concern to maintain a craft community and its need to discipline its recalcitrant members. Two outcomes predominate in the minutes of the Society. A significant number of offenders were simply ordered to stop misbehaving, either by not working in a defective manner again, or by 'putting away' an illegally kept apprentice or journeyman. On occasions when the Court felt a stronger course of action was necessary, it generally imposed fines, ranging from a few shillings to several pounds, rarely more than £5. Only a few other measures were employed, and then rarely. Bonds were used to restrain some offenders, while freemen might, very rarely, be committed to gaol, although that was normally reserved for moments when

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[36] S. Hindle, *The State and Social Change in Early Modern England, c.1550-1640* (Basingstoke, 2000), p. 219; J. A. Sharpe, 'Enforcing the Law in the Seventeenth-Century English Village', in V. A. C. Gattrell, B. Lenman, and G. Parker (ed.), *Crime and the Law* (London, 1980), pp. 108-11; C. B. Herrup, *The Common Peace: Participation and the Criminal Law in Seventeenth-Century England* (Cambridge, 1987), p. 193.

the norms of fraternal behaviour were breached. The Court did not use physical punishment, even for apprentices. The mélange of moderation, ritual and reconciliation that shaped the Court's punishment of individuals extended to its treatment of bad commodities. In theory, when such goods were discovered, the searchers were to cast them into the gutter or burn them in front of the offender's shop.[37] In practice, however, it was more common for the Assistants to bring questionable medicines to the Hall for proper testing, avoiding troublesome doubts about their judgement or accusations of trespass or theft. Even when medicines were found to be corrupt, measures were sometimes taken to preserve an offender's reputation, and the Court might allow them to destroy goods privately.[38]

The main emphasis of the Society's proceedings was not on deliberating guilt or weighing punishment, but on submission and apology to the Court or the corporate body as a whole. After admitting their guilt and seeking forgiveness, errant artisans often had their punishment mitigated. To take just one typical case, one Michell was fined ten pounds for three compositions made without view, but 'upon his submission' this was cut to £3 6*s* 8*d*.[39] Mitigation was commonplace even in the area of greatest concern for the Society, the epidemic antidotes. When Abraham Holgobert was found to have made diascordium without view in 1640, his fine was cut by three pounds to 6*s* 8*d* after the composition was proved to be well made.[40] No justification other than submission was apparent when the Court took only 10*s* of William Butler's fine for making treacle and diascordium without view.[41] Even in 1619, when the wares seized were examined at the College, one apothecary, Slater, was allowed to have his compositions of theriac londinensis, confectio alkermes, mithridatium and

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[37] Berlin, 'Artisans', pp. 80-1.
[38] See for example: GL, MS 8200/1, f. 382v; 8200/2, f. 2r.
[39] GL, MS 8200/1, f. 384r (23 July 1640).
[40] GL, MS 8200/1, f. 385r (30 July 1640).
[41] GL, MS 8200/1, f. 357v (27 July 1636).

oxycroceum destroyed privately 'on account of his confession and submission'.[42] Conciliatory gestures were a normal part of the Society's procedures. Although submission may have often been a formulaic and insincere performance, the minutes do record emotional scenes of offenders crying or falling to their knees before the Court. This reinforces the performative element of policing which was also apparent in the procedures through which goods were destroyed. A similar aspect of submission is apparent when the maker destroyed his own bad medicines, as Thomas Warner did in 1651.[43] The vast majority of offences, like most court cases, were resolved through this reintegrative combination of fine and submission.[44]

To a degree, this focus on submission is explained by the Court's dependence on the internal cohesion of the company. The relatively minor – and often mitigated – punishments imposed by companies encouraged the vast majority of those who broke ordinances to confess and admit their guilt, although fines of several pounds must have been painful in the short-term.[45] This allowed the enforcement of ordinances to seem effective. When offenders refused to accept the authority of the Court of Assistants the limitations of its powers were quickly exposed.[46] Straightforward defiance could flummox officers, as when Charles Kinaston refused to submit to the company and bid them 'do what they can'.[47] Searchers even faced violent resistance on a number of occasions. In 1635, for example, the Warden, Thomas Hicks, made a complaint against William Clapham, himself a former Warden and Master of the Society, for 'pullinge him by the beard & strikeing of him on the breast the last searche day'.[48] The honesty and skill of searchers was also subject to challenge. Even

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[42] CPL, Annals, iii, 132 (12 Nov 1619).
[43] GL, MS 8200/2, f. 24r (11 Dec 1651).
[44] J. M. Beattie, *Crime and the Courts* (Oxford, 1986), pp. 268-9.
[45] Archer, *Pursuit*, pp. 127.
[46] Berlin, 'Artisans', pp. 83-86.
[47] GL, MS 8200/1, f. 401r (31 Jan 1642).
[48] GL, MS 8200/1, f. 351r (24 Aug 1635).

legal action against company officers was a threat. Despite the centrality of search to the Society's public responsibilities, in light of legal challenges to guilds' powers it was common for them to show some uncertainty about the extent of their right to confiscate and destroy property.[49] When condemning bad drugs, the Society regularly noted that the maker had consented and 'acknowledge it naught', even obtaining statements under oath that medicines were 'false' or making a point of mentioning that the condemned medicines' containers were returned to their owner.[50]

In the face of recalcitrant offenders the Society could fall back on sources of authority in the City and beyond to back up their own powers. Its regulatory work did not exist in a vacuum; rather, it was intertwined with other institutions' efforts to control labour and trade. To enforce punishments and to deal with other policing problems, the Society, like other companies, used Lord Mayor's Officers – whose main purpose was to 'execute the Process of the Mayors Court' – to give them added muscle.[51] The overlap with the College of Physicians gave the Society, at least when the relationship between the two institutions was relatively peaceful, an obvious resource in cases of difficulty – although individuals resisting the Society could also attempt to use the College on their own behalf, as occurred during the dispute over lac sulphuris. The Society also pursued offenders in the Lord Mayor's Court or presented them to the Court of Aldermen, most often for non-payment of quarterage or working without the freedom; they also prosecuted offenders at Quarter Sessions.[52] In some situations, particularly in its more confident early years when the Crown seemed to be

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[49] The Society included a clause legalizing the destruction of condemned medicines to their 1664 draft bill confirming their charter: Wall, *Society*, p. 111. See also: Kellett, 'Breakdown of Gild Control', pp. 383-4.
[50] GL, MS 8200/1, f. 357v; 8200/2, f. 5v.
[51] *Lex Londinensis: Or, The City Law* (London, 1680), pp. 5, 121. See: B. R. Masters, 'The Common Serjeant', *Guildhall Miscellany*, 2 (1967), pp. 379-89; B. R. Masters, 'The Mayor's Household Before 1600,' in A. E. J. Hollaender and W. Kellaway (ed.), *Studies in London History* (London, 1969), pp. 95-114; GL, MS 8200/1, ff. 331v.
[52] GL, MS 8200/2, f. 49r; MS 8200/1, ff. 181, 422v.

behind it, the Society resorted to superior courts such as Star Chamber and Exchequer.[53] It was unlikely to lose these cases, at least not because of weaknesses in the ordinances themselves: the necessity of ordinances and the government of trades was generally accepted.[54] At a less formal level, the Society often appealed for mediation or support from the Lord Mayor, Court of Aldermen, or other officials, reflecting the complex patterns of patronage and sociability that linked together companies, City and Court.[55]

These external options were not mutually exclusive. In 1636, for example, a group of the Society's Assistants went to the College of Physicians to complain about a druggist, John Saunders, who was 'selling ill conditioned medicines' which they had sealed up and given to a constable 'because they feared he [Saunders] would be troublesome'. The College, whose relations with the Society were particularly strained at this time, was reluctant to become involved in supporting the very powers that they were challenging before the Privy Council. (Indeed, it is plausible that going to the College was one ploy in the Society's campaign to defend themselves against charges of negligence.) The Physicians told the Society to proceed independently, as they had not been present and the defendant had not come to the meeting.[56] The apothecaries were clearly worried about their power over Saunders who was not a member of the Society. At a Court held two days later, the Assistants agreed to

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[53] PRO, STAC 8/26/1; PRO, STAC 8/44/9.

[54] Legal judgements in the early seventeenth century had challenged aspects of incorporated bodies' authority, particularly to restrict the use of a trade or to seize goods: ordinances were overturned in the 'Clothworkers of Ipswich Case' (1615) and Norris v. Staps (1617): *The English Reports* (Edinburgh, 1907), lxxviii, 147-8, lxxx, 357-9. Coke, however, defended ordinances to regulate trade, and the custom of London that none should keep a shop without the freedom: *The Reports of Sir Edward Coke*, ed. J. F. Fraser (London, 1826), iv, 383-400, vi, 103; White, *Coke*, pp. 114-5; Malament, 'Economic Regulation of Coke', pp. 1321-58.

[55] For more on these links: Dean, 'Public or Private?', pp. 525-48; Archer, 'London Lobbies'.

[56] CPL, Annals, iii, 439 (25 June 1636); GL, MS 8200/1, f. 356r (21 June 1636). The College used a similar excuse in September 1640, when the Society appealed to them over some compounds made by James Virrott, who refused to accept that they were bad. On this occasion, the College did soon after go to Virrott's shop and destroy some medicines there: CPL, Annals, iii, 510 (11 Sept 1640); GL, MS 8200/1, f. 385r (3 Aug 1640).

consult legal counsel and to approach the Lord Mayor for support. This avenue was more successful, and the next month, Saunders' medicines were finally 'tryed by Enquest of Office' at the Guildhall, and then burnt in Cornhill, near the Exchange.[57]

Appeals to external authorities did not, however, come cheap. There were substantial costs in both time and money in taking a suit to external legal tribunals. More importantly, perhaps, the pressure for punishment in such a context was limited by cultural as well as fiscal constraints.[58] As for all local agents of government, such as churchwardens or justices of the peace, punitive punishments were difficult to pursue when those responsible for policing were tied to the offenders by personal and commercial bonds, particularly through networks of credit that depended on ongoing favourable relations.[59] Moreover, in institutional terms, to resort to more serious sanctions was to admit that the concord and fraternity that lay at the centre of the guild idea, and the idiom of neighbourliness more generally, had broken down.[60] These factors contributed much to the tension between compromise and decisiveness that affected the Society's practices, as it did those of other companies and legal bodies.[61]

Set against the levels of offending, the circumscribed powers of the Society and their tendency toward moderation in punishment could be taken as the marks of an ineffective system. Breaking the ordinances set by companies – even those relating

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[57] GL, MS 8200/1, ff. 356r (27 June 1636), 356v (4 July 1636).
[58] K. Wrightson, 'The Politics of the Parish in Early Modern England', in P. Griffiths, A. Fox, and S. Hindle (ed.), *The Experience of Authority in Early Modern England* (Basingstoke, 1996), esp. p. 36.
[59] K. Wrightson, 'Two Concepts of Order: Justices, Constables and Jurymen in Seventeenth-Century England', in J. Brewer and J. Styles (eds.), *An Ungovernable People: The English and Their Law in the Seventeenth and Eighteenth Centuries* (London, 1980), pp. 21-46; Sharpe, 'Enforcing the Law', pp. 97-119.
[60] A. Black, *Guilds and Civil society in European Political Thought from the Twelfth Century to the Present* (London, 1984); Carlin, 'Liberty and fraternities', pp. 223-54.
[61] Hindle, *State*, chapter 4; C. Muldrew, 'The Culture of Reconciliation: Community and the Settlement of Economic Disputes in Early Modern England', *The Historical Journal*, 39 (1996), pp. 915-42; C. Muldrew, *The Economy of Obligation* (Basingstoke, 1998).

to deceitful trading practices – seems to have been relatively inconsequential. Those who committed such misdemeanours were not permanently tarnished by their actions; wrongdoing seems to have had little if any adverse effect on their prospects for advancement within the institution whose rules had been broken. It would be easy to conclude that the College was entirely justified in attempting to usurp the Society's authority.

However, rigorous enforcement is not the only indication of an effective regulatory system. Nor is moderation necessarily a sign of weakness. It is important to set these offences in context. The consequences of selling falsified medicines were potentially serious, as the College and Society emphasised, but similar economic misbehaviour was believed to be commonplace in all areas of commerce and manufacture.[62] In addition, a substantial proportion of those breaking the ordinances were guilty of secretive manufacture, by avoiding official viewing of their remedies, rather than deliberate adulteration of medicines. The responses of the Court of Assistants to apothecaries' misdemeanours were very similar to the ways in which other contemporary courts dealt with petty crime. Robert Shoemaker has argued that the punishment of misdemeanours operated in 'instrumental terms', aiming not at punitive or arbitrary justice, but at regulating and defining behaviour and securing compensation.[63] The Society's actions are best understood in a similar light. They were attempts to reform present and future behaviour and reintegrate offenders which relied on a broad range of interventions and sanctions. Punitive judgements were pursued by the Society only when the dialogue between offender and Court broke down. This allowed more flexible and diverse forms of economic behaviour – and misbehaviour – than the ordinances might suggest, and is paralleled by the emphasis

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[62] This is discussed in greater length in Chapter Eight, especially pp. 310-12.
[63] R. B. Shoemaker, *Prosecution and Punishment: Petty Crime and the Law in London and Rural Middlesex, c.1660-1725* (Cambridge, 1991), pp. 311-2.

the Society put on reconciling disputes between freemen and between masters and apprentices. In part, it is hard to avoid concluding that this was a pragmatic retreat in the face of commercial realities. But it also reflected the subtleties of contemporary approaches to policing misbehaviour – be it in the marketplace, workshop or elsewhere.

It is worth emphasising that the characteristics of the Society's regulatory effort were significantly different to those of the College of Physicians, despite the similarity of the concerns that shaped the creation of the two institutions. While the Society focused on the activities of its own members and emphasised reconciliation, the College primarily sought to exclude outsiders from practice. Part of the explanation for the difficulties that the College faced in achieving this goal – the patronage that irregular practitioners were able to deploy in their defence – further underlines the degree of difference between the two bodies; few of those who were pursued by the Society sought to involve powerful supporters, and resistance was the exception rather than the norm, for very good reasons.[64] However, the Society also had other reasons for avoiding antagonistic encounters in search – motives that relate to problems of proof, rather than punishment.

Sensing the truth

[64] Patrons do appear on a few occasions in the minutes acting on behalf of apothecaries: in the 1620s, the Lord Keeper, Thomas Coventry, requested that the Society exempt Humphrey Gravener from the second Star Chamber suit, and the Attorney General, Bishop Williams, recommended that Bradshaw be accepted into the Society; in 1640, one Fraile, who was seeking toleration from the Society during his exile from Scotland by the covenanters, produced a letter from Doctor Cadyman which required the company not to molest him, he 'being in the Queens protection' – it did not reply; in 1669, Mathew Busheret – who had been pursued vigorously in the 1640s as a non-freeman – showed 'a Certificate that [he] is the Kings Apothecary; or somewhat in the nature of a protection': GL, MS 8200/1, ff. 75 (11 Mar 1622), 96 (19 Dec 1622), 380v (7 Jan 1640), 381v (2 Apr 1640); 8200/2, f. 126r (27 July 1669). According to Furdell, Busheret (also as Bushie) had failed to be appointed as a royal apothecary in the 1630s: E. L. Furdell, *The Royal Doctors, 1485-1714* (Rochester, 2001), p. 125. On patrons' influence on the College: Pelling, *Medical Conflicts*; F. Dawbarn, 'Patronage and Power: The College of Physicians and the Jacobean Court', *British Journal of the History of Science*, 31 (1998), pp. 1-19.

For any commodity, assessing quality or uncovering adulteration is problematic. Foodstuffs and medicines have always been particularly difficult, however, because as soon as processing or compounding begins, the difficulties involved in checking quality expand exponentially.[65] The ease with which medicines could be falsified had been acutely felt in classical times: Galen, Pliny and Dioscorides all commented on common adulterations and their detection.[66] Their complaints were echoed in numerous medieval writings, in which the ease of deceit and the culpability of apothecaries were repeatedly emphasised.[67] In the sixteenth and seventeenth centuries, the problems contemporaries faced were expanding with the introduction of chemicals and increasing numbers of exotics into the *materia medica*.[68] These commonplace dangers of fraud and adulteration, many writers argued, might be met by learning and experience. The apothecary Thomas Johnson justified his books on herbs as a palliative against (female) deceit: in the absence of experience

> the doctor relies on the druggist and the druggist on a greedy and dirty old woman with the audacity and the capacity to impose anything on him! So it often happens that the patients' safety depends on the herbal knowledge of an ignorant and crafty woman.[69]

Another apothecary, John Conyers, showed similar concerns in gathering notes on how to discern true lapis lazuli.[70] For physicians, who lacked the formal apprenticeship through which apothecaries were inducted into the world of pharmacy, a compensatory semi-apprenticeship in an apothecary's shop was frequently recommended. In the eyes of the irregular physician Gideon Harvey, the experience he had gained through his daily visits to an apothecary's shop was part of the armoury

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[65] See comments in: P. J. Atkins, 'Sophistication Detected: or, the Adulteration of the Milk Supply, 1850-1914', *Social History*, 16 (1991), pp. 317-39.
[66] Steib, *Drug Adulteration*, pp. 3-24; J. M. Riddle, *Dioscorides on Pharmacy and Medicine* (Austin, 1985). On similar concerns among medieval Arabic medical writers: M. Levey, *Early Arabic Pharmacology* (Leiden, 1973), pp. 167-8.
[67] Rawcliffe, *Medicine and Society*, pp. 155-7.
[68] I. W., *Copie of a Letter*; Biggs, *Mataeotechnia Medicinae*, pp. 223-4.
[69] T. Johnson, *Botanical Journeys in Kent and Hampstead*, ed. J. S. L. Gilmour (Pittsburgh, 1972), p. 102.
[70] BL, MS Sloane 2031, f. 7r. The physician, Domingo, had been cautioned by the College not to use lapis lazuli unless it was properly prepared in 1611: CPL, Annals, iii, 28 (19 Jan 1611).

of skills that advanced him beyond both quacks and College physicians alike.[71] The somewhat more orthodox William Heberden, writing in the early eighteenth century, included similar practical learning in his pedagogic guidance for aspirant physicians.[72]

Such recommendations of experience tell us little about the practicalities of judging medicines. How, for example, did an apothecary or physician avoid the fake oil of mace made 'of beefe suet, and wax colored with Alcanet root, with an addicon of a lyttle oyle of Nutmege chymicall, and East India oyle of mace' which Edward Underwood admitted to having sold when questioned by the Society in November 1641.[73] In the area of particular concern here – the institutional policing of pharmacy – the need to establish authoritative judgements about the qualities of substances in a quasi-legal environment made these issues even more problematic.

The tests which were available to judge medicines were mostly qualitative assessments reliant on the skilled and experienced senses of the apothecary in question, particularly taste. This sensory emphasis matched the underlying Galenic theory of degrees of hot and cold, dry and wet by which drugs were categorised.[74] Despite the willingness of authors to recommend experience, the details of the processes available to assess quality tended to remain obscure, based in the knowledge passed on from master to apprentice and the expertise of experience. Admittedly, there were attempts to develop quantitative processes for assessing medicines in this period. Robert Boyle, for example, advocated the use of specific gravity to discern adulteration in medicines in his *Medicina Hydrostatica, or,*

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[71] G. Harvey, *Casus Medico-Chirugicus* (London, 1678), p. 141.
[72] W. Heberden, *An Introduction to the Study of Physic* (New York, 1929), p. 91. I am grateful to Louella Vaughan for this reference.
[73] GL, MS 8200/1, f. 397v (12 Nov 1641).
[74] P. M. Teigen, 'Taste and Quality in Fifteenth and Sixteenth Century Galenic Pharmacology', *Pharmacy in History*, 29 (1987), pp. 60-80.

Hydrostatics applied to the Materia Medica, arguing that while counterfeiters might disguise 'the more obvious qualities of things' they would scarcely be able to replicate the specific gravity of a substance.[75] As one might expect, there appears to have been little immediate uptake of his suggestion.

As we have seen, the Society pursued bureaucratic solutions under pressure from the Crown and the College and operated a system of punishment that avoided conflict. It did so without authoritative, externally validated techniques to analyse the composition of medicines such as were developed in late eighteenth and nineteenth-century laboratories. To make the assessments that lay behind these measures the Society remained reliant on the skill and experience of its officers to detect falsification. But what did this mean in practice? Thus far, we have concentrated on the outlines of the system of policing pharmacy as it operated normally. However, the nature of the sources means that few details of how Society officers or apothecaries experienced search have been uncovered. The ways in which the qualities of medicines were assessed remain obscure. The fragmentary remarks in the Court minutes rarely offer details about how a substance was found to be bad or corrupt. In most cases this simply did not need to be recorded, and there was, perhaps, a reluctance to make records that could be used against the company if an offender challenged their actions at law. The few notes we have of the techniques employed by the College to assess medicines suggest very basic judgements based on visual and olfactory impressions of age and foulness: in the shop of John Buggs, for example, the searchers discovered medicines that were 'dusty & fyull of Cobwebbs', while his pills were 'Mouldy, stinking & putryfyed'.[76] Similarly, many of the discoveries made by

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[75] R. Boyle, *The Works of the Honourable Robert Boyle,* ed. T. Birch, 6 vols. (London, 1772), v, pp, 453-8, quote p. 464. On Boyle's concerns, see: E. W. Steib, 'Robert Boyle's Medicina Hydrostatica and the Detection of Adulteration', in *Actes du Dixieme Congres International d'Histoire des Sciences* (Paris, 1964), pp. 841-5.
[76] GL, MS 8286, f. 10.

the Society's searchers were based on an apothecary's failure to have compositions viewed, rather than the testing of medicines in a shop. Fortunately, in the unusually detailed records that were produced during the *quo warranto* hearings of the 1630s, particularly a brief for counsel that survives in the Society's archive, we can glimpse in far greater detail the ways in which contemporaries attempted to establish their authority in judging the materials they dealt with.

The events at these trials were, from the beginning, highly charged. We should be hesitant, therefore, to assume that the behaviour of any party was representative of the norm. Yet, precisely because of the unusual precision with which analysis was undertaken and recorded in the cases set out below, we can witness the range of techniques which were, at least, available, and the grounding they had in values of experience, education and mastery which could be uncovered in moments of conflict – and which themselves carried a political valence.

Much of the detailed evidence gathered for the *quo warranto* hearings centred around the College's abortive search of several apothecaries' shops in July 1634, particularly those of Job Weale and George Haughton, in which they had found lac sulphuris which they judged to be defective and hence destroyed. Even before the College became involved, the four main protagonists – as well as Weale and Haughton, Thomas Pavey and Samuel Harrison had become involved – had been ordered to bring in samples of lac sulphuris and to make up a further amount at the hall for testing and comparison by a committee of Assistants formed for that purpose. Through this process their medicines would be assessed and their workmanship observed 'for the better manifestation of the true and right making thereof & of their skills and knowledges therein'.[77] Although the *quo warranto* case was concerned with

[77] GL, MS 8200/1, f. 333r (5 Mar 1634).

the relative powers and interdependence of the two institutions, the details of the search and assessment of the lac sulphuris came to be a crucial part of the legal arguments. The defendants sought to undermine the College's assertions that it had acted properly by referring to their own testing of a sample of the lac sulphuris which had – they asserted – escaped destruction during the College search. The ability of the physicians to assess independently the quality of the commodities became a contested point.

Several different tests occurred during this process. The earliest was on 20 March 1634, when a committee of Assistants examined the samples of lac sulphuris brought to the Society's Hall by the four apothecaries. Their comments were recorded in great detail in the minutes of the Court of Assistants:

> they tried it accordinge to arte fower sevall wayes – vizt per Gustium, per Magisterium, per Lactesterium & per ustionem, beinge all the wayes which they knowe it may be tried by & upon the same trialls they found mr harrison his lac Suphuris did burne well, but differ in the taste & in the Supernatation & Seperation from all the rest of the other parties lac Sulphuris excepte it were master weales part which did agree with it in all things vizt in the Supernatation & Seperation & alsoe in the burneinge & mr weale did affirme that his part was not Lac Sulphuris accordinge to any Author nor had any Lac Sulphuris in it & mr harrison affirme that his lac Sulphuris was Secundum Crawlin & that doctor Merevell & mr lawrence did see the makinge thereof.[78]

The results were inconclusive, but the apothecaries in question had already been ordered to prepare samples at the hall in controlled conditions – in separate rooms using tartar supplied by the Society – with members of the committee observing them; the disputants were not to watch each other 'whereby every mans skill maye [be] the better kepte to himself'. In April this went ahead.[79]

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[78] GL, MS 8200/1, f. 334r. 'Secundum Crollium' means made following the method of Croll in his *Basilica Chymica* (1609), see: Wall, *Society*, pp. 266-8.
[79] GL, MS 8200/1, ff. 334v, 335r.

Further tests on these specially prepared samples were carried out by the committee in June and July. This time they were minuted with even greater care. On 12 June, the committee focused exclusively on Harrison's lac sulphuris:

> Mr Lawrence his opinion is that this lac Sulphuris made by mr Harrison at the hall is agreable to his former lac Sulphuris differinge only a litle in the smell.
> Mr Warden Stone his opinion is that the first lac Sulphuris made by mr harrison is a litle sweeter then the last made at the hall.
> Mr Yearldy his opinion is that mr harrisons first lac Sulphuris is sweter both in smell & taste then the laste made at the hall.
> Mr Hicks his opinion is that mr harrisons first lac Sulphuris is sweeter then the last aswell in smell as in taste.
> Mr Glover his opinion is alsoe that mr harrisons first lac Sulphuris is sweeter then the last made at the hall & is not agreeable to the laste in taste.
> Mr Warden Cooke his opinion is that mr harrisons first last Sulphuris is sweeter then the last made at the hall both in the smell & taste.[80]

Having examined Harrison's work at such length, a further meeting was held on 5 July by the committee, with the Master and Wardens of the Society, to compare it with Weale's hall-made lac sulphuris (Haughton's sample had perished when the glass he was making it in broke).[81] The form of the minutes was similar to that of the June meeting, except in being even longer. The initial section in which Harrison's composition was re-examined followed much the same form as the minutes from June, with the opinions of named individuals given.

When comparison began, however, the focus shifted from the individual to the group. Now, the majority of judgements were defined as the 'opinion of them all'; the only exception was John Lawrence who gave a minority opinion, dissenting from the body of opinion among the Assistants as he again did when he joined the College in the searches a few weeks later. In testing, the same range of tests which had been used at the first comparative assessment in March – sweetness, smell, colour, composition, burning, milkiness and 'ponderousnes' – were applied. Eventually, Harrison's home-made lac sulphuris, that which he had prepared at the hall, and Weale's hall-made lac

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[80] GL, MS 8200/1, f. 337r.
[81] GL, MS 8200/1, ff. 338v-9r; CPL, Annals, iii, 381 (4 July 1634).

sulphuris were found to be 'true good and workemanlike'. Despite the amount of time spent assessing the final product, it seems that the observations of *how* the drug was made included in the procedure, together with the possible patronage of a physician, were as important in bringing the assessment to a conclusion. As the committee recorded, they were 'rather induced' to their eventual judgement by the views of Lawrence and Dr Meverall, a fellow of the College, who had seen Harrison make lac sulphuris at home, and by their own experience of seeing both apothecaries prepare it at the hall. The timing of this final test seems to have been prompted by the College's growing interest in the matter – the first Comitia to which apothecaries were called had occurred on the previous day – and the urgency is underlined by the presence of the Master and Wardens. The desire to prevent the College becoming further involved and possibly capitalising on the incident, seems to have pushed the Society to attempt to close the dispute.

Although the eventual outcome of the tests was probably influenced by the growing political problems linked to the issue, they still offer an unusual insight into the techniques – both bureaucratic and technical – through which the Society sought to resolve conflicts over assessment. The physical methods employed were striking. A panoply of trials were used at the first and third trials – taste, fire, milkiness, consistency in water ('supernatation'; lac sulphuris was a precipitate kept in distilled water), and mastery (magistry). Examination relied on simple chemical tests as well as the skilled senses of the apothecary. The composition was not, however, compared to an external standard or even a shared idea of what lac sulphuris was: on both occasions the judgements were based on similarity and difference between the samples examined. The style with which testing is portrayed is important. We see here the Society's committee forming into a panel of experts – a jury of peers – whose

opinions bear equal weight upon the page. At the same time they are making an appeal to scholarship, particularly through the Latin terminology of the tests. The unusual length of the minutes also hints that the Committee were aware that their actions might later be called into question: records of the Society were normally secret, but might be called upon by law courts.[82]

The approach taken by the apothecaries can be contrasted with the manner in which the College physicians examined the drug. They relied on much simpler techniques when they tested lac sulphuris at the two apothecaries' shops during the searches they carried out in July 1634. It seems that sight in particular had a far greater primacy. Unlike the extensive discussions of sweetness in the Society's minutes, none of the physicians commented on the flavour of the drugs they destroyed. Physicians' descriptions of Haughton's bad lac sulphuris, for example, focus almost exclusively on colour and texture: William Belsher noted that it was 'of a Yellow colour like brymston'; Symon Baskerville in turn remarked on a difference in the 'whitenes' between the substance they examined in Haughton's shop and the sample later analysed and used to prosecute Morecroft. The College seems not to have employed any of the destructive tests by fire and water that the Society employed. Admittedly, these might raise questions about property, but given that the eventual outcome was to be the destruction of the drug this could perhaps be justified.

This impression of physicians using simpler techniques is borne out in the depositions gathered in the apothecaries' defence, where several physicians were questioned about the techniques they used and their skill in examination. Most commented, like Eleazar Hodson, that 'color and smell' were the 'usual way' to try a

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[82] P. Griffiths, 'Secrecy and Authority in Late Sixteenth-Century and Seventeenth-Century London', *Historical Journal*, 40 (1997), pp. 925-951.

medicine. For John Argent, the very fact that lac sulphuris was not in the *Pharmacopoeia* meant that he did not use it, and so he protested that he 'cannot say anything to the discovery thereof', ducking the question of how to know if it or anything else was bad. Richard Spicer was less reserved and possibly more typical; despite not making this medicine, he conceived that in theory 'the Tast savor & smell will discover it'. Only one physician, Symon Foxe, proffered more complex alternative techniques, noting that if starch of flour had been added it could be found out by water; however, this was not something he had tried, but knew 'it to be true by his authors'. Foxe's assumption that a lack of direct experience could be balanced perhaps even bettered by learning is apparent in several other depositions. Robert Fludd, for example, claimed to be able to compound all the medicines in the *Pharmacopoeia*, 'although he doth not usually make them', and where he was doubtful he would use a 'herball made by doctors and not by Apothicaries'. Thomas Winston likewise claimed to be able to direct the making of medicines and judge their worth. He had not tried to make lac sulphuris, but 'every learned man can distinguish good and bad simples upon the view, as whether worme eaten, Rotton or Mouldy'. However, despite these bullish self-assessments, the relative limitations in assessment that the physicians admitted to are striking – although it is important to recall that these answers were gathered in a deposition designed to question the right of the physicians to judge and destroy drugs. As Hodson put it: 'of a great Number of the Medicines in the Pharmacopeia no man can Judge of the quantities or ingredients but the maker'.[83]

Two approaches to the judgement of commodities are apparent in these tests. On the one hand, the physicians' assertion of a perception informed by, even reliant upon, learning, recalls the forms of knowledge-claims in contemporary natural

[83] GL, MS 8286, ff. 8v, 10-26.

philosophy uncovered by Steven Shapin.[84] Moreover, their judgements were primarily visual, and evoke the more general avoidance of tainting physical contact in the course of their practice noted by Margaret Pelling.[85] In their pursuit of illicit practitioners and malpractice the College tended to focus on obtaining prescriptions that would prove 'either extreme ignorance or malicious practice', as they judged a prescription sent to them from Wales for consideration, rather than on viewing samples of the medicines themselves.[86] In the apothecaries' minutes, we find a more experiential mode. There, skilful discernment becomes a matter in which all the senses are engaged: if anything, the eye is displaced from the centrepiece of judgement and replaced by taste. Crucially, assessment also becomes a matter for the craft, expressed in the formation of a jury of skilled artisans. Both common law and corporate tradition conspicuously informed the actions of the apothecaries, and became explicit in the way in which they protested against the supervisory claims of the physicians. But equally the form of assessment underlined the degree to which the company formed a group of craftsmen with a distinctive arena of expertise.

The apothecaries' assertions during the events that led up to the *quo warranto* proceedings clearly drink deeply of the highly charged political rhetoric of rights and liberties so abundant in London at that time.[87] Their demand is for trial by jury not by a cabal of physicians, and is underpinned by a belief that anything else is an infringement of *magna carta*. During the search of his shop, Weale had protested that his wares 'ought not to be destroyed but after found so by a verdict, and that it was against Magna Charta to do otherwise'. It was a sentiment frequently reiterated by

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[84] Shapin, *Social History of Truth*.
[85] M. Pelling, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in H. Marland and M. Pelling (ed.), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 150-1800* (Rotterdam, 1996), pp. 101-34.
[86] CPL, Annals, iii, 32 (6 Dec 1611).
[87] See Carlin, 'Liberty'.

angry apothecaries in encounters with the College. This sensitivity to the common law was deeply rooted: at one point the Warden, Thomas Hicks, justified his inability to stop Weale suing the apothecaries who had searched his shop with the College's officers on the grounds that he would 'Run into a premunire', and he flourished a 'Copy of Colleccons of statuts, & amongest the rest Magna Carta' to back his assertion.[88]

While the *magna carta* offered a suitably potent legal justification for their resistance to the College of Physicians, it is clear that the form of jury the apothecaries were envisaging was not that of the common law. In their opinion, not all were equal to the demands of judgement. The jury, as they described it, would employ a more restricted sense of who their peers were. The Warden Edward Cooke and Weale both asserted that 'their Jury must consist of Apothicaries for others could not judg', and several apothecaries pressed for censure at their 'owne hall'. Their sense of liberty was very much tied into their identity as craftsmen and as freemen. When faced by the assertion that the College sought to make apothecaries their 'slaves', Argent, the College President, pointed out that the Society's charter obliged them to have apprentices examined by the physicians. Cooke responded that they were freemen of London and would 'Challeng the free trade thereof'. Ideas of liberty among these apothecaries were married to a sense of pride and superiority over those of their peers who did work with physicians. As Nicholas Aylett – an apprentice of Cooke who provided crucial evidence for Haughton's prosecution of Morecroft – put it, when he became a freeman: 'he should not be such a Jack dandy as other Apothecaries were to waite upon the doctors'.[89] London's customs were central to their demands. The jury they sought smacks of the trials by inquest carried out at the

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[88] GL, MS 8286, ff. 10-11.
[89] GL, MS 8286, ff. 10-13.

Guildhall. In cases where goods were defective or it was impossible to reach an agreement on their worth, the Lord Mayor's Court ordered an Inquest of Office, giving a specialist jury the role of inspecting the quality of the goods and deciding whether or not to destroy them. Such procedures would have been familiar to most freemen, and the Society had recently been involved in just such an examination: in May 1630 the Lord Mayor had called on them to participate in 'a Jury parte Apothecaryes & parte druggists' at the Guildhall to examine some false bezoar stones.[90]

We should, however, be wary of drawing too deep a distinction between the approaches of physician and apothecary. Both were willing to make use of a wide range of senses in their everyday practice, while some physicians engaged in studies of *materia medica* with as much or more skill in complex analytical techniques as the apothecaries. The idea of a craft jury to assess the worth of medicines was implicit in the collaboration between apothecaries and physicians that had in principle been part of search since the mid-sixteenth century. On rare occasions this can be observed in practice: in March 1616, a time when apothecaries had much need to convince the physicians of their value as allies, some confectio alkermes was tested and condemned at the College by a panel of 'six skilled apothecaries'.[91]

Even the avoidance of taste was hardly final. Urinoscopy traditionally included tasting as well as looking at urine, while in the 1680s the physician Sir John Floyer developed an entire system of treatment based around the flavours of simples.[92]

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[90] GL, MS 8200/1, f. 233.
[91] CPL, Annals, iii, 96 (7 Mar 1617). This event had an interesting political cast, in that both prominent supporters and opponents of separation were present on the jury.
[92] Sir J. Floyer, *Pharmako-Basanos: Or, The Touchstone of Medicines,* 2 vols. (London, 1687). On physicians and senses more generally: W. F. Bynum and R. Porter (ed.), *Medicine and the Five Senses* (Cambridge, 1993).

The techniques of judgement recorded in the *quo warranto* depositions are perhaps better understood as part of a spectrum along which members of both groups could range according to immediate necessity. The forms that that they assumed in this context were shaped and opposed under the pressures of competitive self-fashioning; that they should appear so different indicates some possible alternative routes through which individuals and groups could appear credible and authoritative in seventeenth-century England.[93]

More pertinent to our initial question of policing pharmacy is the illustration these tests provide of the ways in which the Society attempted to use communal tacit knowledge to offer a potential, albeit complex and contentious, solution to the uncertainties about authority that permeated the corporate system of regulation and punishment. At least in the Society's hall, it was possible for officers to appropriate the forms of jury trial and seek a verdict about the quality of compositions by consensus.

Conclusion

The control of medicines and drugs in seventeenth century London remained reliant on processes typical of the guild system. In a few areas, apothecaries were policed in a different manner to their neighbouring craftsmen, but the most contentious of these – the involvement of the College of Physicians in search – was never more than partially implemented. After 1650, this seems to have been abandoned in practice, with the exception of one brief period. Despite its apparent singularity, in general the system by which apothecaries in London were supervised

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[93] This has parallels with recent reinterpretations of the role of microscopy in nineteenth century analyses of food adulteration: S. D. Smith, 'Coffee, Microscopy, and the *Lancet*'s Analytical Sanitary Commission', *Social History of Medicine*, 14 (2001), pp. 171-98.

was typical of the local nature of the regulation of work in pre-modern England as a whole. Most obviously, company regulation was shot through with discretion, much as was the work of those charged with maintaining the peace.[94] However, assessing commodities introduced a test of truth and knowledge that differed from interpreting the value of witnesses and depositions.

The characteristics of company policing, and the techniques of corporate discernment in particular, suggest that the localisation and personalisation of power within the corporate system was due to more than just legal and judicial norms. Standards in modern science and technology are secured through the deployment of bureaucratic systems and asymmetries of power and knowledge. Early modern pharmacy lacked widely accepted, systematic, experimental techniques and external institutions that could provide reliable assays of the quality and contents of even the most basic substances.[95] Without resort to such 'centres of calculation', testing was reliant on the sensory and experiential skill of an assessor who was a peer – if not necessarily close colleague – of his suspect. It was not just the operation of policing that relied on the companies; the standards it upheld were inseparable from craft community.

The difficulties of policing pharmacy in such conditions were severe. Nonetheless, the largely peaceful processes of the Society's Court suggests that these problems were normally overcome through the strong incentives to compromise and the emphasis on rehabilitation and reform inherent to the system. The inherent flexibility of the system had a further advantage in allowing at least some types of

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[94] Hindle, S., 'The Keeping of the Public Peace', in Griffiths, P., Fox, A., and Hindle, S. (ed.), *The Experience of Authority in Early Modern England* (Basingstoke, 1996), pp. 213-48.
[95] T. M. Porter, *Trust in Numbers* (Princeton, 1995); B. Latour, *Science in Action* (Cambridge, Mass., 1987).

ordinances to be quietly ignored at times when the trade was thriving. In particular, concern about apothecaries taking excessive numbers of apprentices varied with the economic climate. Yet there were also serious problems with corporate regulation. While serving as an effective bureaucratic solution to the difficulties of discernment inherent in policing pharmacy, it was vulnerable to breakdown when inter-personal strife overcame the pressure to conform and conciliate, as the *quo warranto* proceedings demonstrated. In addition, the failure of Assistants to enforce ordinances – such laxness would generally advantage the more successful members of a company – could alienate poorer artisan members. Although the Society escaped such a division, this was at least ostensibly a factor in the apothecaries' separation from the Grocers' Company. More importantly, given the obvious importance of ensuring that medicines were well-made, it is striking that such a large number of apothecaries repeatedly failed to meet the standards set by the Society and College.

This chapter has concentrated on fraud and judgement from the perspective of the craft. The problems which persisted despite the policing discussed here illustrate how crucial it was for the *customers* of apothecaries to be able to judge their reliability and trust; indeed, this is part of the subject of Chapter Nine. The manner in which the testing and control of lac sulphuris became the focal point for disputes between the College and Society in the 1630s underlines the importance of policing within the politics as well as the practicalities of London's guild system. Equally these observations of the manner in which this system functioned highlights its practical limits as well as its strengths.

PART II

LIFECYCLE

5.

Apprentices and Masters

Work and lifecycle were barely separable in the corporate world of early-modern London. At the heart of the juncture lay the livery companies. For those whose fortune, or lack of one, led them to train and work as a craftsman or merchant, the timing and choice of occupation, migration, education, development of a household, and acquisition of social status were all influenced to some degree by the minutiae of companies' ordinances and customary practices. In the previous chapter, the powers of the Society of Apothecaries to regulate the activities of its members and others who made medicines in London were examined. Here we turn to the lifecycle of apothecaries within the Society, as they passed from apprenticeship to freedom and, on occasion, office in the company.

It is worth emphasising at the outset that approaching lives lived within the diverse and overlapping communities of early modern London from a single aspect is inherently dangerous, leading all too easily to tunnel vision. London apothecaries' lives may have been framed by the traditional structures of corporate life, but they were also inflected by the opportunities and demands, both social and financial, of family and informal networks of friends, business associates and relations. These are rarely registered in corporate archives. Nonetheless, if used with care, the Society's records allow us to address questions that would otherwise be nearly unanswerable. An important part of the research contained in this chapter has been based on the use of database software to observe the movements of individuals over time. This

technique has its own dangers. In particular, the categories contemporaries used were blunt and vague, and the information might not always be accurate.[1] Yet, in contrast to the synchronic snapshots that, for example, tax records contain, it has allowed the construction of a longitudinal picture of the lifecycle of the members of the Society of Apothecaries, tracing the progress of individuals for the duration of their corporate careers. This evidence sheds new light on the interaction of apprentices, masters and officers in the world of the early modern London company.

Obviously, the freemen and apprentices considered in this chapter do not constitute the sum of individuals engaged in the craft. The fluid nature of occupations in early modern London meant that at least some of those who worked as apothecaries in the metropolis did so outside the Society. Unfortunately, after the divisive decade following the separation, it is very difficult to identify more than a handful of non-Society apothecaries. A few records of their existence arise from when they or their apprentices tried to join the Society. Charles Tirrell, for example, who had been 'bound to a free Grocer but an Apothecarie by trade & made free att Grocers hall xxix Aug 1655', successfully petitioned to be translated into the Society in April 1660.[2] A handful of ex-apprentices can definitely be identified as working in the capital without bothering to enter the Society, as Mathew Busheret did in the 1640s. The displacement of people during the civil wars, such as Fraile, who had been exiled

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[1] Apprenticeship records, in particular, were formulaic, allowing only a single occupational or status attribution. The minutes never describe parents as following plural occupations, and, if the father was a citizen of London, he was described in the form 'citizen and grocer', naming his company, not his trade. Misrepresentation and status inflation, especially for 'gentlemen' is another problem, see: Brooks, 'Apprenticeship', pp. 61-2; R. Grassby, *The Business Community of Seventeenth-Century England* (Cambridge, 1995), pp. 141-3; A. Everitt, 'Court, Country and Town: Patterns of Regional Evolution in England', *Transactions of the Royal Historical Society*, 5th ser., 29 (1979), pp. 79-108; R. G. Lang, 'The Greater Merchants of London in the Early Seventeenth Century' (Oxford University D.Phil. thesis, 1963), pp. 2-3; G. Morton, 'Presenting the Self: Record Linkage and Referring to Ordinary Historical Persons', *History and Computing*, 6 (1994), pp. 12-20; S. Smith, 'The Social and Geographical Origins of the London Apprentices, 1630-60', *Guildhall Miscellany*, 4 (1973), p. 199, n.9

[2] GL, MS 8200/2, f. 55v. In 1652, George Mathew had unsuccessfully sought the freedom having served an unnamed grocer-apothecary, while William Bradford did gain the freedom in 1654 after serving Robert Doe, a citizen and grocer: GL, MS 8200/2, ff. 8v, 19v.

from Scotland after he refused to join the covenanters, undoubtedly added to this number (although some of the Society's freemen seem themselves to have suffered a similar fate).[3] Even less visible were those who were involved in aspects of pharmacy as one of a number of different types of work undertaken by an individual either concurrently or on a seasonal basis; there were many whose work occasionally involved them in the retailing or wholesaling of medicines, or the manufacturing of medicinal substances.[4] The most obvious were the druggists, physicians and surgeons discussed in greater detail in Chapter Seven. At least two surgeons who kept apothecaries' shops – Robert Hembrick and Isaac Harris – actually sought to enter the Society.[5] Nevertheless, the members of the Society of Apothecaries were the only easily identifiable group of apothecaries in London and it is on this basis that they are examined here.

The necessary centre of a study of the corporate lifecycle is apprenticeship. This was both the main path into a craft and a significant device through which freemen developed their businesses.[6] In many ways, this chapter is a study of three different aspects of apprenticeship. In the first part, the details contained in the Society's minutes about the backgrounds of apprentices are used to establish what sorts of people sought to enter apprenticeships in the craft. From this, we can gain a sense of the relative status of the apothecaries' occupation against that of the other trades and crafts in the city, including physicians and surgeons. Next, the experiences of apprentices and their relationships with their masters are examined in order to shed light on their training and the various roles they undertook within the household and

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[3] On Fraile: GL, MS 8200/1, ff. 380v (7 Jan 1640), 381v (2 Apr 1640). See above: p. 106.
[4] See Chapter Six.
[5] GL, MS 8200/1, f. 484r (7 Dec 1649); 8200/2, f. 81r (9 July 1663).
[6] Apprenticeship records for London apothecaries have been printed in P. Wallis, *London Apprentices: vol. 32, Society of Apothecaries, 1617-1669* (London, 2000).

shops of London's apothecaries. Apprenticeships eventually ended, and the manner in which the transition to householder was managed is briefly highlighted as it is an area in which the Society's practices were distinctive. In the final part of the chapter we switch attention from the apprentices to the freemen who bound them. The main concern of most of the better recent studies of apprenticeship has been to understand the experiences of apprentices or their families.[7] In contrast, in this section, apprenticeship is looked at from the perspective of the master, through an analysis of the manner in which freemen, liverymen and officers took apprentices. This discussion of patterns of apprentice-taking also leads us to examine participation in the livery and government of the company.

While this chapter is formulated around the lifecycle of the apprentices of the Society of Apothecaries, the issues it addresses have a wider saliency for the study of medical practitioners and craftsmen and guild members in London. Running throughout the chapter is the question of how artisans formed and operated their workshops and shops. The patterns uncovered allow us insights into the structure and organization of the apothecaries' businesses that Londoners were in contact with on an everyday basis.

Recruitment

During the period from the incorporation of the Society of Apothecaries to 1670, a total of 1,091 freemen were recorded in its minutes. The Society steadily grew

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[7] Especially, I. K. Ben-Amos, *Adolescence and Youth in Early Modern England* (New Haven, 1994); P. Griffiths, *Youth and Authority: Formative Experiences in England, 1560-1640* (Oxford, 1996). The obvious exception is Pelling, 'Occupational Diversity'. Masters are thinly discussed in more traditional studies: O. J. Dunlop and R. D. Denman, *English Apprenticeship & Child Labour* (London, 1912); M. G. Davies, *The Enforcement of English Apprenticeship, 1563-1642* (1956); J. Lane, *Apprenticeship in England, 1600-1914* (London, 1996).

in size over the century, with the rate of expansion noticeably quickening in the 1650s. The number of apothecaries in the Society active in London at any one time rose from about 180 in 1620 to about 350 by 1660.[8] This still amounted to a moderately sized company; some London companies numbered several thousand members, the largest being the Merchant Taylors with an estimated size of 2,637 in 1595.[9]

The freemen of the Society were outnumbered by the large numbers of apprentices they bound throughout the seventeenth century. Between 1617 and 1670, the Society enrolled 2,138 apprentices, an average of 39 a year (see Fig. 5.1). This was far fewer than some of the larger London companies – the Grocers were enrolling an average of 161 apprentices each year in the first decade of the century. But it is comparable with a number of the smaller companies, such as the pewterers, vintners and tallow chandlers.[10] The number of apprentices bound each year increased gradually, as one would expect with an expanding number of freemen, although recruitment rates varied greatly from year to year as potential apprentices were deterred by epidemic disease or war. Most apprentices were bound between April and September when travelling was easiest. Recruitment did, however, continue all year round, and the Society minutes often noted that service had begun on one of the religious feast days, particularly Christmas Day, Michaelmas and Lady Day, that doubled as traditional times for starting employment. Midsummer's Day was also important.

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[8] See Appendix A, below.
[9] Archer, *Stability*, p. 114.
[10] S. Rappaport, *Worlds within Worlds: Structures of Life in Sixteenth-Century London* (Cambridge, 1989), pp. 394-6.

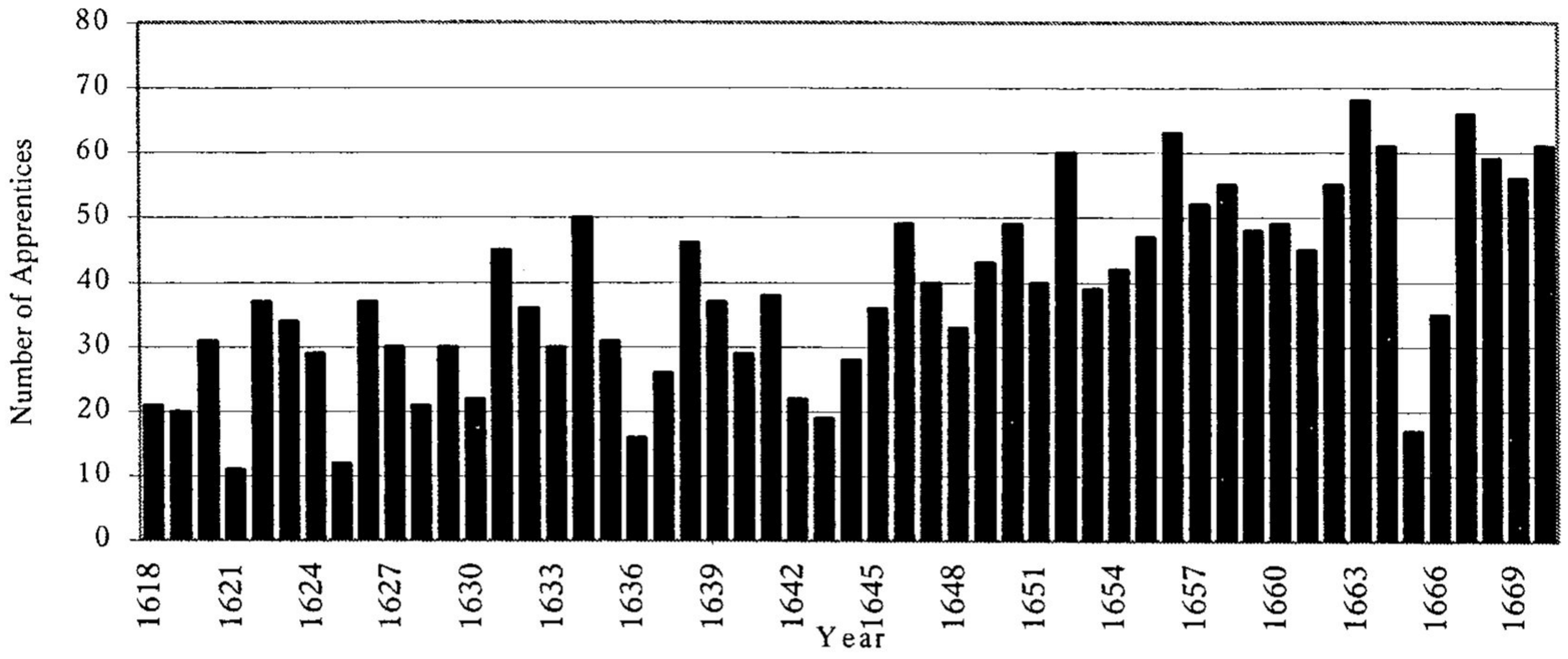


Figure 5.1 Apprentices enrolled per year, 1617-1670

When apprentices appeared before the Society to be examined and enrolled, the company clerk normally recorded certain information about their origins. The name, status or occupation, and address of their father, or more rarely their mother (usually only if she was a widow), were taken down; a note was also made if the apprentice's parents were deceased. The records of apprenticeship that this produced offer us a window into what might be termed the 'place' of a trade.[11] Obviously, analysing an individual's decision to enter a particular apprenticeship is complicated: there are differences between older and younger siblings, or able and disabled children, that are not apparent in the records. Apprenticeship could as easily signal aspiration as social decline or continuity. Moreover, entering an apprenticeship to a royal apothecary such as Gideon de Laune was a very different social move to service with a poor, back-street apothecary. To some extent such problems can be overcome in aggregate. There are also substantial issues of accuracy and completeness with the data given and recorded. However, because there is no reason to presume that

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[11] D. H. Sacks, *The Widening Gate: Bristol and the Atlantic Economy, 1450-1700* (Berkeley, 1991), pp. 104-6.

apothecaries' apprentices or the Society's clerk had different concerns than those in other companies and medical occupations, we can still gain an insight into the *relative* status and recruitment patterns of apothecaries.

Several particular sorts of people dominated the supply of apothecaries' apprentices. Among the parents of nearly 1,300 apprentices, the Minutes record some 90 different occupations, ranging from husbandmen and packers to goldsmiths and preachers, as well as several status indicators – gentleman, esquire, yeoman, knight and widow (a full listing is given in Appendix B).[12] However, as figure 5.2 shows, what is most immediately striking is not the diversity of apprentices' origins, but the proportion who were described as the sons of gentlemen – over a third. Even the next three most important groups, 'clerks' (clergy), yeomen, and grocers each only supplied roughly one in ten apprentices.[13] This should, however, be qualified: while the sons of the gentry may seem to dominate, if we formed a comparably loose 'business' category, it would contain about 43 per cent of the total, substantially outweighing a comparable grouping of gentlemen, esquires and knights.[14]

The social profile of apothecaries' apprentices seems to indicate that the craft was one of the more elite business activities, rivalling mercantile groups and learned occupations, such as law.[15] This is borne out if we compare apothecaries with those

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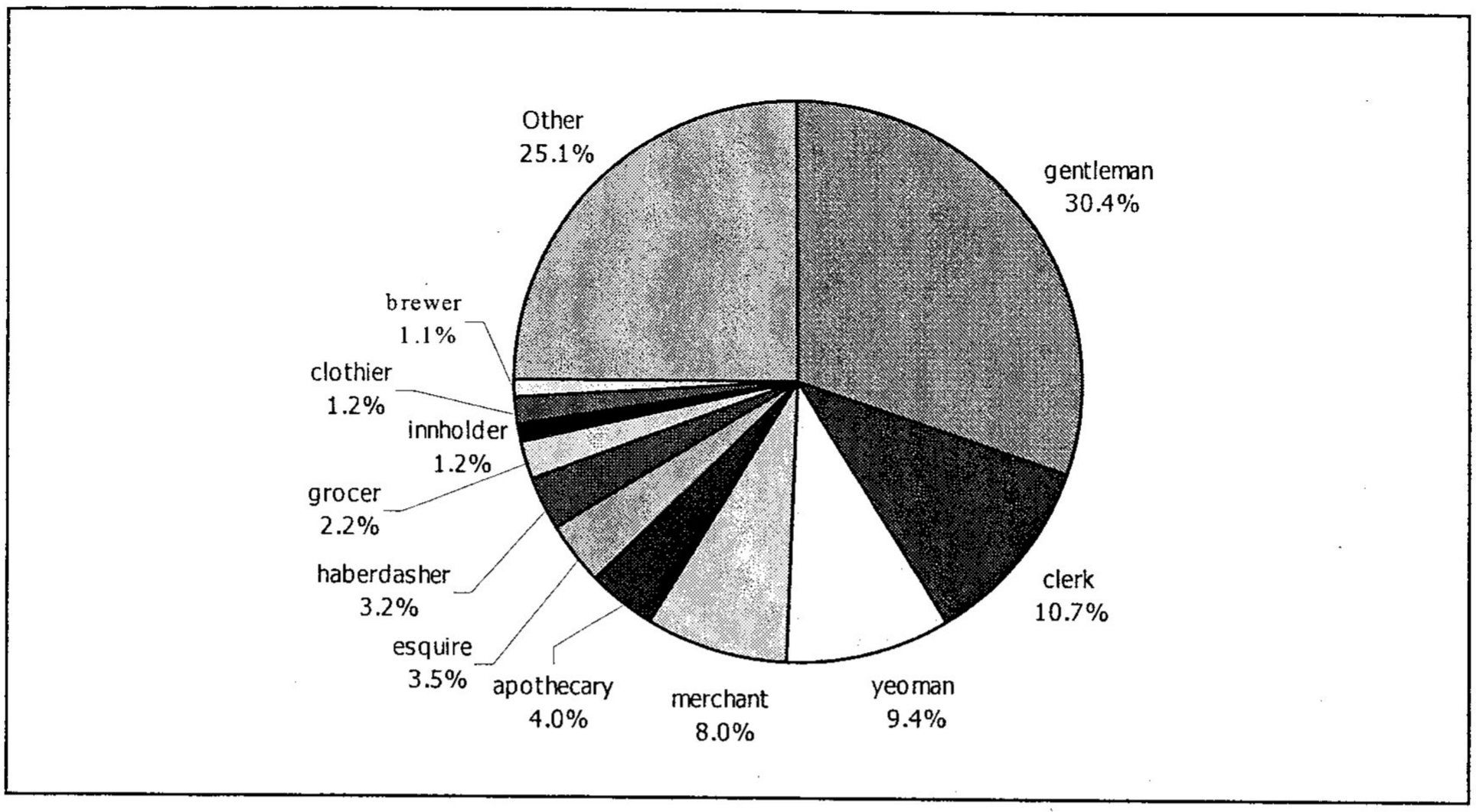
[12] A minute of the status or occupation of their parent was taken for 76.2% of apprentices. Although the percentage of apprentices for whom such information is given varies substantially from year to year, there is no overall trend in the amount of coverage for the period.

[13] Like gentleman, 'clerk' is a vague term. While initially used to mean clergyman, by the sixteenth century clerk had come sometimes to mean a secular occupation as well. Here, I have assumed that clerks are clergy as seems likely in the majority of cases. It is an identification supported by a survey of Venn and Foster; although their listings are far from comprehensive as a guide to clergy, some 53% of apprentices' fathers described as clerks can be identified as university-educated clerics: J. Venn, *Alumni Cantabrigienses*, 10 vols. (Cambridge, 1922); J. Foster, *Alumni Oxonienses*, 8 vols. (Oxford, 1888-1981).

[14] This figure for a 'business' category is based on a count of craftsmen, merchants and traders. It does not include clerks, lawyers and physicians.

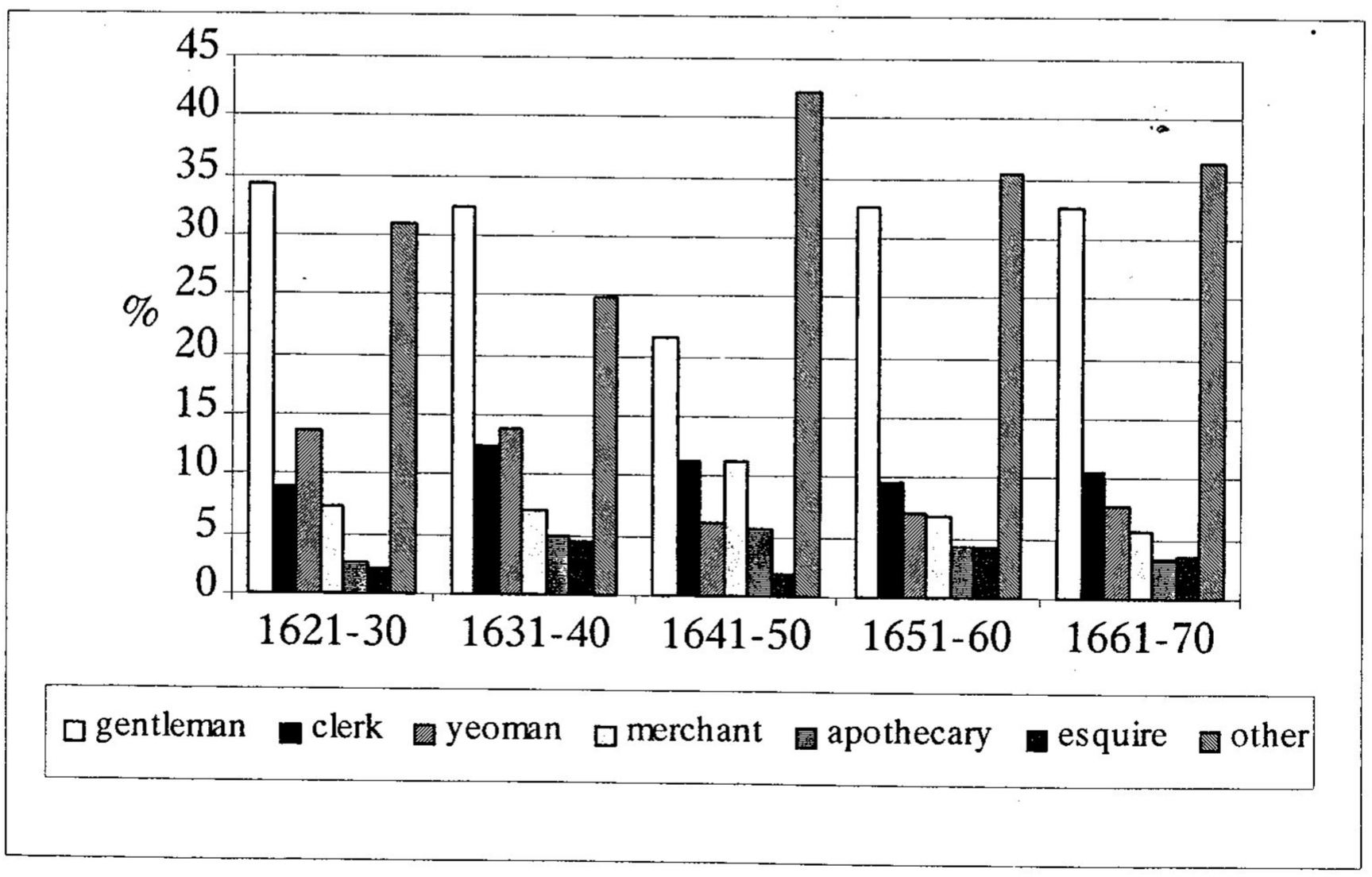
[15] C. W. Brooks, *Pettyfoggers and Vipers of the Commonwealth: The 'Lower Branch' of the Legal Profession in Early Modern England* (Cambridge, 1986), p. 275.

Figure 5.2: Status or Occupation of Apothecaries' Fathers, 1617-1670



Note: The table is based on all the apprentices enrolled by the Society from 1617-1670 inclusive for which this information is known: GL MS 8200/1-2. Only those backgrounds from which more than 1% of apprentices came are labelled independently here. See fn. 13, above, for the proportion of apprentices for whom this information is missing. The table largely uses the descriptions given in the minutes; however a limited amount of modification has been carried out to regularise spellings. Most importantly, 'mercer', 'merchant adventurer' and 'merchant' are all taken here as 'merchant'. For a full list of parental occupations and percentages, see Appendix B.

Figure 5.3: Apothecaries' apprentices' backgrounds, by decade



entering other crafts and trades in London using figures compiled by Steven Smith.[16] As one would expect, the apothecaries' profile was closest to that of the Grocers' Company, who took about 37 per cent of their apprentices from gentry and esquire families. Both apothecaries and grocers' apprentices included a substantially higher proportion of gentry sons than has been found any other company.[17] Even in the 'great twelve' companies gentry sons only 15 per cent of those apprenticed on average.[18] The apothecaries' departure from the Grocers' Company had clearly done little to harm the attractions of the craft for potential apprentices and their families.

There are some striking differences between grocers' and apothecaries' apprentices, however. Yeomen families supplied between 20 per cent and 28 per cent of grocers' apprentices, but only 9.4 per cent of apothecaries' apprentices – fewer than in any of the other companies that Smith examined. Over half of apothecaries' apprentices were from craft and trade backgrounds, more than in any of the other companies studied by Smith apart from the Butchers.[19] In contrast, craftsmen's sons made up just 26 per cent to 30 per cent of apprentices in the Grocers. Apart from those who were apothecaries themselves, the fathers of most apothecaries' apprentices were merchants or wholesalers, trades which required substantial capital to set up and offered the prospect of large rewards in return.[20] The substantial group from clerical

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[16] Smith, 'Social and Geographical Origins'. The eight companies in his sample were the Armourers and Braziers, Bakers, Butchers, Cordwainers, Fishmongers, Grocers, Joiners, and Tallowchandlers.
[17] The substantial number of apprentices coming from gentry backgrounds suggests that apprenticeship – at least in this area – was not stigmatised as marking a profound loss of status. The question of apprenticeship and gentility is discussed in: C. Brooks, 'Apprenticeship, social mobility and the middling sort, 1550-1800,' in J. Barry and C. W. Brooks (ed.), *The Middling Sort of People: Culture, Society and Politics in England, 1550-1800*, (Basingstoke, 1994), pp. 78-9; Grassby, *Business Community*, pp. 30-3, 43-5; Smith, 'Social and Geographical Origins', pp. 200-1; F. Heal and C. Holmes, *The Gentry in England and Wales, 1500-1700* (Basingstoke, 1994), p. 257; P. S. Seaver, 'Declining Status in an Aspiring Age: The Problem of the Gentle Apprentice in Seventeenth-Century London', in B. Y. Kunze and D. D. Brautigan (ed.), *Court, Country and Culture: Essays on Early Modern British History* (Rochester, N.Y., 1992), pp. 129-47.
[18] Grassby, *Business Community*, p. 145.
[19] The figure includes 'professional groups', among them sons of clergy, to make it comparable to Smith's calculations in which he amalgamated 'professional men, traders, or other sorts of urban workers' in this category: 'Social and Geographical Origins', p. 199.
[20] Grassby, *Business Community*, p. 83.

families is a counterweight to this urban, business focus. It also underlines the tendency for apothecaries' apprentices to come from literate, educated backgrounds. Among those bound in this period were the sons of both Bodley's first librarian, Thomas James, and the Public Librarian, Professor of Arabic and Reader in Anglo-Saxon at Cambridge University, Abraham Wheelocke.[21]

The backgrounds of apothecaries' apprentices do change slowly over the early and mid-seventeenth century along the lines that Steven Smith and Lawrence Stone have described.[22] As Figure 5.3 shows, there was a decline in the proportion of yeomen's sons, although the slump does stabilise over the 1640s and 1650s, and even increases slightly in the 1660s. An increase in the importance of the 'other' backgrounds, largely sons of artisans and tradesmen, seems to have taken up the slack. Over the half century surveyed here the recruitment from gentry backgrounds was fairly stable, despite a marked variation in the 1640s.

The urban weighting implied by the occupational backgrounds of apothecaries' apprentices is borne out in their geographical origins. First, it should be emphasised that apprentices were nearly all English. Less than 4 per cent of apprentices in this period came from Wales, and only three were from Scotland. More distant parts – Ireland, Barbados, Holland and New England – each supplied only one apprentice.[23] Within England, though, the most important source of new apprentices was London, supplying a quarter of all apprentices. Overall, the South-East accounted for just under 50 per cent of all apprentices. The Grocers' company, in contrast, took

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[21] *DNB.*
[22] Smith, 'Social and Geographical Origins', pp. 201-2. L. Stone, 'Social Mobility in England, 1500-1700', *Past and Present*, 33 (1966), pp. 31-2. See also, Brooks, 'Apprenticeship', p. 62.
[23] The ordinances forbade the taking of apprentices from beyond the King's domain. These figures and those given below are based on information for all apprentices who were successfully bound during the period 1617-1660, unless otherwise stated, and for whom a Minute was entered into the Society of Apothecaries' Court Minute Books: GL MS 8200/1-2.

Table 5.1: Geographical origins of Apothecaries' apprentices, 1621-1670

	% recruited by region					
	Home Counties	London	Midlands	North	East	South & West
1621-30	18.31	27.70	21.60	13.15	2.35	14.55
1631-40	21.28	22.16	22.98	12.77	2.13	14.74
1641-50	21.98	29.72	22.6	11.15	1.89	10.53
1651-60	23.34	25.05	21.63	14.73	2.36	10.06
1661-70	28.9	25.82	21.97	9.63	1.54	9.63
1621-70	23.85	26.07	22.08	12.12	1.99	11.33

Note: For comparative purposes the regional categorisation used here follows that employed by Smith, 'Social and Geographical Origins', p. 206. Totals do not add up to 100%, due to the exclusion of Wales, Scotland and other non-English places of origin from the table. The regions are divided as follows: the Home Counties include Essex, Hertfordshire, Kent, Middlesex, Surrey, Sussex; the Midlands include Bedfordshire, Berkshire, Buckinghamshire, Herefordshire, Huntingdonshire, Leicestershire, Northamptonshire, Oxfordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire; the North includes Cheshire, Cumberland, Derbyshire, Durham, Lancashire, Lincolnshire, Northumberland, Nottinghamshire, Rutland, Westmoreland, Yorkshire; the East includes Cambridgeshire, Norfolk, Suffolk; and the South and West includes Cornwall, Devon, Dorset, Gloucestershire, Hampshire, Monmouthshire, Somerset, Wiltshire.

only 17 per cent of their apprentices from London and 35 per cent from the South East. Indeed, apothecaries' apprentices seem to have been unusually London-centred, and roughly a fifth were even the children of citizens; only the Cordwainers, Fishmongers and Barber-Surgeons took comparable or higher percentages of metropolitan apprentices.[24] In fact, only two apprentices before 1660 were the sons of husbandmen or farmers, John Stone from Norfolk and Ralph Guyse from Gloucestershire, compared to the 10 per cent of grocers' apprentices from such backgrounds.[25]

How do the apothecaries' apprentices compare to those entering the other medical occupations? While much has been written about the internal hierarchies of medicine, most of this have been grounded in the polemics of physicians and the idealisation of the tripartite structure of physician, surgeon and apothecary that they frequently present, rather than on analyses of the people involved. In practice, it

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[24] J. Wareing, 'Changes in the Geographical Distribution of the Recruitment of Apprentices to the London Companies, 1486-1750', *Journal of Historical Geography*, 6 (1980), pp. 241-249.
[25] Figure for Grocers calculated from averages of the figures Smith gives for other groups.

Table 5.2: Comparison of the origins of London medical practitioners

	% recruited from				
	Gentlemen and Esquires	Yeomen	Husbandmen and Agricultural	Clergy	Artisans and Tradesmen
Apothecaries	34	9.4	0.2	10.7	45.7
Barber-Surgeons	19.8	18.2	1.3	52.4*	
Physicians	29.8	3.5	0	30	36.7

Note: For physicians, see Birken, 'Royal College'; I have calculated percentages from totals on p. 299. The figures given here are based on the 57 candidates of the College of Physicians between 1603 and 1643 who later became fellows and for whom an indication of their social background could be established. For barber-surgeons: Smith, 'Social and Economic Origins', pp. 204-5. * No figures for the numbers of barber-surgeons who were from clergy backgrounds distinct from this aggregate figure are known.

seems that apothecaries in London, like their counterparts in Cambridge and Exeter, were from very similar backgrounds to physicians of the period.[26] There were differences, as table 5.2 shows. A lower proportion of physicians (28 per cent) than apothecaries were from gentry families, although this is balanced by the greater proportion of physicians from clerical families; also, fewer physicians (37 per cent) than apothecaries were from 'commercial' and 'professional' families. Nonetheless, the social proximity between the two occupations is striking, and is underlined by the frequent family ties between them.[27] The eleven apothecaries who were sons of physicians are only the most visible aspect of this. Less obvious connections abound: Robert Symcotts' uncle was the Huntingdon physician John Symcotts, Robert Hodges was the nephew of the physician Nathaniel Hodges, and John Gellibrand was the grandson of Henry Gellibrand, a London physician.[28] Some of this social parity

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[26] R. S. Roberts, 'The Personnel and Practice of Medicine in Tudor and Stuart England: Part I, The Provinces', *Medical History*, 6 (1962), pp. 369-76; Margaret Pelling and Charles Webster, 'Medical Practitioners', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), p. 221. For general comments on their occupational parity: M. Pelling, 'Knowledge Common and Acquired: The Education of Unlicensed Medical Practitioners in Early Modern London', in V. Nutton and R. Porter (ed.), *The History of Medical Education in Britain* (London, 1995), pp. 259-60.

[27] Pomata also notes apothecaries' sons becoming physicians: *Contracting a Cure*, pp. 16-17.

[28] Figures for physicians who were sons of apothecaries are harder to establish, but examples include Thomas Lawrence, made an honorary Fellow of the college in 1664, and William Rand: Munk, *Roll*, i, 347-8; Webster, *Great Instauration*, p. 301. F. N. L. Poynter and W. J. Bishop, *A Seventeenth Century Doctor and his Patients: John Symcotts, 1592?-1662* (Streatley, 1951); H. R. Plomer, *A Dictionary of the Printers and Booksellers*, ed. Arundell Esdaile (London, 1968); Foster, *Alumni Oxoniensis*.

appears to have been lost by the second half of the eighteenth century when physicians of the College tended to have 'a higher proportion of professional and upper-class backgrounds', although the evidence is sparse.[29] In general, in the seventeenth century both apothecaries and physicians seem to have been attracting higher status apprentices than barber-surgeons. Only around a fifth of barber-surgeons' apprentices were from gentry families.[30] However, there are similarities: like the apothecaries, a large proportion of barber surgeons' apprentices came from London and the surrounding region, and a high percentage (52 per cent) were from artisan and tradesman families.

This evidence on the backgrounds of apothecaries has implications for debates over the status of the occupation over a longer period. Several historians, most notably Geoffrey Holmes, have argued that apothecaries were one of a number of 'rising' professional groups in the late seventeenth and early eighteenth century.[31] In contrast, the picture presented here of a genteel, high status occupation in the early seventeenth century gives substance to Burnby's suggestion that, if anything, the change in the background of apothecaries between the mid-seventeenth century to the mid-eighteenth century was in the other direction.[32] Figures compiled by Burnby from the Inland Revenue's records show that only a fifth of apothecaries' apprentices were from gentry families in the early eighteenth century, while 5 per cent were the sons of yeomen.[33] Irvine Loudon's analysis of the Society's records of apprentices for 1764-81 gives a fuller picture.[34] For the second half of the eighteenth century he found that

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[29] I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), p. 33.
[30] Roberts, 'Apothecaries', pp. 385-8.
[31] G. Holmes, *Augustan England: Professions, State and Society, 1680-1730* (London, 1982), pp. 211-12; P. Earle, *The Making of the English Middle Class: Business, Society and Family Life in London, 1660-1730* (London, 1989).
[32] Burnby, *English Apothecary*, pp. 1-2, 97-99. Burnby's evidence is for after 1650 and generally for apothecaries outside London. For a general critique of Holmes that emphasises the continuities in the makeup of professions, see: Brooks, 'Apprenticeship', pp. 113-14.
[33] Burnby, *English Apothecary*, p. 96.
[34] Loudon, *General Practitioner*, pp. 30-33.

38 per cent of apprentices were the sons of 'gentlemen'. Interestingly, this figure is very close to the proportion a century before, although with the widening use of gentleman in the eighteenth century such a comparison problematic.[35] However, the significance of other, less vaguely defined groups had changed more obviously. The most marked shifts apparent from Loudon's figures were the increased number of apothecaries' sons entering apprenticeships (18 per cent), and the declining importance of clergy (5 per cent) and merchants (1 per cent). In total, the number from 'professional' or gentry backgrounds was about 10 per cent higher in the later eighteenth century than in the first half of the seventeenth, while a declining proportion were from mercantile backgrounds. Explaining this apparent slight decline in status is difficult, but it is possible that any fall in the status was, as Margaret Pelling has suggested, as a result of apothecaries diversifying into medical practice.[36]

In comparison to those entering most other London trades and crafts in the first half of the seventeenth century, apothecaries' apprentices were in general from unusually high-status metropolitan backgrounds. Overall, the patterns of apothecaries' apprentice recruitment suggest that the craft was a relatively prestigious and profitable outlet for sons of the gentry and upper sections of the middling sort. By the eighteenth century, the profits of apothecaries were proverbial, and there is little reason to suggest the occupation was much poorer in the previous century. If anything, the opposite may have been the case. The attraction of those from learned as well as landed and mercantile families into apprenticeships to apothecaries may also hint at another reason, one connected with a – sometimes mocked – perception of the craft as genteel. That those who were apprenticed to apothecaries came from such

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[35] Everitt, 'Court, Country and Town'.
[36] Pelling, 'Knowledge Common and Applied', p. 260.

backgrounds, and presumably could draw to some degree on the wealth that implied, has important consequences for their experiences of apprenticeship.

Apprenticeship

Apprenticeship was the primary method of training and education in early modern England. It was a key stage in the life-cycle of many young men, and some young women, and an integral part of the operation of systems of production, education and craft government in this period.[37] The formal outlines of the system as it held for apothecaries can be sketched easily. In most of its parts, apprenticeship in the Society was little different from that in other London companies. An apothecary's apprentice was bound by indentures to a master craftsman who was a freeman of the company. The master undertook to clothe, feed and house the apprentice, while instructing him in the mystery of his craft. In return, the apprentice was bound to serve his master for a set number of years, to keep his secrets and to obey his instructions. Like those enrolled in some of the mercantile companies, apothecaries' apprentices were bound for a minimum of eight years, temporarily extended to nine years from 1635 until 1637, when the length of term was replaced with a rule that they should not be freed until they were 24 years old, in line with London practice. The age at which apprenticeship started was not set down officially, but it appears to have been in the late teens, with one boy rejected for being 'but 15 yeares old'.[38] It was usual for a premium to be paid by the apprentice's family to his master on binding,

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[37] Ben-Amos, *Adolescence*; Griffiths, *Youth and Authority*; Lane, *Apprenticeship*; K. Thomas, 'Age and Authority in Early Modern England', *Proceedings of the British Academy*, 62 (1977); M. G. Davies, *The Enforcement of English Apprenticeship, 1563-1642* (1956).

[38] GL, MS 8200/1, ff. 354r, 361v; 8200/2, f. 84v. Rappaport found an average age of 17.7 for Londoners and 19.6 for immigrants apprenticed in the Carpenters' company: *Worlds*, pp. 295-7.

although in the first half of the seventeenth century these were not the large sums standard by the eighteenth century.[39]

However, the Society did have certain distinctive elements in its regulation of apprenticeship. Most strikingly, after the term of the indentures was completed, the apprentice was presented to both the Society and the College of Physicians – this dual examination proved to be an endless source of tensions – where he was examined about his competency, and if successful took an oath of freedom. The assessment of potential apprentices shared something of this final examination's unusual rigidity. In addition, the number of apprentices that freemen of the Society were allowed was strictly set down, and became progressively more restricted. Initially, apothecaries were allowed to have only one apprentice at a time in the first three years as freemen, and two apprentices a time thereafter; when one of these apprentices was in his final year of service, they could take on another. Also, sons of freemen apothecaries who were apprenticed to their fathers were not included in this limit. From 1636, the period in which only one apprentice was allowed was extended to the first five years after freedom. After 1643, only liverymen were allowed two apprentices at a time.[40] With these exceptions, apprenticeship in the Society followed standard practices.

In reality, the experiences and fortunes of apprentices rarely followed the ordered pattern set out in the ordinances. The Society of Apothecaries' records throw considerable amounts of light on the vagaries of apprentices' experiences between the two institutional bookends of formal service, most notably on the instruction they

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[39] Premiums for apothecaries' apprentices seem to have been of reasonable size, nonetheless, with amounts of around £30 mentioned: GL, MS 8200/1, f. 414v (John Holt's premium). Other premiums included £11, £25 and £50: GL, MS 8200/1, ff. 186, 390r; 8200/2, f. 128r. Also see: Roberts, 'Apothecaries', p. 385. In comparison, the turner Nehemiah Wallington was receiving premiums at or above £20 in the 1640s: Seaver, *Wallington's World*, p. 121.

[40] GL, MS 8251, ff. 7-8; MS 8200/1, ff. 355r (14 Apr 1636), 416r-v (14 Aug 1643).

received and their place in the household and workshop. They suggest that the lives of apprentices were much less determined by hierarchical norms than might be suggested by the rigour of company ordinances. Apprentices' relationships with their masters were marked by considerable fluidity and negotiation, which often existed in tension with the official ideal. The study of apprenticeship therefore illuminates how a workshop or medical practice operated in seventeenth-century London.

It is important to emphasise that the formal records of the Society can only take us so far. With regard to apprenticeship they have one major weakness: the formal enrolment of apprentices was not always undertaken. Hence – unless their masters were discovered evading the system or some other source records their presence incidentally – no information is available about these illicit apprentices and their experiences. Private arrangements with apprentices were sometimes made to circumvent company restrictions on apprentice numbers, or to avoid the fees, long fixed terms, and formal responsibilities incurred by enrolling an apprentice at the company hall. Members of apothecaries' families and their household servants were also often actively learning the trade, such as the brother of Francis White whom he was keeping 'to the trade of an Apothecary not presented nor bound'.[41] The size of this group is impossible to ascertain, as they generally only appeared in the records when discovered and punished or if they sought retrospective recognition of their service. On rare occasions the Society showed a measure of flexibility towards those who entered such informal arrangements. William Broad, for example, took the oath of an apprentice following his master's death and then transferred to a new master even though he had never been enrolled by the Society.[42]

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[41] GL, MS 8200/1, f. 350v.
[42] GL, MS 8200/1, f. 48.

Apothecaries' tendency to bend or ignore company rules was also apparent in the early stages of the terms of those apprentices who were enrolled. The ordinances of the Society set the standard limit of a month for the period between binding an apprentice and presenting them to the company for examination and enrolment. Masters who delayed presenting their apprentices were meant to be fined. However, terms often began with a longer period when apprentices lived informally with their future master, giving both parties a chance to assess each other's suitability, and for the apprentice to be prepared for examination.[43] The length of this period is unclear, but William Hood claimed to have spent 'halfe a yeare & above before he was bound' in his shop – although suspiciously this conveniently made his term up to the required length of eight years.[44]

In the eyes of the Society, apothecaries' apprenticeships formally began after their examination by the Court of Assistants. The Society appears to have been unusual in its examination of potential apprentices. While it was commonplace for companies to assess candidates' health and physical suitability to their craft, the Society also examined their 'Ability in Learning' as well as 'strength of Body'.[45] Apprenticeship regulation shared some characteristics with other elements of corporate policing. The assessment of new apprentices was enforced, but rates of rejection were not high, perhaps suggesting that the criteria were not very demanding. Only 76 aspirant apprentices – about 5 per cent of those who were presented – were rejected or deferred by the Court; of these, 29 were later bound successfully.[46] Most of those rejected were simply described as 'insufficient', but occasionally additional comments were recorded. One boy was deferred for being 'sick and lame', and six

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[43] Ben Amos, *Adolescence*, p. 63.
[44] GL, MS 8200/2, f. 76v.
[45] GL, MS 8251, f. 38.
[46] Percentage based on the number of individuals seeking to be bound prior to 1661.

were defective in their scholarship. Applicants were often instructed to return when they had improved. James Thrale, the son of a deceased London vintner, who was presented in June 1623, was to be kept at his books by his master and brought to the Court again a month later; he was duly approved in July that year.[47]

What the Assistants meant by 'learning' in this context is unclear. Although not the years of undergraduate education that physicians undertook, it seems to have been more than basic literacy. Given the age and background of apprentices it seems likely that many of them would have attended grammar school to a fairly advanced level.[48] One apprentice at least had been to university: Richard Walker apprenticed himself to an apothecary after the cost of studying at Oxford became too much for his parents.[49] Understanding Latin prescriptions was an essential part of the apothecaries' work, so some skill in the language was required. An apprentice whom Henry Dickman attempted to bind in 1624 was rejected as he had 'no Latten at all', and by the time apprentices completed their terms, the College expected them to be able to read the *Pharmacopoeia Londinensis* at least.[50] Interestingly, the suitability of masters was also assessed; they had to keep shops and be fit to have an apprentice – on one unusual occasion a master, Owen Crane, was temporarily refused an apprentice because he 'appeares to bee a Quaker'.[51]

The formal education tested on enrolment was not paralleled by the later instruction that apprentices received. In fact, the nature of most apprentices' training

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[47] GL, MS 8200/1, ff. 114, 118. In 1669 Henry Hancocke was more fortunate, insufficient but bound on the agreement that his master 'keepe him to Schools': GL, MS 8200/2, f. 121r.
[48] Literacy among London craftsmen and tradesmen was high, particularly in the Grocers company. Rappaport found that 99% of liverymen and householder Grocers were able to sign their names at the end of the sixteenth century: *Worlds*, p. 300.
[49] Walker was licensed as a physician in 1679, and commented that he had been apprenticed nineteen years before. In 1670, an apprentice of that name from Oxford had been enrolled to Jeremy Richardson: Barber, 'Medical Licenses', i, no. 859; GL, MS 8200/2, f. 131v (1 Mar 1670).
[50] GL, MS 8200/1, f. 138.
[51] GL, MS 8200/2, f. 72r.

is unclear; more contemporary comment was devoted to their acquisition of appropriate standards of behaviour such as charity and honesty.[52] Many of the skills gained by apprentices must have been the result of experience slowly won in the shop. Knowledge of a trade's 'mystery' remained largely uncodified and limited to those who practised it.[53] Admittedly, for medicine more than most crafts there existed some printed sources which could serve for instruction, such as herbals, collections of medicines, vocabulary books, and manuals of physic. Some apprentices certainly owned such books. Indeed, following the breakdown of Henry Carre's apprenticeship, his master Charles Kinaston was made to promise to return his books to him.[54] The secretive world of prescriptions also meant that learning by word of mouth and from manuscript notes was likely to play a large part in apothecaries' training. This could rebound on those who were willing to pass on such information. William Forester's response to being questioned at the College of Physicians about a purgative given to Lady May of Holywell, was to assert that the fellow who was interrogating him, Dr Rawlins, had in fact taught him the remedy while Forester had been servant to an apothecary.[55]

As was normal, however, the Society arranged no instruction for apprentices. Even the simpling days on which medicinal plants were gathered and studied were for freemen. Nonetheless, apprentices were willing to invest in training, and the flexibility of their arrangements with their masters allowed this. Unusually, in 1664 the Society agreed to free Robert Graham early on the undertaking that he would not set up shop for 12 months, but 'shall travell with an intent to learne Chimistrie'.[56] In

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[52] Brooks, 'Apprenticeship', pp. 76-7; Ben-Amos, *Adolescence*, pp. 114-9.
[53] Well known exceptions to this rule did exist, such as John Browne's *The Marchants Avizo* (London, 1589) and Joseph Moxon's *Mechanick Exercises* (London, 1683).
[54] GL, MS 8200/1, f. 401v. For an interesting example of a Latin pronunciation guide aimed in part for the 'use to Youth, when they come to the Apothecaries Trade', see: Richard Browne, *Prosodia Pharmacopoeorum* (London, 1685), quote sig. A3^{v}.
[55] CPL, Annals, iii, 28 (19 Jan 1611).
[56] GL, MS 8200/2, f. 91v.

1670, the Court of Assistants accepted a proposal that a group of apprentices should go abroad for herbarising under good government – it was particularly emphasised that they should be barred from drinking – from the last fortnight in April to the first in August.[57] In addition, there were some possible sources of semi-formal instruction for apprentices as well as freemen in London, most obviously the physic lectures given at Gresham College.[58]

Apprentices also looked outside the Society for instruction and employment. At least some trainee apothecaries spent time with surgeons and physicians, just as physicians and surgeons, such as James Younge, sometimes spent time with apothecaries.[59] It is difficult to know how common this was, but the Court of Assistants was concerned enough to make several orders to restrict such movements. Most explicitly, in July 1636 they ordered that no apprentice shall serve any 'forrayner as Phisiscon Surgeon or other but a freeman of this Company'. Apprentices were to spend their whole term with a freeman apothecary and any time they spent absent was to be made up after their term expired. It was a ruling that Samuel Purchas fell foul of in 1640, when he was ordered to serve the half year he had been without a master.[60] A few traces of such movements can be found. In July 1638, for example, William Rowswell sought permission to replace an apprentice who was now 'bound anew to a Surgeon'. When Richard Bracegirdle sought his freedom he was fined 'in regard he had not served all his tyme with a freeman, but some part thereof with Henry Bishop in Hinton'.[61] Sometimes, masters seem to have been complicit in their apprentices' movements and may even have been earning money through selling their

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[57] GL, MS 8200/2, f. 136v.
[58] In addition, the College of Physicians was concerned to learn about an apothecary attending a private dissection in 1631: CPL, Annals, iii, 301 (4 Feb 1630).
[59] *The Journal of James Younge (1647-1721) Plymouth Surgeon*, ed. F. N. L. Poynter (London, 1963), p. 52. On training in general: Pelling, 'Knowledge Common and Applied', pp. 260-70.
[60] GL, MS 8200/1, ff. 357v, 382v. A similar order was passed in 1638: *ibid.*, f. 373v.
[61] GL, MS 8200/1, ff. 370r, 381v.

services, despite a prohibition on this in the Society ordinances.[62] In June 1666, the Court of Assistants learned that one of John Herbert's apprentices, John Milton, was serving at sea with his master's consent. Sending apprentices to sea was a common practice among surgeons, and the Court made Herbert agree not to free his apprentice into the Barber-Surgeons' Company and, in addition, to get an undertaking from Milton that he would not act as a surgeon.[63]

Ultimately, both apprentices and the Society expected masters to transmit their craft effectively.[64] If there were concerns about this, a master could be obliged to employ someone to instruct his apprentice. This was particularly common when widows of freemen exercised their right to keep an apothecary's shop and take apprentices. Both Barbara Wyncks and Elizabeth Starkye had to promise to 'keepe a Journeyman to instruct' their new apprentices.[65] Inevitably, masters sometimes failed to meet their responsibilities. For example, Benjamin Dun's apprentice Robert Goodale complained with his mother to the Court of Assistants that he 'wanted employment and teaching in his art'.[66] In this case, Goodale continued to serve Dun – who had refused to allow him to leave when his mother suggested this – following the intervention of the Court, but negligence by a master might lead to the involvement of higher authorities. In January 1639 John Dee complained to the Chamberlain of London that his master, Job Weale's 'imployment is not sufficient to instruct him in his art & profession'.[67] A more complicated situation was that of Benjamin Burley in 1641, whose apprentice, Nicholas Oldberry, 'compleyned against his Master for not

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[62] GL, MS 8251, f. 38.
[63] GL, MS 8200/2, f. 102v.
[64] S. R. Epstein, 'Power, Resistance and Authorities: Craft Guilds and Technological Change in Pre-Industrial Europe,' in B. H. A. Ransom (ed.) *Guild-Hall and Government: An Exploration of Power, Control and Resistance in Britain and China* (Hong Kong, 1997), pp. 46-63; S. R. Epstein, 'Craft Guilds, Apprenticeship, and Technological Change in Preindustrial Europe', *Journal of Economic History*, 58 (1998), pp. 684-713.
[65] GL, MS 8200/1, ff. 391v (quote), 439r.
[66] GL, MS 8200/1, f. 498v.
[67] GL, MS 8200/1, f. 374r.

instructing him in his trade, he buying his Compositions, & for not fynding him apparell'. Burley defended himself, saying that he was 'imployed by Doctor Chamberleyne in matters of secret, & therefore doth not imploy him [Oldberry] to make much'. As his work was not suited to the instruction of an apprentice, Burley agreed to part with Oldberry and return the £15 he had received on taking him.[68] As these cases underline, apprenticeship was fundamentally a practical process of training.

Few aspects of apprenticeship better reflect its practical contingency and adaptability than the 'turning over' of apprentices from one master to another. Although apprentices were supposedly bound with the expectation of serving the full term of service with their original master, in practice significant numbers moved elsewhere.[69] Of the 1,614 apprentices bound to freemen apothecaries between 1617 and 1660, 280 (17 per cent) were turned over to another master at some stage in their term, 25 were turned over to a third master. Six were even passed on to a fourth master. Looked at from the other end of apprenticeship, roughly a quarter of the apprentices who later successfully became freemen had been turned over during the course of their apprenticeship.[70] These figures are certainly underestimates, only accounting for those who were formally turned over, together with the 31 who were discovered by the Court of Assistants to have been turned over without permission, such as Henry Smith who was found living with Philip Moote in July 1643.[71]

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[68] GL, MS 8200/1, f. 392r.
[69] Ben-Amos, *Adolescence*, pp. 209-13.
[70] Figure based on apprentices bound from 1617 to 1660, who were freed by 1670.
[71] GL, MS 8200/1, f. 415r.

Informal movements of apprentices between different apothecaries were perhaps even more common than formal turning over.[72] Various efforts were made by the Court of Assistants to prevent such transfers, largely by fining those who failed to register them. On one occasion they even obliged a master, Robert Ledlam, to promise that he would not turn over his new apprentice, Daniel Wright, to any other person 'without license of the master and wardens'.[73] Despite this, apprentices often moved about without formally changing their master or catching the attention of the Court of Assistants. The only record of James Skinner's move from his master Francis Hall to Didier Foucant is the bequest that Foucant left him in his will.[74] Similarly, Thomas Lee, who sought his freedom in 1665, had served his first master, Webb, for about 6 years, then 'went to Sir George Booth & since [had] been with severall Apothecaries'.[75] A slightly different but no less complex pattern is reflected in the description John Warner gave of his training: 'hee served his Master Peter [Browne] two yeares & then hee was bound to John Man for 7 years but constantly lived wth Mr Peter Browne'.[76]

Turning over – formal or informal – happened for a number of reasons. When a freeman with apprentices died and his widow did not intend to keep the shop, the apprentices were normally turned over to a new master. This was given as the reason behind some fifteen apprentices being turned over. It potentially put apprentices into a difficult position, liable to being kept to work by the widow even if she lacked the skill to instruct them or run the shop. After John Sotherton's death, his apprentice Francis Muschampe made a point of declaring to the Society that he was not fully

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[72] The ordinances strictly forbade putting another master's apprentice to work without his permission: GL, MS 8251, ff. 9-10. See, for a similar example: B. W. E. Alford and T. C. Barker, *A History of the Carpenters Company* (London, 1968), p. 30.
[73] GL, MS 8200/2, f. 113v.
[74] PRO, PROB 20/960. Foucant's will was proved in 1663; Skinner never became a freeman, although he was renting property – possibly a shop – from Foucaunt at his death.
[75] GL, MS 8200/2, f. 97r.
[76] GL, MS 8200/2, f. 69r.

instructed and wished to be turned over. He refused to accept or meddle with his late master's shop, and would serve there only until it was disposed of.[77] Turning over sometimes also occurred when an apprentice and master could no longer get along, as the outcome of Oldberry's complaint about his lack of instruction suggests. However, the movement of apprentices between masters was not only used to resolve difficult relationships.[78] It could be employed by apprentices in active pursuit of better training or to gain a range of skills and experience. Not all masters were willing to allow apprentices to depart. After all, as apprentices became more skilled, the value of their labour increased to their masters.[79] This could lead to disputes, as the Society required the master's consent before turning over. When this was not forthcoming it was an area in which civic authorities were likely to become involved, and a number of apprentices obtained orders from the Court of Aldermen or the Chamberlain of London to allow themselves to be turned over.[80]

Not all apprentices bothered to find a new master. Some just left service and set up on their own. Roughly fifteen apprentices were summoned by the Court of Assistants for abandoning their masters and establishing shops without permission. Sometimes this occurred quite early in the apprentice's term. When the Court ordered an officer to carry James Garrett and William Pickering before the Lord Mayor for keeping shops, they had respectively spent just over four and five years in apprenticeship.[81] Garrett and Pickering were pursued vigorously, perhaps because of their youth. By contrast, most of those who slipped into running a shop early faced fewer repercussions, many just paying fines when they took the freedom.

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[77] GL, MS 8200/1, f. 490r. Muschampe (bound as 'Mulsho') was turned over a year later to Francis Hall: *ibid.*, f. 498r.
[78] Ben-Amos, *Adolescence*, pp. 213-4.
[79] Ben-Amos, *Adolescence*, pp. 128-32.
[80] See for example: GL, MS 8200/1, f. 186 (Radcliff), f. 156 (Smith), f. 217 (Norwood), f. 273 (Blackleach), f. 468 (Elton).
[81] GL, MS 8200/1, f. 422v (13 Feb 1644).

Less independently-minded or wealthy apprentices frequently ran additional shops owned by their masters in the later years of their terms, as many grocers' apprentices seem to have done.[82] Apprentices in most crafts and trades can be found working semi-independently, most obviously those apprentice merchants who acted as factors for their masters in foreign ports, and we can assume this was normal among apothecaries also. It is apparent that this practice could blur into *de facto* early freedom, with some kind of profit-sharing arrangement and even partnership involved. At this point the Society sought to draw a line. When the Court heard that John Stringer 'was partner with Mr Cumber all the time he was with him', it fined Stringer £3, and John Cumber (who did 'misdemeane himselfe to the master & wardens') £5.[83] In 1651, the Court of Assistants ordered that Edmond Dobson was to 'have no more share of the shop' which he ran with or for his master John Rogers, who was reproved for allowing the arrangement. The Society only seems to have learnt of this deal after the partnership broke down – Rogers was complaining that Dobson was abusing him.[84] Interestingly, most of the cases of this kind that the Society acted on concerned apprentices and masters to whom they have been turned over, suggesting that this might reflect a watershed in their economic role. Richard Llewellin appears to have arranged this deliberately, having himself turned over by the Lord Mayor at the Guildhall and then setting up a shop for his new master in Barnet, just beyond the seven mile limit of the Society's authority.

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[82] Ben-Amos, *Adolescence*, pp. 125-7; Griffiths, *Youth*, pp. 120-1 For a similar early eighteenth-century example see: William Stout, *The Autobiography of William Stout of Lancaster, 1665-1752*, ed. J. D. Marshall (Manchester, 1967).

[83] GL, MS 8200/1, f. 341v (18 Sept 1634). Stringer had been turned over to Cumber in June 1633: Wallis, *London Apprentices.*

[84] GL, MS 8200/1, f. 597r (3 July 1651). Dobson had been bound to John Bisse in April 1644, and turned over to Rogers in Nov 1649: Wallis, *London Apprentices*.

The position of Thomas Hutchins in the 1630s was even more complex, and seems to have been intertwined with the continuing survival of a successful shop as it passed through the hands of several masters. The son of a Salisbury gentleman, in 1629 Hutchins had been bound to Adrian Barton, a prominent apothecary who had been Master of the Society in 1626/7. Barton died a few years later, and in 1634 Hutchins was turned over to Simon White. At the same time White took over Barton's old shop. In March 1635, Hutchins was again turned over, this time to Benedict Medeley, who was himself a former apprentice of Barton. Again, this seems to have been linked to the transfer of the shop. However, rather than running what had been Barton's shop himself, Medeley later admitted to the Court of Assistants that Hutchins – who had by this point served six years of his apprenticeship – now owned the stock in this shop, and was presumably operating it independently for a share of the profits. For Medeley, who had been freed only in 1631, the acquisition of an additional shop may have been part of a rapid expansion of his business; in 1633 he had been summoned for keeping two apprentices more than he was allowed. On this occasion, however, his scheme foundered when the Society found out and ordered the shop to be shut.[85]

The College of Physicians' records of irregular practice also suggest that some apprentices were working for themselves while still in their masters' shops. Thomas Wheatley's apprentice, John Hyde, had an arrangement to make medicines for the irregular Savery, and seems to have constructed a private language of characters that neither his master nor the College was unable to decipher in order to prevent the prescriptions being intercepted and filled instead by the apothecary George

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[85] GL, MS 8200/1, f. 356v (4 July 1636), 357v (27 July 1636); Wallis, *London Apprentices*.

Haughton.[86] Some apprentices, such as Dickman and John Hope, even seem to have been poaching clients from their own masters.[87]

Even before the last years of their term, a negotiated and balanced relationship seems frequently to have developed between master and apprentice.[88] There were obvious reasons why masters would allow apprentices the kinds of freedom and mobility that are apparent here. Given that many of the 57 per cent of apprentices who never became freemen must have left their masters well before the completion of their full term, it seems fair to assume that retaining apprentices often depended on giving them incentives rather than punishment. But even when an apprentice was unlikely to leave his master, in the early years of the term perhaps, or when he had nowhere to go, power was not entirely in the hands of the master. A well-run shop depended on the cooperation and active support of apprentices, rather than their begrudging acquiescence. Masters were vulnerable to deliberate and passive damage by a disgruntled apprentice who could drive off customers, steal, spoil goods and simply waste time.[89] Apprentices' privileged access to their masters' goods and secrets could be a source of power, as William Butler discovered when his apprentice John Edlyn disappeared with his 'book of manuscripts', and as William Whitworth found when he was questioned in 1643 for making diascordium without view 'as his man confesses'.[90]

This need for incentives was probably behind the decision of a significant number of masters to allow their apprentices to become freemen early, despite the value of their last years of service. Over a third of all apprentices were freed before

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[86] CPL, Annals, iii, 159 (29 Nov 1622), 161 (19 Dec 1622).
[87] CPL, Annals, iii, 40 (20 Nov 1612), 415 (9 May 1635).
[88] Griffiths, *Youth*, p. 294; Ben-Amos, *Adolescence*, pp. 211-2.
[89] Griffiths, *Youth*, pp. 334-41.
[90] GL, MS 8200/1, ff. 466v, 419r.

Table 5.3: Apprentices freed before term finished

Time saved (months)	Number freed early	% of all freed (n=703)
1-6	109	15.50
7-12	102	14.51
13-18	18	2.56
19-24	7	1.00
25-36	4	0.57
37-48	5	0.71
>49	1	0.14
Total	246	34.99

Note: The table is based on the 703 apprentices freed by 1670 for whom the length of their term was stated in the minute recording their indenture. Of these apprentices, 630 were bound for eight years; 66 for nine years; and seven for ten years. Of those not freed early, 39 (12.62%) were freed exactly on time; the remaining 56.36% were freed at some time after their term expired, but may well not have been in service for this extra time.

the term of their indentures was complete, mostly saving six to twelve months of the eight or nine years for which they had been bound, and paying hefty fines – sometimes of £10 or more – for the privilege. On rare occasions, terms were cut by years, but although large numbers of apothecaries finished service early, the vast majority – close to 90 per cent – of apprentices took the freedom after what was a roughly normal term of apprenticeship, between seven and nine years after their enrolment.[91]

On occasion, early freedom seems not to have been linked to an apprentice's behaviour. It could be a way of regularising a shift in status or role that was occurring anyway. Joseph Taylor sought to take his freedom eighteen months early because he was marrying an apothecary's widow. The Society refused in his case, and he had to wait until his term was almost complete – although it accepted his apology for marrying early and did not fine him. Josias Barnard was more fortunate. The Society

[91] Times between enrolment and freedom: 1.6% apprentices took fewer than 7 years; 15.3% took 7 years; 58.0% took 8 years; 14.5% took 9 years; 10.7% took 10 years or more. Mean = 8.45 years, median = 8.02 years, standard deviation = 2.17 years. Figures based on all those freed by service into the Society between 1620 and 1660 for whom a date of enrolment and of freedom can be established.

allowed him to be freed early to allow his master to 'turne over his Shop unto him', formalising a business transfer that would probably have happened anyway.[92]

However, masters' need for a means to ensure apprentices did not misbehave or run away is articulated in a number of agreements between masters and newly-bound apprentices which were drawn up in the 1620s. In these contracts, masters agreed to allow apprentices time off their service if they behaved well. In 1622, for example, Gabriel Sherriffe promised Clement Taylure when he was bound that if he 'behave himself respectivelie towards [him]…and should doe him good and true service during all the tyme of his said apprenticehood', he would allow him the final year of his time.[93] The repetitive, though not formulaic, language of these agreements offers a telling indication of the anxieties masters felt when accepting a new apprentice: successive apprentices individually undertook to 'behave himself respectivelie'; 'behave himself respectively towards him [his master]… dureing the tyme of his Apprenticeshood'; 'faithfullie and honestlie serve him [his master] all the tyme of his said Apprentishood as he ought to doe'; and show 'good Carriadg and true service and respect'.[94] The practice of recording these arrangements died out after a few years. Officially, the Society came to oppose early freedoms. The Court of Assistants ordered that 'none [are] to be made free till all his tyme be out' in 1635. However, the sheer numbers of apprentices who continued to be freed early indicate that little more than lip-service was paid to this ideal; indeed, the substantial fines they paid for the privilege gave the Society good reason to allow early freedoms.[95]

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[92] GL, MS 8200/1, ff. 424r (8 Apr 1644), 424v (16 Apr 1644). Interestingly, Barnard's master, Edward Dyson, had only been freed in 1638.
[93] GL, MS 8200/1, f. 95.
[94] GL, MS 8200/1, ff. 113, 86, 143.
[95] GL, MS 8200/1, f. 354r.

This kind of behaviour needs to be understood in light of the unusually high-status metropolitan backgrounds from which apprentices came. This is inevitably connected to the kinds of experiences that apprentices underwent during their terms of service. It was implicit in the literacy and learning that was expected of apprentices before they began their service. More importantly, it is hard to envisage apprentices negotiating the terms on which they worked, particularly the early completion of their apprenticeship (which after all required money to pay fines), or appealing to the City for permission to move to a different master, without a relatively high degree of financial independence derived from their families. It seems unlikely that the flexibility apparent in the experiences of some apothecaries' apprentices was mirrored in those of poorer apprentices, whether bound to apothecaries or to craftsmen in other occupations.

Not all apprenticeships in the Society were so smooth. Far rockier relationships are apparent in the disputes between apprentices and masters arbitrated by the Society, where the misbehaviour and negligence of both masters and apprentices were constant problems. Given the source, there is naturally more evidence about the failings of apprentices than masters. John Baynes' complaint about the 'disobedience and divers faults' of his apprentice, Francis Eland, was characteristic. On this occasion, when summoned to a Court of Assistants both men submitted to its judgement, and Eland was ordered to continue with his Master, and in turn Baynes promised to 'forgeve & forgett all'.[96] As this outcome suggests, many problems were overcome and relationships did not normally collapse. Nevertheless, reconciliation between apprentices and masters was not always a viable option. Henry Stirrell, apprentice to widow Wyncks, illustrates the threat an apprentice could pose

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[96] GL, MS 8200/1, f. 201.

within the household: he had abused his Mistress 'both in words and laying violent hands uppon her'. Understandably, she now sought to be discharged of him even though he begged 'forgevenes of her on his knees, promising never more to offend her'. Here again, the Court of Assistants sought a partial compromise, ordering that he was to return to her 'untill he [was] provided of a fitting and Convenient service'.[97]

The physical danger an apprentice could present was, on rare occasions, taken to its final conclusion, as in the case of Peter Moore, an apothecary's apprentice in Exeter, who became notorious for having poisoned his master.[98] Equally, recognising the abilities of apprentices to act in independent ways should not obscure the degree to which they could be vulnerable to abuse and neglect. General mistreatment by masters, failure to provide suitable food, clothing, or other necessaries were common features in the disputes brought before the Court of Assistants and other tribunals.[99]

In contrast to the repressive sentiments of many moralists, apprenticeship was not simply a time of subordinate instruction.[100] As Ilana Krausman Ben-Amos has emphasised, apprenticeship and service was 'a long and dynamic phase in the life cycle'. [101] Apprentices gained skill and experience in diverse ways, and this affected their roles in the businesses in which they were based. The initiatives apprentices created in seeking broader training were one aspect of this. Equally important was the blurring of apprentices' economic roles that sometimes occurred toward the end of their terms as they took on increasingly independent roles in the running of shops. Eventually, though, terms of service ended and the decision of whether or not to take the freedom of the Society needed to be made.

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[97] GL, MS 8200/1, f. 220.
[98] Peter Moore, *The Apprentices Warning Piece* (London, 1641).
[99] Pelling, *Common Lot*, pp. 105-33.
[100] Griffiths, *Youth*, pp. 71-81.
[101] Ben-Amos, *Adolescence*, pp. 9, 85, 109-32, 208-35.

The end of service

One of the most striking characteristics of the early modern apprenticeship is how few apprentices actually became freemen in the companies in which they had enrolled. Fewer than half of those who were bound as apprentices to apothecaries (43 per cent) ever became freemen.[102] This figure is similar to that observed in other companies during this period.[103] The fate of those who did not complete their term is obscure. Many left London at different stages of their apprenticeship, some presumably died, suffered accidents, or disabling sickness.[104] The status of an apprentice's father, whether he was a citizen of London or not, or whether the apprentice came from London, had no significant effect on the likelihood of an apprentice completing their term and taking the freedom.[105]

Failing to take the freedom did not always imply a crisis – or even departure from London. Citizens' sons among the apprentices may simply have entered their fathers' companies by patrimony, although there is scant evidence.[106] Others simply slipped from apprenticeship to independence without taking the freedom, as, for example, did Nicholas Culpeper, the well-known author and translator of pharmacopoeias and other books. Many former apprentices, like Culpeper, probably

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[102] For total numbers entering the Society over this period: Appendix A. The figure for completion given here is based on the 997 apprentices bound from 1620 to 1650 inclusive, of whom 435 were freed into the Society by 1670. It is, therefore, likely to be low, as it excludes the very few who took longer than 20 years to claim the freedom and, more importantly, those who claimed their freedom by patrimony or redemption in a different London company. However, it is well within the range of figures calculated for eight companies by Rappaport, whose mean was slightly lower at 41%: *Worlds*, p. 312.

[103] For useful discussions of completion rates and their demographic implications, see: L. Schwarz, 'London Apprentices in the Seventeenth Century: Some Problems', *Local Population Studies*, 38 (1987), 18-22; I. K. Ben-Amos, 'Failure to Become Freemen: Urban Apprentices in Early Modern England', *Social History*, 16 (1991), 155-72; I. K Ben-Amos, *Adolescence*, pp. 130, 313-4; Griffiths, *Youth*, pp. 330-3.

[104] Schwarz, 'London Apprentices', pp. 18-22.

[105] None of these factors was significant at the 5% level when tested using a Chi-squared procedure.

[106] Only one apothecary, William Pickering, definitely did so, joining the Armourers' Company, and then later applying for the Society's freedom: GL, MS 8200/1, f. 448r (22 Apr 1647).

continued to work as apothecaries, or in other medical occupations. Richard Crane, who had been apprenticed to William Lithall in 1650, married a distiller's widow and sought to enter the Distillers' Company in 1663.[107] The astrologer and physician Simon Forman is a more famous example, having been apprenticed to a Salisbury grocer-apothecary.[108] At least two apprentices who left their masters, Richard Walker and Moses Rushden, became physicians in the provinces – Rushden had simply returned home to Wallingford.[109] Several of the irregular practitioners pursued by the College of Physicians in the seventeenth century mentioned having been a servant or apprentice to an apothecary.[110] Some former apprentices, however, ended up in strikingly different types of work. For example, Richard Kidder (1633-1703), spent a brief time apprenticed to an apothecary in Kent before entering a clerical career that culminated in the bishopric of Bath and Wells.[111]

Even if an apprentice did wish to take the freedom, acceptance was by no means certain. The Society's charter set unusually rigorous constraints on who was allowed to take the freedom of the company. Only those who had served an apprenticeship to a freeman apothecary or who were sons of freemen apothecaries were eligible. This made admissions by redemption (purchase) or translation (after the initial move of apothecaries from the Grocers) legally questionable. When William Lyons sought to gain his freedom by redemption in 1628 after marrying an apothecary's widow, he was only accepted after lengthy deliberations by the Court of Assistants, who even consulted the City Recorder and legal counsel about whether it would prejudice the Society's charter.[112] Reservations were also apparent over the

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[107] GL, MS 6208 (2 Oct 1663); Wallis, *London Apprentices*.
[108] L. Kassell, 'Simon Forman's Philosophy of Medicine: Medicine, Astrology and Alchemy in London, c. 1580-1611' (Oxford University D.Phil. thesis, 1997), p. 18.
[109] Barber, 'Medical Licenses', i, nos. 722, 859.
[110] See: William Forester and Thomas Abbot: CPL, Annals, iii, 28 (19 Jan 1611), 32 (4 Oct 1611).
[111] R. Kidder, *The Life of Richard Kidder, D.D. Bishop of Bath and Wells*, ed. A. E. Robinson (Somerset Record Society, xxxvii, 1924), p. 3.
[112] GL, MS 8200/1, ff. 189, 190.

admission of the chemist William Johnson. Already a freeman of the City, Johnson first applied for admission in May 1647. Initially, the Society declared that they could not admit him, and he was only accepted in May 1654 on the condition that he was 'not to meddle with Gallenicall medecines'.[113]

In practice, such cases were exceptional, as nearly all applicants for the freedom had served apprenticeships. Only 24 became freemen by patrimony and 26 by purchase.[114] The four apothecaries translated from other companies after the charter translations had ended and the few honorary freemen were minor exceptions to this rule.[115] Neither patrimony nor purchase exempted a candidate from examination, and most of those who ended up purchasing the freedom had served apprenticeships of some kind. Robert Exton and George Mathew had both been apprenticed outside the Society, in Mathew's case to an unnamed grocer; John Key had served John Maylin, a apothecary in Rotherham, Yorkshire.[116] What seems to have been an attempt by Paul Crosse to take the freedom by patrimony without being trained as an apothecary provoked great debate in the Court of Assistants; eventually they decided to allow Crosse his freedom if he gave 'securitie that he bynd noe apprentice nor exercise the trade nor doe any prejudice to the profession', but the Master was still sent to consult the City Chamberlain about the case.[117] The only real exceptions were the widows of freemen, who had the right to continue trading in their husbands' craft. Twenty-five widows are known to have been active as apothecaries after their husbands' deaths,

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[113] GL, MS 8200/1, f. 459v, MS 8200/2, f. 19r.
[114] Redemption or patrimony accounted for only 4.6% of Society freedoms between 1617 and 1660, inclusive. This rate is lower than in most other London companies, where Rappaport found an average of 12% for great companies and 15% for minor companies between 1530 and 1609: *Worlds*, p. 293.
[115] In three cases, freemen translated came from the Grocers' Company, the fourth, Thomas Clerges, was a Merchant Taylor: GL, MS 8200/1, f. 446v (24 Feb 1646). Honorary freedoms were political or associational gestures. Rare examples include: William Goughe, D.D., freed 19 Dec 1633; Symon Davies, who in 1645 was freed early as he 'attends the Kings Children and so is to keepe Comodities to furnish them'; and the physician Christopher Merrett, an ill-starred choice considering his later attacks on the Society: GL, MS 8200/1, ff. 329v, 434r; 8200/2, f. 50v.
[116] GL, MS 8200/2, ff. 8v (8 Nov 1652), 25r (28 Mar 1655), 68v (7 Jan 1662).
[117] GL, MS 8200/2, f. 106v (7 Apr 1667).

largely because they took apprentices, and it is fair to assume that a larger number continued to trade without appearing in the Society's records.

Meeting these background criteria was only the first step to the freedom: aspirant freemen also had to pass an examination that was unlike that of any other London company. The production of masterpieces or some other examination to assess prospective freemen was not uncommon in companies. However, as well as being examined by the Master and Wardens of the Society to ensure their 'sufficient judgement, and understanding in ye said Art, touching ye election, preparation and commixion of simples', apothecaries were to be examined by an external body: the College of Physicians.[118] As we saw earlier, this system of dual examination was one of the few elements of the physicians' campaign to subordinate the apothecaries that survived in the final version of the 1617 charter.

The Society felt that its authority and status were compromised by this arrangement. The examination was one of the epicentres in their turbulent relations with the College, with disputes over the location or order of examination becoming skirmishes in the wider battle over supervision discussed in chapter three. The earliest of the Society's records of examinations before the College President, then Dr Gwynn, date from November 1620, but from October 1624 until September 1635 no mention is made of examinations by the College in the records of either body.[119] It is not entirely clear if examinations entirely ceased during these years, as toward the end of this period the location of the examination became a point of contention between the two institutions. In the early 1620s, Dr Moundeford had gone to the Society's Hall

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[118] On masterpieces in other companies: Brooks, 'Apprenticeship', p. 75; Welch, *Cutlers' Company*, ii, 68.

[119] GL, MS 8200/1, f. 42. The College first mentioned examining apothecaries' apprentices in September 1635: CPL, Annals, iii, p. 427 (28 Sept 1635).

to join in a single examination, or else approved apprentices before they were seen by the Court of Assistants.[120] By the 1630s, the College wanted apprentices to come to them *after* the Society had approved them, giving the physicians the final approval. In July 1633, however, the Society ordered that the Physicians should have notice when any was to be made free and 'entreated that some one of them would then come to Apothecarys hall to joyne with the master & wardens of this Company in examination of such'. This was the arrangement set out in the Society's original ordinances.[121] The College opposed these measures, and in October 1634 the Society took the advice of counsel about the issue.[122] With the appearance of the quo warranto suit early the next year, the Society's resistance crumbled. After 1635, it became normal practice for apprentices to be first examined at the hall and then sent to the College for further examination.[123] This arrangement worked throughout the rest of the period, even after difficulties began again in the 1660s.

While at times problematic, this system of examination at freedom appears to have provided a measure of quality control over new freemen, establishing that apprenticeship had been completed properly and that the apprentice was sufficiently trained. However, like the testing when apprentices were enrolled, the numbers who failed were low enough to bring the rigour of this examination into some question. Of those examined for the freedom, 42 were initially rejected or deferred by the Society on examination. The reason given for a number of deferrals and rejections was simply described as insufficiency, as with one Whitwell, who was 'dismissed till he can give better proofe of his sufficiencie to exercise the Arte of an Apothecarie', and John

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[120] For example: GL, MS 8200/1, f. 96 (19 Dec 1622), 138 (14 Oct 1624).
[121] GL, MS 8200/1, f. 319r.
[122] GL, MS 8200/1, f. 343r; CPL, Annals, iii, 360 (15 Apr 1633), 403-4 (2 Oct 1634), 405 (31 Oct 1634). Nevertheless, on three occasions in 1635 the Society summoned the President of the College to the Hall: GL, MS 8200/1, ff. 347r, 348v, 350r.
[123] When the Society presented apprentices in 1638 without examining them first they were sent away by the College: CPL, Annals, iii, 476 (6 Jul 1638).

Warner, who was rejected as his master had employed him 'to beat in the morter & that he was illiterat & was never bound here'.[124] Of those who failed initially, 28 were later admitted.

The College also rejected or deferred a number of the apprentices that it examined, generally on similar grounds of insufficiency and ignorance, although William Barker was also instructed 'to conduct himself with more respect to the physicians of London'.[125] The College's examination seems to have centred on the apothecary's understanding of the pharmacopoeia and the practice of dispensing. When Dr Meverall examined the apprentice Thomas Beedum in February 1637, he

> putt him first to read a part of Pharmacopoea Londinensis. He read well butt did not well understand some words of that which he read. Yet being questioned touching the composition of some medicines he gave reasonable good satisfaction, wherupon he was allowed and dismissed with admonition to study better the Pharmacopoeia.[126]

A few apprentices managed to escape College controls in the early years. One was George Soulby, who was 'so weake' that he was deferred for a year in September 1635, and – after pleading for another chance – was judged 'soe insufficient that hee is by Mr President totallye rejected' in December that year. Eventually, Soulby took the freedom in October 1636, having been examined by Dr Oxenbridge without the College's knowledge.[127] But in most cases, those apprentices who were deferred did not gain their freedom until they had been approved. The difficulties that Edward Underwood faced illustrate the care that could be taken, although in his case they may also relate to the troubles his father was in with the Society in the same years.[128]

Underwood first appeared at the Society seeking his freedom on the grounds of

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[124] GL, MS 8200/2, f. 69r.
[125] CPL, Annals, iii, 552 (8 Nov 1644).
[126] CPL, Annals, iii, 442 (3 Feb 1637). The pharmacopoeia is also referred to in shorter minutes of other examinations: *ibid.*, iii, 552 (8 Nov 1644), iv, 6 (9 Aug 1648).
[127] CPL, Annals, iii, 427 (28 Sept 1635), 432, (18 Dec 1635), 433 (22 Dec 1635), 474 (14 Feb 1638); GL, MS 8200/1, f. 359v (20 Oct 1636).
[128] See above, p. 95.

patrimony in late May 1646, after being apprenticed for just under seven years to his father and another apothecary. He was rejected at that meeting, and proved insufficient at re-examinations by both the Society and the College in June, August and September. In February 1647, he was finally approved by the Society. Still apparently of 'indifferent' skill, he was not allowed apprentices for two years during which he also had to keep a journeyman.[129]

The restrictions imposed on Underwood's freedom were not unusual. The Society regularly imposed limitations on those it found weak but chose to admit. A number of apothecaries were freed on the understanding that they would employ a 'sufficient' journeyman for a year or two.[130] Others promised that they would themselves serve as a journeyman and better themselves before setting up their own shop – on occasion, like John Pettit, agreeing to serve their old master for an additional period.[131] Pursuing a policy of 'out of sight, out of mind', the Society allowed one apothecary, William Simpson, to pay a reduced fee and leave service early even though he was not yet 'ripe', so long as he undertook to work more than seven miles beyond London.[132] Considerable penalties could be attached to these conditions: Cuthbert Mann, for example, agreed to forfeit £40 if he failed to keep a journeyman.[133] These bonds were even more substantial when the Society was unsure about the legality of admitting a person. William Lyons, who had married an apothecary's widow, was admitted only after entering into a bond of £100 to keep a freeman apothecary under him until he was approved.[134]

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[129] GL, MS 8200/1, ff. 450r, 450v, 452r, 454v, 458v. Underwood had been approved by the College in August 1646: CPL, Annals, iii, 564 (7 Aug 1646).
[130] GL, MS 8200/1, f. 20 (Kilner). Other examples of apprentices freed on these terms include: Crossey, Mann, Hardy and Codman: *ibid*. ff. 77, 156, 446v; 8200/2, f. 141v.
[131] GL, MS 8200/1, f. 116 (Pettit). See also William Seamour, who agreed to work for 2 years as a journeyman before setting up shop; John Bowles; and Edward Lloyd: *ibid.* ff. 476r, 339v; 8200/2, f. 23r.
[132] GL, MS 8200/1, f. 453v (26 Aug 1646).
[133] GL, MS 8200/1, f. 156.
[134] GL, MS 8200/1, ff. 189, 190.

New freemen: journeymen and householders

For those apprentices and others who were successfully examined and approved, acquiring the freedom of the Society marked the start of their independent existences as apothecaries – at least in theory. The fundamental nature of this change was expressed most clearly in the options that opened up on becoming a freeman: marriage, keeping a shop, and taking apprentices of one's own. The corporate side of this model lifecycle is well known. A freeman was to set up shop, marry and take apprentices, and then gradually rise within the company and City, first within the company to the livery and assistantship, and then in the City, as an Alderman and ultimately Lord Mayor.[135] Advancing office was matched or anticipated by increasing riches. Government was, after all, the privilege and duty of the wealthy and successful.

In practice, the picture looked very different. The experiences of individuals often reflected the corporate ideal in a fragmented and contradictory manner. The fate of new freemen was shaped most obviously by the possession of capital and the number of opportunities – even just the availability of space – to set up a shop. While there were apprentices who were in a hurry to set up their own shops, some freemen entered lives of wage labour as journeymen, and were never able to afford an independent business; others left the city. For many other new freemen the costs and difficulties of establishing a business must often have been a forbidding prospect. Becoming a freeman did not guarantee success.

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[135] By custom those elected as Aldermen would translate if necessary to one of the 'Great Twelve' companies. No freeman of the Society became an alderman, although three (G. Delaune (1626); J. Lorymer (1652); W. Bell (1652-3)) were elected and discharged, and as a result remained in the company: A. B. Beaven, *The Aldermen of the City of London*, 2 vols. (London, 1908-13).

In many trades and crafts, freemen commonly began as journeymen rather than householders. Indeed, Rappaport has argued that most new freemen in London spent around two or three years as a journeyman.[136] Journeymen apothecaries are, however, difficult to trace in the Society's records or elsewhere. Despite an order in 1643 that all journeymen were to be entered into the books of the Society, they had a marginal institutional existence. Unlike the governors of the Clothworkers' and Merchant Taylors' companies, the Court of Assistants of the Society never had to deal with journeymen forming a troublesome opposition to their policies.[137]

Some apothecaries certainly did work as journeymen. As mentioned earlier, records of agreements between masters and journeymen, often between an ex-apprentice and his former master, do occasionally survive in the Society's records. In cases of unskilled freemen and widows, the Court of Assistants might insist on a journeyman being kept, or, on one unusual occasion, on a freeman himself serving a year as a journeyman, as noted above.[138] Beyond a few indications of the wages that they received – generally between £7 and £18 a year – there is no information about the experiences of those who worked as journeymen.[139] Seven of the ten freemen who are known to have worked as journeymen did later take apprentices of their own, suggesting that it could serve as a transitional stage before a freeman set up independently. Certainly this was the experience of Thomas Aungier, who worked as his old master Peter Culley's journeyman for five years after taking his freedom in 1661. After Culley's death in 1666, Aungier simply shifted from employee to householder, taking over the house and shop and soon binding his own apprentices –

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[136] Rappaport, *Worlds*, pp. 340-1.
[137] GL, 8200/1, f. 414r; Archer, *Pursuit*, pp. 102, 125-6.
[138] GL, 8200/1, f. 28.
[139] Wages were recorded in the Society minutes for four contracts, dating from 1626, 1634, 1640, and 1642 respectively, and in Culley's inventory: PRO, PROB 4/25557.

no doubt helped by the legacy of £55 his master left to him.[140] We should, though, be cautious about taking the experience of this group as representative; the very fact that only these few agreements were recorded implies that those involved were unusual. In addition to those freemen of the Society who worked for a time as journeymen, several apothecaries were fined for keeping 'country journeymen', and one for having a 'dutch journeyman', indicating that London featured in the movement patterns of some young men at least, although the clustering of these orders in the early 1640s suggests that temporary disruption lay behind them, not a semi-formal circulation comparable to the continental 'wanderjahr'.[141]

Journeyman apothecaries were, however, probably rare in comparison to some trades. Given that making medicines required nothing like the labour of trades such as brewing or weaving – which could involve large industrial operations – this might be expected. What labour needs there were, may have been met by taking apprentices rather than employing journeymen, as Rappaport has argued was increasingly the case in many crafts by the late sixteenth century.[142] For apothecaries, however, a lack of supply of journeymen may have been as much a problem as lack of demand: in 1637 Richard Glover asked for permission to take an extra apprentice to replace one who was sick on the grounds that he could not get a journeyman.[143] The timing of apothecaries' first apprentices supports the impression that they were generally running their own shops soon after entering the freedom. Rappaport's calculation of the time spent as journeymen is based on the average age of marriage (28 years) being later than the age of freedom (26 years), and the failure of some freemen who began

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[140] PRO, PROB 4/25557; CLRO, Orphans Court, 292 (inventory dated June 1666). Aungier took his first apprentice in December 1666: Wallis, *London Apprentices*.
[141] GL, MS 8200/1, ff. 401r, 405v, 419r, 485v. Similarly, in the 1720s, according to his later testimony, John King came from Mecklenburg, Germany and began work for Anthony Dalbis in London as a journeyman: T. Hitchcock and J. Black (ed.), *Chelsea Settlement and Bastardy Examinations, 1733-1766* (London Record Society, v. 33, 1999), p. 68.
[142] Rappaport, *Worlds*, pp. 106-9.
[143] GL, MS 8200/1, f. 366r.

Table 5.4: Time from taking freedom to enrolling first apprentice

Time from freedom to first apprentice (months)	Number of Masters	% (n=551)	Cumulative %
0: 6	140	25.4	25.4
7:12	96	17.4	42.8
13:18	71	12.9	55.7
19:24	43	7.8	63.5
25:30	33	6.0	69.5
31:36	26	4.7	74.2
37:42	15	2.7	77.0
43:48	17	3.1	80.0
49:54	22	4.0	84.0
55:60	17	3.1	87.1
> 5 years	71	12.9	100.0

Note: The table is based on all those freed by the Society between 1620 and 1660, inclusive, who formally took apprentices, either by binding or having them turned over to them, for whom a date on which they enrolled the apprentice before the Society can be established.

paying quarterage (the fee a company charged its members) to pay fees for setting up shops later.[144] For apothecaries, because the Society only allowed freemen with their own shops to take apprentices, we also have an alternative indicator: the enrolment of a freeman's first apprentice gives an end-date by which time he had a shop.[145] The figures given in table 5.4 give only a minimum figure for the number of freemen establishing shops. Despite this, they show that over a quarter of new freemen had shops and an apprentice within six months of being freed. In their first two years after freedom, over 60 per cent of freemen apothecaries bound an apprentice. Given that apprentices might spend some time with their future master before being enrolled, they were probably even faster to establish themselves in practice. These apothecaries, at least, were not working as journeymen alongside another freeman, although some were possibly running shops owned by others – as apprentices sometimes did.

Establishing a shop was not just a matter of avoiding becoming a journeyman. The speed with which apprentices were bound by newly-freed apothecaries suggests

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[144] Not all companies, including the Society, imposed this second type of fine.
[145] See the case of Edward Watkinson, who was not allowed to bind an apprentice as 'hee doth not keepe shop': GL, MS 8200/2, f. 107v.

that they were recruited as an integral part of the process of creating a new shop and household. Because apothecaries generally took the freedom at or very near to the time their term finished, it is not likely that they were doing so in order to bind an apprentice as occurred in Norwich.[146] Rather, it made a great deal of sense for new freemen, who were unlikely to have the help of a wife and children, to take an apprentice as soon as they established a shop.[147] It was not just labour that they needed. Renting space, buying stock and running the shop until a customer base was established meant that an ambitious freeman needed financial resources. An apprentice's premium could offset some of these costs.[148] The Society of Apothecaries lacked the stock of charitable loans to assist new freemen to establish themselves that some London Companies – including the Grocers – possessed. But some better-established masters may have personally helped their ex-apprentices by turning over to them another of their apprentices.[149]

Indeed, because of the value of premiums, there was a risk of freemen taking more apprentices than they needed. In 1643, the Court of Assistants even blamed the business difficulties that large numbers of new apothecaries were facing on freemen taking more apprentices

> for consideracon and lucre of money…than they have necessary and full imployment for, or who are able to lyve upon their professions when they come for themselves.[150]

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[146] This occurred sometimes in Norwich in this period: Pelling, 'Occupational Diversity', p. 217.
[147] V. B. Elliott, 'Single Women in the London Marriage Market, 1598-1619', in R. B. Outhwaite (ed.), *Marriage and Society* (London, 1981), pp. 182-4.
[148] Estimates of the costs of establishing businesses vary. Earle puts the cost of setting up an apothecary's shop in the late seventeenth century at between £400 and £200. Ben-Amos offers slightly lower figures for retail businesses of £30-£100: Earle, *English Middle Class*, pp. 106-8; Ben-Amos, *Adolescence*, pp. 217-220; Grassby, *Business Community*, p. 63.
[149] On the six occasions when freemen received apprentices turned over from their own former master, it happened very soon after they had taken their freedom. Thomas Ayserugg received an apprentice Elias Papworth (who had served only a year) from his former master Henry Burt at the very meeting in which he was freed: GL, MS 8200/2, ff. 65v , 71r. In addition, the apprentices Tabor, Prichard and Sheldon admitted to serving ex-apprentices of their master informally.
[150] GL, MS 8200/1, ff. 416r-416v.

The Court did even act on its opinion. In 1665, the it refused to allow John Clerke permission to have a second apprentice to replace his current apprentice who was sickly because they found that 'hee hath been a delinquent & taken Apprentices for gaine'.[151] However, the low numbers of apprentices that freemen generally took suggest that this was not a substantial problem in practice.[152]

Freemen, liverymen, officers and their apprentices

After new freemen had been formally approved by the Society, they might have little regular contact with it. Search, arbitration of disputes, payments of quarterage, and infringements of company regulations were the principal, and largely unwelcome, reasons for contact. Only a small proportion of apothecaries pursued power and status through the company by becoming liverymen or Assistants. Those who weren't Assistants rarely attended company Courts, and the records of the Society therefore contain relatively little about the experiences of ordinary freemen. However, because the Society did record information on apprenticeship, it is possible to use this to consider what part taking apprentices played in apothecaries' businesses, and how this related to their ongoing relationship to the company. The different employment rates of different sections of the company hierarchy are particularly striking, and suggest the importance of examining the decision to seek advancement up the corporate hierarchy in the light of business considerations as well as the desire for status and power, and so to continue bridging the gap between company and commercial life.

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[151] For Clerke, see: GL MS 8200/2, f. 98r. Griffiths describes a similar case from 1620: *Youth*, p. 305.
[152] See below, p. 168.

By centring on apprentices it should be emphasised that we are narrowing our focus in a way which excludes a sizeable number of apothecaries. Around 40 per cent of apothecaries never took an apprentice. The proportion is not dissimilar to the 32 per cent of late sixteenth-century householders in the Brewers', Butchers' and Coopers' companies who did not take apprentices.[153] For some, the absence of apprentices probably indicates the lack of a shop, departure from London, or death. Several freemen apothecaries ended up working outside the city and would have had little need to register apprentices. A number went to nearby towns, such as West Ham where Fulk Baker was based in 1672, or Kingston-upon-Thames where Job Weale based himself in 1637 following his troubles with the College.[154] Others went further afield: Charles Wheatley ended up in Sussex, and Michael Belke in Kent.[155] However, some apothecaries did establish and maintain shops without apprentices. William Palmer, Richard Nightingale and Henry Milton, for example, were all summoned over bad or dubious drugs found in shops which they had established and kept without apprentices.[156] In addition, the absence of formal apprentices did not preclude keeping boys or journeymen illegally, or involving untrained servants in one's work. According to the Society's records, John Knight never took an apprentice, but he was questioned twice about keeping a boy 'long unbound'. Similarly, William Nicholas was ordered in 1642 'to put away one Robert a Country Apothecary within 4: daies next upon payne of a fyne'.

It rapidly became apparent after freedom which apothecaries would go on to take apprentices and which would not. In fact, 87 per cent of those apothecaries who *ever* took apprentices bound their first within five years of becoming a freeman, as

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[153] Rappaport, *Worlds*, p. 335.
[154] Barber, 'Medical Licenses', i, no. 32, 879.
[155] *Ibid.*, i, no. 66; ii, no. 1063.
[156] On Knight: see GL, MS 8200/1, ff. 405v, 419r. For Palmer, Nightingale and Milton: *ibid*, ff. 379v, 444r, 397r.

Table 5.5: Numbers of apprentices taken by freemen:

Number of Apprentices taken over career	Number of freemen taking this number of apprentices	%	Cumulative %	Total number of apprentices taken by masters in each group	%	Cumulative %
0	68	39.77	39.77	0	0	0
1	33	19.30	59.06	33	8.11	8.11
2	16	9.36	68.42	32	7.86	15.97
3	12	7.02	75.44	36	8.85	24.82
4	8	4.68	80.12	32	7.86	32.68
5	7	4.09	84.21	35	8.60	41.28
6	7	4.09	88.30	42	10.32	51.60
7	3	1.75	90.06	21	5.16	56.76
8	4	2.34	92.40	32	7.86	64.62
9	3	1.75	94.15	27	6.63	71.25
10	4	2.34	96.49	40	9.83	81.08
11-12	4	2.54	98.83	46	11.30	92.38
13-16	2	1.17	100.00	31	7.62	100.00
Total	171			407		

Note: The table is based on those freed between 1620 and 1630 inclusive, and the apprentices they bound before 1670. There were 171 apothecaries freed into the company in this 11 year period. The forty year cut off date does introduce a measure of under-reporting, but the error will be small as very few were still active after 1670. Only apprentices for whom a date of enrolment is known are considered; 407 apprentices were bound or turned over to masters freed into the company in this period.

Table 5.4, above, indicates. The first two years after their freedom was the crucial period for new freemen to begin taking apprentices.[157] After this two-year window, rates of apprentice-taking fell away rapidly and it became increasingly unlikely that a freeman would ever bind any.

Although taking apprentices was often important in the early years of an apothecaries' career, few bound large numbers of apprentices over their lifetimes and, as we have just seen, more than a third never had any. As Table 5.5 shows, barely a third of freemen apothecaries took more than two apprentices, and fewer than 10 per

[157] Davies has founds comparable rates of rapid apprentice-taking among fifteenth century Merchant Taylors: 'Tailors', p. 206.

cent recruited more than seven. While apprentices were a significant section of those involved in the occupation, they were not present in most workshops most of the time.[158] Even with the addition of servants, whose numbers are impossible to calculate in this way, the normal household of London apothecaries would mostly have been a small affair, fitting in with the sizes of around 3.5 – 4 persons that have been calculated for metropolitan households in general in this period.[159] The numbers of apothecaries who took only one apprentice might indicate a shift from reliance on imported apprentice labour to a family economy involving a wife and later children – who appear to have been less likely to leave home if they were craftsmen's sons – and perhaps servants.[160]

For some apprentices, apothecaries' precocious apprentice-taking meant that they were serving newly-freed masters who would be relatively close in age to them, especially if they were being turned over. The terms of such relationships might have been relatively free from the pre-established routines of most workshops and families. But for most this would not have been the case. Much as Margaret Pelling found for Norwich medical practitioners, in London a small proportion of apothecaries dominated recruitment of apprentices.[161] Some three-quarters of all apprentices served the quarter of masters who bound four or more apprentices over their working lives: even more strikingly, a group of large employers which contained only ten percent of masters took half of all apprentices.

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[158] The rarity of servants (including apprentices) in Southwark was striking, most households having only one if any: J. P. Boulton, *Neighbourhood and Society: A London Suburb in the Seventeenth Century* (Cambridge, 1987), pp. 135-6. For England as a whole, Laslett found servants least often in craftsmen's households: 'Mean Household Size in England since the Sixteenth Century', in P. Laslett and R. Wall (ed.), *Household and Family in Past Time* (Cambridge, 1972), p. 154.
[159] Figures for London household sizes vary: Boulton, *Neighbourhood*, p. 17; Laslett, 'Household Size', pp. 125-158.
[160] There were no restrictions on freemen employing and instructing their children in their craft. On craftsmen's sons, see: R. Wall, 'The Age at Leaving Home', *Journal of Family History*, 3 (1978), p. 190. R. Wall, 'Leaving Home and the Process of Household Formation in Pre-Industrial England', *Continuity and Change*, 2 (1987), 77-101; Graham Mayhew, 'Life-Cycle Service and the Family Unit in Early Modern Rye', *Continuity and Change*, 6 (1991), 201-226.
[161] Pelling, 'Occupational Diversity'.

Masters who bound more than one apprentice tended to acquire them in rapid succession, avoiding periods without an apprentice or two in their shop. The average time between the enrolment of one apprentice and the next was quite low, just over three and a half years. [162] Few apprentices – only 9.6 per cent – were bound more than seven years after their master had last taken an apprentice. It is difficult to offer a single explanation for this. The decision to recruit another apprentice soon after the previous one could relate to the need to replace a sick, dead or departed apprentice. But, with freemen permitted two apprentices a time after they had kept a shop for three and later five years, such recruitment might equally signal the expansion of a business – or conversely the need for an injection of capital to overcome difficulties. While employing journeymen might seem the easiest and most flexible path to expansion, they were more expensive, and there may not have been a large pool to recruit from, as noted above. Taking another apprentice may also relate to the expectations of existing apprentices, who could then leave the more menial tasks to the junior apprentice and progress to more demanding work.

This division between 'employers of labour' and other apothecaries found concrete expression in the hierarchy of the Society.[163] Divergent patterns of apprentice-taking were one of the clearest differences between the freemen of the Society and its liverymen and officers. Apothecaries' movements within the company hierarchy reflected differing economic as much as social or political ambitions. The power of the company as the gatekeeper to apprentices played a part in this, as it provided a logic for office-holding based on the desire to take more apprentices.

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[162] Mean = 43.18 months, Median = 36 months, Standard Deviation = 43.18 months.
[163] Pelling, 'Occupational Diversity'.

The relationship between apprentices and offices is most obvious among the liverymen of the Society. In 1630, the City finally allowed the Society to form a livery, who provided an additional tier between the Assistants who governed the company and the freemen. Although the Court of Assistants was very concerned to establish a livery, and had been trying to gain permission for one since 1618, not all freemen shared their interest. In fact, the likelihood of a freeman accepting a call to the livery was quite low. A total of 495 freemen were called between 1630 and 1660, but only 147 accepted. Even among those who did eventually accept, roughly a quarter had declined or ignored previous calls to the livery; some refused three times before finally becoming liverymen.[164] Those who did not accept the livery generally ignored the call, but 119 did decline explicitly, some on five or six separate occasions. The fine for refusing to enter the livery was only £3 6*s* 8*d*, although collecting even this amount could be difficult; on several occasions the Society resorted to refusing to bind an apprentice to a freeman until it was paid. Some freemen even chose to pay a larger fine of between £10 and £20 to be exempted permanently from calls to hold office. Those who refused do not seem to have been waiting until they had reached the right age or seniority. Freemen's entry to the livery varied widely in speed. Some took the livery after just a few years as freemen, others did not accept a call for twenty years or more, despite being asked several times.[165]

Given that taking the livery brought status and privileges, what were those who declined the livery avoiding? Becoming a liveryman involved paying an entry 'fine' of £15 and brought with it the likelihood of higher rates of payment toward City taxes and 'gifts' imposed on the Society afterwards. Liverymen, for example, paid 20*s*

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[164] Seven of those who took the livery could not be identified with a particular individual due to name linkage problems.

[165] The time to livery was 10.2 years on average; the median was 10 years, standard deviation was 5. Only two took 21-25 years to join. Figures based on sample of those who became freemen between 1630 and 1640 inclusive.

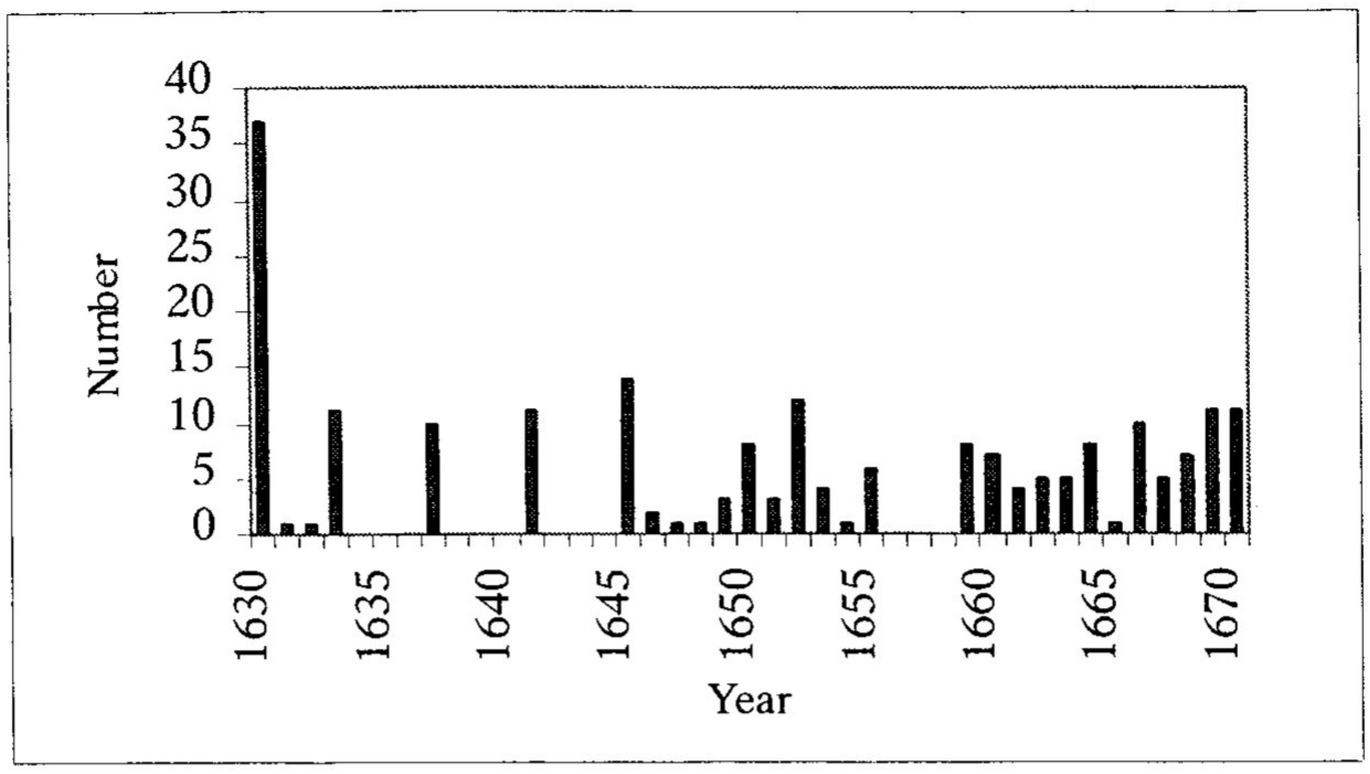


Figure 5.4: Number of freemen accepting a call to the livery

toward the 'corn money' collected by the company to acquire grain stocks for the city, while 'younger brethren' paid only 10*s*. Even company dinners and feasts cost money. In a heavily indebted company, as the Society was for much of the period, membership of the livery also frequently meant facing regular demands for voluntary gifts to reduce corporate debts. The very timing of a call to the livery was often dictated by these financial pressures. In 1659-1660 a massive call was closely linked to the need to repay £200 which the Society had borrowed some time before. In comparison, perquisites such as special pews during corporate church services, attending St Paul's on Christmas Day with the Lord Mayor and other London liverymen, and feasts with the Master and Wardens may have seemed small beer.

The eventual decision of many apothecaries to accept the livery seems to have owed as much or more to the liveryman's apprenticeship privileges than to any status gained. From 1643, with restrictions on apprentice numbers tightened, entering the livery became the only way to have two apprentices simultaneously. Even before then, since 1636 only liverymen had been allowed two apprentices during their first

five years of freedom.[166] The effect of the 1643 rule change can be seen in Figure 5.4. After 1646, the pattern of entry to the livery shifted from occasional peaks timed around large calls made by the Court of Assistants, to a fairly regular and continual influx. The importance of this apprentice privilege is made explicit in the short time-lag between the date on which freemen accepted the livery and when they took their next apprentice: 13 of the 69 apothecaries who entered the livery between 1643 and 1660 took an apprentice in the very same month they gave their acceptance. More than half of the same group took an apprentice in the first year after they became liverymen.

Compared to the relative flexibility it demonstrated in so many areas of corporate life, seen in Chapter Four, the Society largely upheld its ordinances on apprentice-numbers. The Court of Assistants normally refused to allow freemen an extra apprentice until they came into the livery. Exceptionally, William Green, the apothecary to St Bartholomew's Hospital, was allowed a third apprentice 'in regard of his great imployment in the hospitall', but this was a unique event.[167] Even Green's privilege was limited to the period he held his position.

In order to circumvent these restrictions, from the mid-1650s freemen regularly paid a partial fine and gave a promise to enter the livery on their next call in exchange for permission to bind another apprentice – thereby producing an ongoing headache for the Society over the order of precedence among liverymen.[168] By April 1657, the practice had become sufficiently common for the Court of Assistants to seek

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[166] The fine for having illegal additional apprentices was raised from 50*s* to a minimum of £5 in June 1631 because of the 'taking of multitude of Apprentice contrary to the Rules of the Company': GL, MS 8200/1, f. 271.
[167] GL, MS 8200/2, f. 23r.
[168] An order about the placing of liverymen from the payment of the full fine, not from any other day, was made on 25 May 1654: GL, MS 8200/2, f. 19v.

Table 5.6: Number of apprentices taken before entering livery

Number of apprentices	Number of freemen	%	Cumulative %
0	2	5.4	5.4
1	6	16.2	21.6
2	7	18.9	40.5
3	15	40.5	81.1
4	6	16.2	97.3
5	1	2.7	100.0
Totals:	37	100	

Note: In order to avoid skewing the table, it includes only those freed between 1630 and 1640 inclusive who eventually entered the livery. Those who were freemen before this date had an artificially long time to bind apprentices before it was possible for them to take the livery.

advice on its legality.[169] From 1643, accepting the livery was quite simply a necessity for those who desired more than one apprentice. Given the financial benefit for the Society of increasing the numbers of liverymen, its rigidity on this question was probably not accidental. Indeed, this may explain the way the ordinances were adapted to force ambitious apothecaries into the livery.

The strong connection between entering the livery and taking apprentices is reinforced by a comparison of the numbers of apprentices that liverymen took compared with the numbers taken by those who actively refused the livery. Among those freed between 1630 and 1640, liverymen took an average of 5.32 apprentices by 1670, whereas those who refused to enter the livery took only 2.6 apprentices on average.[170] It is worth recalling at this point that the success of unproved new freemen in finding apprentices suggests that freemen who did not become liverymen would not find it difficult to take apprentices if they wished. Indeed, as table 5.6 shows, most of those who became liverymen had already established themselves as masters of

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[169] GL, MS 8200/2, f. 37v.

[170] Figures based on those freed between 1630 and 1640 inclusive, and the numbers of apprentices they had taken by 1670. Some 42 freemen actively *refused* the livery in this sample. This group took 109 apprentices by 1670. The average is an arithmetic mean, with standard deviation of 1.91, and median of 2. Some 37 freemen *accepted* the livery in this sample. They took 197 apprentices by 1670. The standard deviation is 2.44 and the median is 6.

numerous apprentices before accepting a call: almost sixty per cent had *already* taken three or more apprentices. Only sixteen per cent of liverymen had taken just one apprentice before taking the clothing, and even fewer had taken no apprentices.

Elements of the link between liverymen and apprentice-taking also extend to the Assistants and officers of the Society. As Table 5.7 illustrates, Assistants and officers tended to be even more substantial employers of labour than those who remained liverymen, taking over eight apprentices on average, compared to just under six for liverymen. Moreover, as Figure 5.5 shows, not only did they enrol more apprentices, but Assistants were more sustained in their apprentice-taking, steadily recruiting significant numbers twenty, thirty, even forty years after they had entered the freedom. The contrast between Assistants and freemen is, as might be expected, the most marked, with few of those who simply remained freemen taking apprentices after their first years as masters. But it also holds for liverymen, relatively few of whom were taking apprentices over the very long term.

Something of the implications of this pattern can be seen in the life-histories of two of the most prodigious masters in this respect, Michael Markeland and Jeremy Richardson, given in Figure 5.6.[171] Although he got off to a relatively slow start – not taking his first apprentice until 1627, five years after his freedom – Markeland thereafter took an increasing number of apprentices. In the early 1650s, when he was an active Assistant and officer of the Society, he was employing every apprentice allowed to him, ensuring that there was always a replacement taken on in the final year of an existing apprentice's service, and binding his son – who was also excepted from the restrictions on numbers. The last year of Thomas Bateman's service, 1652,

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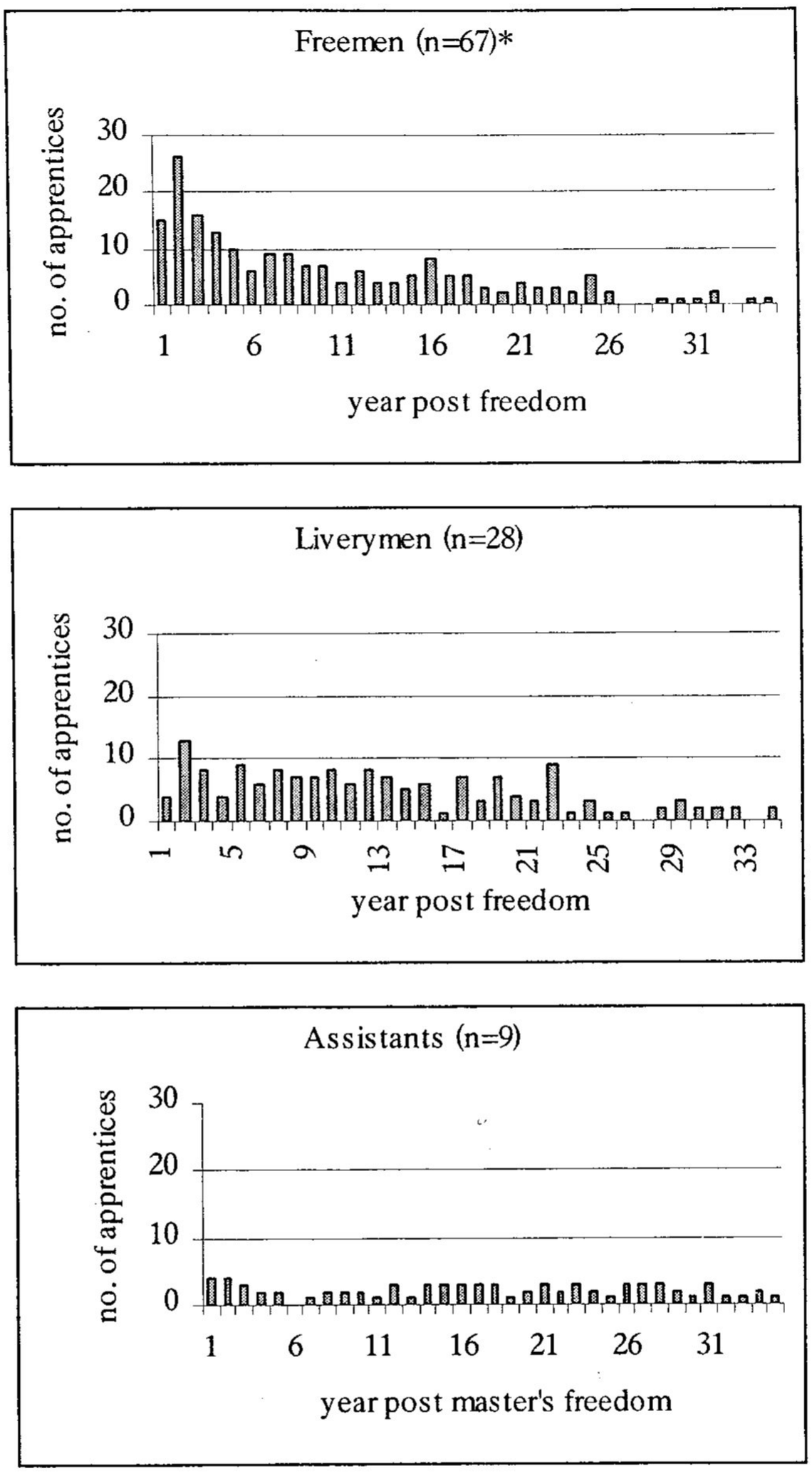
[171] The form of the life histories is modelled on those employed in: Pelling, *Common Lot*, p. 218.

Table 5.7: Numbers of apprentices taken by freemen, liverymen and assistants of the Society

		Number of Apprentices taken													Total			
	n	0	1	2	3	4	5	6	7	8	9	10	11	12	apprenticed	St. Dev.	Mean	Median
Freemen	113	46	25	10	13	7	3	5	1	2	0	0	1	0	191	2.14	2.85	2
%		41	22	8.8	12	6.2	2.7	4.4	0.9	1.8	0	0	0.9	0				
Liverymen	28	0	0	4	5	3	2	2	2	4	4	1	1	0	160	2.83	5.71	5.5
%		0	0	14	18	11	7.1	7.1	7.1	14	14	3.6	3.6	0				
Assistants	9	0	0	0	1	0	0	0	2	3	0	0	1	2	76	2.88	8.44	8
%		0	0	0	11	0	0	0	22	33	0	0	11	22				
Total	150	46	25	14	19	10	5	7	5	9	4	1	3	2	427	3.01	4.11	6.5
%		31	17	9.3	13	6.7	3.3	4.7	3.3	6	2.7	0.7	2	1.3				

Note: The sample is those apothecaries freed between 1630 and 1640 inclusive. Each group is exclusive (i.e. freemen does not include any who took the livery or became assistants; and liverymen does not include any who became assistants).

Figure 5.5; Number of apprentices indentured by freemen, assistants, and liverymen, by year after they took the freedom



Sample: Masters include all apothecaries freed 1630-1640, inclusive, who became liverymen, assistants or remained freemen. The number of apprentices is based on a count of all those bound or turned over to one of these masters between 1630 and 1670, inclusive.

Method: The figures for freemen count all those freed between 1630 and 1640, inclusive, who never became liverymen or assistants; those for liverymen count all those freed between 1630 and 1640, inclusive, who became liverymen but not assistants; and those for officers count all those freed between 1630 and 1640, inclusive, who became assistants. The tables are exclusive, in short.

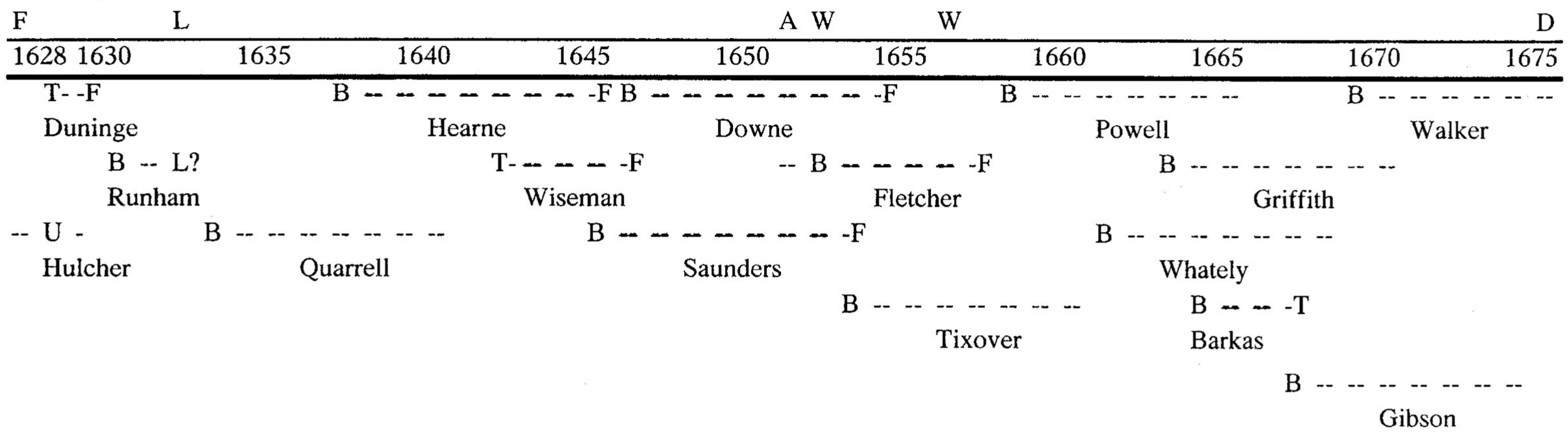
The tables are intended to reflect the *pace* of apprentice taking by these groups. Hence, each apprentice a master took is recorded according to the time elapsed between the master's freedom and enrolment. These are then aggregated.

Notes: The figures for apprentices are absolute. They have not been inflated or deflated to reflect proportionally the differing numbers of masters involved in each group.

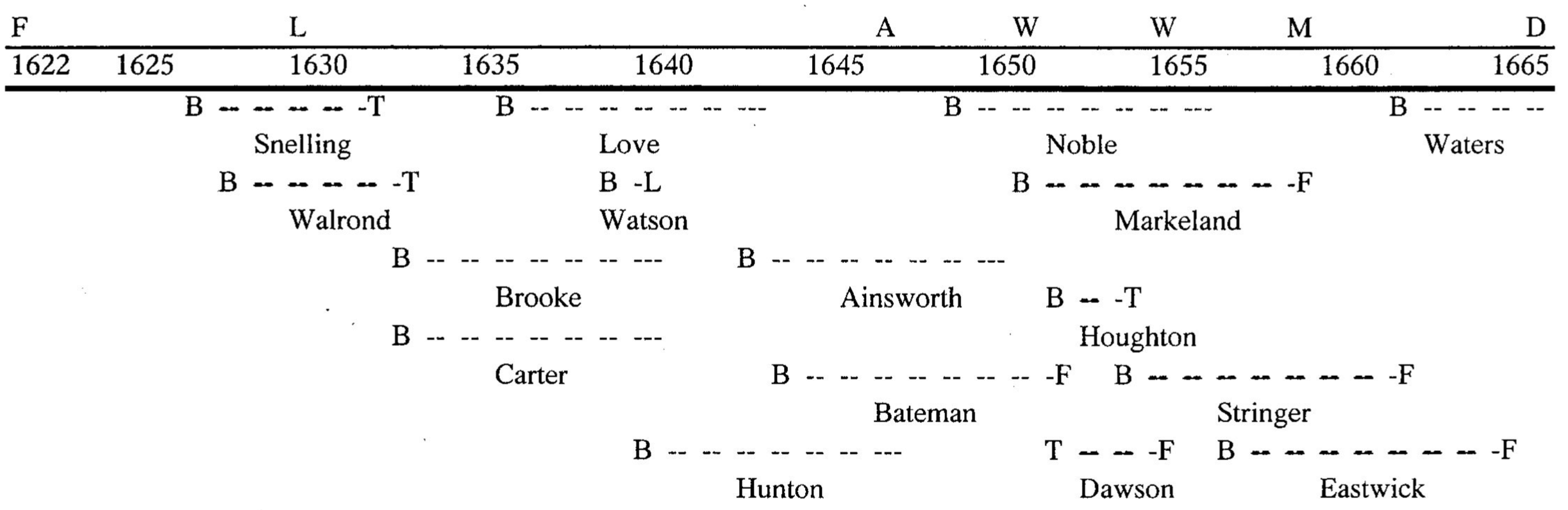
* The total number of freemen was 113, but only 67 took apprentices.

Figure 5.6: Life histories of Jeremy Richardson and Michael Markeland

Jeremy Richardson



Michael Markeland



-- -- -- Apprenticeship term on basis of indenture, but with no known end-date.

-- -- -- Apprenticeship term where outcome is known.

F	Freedom	B	Enrolled
L	Livery	T	Turned over
W	Warden	L	Left
M	Master	U	Unbound apprentice
D	Deceased		

coincided with the terms of three other apprentices, Houghton, Dawson, and Markeland's son, also Michael, who completed their own terms; Noble, although he never became a freeman, may also still have been present. By this time, Markeland was clearly a wealthy man. As well as running a substantial business, in 1659 he lent the Society £200. The backgrounds of Markeland's apprentices also hint at the possibility that as he rose within the company, he became increasingly attractive as a master. Admittedly, all of his apprentices were from solid middling families at the least, their fathers including a fishmonger, a deceased esquire, a merchant, a barber surgeon, a baker, a clothworker and a wheelwright, four of them London citizens. However, the last three apprentices he bound seem to indicate a change of pace: Stringer was the son of a Bristol physician, and Eastwick and Waters were both sons of provincial gentlemen.[172]

Over his long career Jeremy Richardson took even more apprentices than Markeland. He recruited them in a roughly similar pattern which avoided periods in which he was left with fewer than two. However, there were several differences between their approaches. Most obviously, Richardson started taking large numbers of apprentices very quickly. His first apprentice, Duninge, was turned over to him ten months after he took his freedom in 1628, and after that his shop was home to a consistently high number of apprentices. Richardson also showed less respect for the rules of the Society on apprentice numbers. Only six months after he took Duninge, he was fined 4*s* for keeping John Hulcher, an alien, in his service against the ordinances. In March 1652, Richardson was again fined, this time £5, for keeping an apprentice unbound. The apprentices was John Fletcher, whom he had apparently presented unsuccessfully several times. Fletcher's father was told to find him another

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[172] GL, MS 8200/1-2; Wallis, *London Apprentices*. The comparison is made difficult by the lack of information for Dawson and Noble.

master, but he and Richardson seem to have come to an arrangement by which the boy was bound initially to James Tompsett in May and as soon as possible turned over to Richardson – which happened in July that year. There is an interesting possibility that Richardson's early expansion may have owed something to fortunate timing. His former master, John Kellett, asked to leave the Court of Assistants in early 1631 as he was retiring to live in the country, perhaps allowing the young apothecary to acquire part or all of his business.[173]

How should we explain this apparent relationship between advancement to the livery or higher company office and the rate at which apothecaries took apprentices? Both are linked to occupational success and age. Those who ended up with Society offices tended to have long and successful careers in which they had the time to take many apprentices. As with most public office in this period, company office-holding generally came in the fifties, with most of the Society's Masters being in their early sixties.[174] Equally, assuming that apothecaries worked at the same rate of productivity, the extra labour demands that additional apprentices met within a shop will be a measure of its success and probable profit. Given the importance of reputation to business success, age possessed further advantages. We might expect such wealthy and reputable apothecaries to seek status. In contrast, the low numbers of apprentices taken by those who never moved up the corporate ladder will reflect external factors such as the failure or stagnation of businesses, death, or departure from London, as well as decisions about the organisation of a shop and trade. Nonetheless, both the attempts by freemen to anticipate liverymen's privileges and the timing of their

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[173] GL, MS 8200/1, ff. 221, 259, 310r; 8200/2, ff. 3r-4r, 15r; Wallis, *London Apprentices*.

[174] Election as an Assistant would generally occur about 25 years after an apothecary took his freedom. Election as under Warden normally occurred around six years later, and election as Upperwarden a couple of years after that. Assistants became master four years after their term as Upperwarden, on average. On contemporary age and power structures: Thomas, 'Age and Authority', p. 211; I. W. Archer, 'Governors and Governed in Late Sixteenth-Century London, c. 1560-1603: Studies in the Achievement of Stability' (Oxford University D.Phil. thesis, 1988), p. 117; Lang, 'Greater Merchants', pp. 87-9.

apprentice-taking underline the impression that, because of the Society's restrictions on the numbers of apprentices, entering the livery at least was a decision about expanding a business as well as accessing status and power.

It is important, however, to differentiate between a freeman's decision to move into the livery and his acceptance of more senior office. The Court of Assistants was a different beast to the livery. True, there were similarities: both were overtly hierarchical and exclusive, and entrance to each was largely controlled by the existing Assistants.[175] However, becoming part of the small, oligarchic group of twenty-one company Assistants was a much bigger transition than entering the livery, and, while Assistants had certain privileges, additional apprentices were not among them, at least formally. Moreover, any privileges received by Assistants were less likely to balance the far greater commitments that membership of the Court of Assistants incurred when compared to being a liveryman. Resisting selection as an Assistant was, as with calls to the livery, still possible, but the response of William Pecke, who 'Absolutely and perempterilie refused' to become an Assistant, was very unusual; only seven of the 124 freemen elected as Assistants in this period refused the appointment, suggesting either that most of those whose names were put forward as candidates had tacitly agreed in advance, or that the honour and status of the post was sufficient incentive to accept, or both.[176] Those who did accept were paying large entry fines – £22 until 1632, after which it was reduced to £10 – and frequently loaned or gifted larger sums to the Society during their time as Assistants. There was a difference in attitude when it came to holding further, even more burdensome, offices. Assistants refused to serve as one of the Wardens fairly regularly (24 times), generally claiming

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[175] The relative precedence of different candidates also influenced the appointment of new Assistants, and on rare occasions the Society faced external political pressures to select a particular person.
[176] GL, MS 8200/1, f. 142 (2 Dec 1624). For another five no clear answer is recorded. Fining for high offices in livery companies appears to have been generally rare, with few provisions for it before the 1590s: Lang, 'Greater Merchants', pp. 332-5.

either infirmity or pressure of business as their excuse; however, only five turned down election as Master (for which they had already had to have served as Warden).

Most of the attention which historians have paid to the officers and liverymen of London companies has focused on their role in maintaining stability in the troubled city, both as civic authorities and as conduits of social advancement and protest.[177] Company livery and office often appears to have been a distinction sought after by aspirant social risers, whatever their final ambitions. A sense of civic duty and responsibility undoubtedly influenced many of those who undertook office, likewise the possibility for prestige and power. The Society, like all companies, was by no means isolated from the acute status-consciousness of early modern England. However, the evidence on liverymen's apprentice-taking suggests that the motivation behind freemen's movements up the company ladder was not always so transparent. Taking the freedom of London was an important step toward securing a livelihood in the extensive areas of the metropolis where the corporate writ still ran. In contrast, the decision to accept office or livery was not so inevitable. Nor was it always desirable. Accepting the livery or office was not simply about gaining social distinction, it was an obligation, imposition, necessity, and, often, something to be avoided. The efforts of some freemen to avoid offices were not necessarily, as Foster argues, stratagems to increase the pace of advancement, but were often straightforward rejections of the costs and duties that came with such positions.[178] Equally, the decision of other freemen to accept the livery could be as much about a need for additional apprentices as a hunger for status.

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[177] Ashton, *City and Court*; V. Pearl, *London and the Outbreak of the Puritan Revolution* (Oxford, 1961); Archer, *Stability*; F. F. Foster, *The Politics of Stability: A Portrait of the Rulers in Elizabethan London* (London, 1977); Rappaport, *Worlds*.
[178] Foster, *Stability*, p. 66.

The more general differential brought out here between the numbers of apprentices taken by the governors of the company and by those who remained freemen also has implications for the internal politics of the Society, and, by extension, of other London companies. On the one hand, these figures emphasise the degree to which the Assistants were a small and exclusive group who did things differently from most of the rest of the company. Although they did not take the large numbers of apprentices found in some trades, it might be argued that the Society Assistants came close to forming a capitalist class reliant on access to labour, whereas other apothecaries were operating on an older more domestic model – or perhaps failing in their attempt to move from the latter to the former. This also suggests that, as the makers of corporate rules on access to labour and the organisation of businesses, Assistants had substantially different interests to most of their fellow company members.

On the other hand, given that apprenticeship was the period in which future apothecaries began to develop trade and social networks, the disproportionately high percentage of freemen who had served current and future senior members of the Society meant that the Assistants were part of many – perhaps most – social networks within the trade. Even those who did not themselves rise within the company would often have spent time as apprentices to someone who did. The ties of association and patronage this implies have obvious implications for the political life of the Society; few apothecaries existed solely within a world of freemen, and any tensions or conflict that arose between different parts of the hierarchy did so against the backdrop of a dense web of association that held them together.

Conclusion

In 1630 the Assistants and livery of the Society together heard a sermon on Exodus 30 at St Dunstan's in the West:

> uppon that Text [the preacher] proved both the lawfulnes and antiquitie of the Apothecarye, and taught the right use of the Arte wherein the preacher gave good satisfaccon to the Company and all the Auditory.[179]

The shared experiences of members of the Society of Apothecaries were in part based on moments such as these, at which the common identity of the craft and company was restated. The annual simpling expeditions and other moments of conviviality also functioned to emphasise their mutual identity as skilled craftsmen joined within the company. As the restriction of this service to a congregation of liverymen and officers underlines, these practices were also closely circumscribed and intertwined with the formal hierarchies of corporate life.

However, the variations in the ways in which freemen took apprentices and held offices offer a picture fragmented in a different way. The straightforward progressions of the corporate world were often rejected or missed, fractured by the varying fortunes and aspirations of individuals. These variations also indicate once again how apothecaries flexibly reinterpreted what were theoretically fixed systems to serve practical commercial purposes. The realities of apprenticeship highlighted here give a similar impression to the mechanics of policing discussed in Chapter Four. In this process of negotiation and compromise which blurred the stark lines set down by the Society ordinances, some of the more overt hierarchies of company life could be flattened, particularly between apprentices and their masters. Given what has been shown here of the relatively high-status metropolitan backgrounds of apothecaries, it

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[179] GL MS 8200/1, f. 252.

is questionable whether this is representative of a broad cross-section of London companies. But we might expect to find similarities in the experiences of children from similar genteel and middling sort families who entered service to merchants or wholesalers. Nonetheless, we should not lose sight of the fact that many of the more striking examples of divergences from company rules survive only because the Society was attempting to prevent them. Behind this tension, we can identify the realities of business practices – to which we now turn – pulling against the formulae of corporate life.

PART III

THE TRADE

6.

The Manufacture and Distribution of Medicines

Pharmacy is the cross-roads of trade, manufacture and service in medicine. When they purchased medicines most patients saw pills, drinks, unguents and enemas of different kinds, anonymous compounds identified only by name, colour and consistency. Behind these products lay an extensive system of supply and manufacture. This chapter explores some of the commercial frameworks through which the demand of London, and indeed the nation, for medicines was met. Apothecaries were deeply embedded in networks of international trade, large-scale wholesaling and systems of mass production and nationwide distribution. Together, the strictures of uncertain supply and the characteristics of demand for a wide range of products of differing value and nature shaped the practice of pharmacy.

In much of the historiography of pharmacy there is a rather different economic narrative of long-standing which continues to permeate many discussions of early-modern pharmacy. In outline, this suggests that it was not until the end of the seventeenth century that the production of drugs became highly specialised, as wholesale druggists emerged and the first pharmaceutical firms appeared.[1] The Rose case in 1704 often appears as a turning point in these accounts: the perceived move of apothecaries into general practice which, it has been suggested, followed this

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[1] See: P. Wallis, 'The First English Histories of Pharmacy – Their Origins and Influences' *Pharmacy in History* (2000) 42:1-2, pp. 26-48. For a recent reiteration of the standard narrative, albeit with a more critical edge, see: R. Porter and D. Porter, 'The Rise of the English Drugs Industry: The Role of Thomas Corbyn', in G. J. Higby & E. C. Stroud (ed.), *Pill Peddlers: Essays on the History of the Pharmaceutical Industry* (Madison, 1990), pp. 5-27.

decision, left a window of opportunity for more focused pharmaceutical producers to enter the marketplace.[2] This transformation in the organisation of supply coincided with an explosion in demand, as the mass consumption of commercial drugs became commonplace in the eighteenth century.[3] Before this watershed, according to this version of events, the work of the apothecary was essentially small-scale, local and personal in nature, with the medicines they sold being made up in the shop and retailed to a neighbourhood clientele.

Although this analysis is widely accepted, it is weakly based, largely depending on physician-authored tracts and preconceptions about the unsophisticated nature of early-modern artisans' work. Here, I present the manufacture and distribution of medicines prior to the eighteenth century in a very different light. In making such an argument, I am following the work of Joan Thirsk and others, who have shown that systems of production, wholesaling and retail of goods in early-modern Europe could be far more complex, flexible and ambitious than many historians of pharmacy, at least, have assumed.[4] In London, in particular, historians have recognised a scale of demand among the relatively poor and middling sorts as well as the elite that supported an extensive range of highly specialised producers and manufacturers from an early date; in this chapter I seek to locate apothecaries among them.[5]

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[2] Burnby, *English Apothecary*, p. 9; J. F. Kett, 'Provincial Medical Practice in England, 1730-1815', *Journal of the History of Medicine*, 19 (1964), 19-20. Traditional interpretations of the Rose case are addressed in: Cook, 'Rose Case Reconsidered', pp. 527-55.

[3] On the characteristics of medicine in the long eighteenth century, and particularly self-dosing, see: D. Porter and R. Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Oxford, 1989), pp. 9, 32-52.

[4] Thirsk, *Policy and Projects*, pp. 2-8, 28; Ian W. Archer, *The History of the Haberdashers' Company* (Chichester, 1991), pp. 4-5, 19-21; Margaret Spufford, *The Great Reclothing of Rural England: Petty Chapmen and Their Wares in the Seventeenth Century* (London, 1984).

[5] F. J. Fisher, *London and the English Economy, 1500-1700*, ed. P. J. Corfield, and N. B. Harte (London, 1990), pp. 105-18; A. L. Beier, 'Engine of Manufacture: The Trades of London', in A. L. Beier and Roger Finlay (ed.), *London 1500-1700: The Making of the Metropolis* (London, 1986), pp. 141-67.

Uncovering just a fragment of the supply chain in medicine necessitates looking beyond the apothecaries of the Society who have been the focus of the earlier chapters. Even the most orthodox of medical practice was dependent on merchants, grocers and druggists to provide necessary ingredients. It seems probable that, as in mid-sixteenth century Venice, wholesale druggists were a numerically small section of those who dealt in medicines, far outnumbered by those apothecaries who mainly engaged in the retail trade.[6] They were, nevertheless, a crucial element in the work of the medical occupations. Practitioners of all sorts relied on their supplies, trusted their preparations, and became their debtors, associates and sometimes partners.

This chapter begins with a survey of the nature and sources of the medical commodities to highlight the constraints upon the organisation of pharmacy. It then considers the international and national trade in drugs, both in general and through an examination of a London druggists' partnership. Next, it turns to a discussion of the characteristics of wholesaling and distribution, particularly by apothecaries. The final section is another case-study, this time of the distribution of a proprietary medicine, Anthony Daffy's 'Elixir Salutatis'.

Medicines

The medical economy was fundamentally shaped by the commodities medical practice relied upon. Galenic medicine had traditionally made use of a remarkably eclectic range of substances in the prevention and cure of diseases. Classical authors, such as Galen and Hippocrates, had focused on a broad range of simples – parts of various plants, minerals and animals – largely from the Mediterranean littoral. Over

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[6] R. MacKenney, *Tradesmen and Traders: The World of the Guilds in Venice and Europe, c.1250-c.1650* (London, 1993), pp. 88-9.

the ensuing centuries, far from narrowing, the range and complexity of medical substances employed within the Galenic tradition had continued to expand. Galenic medicine also incorporated new technologies, particularly distilling, which extended its range. This occurred in particular as Graeco-Roman medicine was transplanted into Arabic and then Northern European contexts. Through this process new local simples were added to the pharmacopoeia, and compound medicines tended to become increasingly complex.[7] In part, this was a response to the geographical and environmental diversity of the localities in which Galenic medicine was now being used; Galenic thought included the view that local disease needed to be met with local cures. But later Galenic medicine also owed something to the Islamic and Christian sense of man's relation to the natural world. In a divinely ordered universe, it was argued, God created all things on Earth for man's use and benefit. The result was that, as Jean de Renou argued in his early seventeenth-century work on pharmacy, the number of medicines was:

> almost innumerable; insomuch that the Bowels of the Earth do swell therewith, and its superficies deck'd and adorn'd with variety of Herbs and Flowers, as with an Ornament; nothing flyeth or doth move in the Air, nothing groweth or doth swim in the Seas, which may not be made use of to humane remedy; for health many times is maintained and procured by most vile and contemptible things, as by a Snail, Snake, Dung, &c.[8]

This variety of ingredients was employed in numerous ways. The mainstream of orthodox medical thought favoured the use of compound medicines – carefully balanced compositions of simples targeted to counter the various elements of a disorder. The manufacture of these compounds could involve lengthy processes, with steeping, boiling, distilling or drying taking hours or days. Many of the most popular recipes, such as theriac or mithridatium, were highly complex and difficult

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[7] Levey, *Early Arabic Pharmacology* (Leiden, 1973), pp. 33-52; Riddle, *Dioscorides on Pharmacy*; J. M. Riddle, *Quid Pro Quo: Studies in the History of Drugs* (Great Yarmouth, 1992), pp. 185-87.
[8] Jean de Renou, *Renodaeus His Dispensatory; Containing the Whole Body of Pharmacy*, trans. Richard Tomlinson (London, 1657), pp. 1-2.

preparations that were very laborious and time-consuming to produce. Indeed, the complexity of the Galenic tradition in medicine was reflected throughout the extensive and ramshackle pharmacopoeias of early modern England. These works were akin to the encyclopaedic researches of Gesner and other natural philosophers, themselves often physicians. Even the official publication, the *Pharmacopoeia Londinensis* with its 936 recipes and 1,190 simples, shared these characteristics.[9] The content of physic was not stable, but equally it was not yet to any effective degree subject to the winnowing of rationalistic refiners who sought to eject the old, the superstitious, and the random from the armoury of medicine.

Galenic medicine in its various forms did not, of course, have a monopoly of pharmacological thinking. Critics of Galenic medicine had long attacked the 'luxuriant variety' of remedies and ingredients, and the seventeenth century saw no relief from their criticisms.[10] Alchemical, Paracelsian and chemical writers sought to employ a more refined pharmacopoeia, both by using the techniques of chemistry, particularly distillation, and the introduction of new minerals and metals, from which they produced essences rather than voluminous compound recipes. The outcome of their campaign was in practice less radical than their proposals had suggested. In England, at least, chemical medicines generally became assimilated alongside the existing medicinal options, extending rather than replacing the traditional pharmacopoeia at least until the 1640s.[11] It was, nonetheless, a process which demanded a substantial investment by the makers of medicines in a range of stills and

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[9] College of Physicians, *Pharmacopoeia Londinensis of 1618*, ed. G. Urdang (Madison, 1944), p. 34.
[10] Goddard, *Discourse*, p. 29. Other examples include: Renou, *Renodaeus His Dispensatory*, sig. B3v; Morel, *Expert Doctors Dispensatory*, p. 19; Gideon Harvey, *The Art of Curing Diseases by Expectation* (London, 1689), pp. 69-79. Earlier attacks include: I. W., *Copie of a Letter.*
[11] A. G. Debus, *The English Paracelsians* (Oldbourne, 1965), pp. 49-69; Charles Webster, 'Alchemical and Paracelsian Medicine', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 301-34; Webster, *Great Instauration*, p. 274. On the more radical plans with which a reformed pharmacopoeia was interlinked: Webster, *Great Instauration*, pp. 248-9.



Plate 6.1: Distillation, from Stradanus, *Nova Reperta* (c.1600)

other instruments in addition to the traditional compounding tools of the apothecary, as the image of 'Distillation' from c.1600 (fig. 6.1) suggests. This was not an entirely smooth process: the College of Physicians displayed on occasion a marked antagonism toward chemical medicines. But, as the compromise established within its own *Pharmacopoeia* suggested, there was little opposition in the long-term to appropriating chemical medicines into humoral practice, and by the mid-seventeenth century the College even employed its own chemist.

Reflections on theory can only tell us so much about the ingredients of pharmacy and their employment. We can glimpse something more of the nature of seventeenth-century pharmacy and the work of apothecaries from inventories of the commodities they possessed. Detailed, comprehensive inventories are rare for shops

which were generally valued as a whole, even in cases when the household possessions are listed with great care. The survival of eight apparently complete inventories for London apothecaries' shops in the 1660s and 1670s therefore allows us a privileged, if possibly not representative, window on their trade.[12] The first impression received from these inventories is of the sheer number of different drugs and simples that apothecaries kept. While three of them had around forty or fifty commodities, the remaining five all had more than a hundred. William Townson and Christopher Gore – who had been freed only six years before – both stocked more than two hundred separate batches of substances, only a few of which were multiple stocks of the same drug. The labour of listing so many items perhaps explains the scarcity of full inventories. Roughly two-thirds of the items these eight inventories together contain can be identified with some degree of certainty. This identified portion consists of 279 individual substances, confirming the impression of diversity given by the number of items.[13] A few commodities are commonplace, appearing in several of the inventories, and often as more than one batch. Sandalwood (both red and white) is the most common, featuring 18 times as the apothecaries frequently had several separate batches of it. Aloes, turpentine, coral, vitriol, hartshorn and mastic are also frequently listed. But only two substances, mastic and coral, are present in all eight inventories. Over two hundred items only appear only once or twice, kept by just one or two of these apothecaries. On the evidence of these listings, at least, there

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[12] The inventories come from three sources. In the case of those surviving in the probate records of the prerogative court of Canterbury and the Orphans Court of the City of London, the inventories were drawn up after death. The remaining four were drawn up while the subject was alive as part of debt cases heard before the Mayor Court of the City of London: PRO, PROB 4/2838 (William Clement, 1673), PROB 4/11990 (Richard [Didier?] Foucant, 1666), PROB 4/17465 (Christopher Gore, 1666); C.L.R.O., Orphans Inventory, 1050 (Henry Atkinson, 1675); CLRO., Mayors Court, MC1/177.141 (William Wade, 1671), MC1/199B.38-40 (William Townson, 1682), MC1/230.154 (James Gopp, 1676), MC1/189.161 (William Ford, 1674).

[13] The main sources for identifying items in the inventories were the *OED*, the 1618 second edition of the *Pharmacopoeia Londinensis*, and M. Grieve, *A Modern Herbal*, revised edn., ed. C. F. Leyel (London, 1978).

seems to have been no large core of medicinal substances that every apothecary would possess.

Nonetheless, these apothecaries were highly specialised retailers. The majority of the commodities they kept in their shops were directly medicinal. Perhaps surprisingly, they did not stock many non-medical grocery goods, if such a distinction can be drawn: sugar and tobacco – and pipes – were sold by several apothecaries, both having important medical uses as well as becoming increasingly popular luxury goods, but currants, raisins, cloth and the like were not normally carried. The specialisation which this suggests may well have been an ongoing process over the sixteenth and seventeenth century. When commenting in the later seventeenth century on the antiquity of apothecaries, John Aubrey noted that his grandfather and several old men had been able to remember when 'In Queen Elizabeth's time the apothecaries did sell sack in their shoppes'.[14] Grocery wares and other non-medical commodities are present in the few surviving provincial inventories from the period.[15] Even in 1682, there were still examples of mixed retail in London. John Downton's inventory noted substantial amounts of brandy and cherry brandy which he may have manufactured in his two stills. This seems to have been a major part of his business, and he kept separate sets of accounts for brandy and medicines.[16] There are indications of apothecaries balancing different trades in other sources. For example, during the 1630s Quo Warranto hearings, various people described John Buggs' dealings in tobacco in reply to the College's charge that he was merely a jumped-up tobacconist. One, Thomas Steventon, indicated a fine awareness of the relationship of

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[14] *Aubrey's Brief Lives*, ed. Oliver Lawson Dick (London, 1949), pp. 319-9.
[15] See, for example, the Sudbury apothecary John Fothergill (1668): PRO, PROB 4/17584. Also, the Lichfield apothecaries John Parker (1655) and Samuel Newboult (1666): D. G. Vaisey, *Probate Inventories of Lichfield and District* (Collections for a History of Staffordshire, 4th Ser., v, 1969), pp. 101-2, 157-59.
[16] PRO, PROB 4/14609.

occupation, identity, and place, acknowledging that Buggs had sold him 50 lb of tobacco, but that nonetheless he 'never knew him kepe any tobacco shop'.[17]

The medicinal substances that these London apothecaries kept were a fair reflection of the contents of the traditional pharmacopoeia, with the addition of various new world novelties, some better established, such as guaiacum and sarsaparilla, others new imports in the seventeenth century, such as jalap and jesuit's bark (quinine). If not often new discoveries, the commodities they stocked were frequently 'exotics' – imported foreign simples. In fact, roughly half the goods they sold were of foreign origin. A few came from the Americas, but most were from the Middle East, the Mediterranean, and East Indies. Admittedly, any attempt to quantify the proportion of indigenous and imported goods is difficult given that valuable imports were much more likely to be listed than cheaper or fresh local ingredients (and to have a long shelf life) and that the extent of domestic cultivation of foreign medicinal simples is difficult to assess. Nonetheless, in light of the significant proportion of imported commodities, it is interesting that most of the items are simples in their raw state, with little if any preparation recorded. A substantial amount of drugs in the form of oils, salts, and syrups were stocked by these apothecaries, but they are far outnumbered by the quantity of raw seeds, roots, flowers and herbs.

The wares these apothecaries carried were largely medically orthodox: the majority of the identified commodities are listed in the 1619 edition of the *Pharmacopoeia Londinensis*.[18] Less pleasing to the College of Physicians would be the presence of a large number of pre-prepared compound drugs, even though most

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[17] GL, MS 8286, f. 10.
[18] Given my use of the *Pharmacopoeia* to identify items there is a measure of circularity in this statement. More of those wares which are acceptable to the College of Physicians are likely to have been identified, however the proportion is overwhelming.

were, or at least bore the name of remedies contained in the *Pharmacopoeia*. About a quarter of the identified commodities were manufactured medicines, and many of those which were not identifiable seem likely to have also been compounds. These medicines are as diverse as the simples. Only eight appear more than once. Four of the eight apothecaries have some type of theriac and the compound medicine hiera picra, but these are exceptions. Even mithridatium and diascordium, the other two sovereign remedies which attracted such regulatory attention in the early seventeenth century, only appear once each.

This partial glimpse of the medical armoury in the 1660s and 1670s suggests a largely conservative cast to the everyday content and practice of pharmacy. True, medicines were more often pre-prepared than the College physicians might have liked. However, the range of simples which they authorised and employed are present, and few novelties had been added since the first official pharmacopoeia was drawn up half a century earlier – although that may owe something to the unusual degree to which new medicines, especially chemical ones, were incorporated in the first *Pharmacopoeia Londinensis*.[19] When these are compared with a surviving inventory from three decades earlier, for John Arnold's shop in 1637, there are few notable differences, other than that Arnold stocked more simples than any of his successors, with over three hundred listed.[20] The very nature of learned physic, with its debt to Arabic and Greek learning, had profound consequences for the structure of the business of pharmacy. In practice, the need to supply a great variety of complex and often exotic medicines which is apparent both in our records of physicians' practices and in these listings themselves operated against the apothecary acting as the solitary skilled producer of all he sold.

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[19] *Pharmacopoeia Londinensis*, ed. Urdang, pp. 18, 61-2.
[20] CLRO, MC1/60A.59

Imports and exotics

Apothecaries were profoundly reliant upon the existence of a complex and successful import trade in drugs. International trade shaped medicine in several ways. The development of new trade routes to the Indies and the New World was one of the main forces for change in early modern medicine, leading both to the importation of new medicines, such as guaiacum, sarsaparilla and china root, the rediscovery of old or previously unobtainable simples. It was also linked in the contemporary mind to the arrival of new diseases which contemporaries associated with the new lands, most notably syphilis, that demanded new cures, often of the same exotic origin as the sickness at which they were targeted. The discovery of new medicines was not an accidental by-product of the exploratory urge. As David Cowen has shown, improving and extending the supply of medicines was one of the key arguments put forward for voyages of exploration and opening up new trade routes, just as it was later urged as one of the benefits of expanding English colonies in the Americas.[21] Medicinal substances included numerous spices and drugs whose high value-to-weight ratio justified the massive risks and costs of voyages. Merchants were not just involved in the supply of medicines; on occasion they also actively sought to promote demand. In the early sixteenth century, the Fuggers seem to have supported the use of the guaiacum they imported, and this practice continued in the seventeenth century.[22]

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[21] D. L. Cowen, 'The British North American Colonies as a Source of Drugs', *Veroffentlichungen der Internationalen Gesellschaft fur Geschichte der Pharmazie*, 28 (1966), pp. 47-58; *SPColonial, 1669-74,* pp. 150, 439; *SPDom, 1667-8,* p. 530; F. Guerra, 'Drugs from the Indies and the Political Economy of the Sixteenth Century', in M. Florkin (ed.), *Analecta Medico-Historica, I: Materia Medica in the Xvith Century* (London, 1966), pp. 30-45.

[22] Roberts, 'Import of Drugs', p. 169.

Perhaps more significant for everyday medical practice was the increasing ease and frequency of trade within the known world, particularly the Indies, the source of so many of the most valuable traditional medicinal ingredients, with the opening up of sea routes around the Cape. The value and range of medicines imported in the late sixteenth and seventeenth century expanded rapidly, as shown some years ago by R. S. Roberts. From about £600 in 1567, the total value of the drugs imported to London according to customs records had risen to roughly £15,000 by the 1630s, and to £60,000 by 1669.[23] These cash figures for exotic drugs need to be appreciated within the longer-term growth of European consumption of drugs and spices, which had been expanding massively from the fifteenth century.[24] As the supply of such commodities increased, prices fell and consumption rose dramatically. For England, like the Dutch, the crucial period was the first decades of the seventeenth century, when the English began importing spices and drugs in large quantities from the Indies as the two East India Companies supplanted the Portuguese in the trade with the East.[25] The preferred remedies of learned medicine must have become available to a wider section of society than ever before. It is perhaps no accident that the decision by the Apothecaries to separate from the Grocers, and the support they were given by the commercially-minded Royal Physicians, coincided with the collapse in spice prices and the expansion of the market for apothecary-made medicines it encouraged.

Even with the increased certainty that the East India Companies brought to drug supplies, the reliance on imports was a problem for medicine: supplies were not

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[23] Roberts, 'Import of Drugs', p. 170. See also: Lang, 'Greater Merchants', pp. 138-9.
[24] C. H. H. Wake, 'The Changing Patterns of Europe's Pepper and Spice Imports, ca. 1400-1700', *Journal of European Economic History*, 8 (1979), pp. 361-403. Earlier spice use is considered in: B. Laurioux, 'Spices in the Medieval Diet: A New Approach', *Food and Foodways*, 1 (1985), pp. 43-76. The earlier stages of the fall in spice prices had important consequences for the London grocers and apothecaries: Nightingale, *Medieval Mercantile Community*, pp. 370-1.
[25] Wake, 'Changing Patterns', pp. 390-1; P. Musgrave, 'The Economics of Uncertainty: The Structural Revolution in the Spice Trade, 1480-1640', in P. L. Cottrell and D. H. Aldcroft (ed.), *Shipping, Trade and Commerce* (Leicester, 1981), pp. 9-21.

always prompt or sufficient in volume. This, together with the obscurity of some of the ingredients included in the classical and Arabic pharmacopoeias, perhaps most famously the identity of the 'true rhubarb', led to the production of a medical literature on acceptable substitutions. Substitution was a difficult issue for the Society of Apothecaries, coming all too close to adulteration, but on occasion they were forced to become involved. During the plague of 1625 a dearth of cassia lignea, one of the ingredients in mithridatium, theriac and diascordium, led the Court of Assistants to approve the use of cinammon, a similar bark, in its place. At the same time, they appealed to the College for a suitable substitute for lemon seeds in theriac londinensis.[26]

Not all medicines were imported. The ease of access of trade records and the greater prominence given to valuable medicines in inventories and printed recipes alike should not be allowed to obscure the crucial part that home-produced herbs and minerals and animal parts played in the pharmacopoeia. The use of fresh produce is particularly difficult to assess. Records of cultivation are scarce. Not only was the product less likely to be noted in inventories, unless preserved in some form of compound, but the production and distribution was in the hands of small farmers, gardeners and herb-women who feature less prominently in the surviving records than the wealthy easily-taxable merchants who dealt in exotics.[27] Herb-women, for example, seem to have been a poor itinerant group, obliged in Southwark to keep moving on the streets; they appear only once in the records of the Society of Apothecaries, when, in May 1654, it agreed to support the 'phisick-herb-women' in

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[26] GL, MS 8200/1, f. 150.

[27] Some herb markets in the eighteenth century have been located: J. Burnby, 'The Herb Women of the London Markets', *Pharmaceutical Historian*, 13 (1983), pp. 5-6; M. Thick, 'Market Gardening in England and Wales', in J. Thirsk (ed.), *The Agrarian History of England and Wales*, 5 vols. (1985), v, pt. 2, 504-5.

Cheapside against an indictment.[28] Nevertheless, many crucial simples, such as roses, liquorice, valerian and, of course, saffron, were produced within England. With the establishment of an increasing number of corporate and personal physic gardens in the seventeenth century more exotics may have become locally cultivated.[29]

As this suggests, most apothecaries were reliant on an extensive and complex supply network to provide them with the materials they employed in making medicines. Traces of the integration of apothecaries into these different networks of supply can be seen in the debts they owed at their death. When the apothecary Owen Crane died in 1670, he had debts of £21 to a druggist Mr Willoughby, £10 to a surgeon Mr Rice, 16*s* to a distiller Mr Complin, 5*s* to a chemist Mr Johnson, 18*s* to a gardener Mr Atkinson, and £1 17*s* 8*d* to another apothecary, Mr Travers.[30] The long-standing incorporation of apothecaries within the grocer's craft and company was another consequence of this situation. Even after their separation from the Grocers' Company apothecaries appear to have largely remained reliant on merchants and wholesalers to provide them with their ingredients. There are only a few signs of apothecaries taking a significant part in the expensive and risky mercantile ventures that characterised international trade in the seventeenth century.[31]

Druggists specialising in the wholesale supply of simples and pre-prepared medicines, rather than the filling of prescriptions, manufacturing, and retailing that

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[28] Boulton, *Neighbourhood and Society*, p. 75; GL, MS 8200/2, f. 19v.
[29] *Diary of John Evelyn*, iii, p. 142; T. Wilson, *The State of England Anno Dom. 1600*, ed. F. J. Fisher (Camden Miscellany, 1936), p. 10; J. Burnby, 'Commercial Drug Cultivation in England', *Pharmaceutical Historian*, 26 (1996), pp. 20-24; A. Robinson, 'Notes on the Saffron Plant (Crocus Sativus, L.)', *Pharmaceutical Historian*, 25 (1995), pp. 2-3.
[30] CLRO, Orphans Inventories, 636 (26 Oct 1670). Robert Amy had similar debt to apothecaries, a chemist, and a distiller: *ibid*, 1104 (18 Mar 1675).
[31] Two apothecaries, John Pearce and Robert Smyth, were excused from entering the Society's livery in 1659 because of their 'great losses at sea', though whether they dealt in medicines is difficult to ascertain: GL, MS 8200/2, f. 52v. For an eighteenth century exception: I. K. Steele, ed., *Atlantic Merchant-Apothecary: Letters of Joseph Cruttenden, 1710-1717* (Toronto, 1977).

apothecaries engaged in, are shadowy figures in the history of pharmacy. They are often thought to be a product of the eighteenth century, but druggists are mentioned on a number of occasions throughout the seventeenth century. Nine, for example, were named in the Grocers' petition against the Society in 1627. In 1655, they were organised enough to petition on their own for a remittance of the excise on drugs.[32] Evidence of individual druggists also survives. One sold Job Weale one of the several bad versions of lac sulphuris that were discovered by the College in his shop in the 1630s; another, the 'druggier', George Smith, was supplying the royal apothecaries Lamyre and Rumler in the 1610s; while the druggist Samuel Warner had a warrant issued against him in 1628 over some goods imported from the Indies and then smuggled secretly from the East India Company's ship.[33] The importance of druggists to pharmacy in the first half of the seventeenth century is also apparent through their appearances in the disputes between the Society and the College of Physicians. Indeed, one of the defences the Society offered against the 1630s quo warranto was that, unlike the College, it searched the shops of 'druggists, Grocers & Chandlers' who 'made and sold phisicall composicons which peculiarly belonged to the art of an Apothicar', such as the druggists of St Nicholas Lane where they found corrupt treacle, or in another place where diverse compositions made by Edwards, a salter, were discovered.[34] Forty years later this was turned against them: the apothecaries' dependency on druggists and herb-women for cheap mithridatium and theriac numbered among the many grievances which Thomas Coxe and Christopher Merrett's made against them on the behalf of the physicians.[35]

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[32] GL, MS 8295; *CSPDom, 1655*, p. 142. For druggists as an eighteenth century phenomenon: S. W. F. Holloway, 'The Apothecaries Act, 1815: A Reinterpretation. Part 1: The Origins of the Act', *Medical History*, 10 (1966), pp. 108-9.
[33] GL, MS 8286, f. 8v; PRO, E112/203/33, f. 3; *APC, Sept 1627-June 1628*, pp. 220-1.
[34] GL, MS 8286, f. 17.
[35] [Coxe], *Discourse*, p. 23; Merrett, *Short View*, p. 8.

Given that a druggist need be no more than a specialised grocer, the standard argument that it was 'emerging' as a trade in this period is unconvincing.[36] Up to 1617 all grocers had free rein in the sale of medicinal simples, and even after the separation of the apothecaries they kept the right to wholesale such commodities.[37] This continuity between grocers and druggists is also apparent spatially: in the 1690s almost 70% of druggists continued to be based in the heart of the traditional grocers' quarter, the district around Cheapside, Cornhill and London Bridge.[38] While they were possibly acting as apothecaries' rivals by manufacturing and retailing compound drugs and simples, such grocers and druggists had a crucial role in the provision of medicines by acting as wholesale suppliers of medicinal simples to apothecaries. Indeed, the very existence of large numbers of small apothecaries' shops, sometimes with little capital behind them, relied on the presence of these larger wholesalers.

Druggists: Coningsby and Estwick

Some sense of the trade of druggists can be gained from the accounts of the partnership between Francis Estwick and John Coningsby. Their business existed for over twenty years from the early 1660s until Estwick's death in June 1682 – only a year after they had renewed their articles of partnership for another fifteen-year term.[39] Following Estwick's death, relations between his widow Elizabeth and

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[36] See, for example: Roberts, 'Apothecaries', p. 229.
[37] The Privy Council decision on the division of retail goods between the Grocers and Apothecaries allowed grocers to sell any drug wholesale in quantities over 1.5 lb: GL, MS 8251, ff. 28-30.
[38] C. Spence, *London in the 1690s: A Social Atlas* (London, 2000), p. 142.
[39] An almost complete set of account books survive in the Chancery Masters' Exhibits in the PRO. Seventeen account books form the majority of boxes C/104/130 and C/104/131 (which has two parts). They are not individually catalogued or paginated and the references below include descriptions to identify volumes.
There has been some earlier work on these records. Craig Muldrew has recently used them in a survey of household accounts: *Economy of Obligation*, pp. 66-88. They are also discussed in: Burnby, *English Apothecary*, pp. 54-55; J. G. L. Burnby & T. D. Whittet, *Plague, Pills and Surgery: The Story of the Bromfields* (Edmonton Hundred Historical Society, Occasional Paper, n.s. 31, 1975), p. 5. Burnby's suggestion that Estwick and Coningsby acted as agents for a 1651 partnership between Thomas Weld, Humphrey Jenner, William Hills, Richard Turgis, John Wright, and William Marston appears to be incorrect. The source of the misapprehension is the presence of the accounts of the partnership from

Coningsby quickly broke down. The accounts survive as part of the evidence submitted during Elizabeth Estwick's lengthy suit against Coningsby – and after his death in 1698, against his widow, Mary – over the value and fair division of the partnership's assets.[40]

Although a partnership, before Estwick died home and work were still intertwined. Both families lived above the shop, first, at the sign of the Feathers, in Smithfield, and from 1676 at a shop and warehouse on Snow Hill, in the parish of St Sepulchre's, where by the 1680s they had at least four servants between them, for either the household, the shop or both. Whether or not this was a happy arrangement is uncertain; what is clear is that the relationship between Estwick's widow, Elizabeth, and John Coningsby rapidly deteriorated to an appalling degree, with – in a precursor of some modern divorces – almost endless legal battles over who should have access to what room in their shared property. A 12 foot high partition was eventually built between their two parts of the yard on the order of the Chancery Master.[41]

In the heyday of the partnership, however, the business was something of a success. From their shop and warehouse Coningsby and Estwick supplied customers

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1651 to 1653 in one of the books later used by Coningsby and Estwick for receipts and stock-taking in: C104/131, part 2 (book begins as receipt book for suppliers of Mr Marston and Mr Hills, 8 Oct 1652 – 23 July 1653). However, there is no indication of any formal relationship between this short-lived mercantile joint enterprise, and the druggists' partnership established ten years later. Most significantly, Coningsby and Estwick's accounts show no payments to any such partnership and no mention of any other parties with an interest in the business is made in the legal disputes over the dissolution of the partnership after Estwick's death. It seems likely that the book was simply re-used. The source of the connection – and probable occasion of the book changing hands – is indicated at the close of the first stock-taking, where they note that they had paid a fine on the house of £100 to William Marston, presumably purchasing the lease, and were still in debt to him and others. The same stock-taking notes separately that £893-16-10 was money brought into the stock, but this is most likely to be their joint capital and investment at the commencement of the partnership.

[40] The suit began in 1682 when Elizabeth Estwick sued Coningsby in Chancery for failing to deliver an account of the business, settle up its debts and call in its credits, and seeking to force her into a low composition for the business. The Bill of Complaint, Answer, Further Answer and several schedules relating to the first case are in: PRO, C5/158/9. The Bill of Complaint and Answer for the second case are in: PRO, C5/207/21. The convoluted proceedings of the case can be pieced together from: PRO, C33/259, ff. 384a, 253a-b, 821a-22b; C33/261, ff. 185b, 757a, 391b-93a; and PRO, C38/214 (15 Dec 1683), (12 Apr 1684).

[41] PRO, C 38/214 (12 April 1684).

with an incredible range of goods. In 1661 they drew up the earliest of five stock-takings that survive.[42] Over nineteen closely-written pages it lists 651 commodities worth in total over £1000, giving their name, value and the quantity held (admittedly, this includes repetitions where they kept more than one lot of something: senna, for example, appears on several occasions). Their stock was substantially larger than that held by most contemporary London grocers and druggists, whose shops were worth an average of £325, at least as indicated by the limited evidence of their inventories.[43] Indeed, we know of only one grocer, William Greene of the parish of St Margaret's, who had stock worth more than Coningsby and Estwick, with a warehouse full of goods such as tar, rosin and blacking which was assessed at £2519 in 1664.[44]

In contrast to Greene's quite diverse interests, Coningsby and Estwick focused almost exclusively on drugs, particularly imported simples. With the significant exceptions of tobacco and those spices such as mace and pepper which were equally important in food and medicine, they stocked few non-medical grocery commodities. Their wares range from a comprehensive collection of exotics, both new world, including guaiacum, sarsaparilla, and taccamahacca, and old world, such as gum traganth, gum benjamin, and sanguis draconis, to metals, minerals and precious stones, amongst which were two types of sulphur, vitrol, quicksilver, cream of tartar, pearls, topaz and coral. There were numerous more prosaic simples alongside these

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[42] The stock-takings are given in two account books in C/104/131, part 2 (the first is marked 'No. 14' on the cover; the second book begins as receipt book for suppliers of Mr Marston and Mr Hills, 8 Oct 1652 – 23 July 1653).

[43] This statement is based upon a survey of surviving wills in the Mayor's Court and the Orphans Court of the City of London (both held at the CLRO), and in the Consistory Court of Chancery probate records (held at the PRO). Of surviving inventories, fourteen contain a valuation for shop or warehouse goods distinct from the overall value of the person's estate. These are as follows: in the CLRO, Orphans' Court, 390 (William Walsham, nd), 424 (Ralph Franceys, 1667), 568 (Benjamin Greenwell, 1664), 113 (Thomas Dering, 1672), 930 (Arthur Winde, 1674), 1098 (George Lyon, 1675); in the CLRO, Mayor's Court, MC1/85/202 (Robert Balt, 1655); In the PRO, PROB 4/2670 (William Strange, 1664), PROB 4/7268 (William [Greene?], 1664), PROB 4/6604 (Anthony Beomont, 1665), PROB 4/13516 (Christopher Rose, 1663), PROB 4/13631, (William Brookes, 1665), PROB 4/15682 (Thomas Gasely, 1666), PROB 4/16922 (Nathaniel Goodman, 1663).

[44] PRO, PROB 4/7268.

more expensive rarities, with a full array of herbs and seeds, both local and imported, such as turnip, radish, gourd, peony and parsley seed. Few of the goods they sold were processed beyond the point of being ground and sifted. The only exception being the number of oils available. Most noticeable is the absence of all but a handful of compound medicines. Coningsby and Estwick were clearly not manufacturers themselves, as the absence of mortars and stills confirms. The few compound drugs which they did retail were, unsurprisingly, the sovereign remedies, theriac, mithridatium and confectio alkermes, together with the popular compound opoponax. These drugs were themselves possibly imported and sat comfortably alongside the foreign simples. However, they were not specialities of the business, appearing in small quantities with one notable exception: 148lb of mithridatium listed in the 1675 stock-taking. Compared to Robert Balt, a grocer whose 1655 probate inventory lists an array of drugs comparable to Coningsby and Estwick's stock, they were both much richer and better stocked.[45]

Despite the importance of imported simples to their business, Coningsby and Estwick do not appear to have engaged in overseas trade themselves.[46] Rather, they relied on a large number of suppliers to provide them with the commodities they sold and to carry out the limited processing which their trade required. The outlines of this network of supply and production can be sketched from outgoings recorded in the business' receipt book.[47] Over the twelve month period from February 1672 to February 1673 they paid 95 different people for goods and services. The sheer number of suppliers they used reflects both the range of goods they dealt in and the exigencies

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[45] CLRO, MC1/85.202.

[46] This statement is based on the accounts of their joint business, which lack references to the expenses of international mercantile trade. It is possible that they engaged in such ventures outside the partnership.

[47] The account book is in C/104/131, part 2 (it is leather bound, c.20cm x c.50cm, and the accounts run from Feb 1671 – Aug 1675).

of a particularised international trading system. No single individual, partnership or small group dominated the supply of commodities to Coningsby and Estwick. True, a few suppliers do stand out as particularly important: John Morden, John Harvey and David Griel each received more than £100 that year. But, even combined, these three supplied barely 25% of the total value of commodities the business bought that year. Individually, only Morden supplied over 10% of the goods, by value. The few receipts which include an indication of what the payment was for suggest that services were a fairly small part of their expenses. Rather, most payments were for supplies of the commodities Coningsby and Estwick sold, such as the £10 worth of quicksilver from Thomas Chambers, the £42 worth of manna from William Skynner, or the £37 they paid John Harvey for a bale of senna. A few expenses were goods they bought – corks and tin lids – for packaging and storage. Admittedly, on several occasions they employed Henry Martin to rasp hartshorn and Francis Banister to cut tobacco, and the same book contained receipts of money paid to John Pelling to cover the value of a bill of exchange drawn on Estwick, and to Thomas Hall for physic. But other than routine building work – plastering, carpentry and the like – there is little sign of their arranging much other work or processing.

The everyday details of the retail side of the business are even harder to discern. It seems likely that Coningsby and Estwick dealt in both large wholesale and smaller retail sales, as well as occasionally selling goods on consignment for others.[48] A book survives that appears to list anonymous cash sales in the shop where simples were sold in small quantities, rarely valued over a few shillings, together with the repayments of small debts owed to the business. Trade was far from hectic: from 18

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[48] Sale on consignment does not appear to have been a substantial part of their trade, however among memoranda at the rear of the Shop Cash Book for 10 Jan 1667/8 – c.24 Sept 1679 is a note of coffee berries they were selling for a Mr Millichar of Bristol: C/104/130 (leather bound book, c.40cm x c.15cm).

December 1668 to 22 February 1669 the shop's counter book notes 139 sales and 11 repayments of small accounts, fewer than three transactions a day, even allowing for Sundays.[49] Nonetheless, these fairly small but not inconsiderable cash sales (the average purchase was 7*s*) cumulatively accounted for about half the income of the business, if the year of 1669 is representative. Larger sums received are noted in the full weekly account books (which list both receipts and payments made by the business), but in insufficient detail to give a feel for this side of the trade – other than that sales were large but not frequent.

A little more insight is given by four lists of debtors to the business which survive for 1670 to 1673, inclusive. Each contains the names of about 50 individuals and partnerships, together with the amounts they owed.[50] It is unclear why they were drawn up, but they do allow us to identify some of those who purchased goods from the business. The 107 individual customers who appear were not insubstantial debtors: the total debt over the four years is more than £1800 (a figure that probably includes some double counting where one year's debt is carried over to the next), and almost half of the debtors appear in the list for more than one year, suggesting that they were regular customers as the extended credit allowed to them implies.

Sixteen of Coningsby and Estwick's customers can be tentatively identified with freemen apothecaries of the same name; three of these customer-apothecaries also appear to have been suppliers to the partnership, indicating the difficulties of untangling the web of business.[51] Three customers were described as doctors:

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[49] PRO, C/104/130 (leather bound book, c. 40cm x 15cm; for 10 Jan 1667/8 – c.24 Sept 1679).
[50] *ibid*, rear of volume.
[51] The customers with apothecary-namesakes are: Thomas Price, John Warner, Moses Hickes, John Reives, Edward Cooper, Moses Rusden, Thomas Wale, Richard Richmond, John Harcott, Abraham Hudson, John Fletcher, James Travers, Spencer Pigot, Edward Brewster, John Arrowsmith, George Solby.

Christopher Merrett, Richard Stone, and James Smith. Merrett's presence among the regular customers of the business (he also appears in the 1668 shop book repaying small debts to the business) is particularly interesting as it coincides with his campaign for physicians to make their own medicines.[52] Physicians were clearly a regular part of the business: among notes at the rear of the book were two memoranda of debts owed by other doctors – Dr Thomas Duncan and Dr Seemer. The identities of the remaining 88 customers (including four women) are largely unclear, although one Freeston is described as a perfumer, Mr Johnson as a distiller, and one Brancher as a farrier (perhaps healing animals), highlighting the range of customers, and indeed diverse crafts beyond that of the apothecary, for these commodities. Not all Coningsby and Estwick's customers were so well-established. At the other extreme to this group were those customers supplied through chapmen who were probably not employed by the partnership, but equally were not entirely independent, having their board paid for when they were in town.[53]

The superficially quiet trade of Coningsby and Estwick was nonetheless both substantial and profitable. Their turnover each year was over £2100 on average. The net profit is difficult to calculate, but the two partners each took on average £100 a year in cash payments taken from the shop.[54] This return of just under 10% was a reasonable, if not spectacular, rate for the 1660s, when most manufacturers and wholesalers were making profits of between 5% and 20%.[55] As well as these payments, the value of Coningsby and Estwick's investment in the shop was growing. The stocktakings shows the net value of the shop rising slowly in the early and mid-1660s, when annual growth was only a few percent, and then increasing by an average

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[52] See Chapter Three.
[53] PRO, C 5/158/9, f. 4.
[54] Payments to the partners are listed in the shop account books and were also recorded in a separate account book contained in PRO, C/104/130 (book labelled 'Int 3 Coningsby Eastwick').
[55] Grassby, *Business Community*, pp. 236-40.

Table 6.1: Coningsby and Estwick Accounts

	Turnover		Payments to Partners			
year	Credit	Debit	Estwick	Coningsby	Total	as % of credit
1668	1278	1283	80	68	148	11.62
1669	2300	2229	148	114	262	11.38
1670	1835	1878	122	82	204	11.13
1671	1720	1762	102	95	197	11.46
1672	1734	1721	89	68	157	9.06
1673	1710	1677	87	119	206	12.07
1674	2094	2084	114	51	165	7.87
1675	2266	2284	108	81	190	8.37
1676	2309	2275	82	79	161	6.99
1677	2700	2732	77	76	154	5.69
1678	2880	2876	109	120	229	7.94
1679	2430	2388	98	152	250	10.30
1680	2837	2785	129	103	233	8.20
1681	1853	1874	131	164	294	15.88
Averages:	2139	2132	106	98	204	9.85

Table 6.2: Coningsby and Estwick, Stock-taking Accounts

year	Stock	Shop and fittings*	Cash	Debts to Shop	Debts of shop	Net worth of shop	%annual increase
1661	1057	150	216	825	763	1485	
1664	792	160	26	1057	415	1621	3.12
1668	691	120	30	1614	724	1731	1.67
1670	1076	120	0	1483	711	1968	7.82
1675	1679	100	120	2058	920	3037	10.18

Note: All figures in these tables are rounded to pounds.
*The house is valued at £100 by the fine paid to Marston listed in the 1661 account. This is included in later stock lists apart from that in 1675.

10% per year in the early 1670s, a time when the partnership is doing well enough to relocate to a new shop and warehouse.[56] The occasional stock-takings add a further dimension to this picture. Like all early modern businesses Coningsby and Estwick relied heavily on credit. Over the period their liabilities were high for the period – averaging just under 60% of their gross assets – although this was commonplace for

[56] Muldrew's calculation of an 8% annual profit is derived from his use of an incorrect figure for the 1661 stocktaking: *Economy of Obligation*, pp. 76-7. In that account, Coningsby and Estwick calculate the total value of the shop, but then go on to work out the 'mony Gott in Trade' by subtracting the 'mony Brought in to Stocke' from the current value of the shop. The figure they reach (£491 9*s* 9*d*) is that used by Muldrew. Interestingly, given that between 1661 and 1664 they only add an average of £45 each year to the value of the shop, this level of increase suggests the partnership could have been established for a significant period prior to the first stock-taking.

those in grocery trades.[57] Their liabilities were, however, far outweighed by the debts due to them, suggesting the business was to some degree cushioned against business disasters (if not natural ones, such as fire), and the unknown personal assets of the partners (plate, jewels, leases, and land in particular) must have added a further margin of safety.

In the absence of comparable account books for other druggists it is impossible to assess how representative Coningsby and Estwick's business was. Surviving for nearly two decades in business and enjoying a reasonable if not extraordinary income during that time was in itself perhaps a significant success. Yet in terms of the income the business provided and its value at the end of the partnership, Coningsby and Estwick were firmly among the 'bottom rank of businessmen'; they were still better off than most London grocers, but were unlikely to have the spare income that allowed the 'merchant druggist' Francis Tryon to gift £250 to the College of Physicians in order to provide physicians for several of the London hospitals.[58] Their income was higher than most artisans and tradesmen, comparable with the lesser barristers and some of the better clergy, but far below the majority of overseas merchants, whose starting capital was generally around £1000 by this time – more than double the amount that was invested by each of the partners in this business.[59] Overall, the impression left by their business records is not one of pioneers engaged in an extraordinary venture. Rather, Coningsby and Estwicke were middling businessmen, grocers of a traditional type running a specialised druggists' business which was larger than most, but dealt in fairly accessible commodities. They were just one of many similar points of interchange between the merchants, traders,

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[57] Earle, *English Middle Class*, p. 119.
[58] CPL, Annals, iv, 126-7 (22 Oct 1664); Grassby, *Business Community*, p. 258 (quote); Earle, *English Middle Class*, p. 109.
[59] Grassby, *Business Community*, pp. 83-4, 249, 258-60.

and manufacturers, and those who used simples either personally or professionally which formed the backdrop to the work of apothecaries.

Manufacture and Wholesaling

Apothecaries could rely on individuals and partnerships like Coningsby and Estwick's for the supply of simples. But this leaves the question of how the demand from London, or indeed England, for more complex medicines and chemical preparations was met. The scale, complexity and diversity of the pharmacopoeia meant that from the beginning of the period under consideration here – and probably before – they were participating in extensive and very sophisticated networks of mass production and distribution of the sort which have generally been thought to characterise the eighteenth century or later.

Given some of the medicines apothecaries' sold, it is hardly surprising that bulk manufacture and wholesaling were an important element of the business of pharmacy. The more complex polypharmaceutical mixtures such as theriac, diascordium and mithridatium, and the frequently used distilled waters involved laborious and skilled production. Mass production is in fact implicit in the attempts by the Society to supervise the manufacture of sovereign remedies. The Society even seems to have been involved in organising similar arrangements in other areas, with Edward Underwood and Richard Glover competing to supply liquorice juice in bulk to the company.[60] Cases of independent wholesaling were repeatedly thrown up by Society searches: the theriac andromachi that was seized from Thomas Hicks in 1616 had come from Mr Whelye, for example, while the bad Alkermes found in Edward

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[60] GL, MS 8200/1, ff. 390r, 391v.

Grice's shop in 1636 was, he claimed, bought from a Frenchman.[61] Such purchases were often of a high value, for example John Scot bought spirit of roses worth £16 from Job Weale. Unsurprising, therefore, some of the more costly ingredients appear to have been sold through samples, such as the oil of mace discovered at Brookes' house, of which he perhaps somewhat disingenuously claimed 'it was left att his house to see wheather he liked therof and would buy the same'.[62]

The productive roles of apothecaries were fluid and varied, as in so many parts of the economy. Piece-work and subcontracting, for example, each had a place in medicine. In 1630, for instance, Sadler paid William Robinson 40*s* to make up some mithridatium for him.[63] Part-made medicines could also be bought. This was what John Boradge's master did, purchasing the 'Syropp' from which his Confectio Alkermes was made from Mr Brooke the merchant.[64] There were some apothecaries, such as William Checkley, who obtained his pills from Samuel Harrison, who seem to have been almost entirely dependent on other apothecaries to supply them.[65] It is very difficult to establish the proportion of apothecaries who specialized in retailing medicines made by others. But by 1622, the supply of ready-made medicines was already large enough for William Stanlake, Henry Chitty, John Brigham and others to claim they were relying on purchasing compounds from 'druggists' and legitimate apothecaries, when prosecuted in the Star Chamber for illegally working as apothecaries.[66]

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[61] CPL, Annals, iii, 86-87. GL, MS 8200/1, f. 358r.
[62] GL, MS 8200/1, ff. 197. Dr Henry Power received various elixirs and proprietary medicines 'for a tryall' from his York apothecary Henry Wilkinson in 1662: BL, Sloane MS 1326, f. 87v.
[63] CPL, Annals, iii, 292-3, 300-1.
[64] GL, MS 8200/1, ff. 104.
[65] CPL, Annals, ii, 172.
[66] PRO, STAC 8/44/9, ff. 20, 45r-46r, 46v, 47v-48v, 52v.

Much of the surviving evidence focuses on trade within London, but metropolitan apothecaries retailed and wholesaled medicines across a much wider area, as they had done for centuries.[67] For some apothecaries the provincial market seems to have been a relatively small part of their business, often focused on particular specialities they produced. In 1612, one apothecary, Smith, who already sold his 'tabulas stibiatas' by retail, admitted to the College that he also often sent them to a Mr Noble, a practitioner in the country.[68] One Colwell was more ambitious, telling the College in 1613 that he sold 'in the country where they had been asked for' many pints of his speciality, Walter Cary of Wickham's quintessence of goat's blood.[69] This remedy for the stone seems to have been passed down from master to apprentice since Cary advertised it in 1580.[70] Other apothecaries operated on a much larger scale.[71] When Edward Whyte and William Swanne sold their business to Thomas Lever in 1608, the value of the goods they regularly supplied to Christopher Ile, an apothecary in Newcastle, was so great that they guaranteed his continued business as part of the deal. After Ile refused to purchase wares from him, Lever sued Whyte and Swanne.[72] The trade of Henry Elliot, an apothecary in Exeter, was no less reliant on London, sending orders to the capital about once a month in 1623.[73]

Supplies from London were of great importance to the provincial apothecaries they reached, who could present drugs from the metropolis as premium commodities. When the Newcastle apothecary Robert Ellison informed Sir Thomas Carr that the

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[67] Rawcliffe, *Medicine and Society*, p. 153.
[68] CPL, Annals, iii, 40 (20 Nov 1612).
[69] CPL, Annals, iii, 52 (15 Dec 1613).
[70] In 1580, it could be obtained at 'Mr Graies', the apothecary in Fanchurch street. This is likely to be the Mr Grey to whom Colwell's former master Michael Palmer had himself been apprenticed: W. Cary, *The Hammer for the Stone* (London, 1580), sig B.j.[iir]; Jacques, *Essential*, chapter 2, p.23
[71] For London Treacle exports to West Chester in 1634, see: GL, MS 8200/1, f. 333v; for sales by William Booker to Yorkshire in the 1660s and 1670s: J. Burnby, 'Three 17th Century London Apothecaries', *Pharmaceutical Historian*, 5 (1975), pp. 2-3.
[72] PRO, REQ 2/411/72.
[73] Roberts, 'Import of Drugs', p. 171.

Aniseed water he sent was 'but Just now come from London', he was indicating value as much as provenance.[74] By the 1630s, this trade was sufficiently large to be an issue in the *quo warranto* case, when the apothecaries raised their role as suppliers of 'divers Phisicians, Apothicaries & Chirurgians in the Counties, Townes & Citties' of England as a justification for their independence from the College and a rebuttal to the charge that they sold their wares at excessive rates.[75] The trade was not entirely one-sided: at least some apothecaries bought medicines from suppliers in the provinces, such as the oxicroceum that William Palmer claimed he had purchased from an apothecary in Haverford West in Pembrokeshire – although the difficulty involved in checking whether or not it had come so far suggests that Palmer may have been dissimulating to avoid punishment.[76]

A few apothecaries, at least, were reversing their traditional dependence on imports and exporting their own medicines internationally. Mostly these international dealers are anonymous. One apothecary, Edward Cooke, was definitely distributing medicines internationally in the first decades of the century, selling them 'into the country & to sea as chéape as any can or doth do', as Richard Littler noted in his *quo warranto* evidence.[77] Cooke was probably unusual, having achieved much renown for his skill, even being sent to serve the Russian crown.[78] An export market did exist for other London-made medicines, however. For example, after the mithridatium that Sadler paid Robinson to make was judged unfit by the Censors of the College they cynically 'decided that the medicament made ought to be sent abroad to be sold there'.[79]

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[74] NLS, MS 5414, f. 23 (4 Oct 1661).
[75] GL, MS 8286, ff. 2, 21.
[76] GL, MS 8200/1, f. 444r.
[77] GL, MS 8286, f. 25.
[78] Another apothecary, James Frencham, was also despatched to Moscow by Elizabeth I in 1602: PRO, PRO 22/60/19.
[79] CPL, Annals, iii, 300-1.

More prominent than international trade and local wholesaling were the sizeable and sophisticated manufacturing operations run by the apothecaries who supplied medicines in vast quantities to the army, navy, or East India Company. These contracts could be extremely valuable – at least if the profits bore any proportion to the size of the orders, which might be for thousands of pounds worth of medicines.[80] Inevitably, throughout the century, there was a great deal of conflict over who operated these contracts. For example, in 1623 the physicians Atkins and Winston attempted unsuccessfully to oust the surgeon John Woodall from his monopoly on the supply of surgeons' chests to the East India Company by 1615 – he seems to have maintained this role into the 1630s.[81]

The biggest of all prizes for an apothecary in the later seventeenth century was the navy contract. In the first half of the century, medicines for the navy had been supplied on an *ad hoc* basis, with individual ships or regiments arranging their own supplies.[82] The Barber Surgeons' Company did attempt to establish a corporate monopoly over the making of plasters, fittings and instruments for all sea surgeons' chests, whether on naval or merchant ships in 1627, but they were unsuccessful.[83] Following the restoration, Charles II instructed the Barber Surgeons' Company to appoint the apothecary George Soulby to supply medicines for chests at reasonable

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[80] The bill for physic supplied by Robert Miller for the Regiment of Guards alone amounted to £1300 in 1673: BL, Stowe MS 202, f. 291. A number of earlier examples of charges survive in the State Papers, for example: *CSPDom, 1653-4*, pp. 178-9.

[81] *CSPColonial, 1513-1616*, p. 425; *CSPColonial, 1630-4*, p. 516. In 1634 Haughton was supplying them with medicine chests: CPL, Annals, iii, 390. J. H. Appleby misses the wholesaling aspect of Woodall's work: 'New Light on John Woodall, Surgeon and Adventurer', *Medical History*, 25 (1981), pp. 251-68.

[82] From the mid-1620s onwards, vessels on foreign service received an allowance from the King for physical drugs, originally at £10 for every King's Ship, £5 for a merchantman, and £3 for every Newcastle ship, which was passed through the Barber Surgeons Company, who were responsible for impressing seamen: *APC, 1625-6,* p.70; *CSPDom, 1635-6*, p. 317; *CSPDom, 1655,* p. 497; *CSPDom, 1655-6*, p. 419. Later rates are listed in *CSPDom, 1667-8*, p. 600. The army in 1627 was receiving £25 per regiment for drugs: *APC, Jan-Aug 1627*, p. 275.

[83] *CSPDom, 1627-8*, p. 158. In later versions, this was reduced to the power to examine chests: *CSPDom, 1629-31*, p. 32.

rates.[84] The company seems to have accepted this so long as surgeons were allowed to make their own medicines or obtain them from another apothecary if they preferred, and Soulby did not charge more than the money allowed by the King for the chests.[85] However, complaints were soon being made that Soulby was not supplying medicines fast enough, was overcharging, and yet was refusing to allow another to assist him.[86]

This unstructured system was open to abuse. In 1664 the Barber Surgeons complained to the Navy Commissioners about apothecaries who were soliciting ship's commanders to choose a surgeon who had 'promised to fitt his chest with them'.[87] By 1672 Soulby's monopoly had been broken and John Pelling was supplying at least some parts of the navy.[88] The next year Pelling, together with William Clarke, Charles Watts and John Holme, put forward a plan to take a warehouse near the waterside in London from which surgeons should receive inspected medicines on credit at rates set by the Barbers Surgeons' Company and the Surgeon General.[89]

The inevitable corollary of the potential profit such mass institutional supply could bring was the excruciating slowness with which bills were paid. Only those with the best credit and an ample ability to carry such unpaid debts could comfortably take on these contracts, as the plaintive letter John Pelling wrote to the Navy Commissioners in 1673 bears testimony: Pelling was owed a substantial part of £477 he had charged for providing necessaries to almost 70 ships of the navy and if he was not paid, he wrote, stood 'in a faire way of being Arrested this day' by one of his sub-

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[84] *CSPDom, 1661-2*, p. 252. The privilege may have been in partial reward for 'special services' – probably spying – carried out by Soulby on the King's behalf: *CSPDom, 1663-4*, p. 223.
[85] *CSPDom, 1664-5,* p. 87.
[86] *CSPDom, 1665-6,* pp. 65-6, 275, 105, 371-2.
[87] *CSPDom, 1664-5*, p. 36.
[88] Soulby was still owed £1000 by the King for arrears at his death in 1685: PRO, PROB 4/6080.
[89] *CSPDom, 1673*, pp. 8-9. The proposal was subscribed to by fifteen surgeons. Another plan for a magazine of medicines at Apothecaries' Hall was proposed in 1693 by Richard Gibson: S. Pepys, *Private Correspondence and Miscellaneous Papers of Samuel Pepys, 1679-1703*, ed. J. R. Tanner, 2 vols. (London, 1926), i, 24. An undated scheme for the army was opposed by the Society later in the century: GL, MS 8304.

contractors.[90] As his letter further illustrates, these supplies were not manufactured by a single producer, but through webs of devolved production and credit.

Large-scale naval supply was a relatively new business, but big institutional arrangements had a long lineage in medicine. The oldest was the post of royal apothecary. This was, at least potentially, a full-time job: George Shieres, apothecary to James I throughout his reign, claimed he made medicines for the court only when resisting being moved into the Society of Apothecaries ion the 1620s.[91] Indeed, the demand for medicines for the royal households meant that the post was regularly subdivided, with different apothecaries for the King, Queen, Prince and household – which in turn multiplied the opportunity for crown profit from the fees paid to secure such appointments. Leslie Matthews was able to find twelve apothecaries with some form of royal appointment during James I reign alone.[92] These could be distinctly profitable positions despite the price paid to obtain them. It was not just medicines by prescription that were involved. The court utilised massive quantities of preventative medicaments, such as perfumes and scented waters, which were supplied to the various royal palaces and residences. Between July and September 1622 alone, the apothecary Joliffe Lownes supplied £57 worth of goods, mostly perfumes, to the court.[93] Political rewards might also accompany court office. In the 1670s, the royal apothecary James St. Amand sat in Parliament for the court interest.[94]

With the quality and accuracy of the medicines that were to be consumed by the royal family being of paramount importance, we might expect that the court would

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[90] PRO, ADM/106/283.
[91] PRO, STAC 8/44/9, f. 71v.
[92] Matthews, *Royal Apothecaries*, pp. 92-102.
[93] Society of Apothecaries, Archive, 'Bill of Joliffe Lownes to the Court, 1622'.
[94] B. D. Henning (ed.), *The History of Parliament: The House of Commons, 1660-1690*, 3 vols. (London, 1983), iii, 379-80.

be a bastion of tripartite practice with apothecaries producing medicines to order. But even royal apothecaries formed partnerships and worked with druggists. In 1605 John Wolfgang Rumler and Louis Lamyre (or le Mire) entered into a partnership to purchase the post of royal apothecary-in-ordinary jointly and then supply medicines together. Their association lasted until at least 1619 before dissolving acrimoniously, even though they were tied by kin – being married to two sisters – as well as business.[95] The operation had clearly been substantial. Lamyre eventually sued Rumler for money he claimed was still owed to him for medicines supplied to the court, asserting in his bill for redress that while acting as apothecary to the Queen and Prince Henry he had 'paid and disbursed to druggers and grocers tenne thousand pounds at the least'. This was merely one part of their business; he also noted that drugs worth £1000 had been sent to the King in Scotland, and various other sums were owed as well. Lamyre appears to have died a broken man, still petitioning the crown for payment in a sorry illustration of the risks of supplying the crown.[96]

Less daunting than the challenge of supplying – and then extracting payment from – the crown, were the various posts for apothecaries at the hospitals of London. These were, as the competition for positions shows, attractive opportunities. Competition for positions was often fierce. In 1661, St Bartholomew's Hospital, which had employed a permanent apothecary from at least 1571 and built its own apothecary's shop in 1614, chose Francis Bernard from a field of 26 applicants to replace the deceased William Greene.[97] Both Bernard's appointment and that of his successor Charles Feltham were aided by a royal letter of support, as was William Rowswell's application for the apothecary's post at St Thomas's Hospital, a measure both of the political complexion of the London Hospitals during the Restoration and

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[95] PRO, E112/203/33 (Lamyre c. Rumler), f. 1.
[96] Matthews, *Royal Apothecaries*, pp. 89-90.
[97] N. Moore, *The History of St Bartholomew's Hospital*, 2 vols. (London, 1918), ii, pp. 227-8, 705, 711.

the value put on these positions.[98] Irrespective of political interference, throughout the century appointments tended to go to well-established apothecaries normally a decade or more after they had taken their freedom; these were not positions for aspirant newcomers in the manner of the hospital posts that physicians took in the eighteenth century.[99] Where appointments in the seventeenth century came sooner, as with William Greene's employment by St Bartholomew's in 1646 or Richard Seeley's at St Thomas's in 1666, respectively two and four years after they had taken the freedom, the apothecaries in question had been apprenticed to their predecessors at the hospitals.

The financial rewards of hospital positions could be high at times. During the civil war, James Rand received £300 for medicines supplied to Ely House Hospital over two months in 1652.[100] However, more representative of regular incomes for hospital apothecaries was the salary at St Thomas's, where in the second half of the sixteenth century the apothecary was paid around £40 per year for his labour and drugs. This increased to £60 in 1629, £180 in 1636, and £200 in 1669.[101] But even at these levels, the physicians and apothecary admitted they were not using the best medicines because of their cost.[102] For most hospital apothecaries, the main advantages of the posts seem more likely to have been the combination of a stable income with a prominent position and reputation.

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[98] Feltham's appointment occurred in 1678: Moore, *St Batholomew's*, ii, pp. 711, 715-6; E. M. McInnes, *St Thomas' Hospital* (London, 1963), p. 51. John Pelling was appointed to Bethlem Hospital in 1685 on similar grounds: J. Andrews, 'Bedlam Revisitied: A History of Bethlem Hospital, c. 1634 - c. 1770' (London University, Ph.D. thesis, 1991), pp. 261-2.
[99] W.F. Bynum, 'Physicians, Hospitals and Career Structures in Eighteenth-Century London', in W. F. Bynum and R. Porter (ed.), *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), p. 118.
[100] PRO, E 351/1784. On Rand: Webster, *Great Instauration*, pp. 297, 301.
[101] McInnes, *St Thomas'*, pp. 30, 50, 52.
[102] *Ibid.*, p. 50.

Although, as these various examples show, apothecaries had a very important place in the manufacturing of medicines in early modern England, they had no real monopoly in this activity – whatever their charter might suggest. Numerous other sixteenth and seventeenth century practitioners made up their own medicines. These were sometimes secrets such as the tasteless purgative that Humfrey Johnson, a maker of painters' brushes, was selling in 1585, or the 'aqua celestis' Paul Fairfax was selling by pamphlets full of 'arrogance and ostentation' in 1588.[103] Others, such as Robert Eyre or Moulter, a German irregular, made up medicines for use in their own practice.[104] Some practitioners would clearly have found it hard to choose between describing themselves as either a physician, surgeon or an apothecary. Edward Malton, for example, who kept a shop in St Andrew's Holborn in the 1620s, claimed that he had trained first among physicians and surgeons, and then learnt how to make medicines from an apothecary he kept in his house.[105]

Among regular practitioners, surgeons in particular frequently made and sold their own medicines. Technically, surgeons were only meant to make the drugs for external use by their patients, not medicines to be taken internally. However, on several occasions the Society of Apothecaries pursued surgeons who were making internal medicines.[106] The College of Physicians also recorded several surgeons making internal medicines: for example, Thomas Collins, who sold his pills to other surgeons, Martin Browne, described as an 'unscrupulous charlatan' who 'acted as an apothecary at his house', or William Foster of Fenchurch Street, who was summoned by the College for having a notice offering a powder against green-sickness at the entrance to his house.[107] The surgeon and man-midwife Peter Chamberlen had a shop

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[103] CPL, Annals, ii, 37, 54.
[104] CPL, Annals, iii, 191, 248.
[105] PRO, STAC 8/44/9, ff. 72v-73v.
[106] See above, p. 92.
[107] CPL, Annals, ii, 180; iii, 52, 94.

large enough to employ as servants the three surgeons to whom he bequeathed it and its contents – with the exception of the 'Confectio Alcarnus, Amergrice, Muske, Civett and pearles' which he reserved for his executors.[108] In its petition for a new charter in 1627, the Barber Surgeons' Company sought to regularise this habit.[109] In contrast, evidence of regular physicians making medicines is scarce prior to the 1660s. The only visible exception was Stephen Bredwell, who was censured by the College in 1610 for saying that 'he would make up medicaments in his own home and sell them and engage apothecaries'.[110]

Part of the problem the apothecaries faced was the way medicines' boundaries blurred into other occupations. The most obvious example is the distillers, whose role in the retailing and wholesaling of medicines was important throughout the century. The very establishment of the Society had been opposed by a petition from 'merchants, grocers, druggists, comfitmakers, and distillers' who claimed to number 600 in total. In turn, when the Distillers' Company was incorporated in 1638 with the patronage of Theodore de Mayerne, who had earlier supported the apothecaries separation, it was against the opposition of the Society.[111] In the years before gin took off, the production of medicines, in particular, aqua vitae, was a major part of the distillers' work. The *Pharmacopoeia Londinensis* included 82 simple waters (based on single ingredients, normally herbs or flowers), and 23 compound waters, such as Aqua Imperialis and Aqua Theriacalis, many of which required several days to manufacture.[112] Dedicated distillers were able to offer a wide range of medicines for sale without the Society having any means to prevent them.

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[108] Will dated 29 Nov 1631, quoted in Aveling, *Chamberlens*, pp. 11-2. The servants were Thomas Price, George Crawley and Francis August. Crawley or a namesake numbered among the surgeons nominated by the Barber Surgeons' Company to serve the city during the 1636 plague: GL, MS 5257/5, f. 212.
[109] *CSPDom, 1627-8*, p. 158.
[110] CPL, Annals, iii, 22-23; On the 1660s and 1670s campaigns, see Chapter Three.
[111] GL, MS 8292; Berlin, *Distillers,* pp. 7-19.
[112] *Pharmacopoeia Londinensis*, 2nd. edn. (1618).

Secret remedies

Distillation was not just an technology overlapping with the margins of the apothecaries' work. It also had close associations with one of the major elements of commercial pharmacy: the manufacture of what was sometimes described as 'secrets', proprietary medicines such as 'Sir Walter Raleigh's Water'. Such proprietary remedies, with the heroic self-dosing and quacks' puffery that accompanied them, epitomise the eighteenth-century commercialisation of medicine.[113] In practice, however, it is very difficult to measure growth in the use of proprietary medicines: they neither survive in inventories to be counted by historians, nor feature in contemporary price and trade statistics. [114] Without evidence for the scale and value of the trade, the late seventeenth-century expansion of printed advertising in handbills and newspaper has been taken as indicating a parallel growth in the trade in these remedies. While attractive, it is an argument which problematically assumes that print was necessary for marketing.[115] That proprietary medicines had an important part in the development of handbill and newspaper advertising is no reason to assume that print advertising was playing an equally significant role in the rise of proprietary medicines.[116] Nearly all other commodities were sold successfully without the help of

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[113] R. Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester, 1989), pp. 49-51, 87, 106-7, 111.

[114] The best study of patent medicines to date remains: Porter, *Health for Sale*. See also: J. Styles, 'Product Innovation in Early Modern London', *Past and Present*, 168 (2000), pp. 148-53. Studies of particular secrets include: J. K. Crellin and J. R. Scott, 'Lionel Lockyer and His Pills', in *Proceedings of the XXIII International Congress of the History of Medicine* (London, 1974), pp. 1182-86; W. A. Jackson, 'Grana Angelica: Patrick Anderson and the True Scots Pills', *Pharmaceutical Historian*, 17 (1987), pp. 2-5.

[115] Porter, *Health for Sale*, pp. 44-7; L. H. Curth, 'The Medical Content of English Almanacs, 1640-1700' (London University Ph.D. thesis, 2001), pp. 240-46.

[116] R. B. Walker, 'Advertising in London Newspapers, 1650-1750', *Business History*, 15 (1973), pp. 112-30; P. S. Brown, 'The Vendors of Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 19 (1975), pp. 352-69; P. S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 (1976), pp. 152-68.

print, and, as Jonathan Barry has emphasised, even in medicine the vast majority of quacks used more traditional forms of delivery.[117]

It is not difficult to find evidence for sixteenth and seventeenth century proprietary medicines. For Italy and France, David Gentilcore has highlighted the widespread popularity of commercial proprietary medicines, the most famous of which was the Orvietan.[118] In England, many similar remedies seem to have been promoted by regular and itinerant healers, using hand-bills and posters that may have been printed, if not circulated as widely as they would be later, as well as personal displays.[119] Admittedly, secrets were sometimes truly private concerns, the focus of obsessive research by natural philosophers and chemists like Sir Thomas Smith, John Hester or Roger Crooke.[120] But they could also possess a significant commercial value. Both Fairfax's 'aqua celestis' or Johnson's tasteless purge, mentioned earlier in the chapter, fit a definition of proprietary medicine based on secrecy, branding and broad applicability. There are numerous other examples. Simon Forman, who had been apprenticed to a grocer-apothecary, made 'motch mony' from a strong water for the stone he produced.[121] In 1640, a distiller named Phillips who produced Sir Walter Raleigh's water appeared before the College and was obliged to promise not to sell it again with notes directing its use.[122] The surgeon John Woodall thought that the secret of his 'aurum vitae' was so precious that he left it to only one of his sons, Thomas, in his will – although with the condition that Thomas supplied one and a half ounces to

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[117] Walker, 'Advertising', pp. 125-6; J. Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in W. Bynum and R. Porter (ed.), *Medical Fringe and Medical Orthodoxy, 1750-1850* (London, 1987), pp. 29-39.
[118] Gentilcore, *Healers*, pp. 96-101.
[119] Irregulars posting bills are noted in: CPL, Annals, ii, 199 (4 Sept 1607), iii, 498 (4 Oct 1639), iv, 16 (1 Jun 1649).
[120] Webster, 'Alchemical and Paracelsian Medicine', pp. 315-16.
[121] Kassell, 'Simon Forman's Philosophy of Medicine', pp. 18, 68.
[122] CPL, Annals, iii, 511. See also: John Nott's Elixir; Christopher Beane's 'magical oil'; Dr Anthony's 'Cordiall Pill'; an electuary sold under Mr Newton's name: CPL, Annals, iii, 107 (9 Jan 1618, 6 Feb 1618), 330 (13 Apr 1632), 513-4 (3 Dec 1640).

his siblings each year.[123] Even the value of a good brand-name was clearly already well-known. In the 1630s, Stephen Bradwell was promoting his medicines as the secrets of grandfather, John Banister, a well-known surgeon and author of the popular *Antidotarie*.[124] Around the same time, Theodore de Mayerne became the victim of one medical entrepreneur, and appealed to the College for assistance against a minister, Mr Evans, who was 'abusing his name about his Antimoniall Cup'.[125]

Despite their later association with the worst excesses of quackery, the creation and sale of such secrets in the seventeenth century and before was not restricted to those beyond the pale of orthodox medicine. The quacks that the physician John Caius condemned in 1552 for selling their 'Aurum potabile, or quintessence, by drynkes of great and hygh prices' appear to have been cut from much the same cloth as the orthodox physicians bragging of 'their *confusions* and *miscellanies* of medicines, which they call *magistrall* Receits' that Noah Biggs damned in 1651.[126] The creator of one of the most successful proprietary medicines, 'Anderson's Scots Pill', was a prominent physician in the early seventeenth century, who possibly served Charles I.[127] Similarly, both 'Goddard's drops' and Maynwaring's 'Extract' were the products of vocal champions of the College of Physicians against the apothecaries.[128] The sale of such remedies put physicians in direct competition with apothecaries. But the picture was not as clear as this might suggest: in the 1630s, when another of the fellows of the College, Dr Brovaert, was accused by an apothecary, Harrison, of having a powder 'which he sold at a very high figure' and for which refused to write a clear receipt, instead writing 'riddles', he

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[123] Appleby, 'Woodall', p. 259.
[124] S. Bradwell, *Physick for the Sicknesse Commonly Called the Plague* (London, 1636), pp. 52-3; S. Bradwell, *Watch-Man for the Pest* (London, 1625), sig. H2ii^{v}.
[125] CPL, Annals, iii, 421.
[126] J. Caius, *A Boke, or Counseill against the Disease Commonly Called the Sweate* (1552), ff. 28r-28v; Biggs, *Mataeotechnia Medicinae*, p. 24.
[127] Jackson, 'Grana Angelica', p. 2
[128] *Lex Talionis*, pp. 6, 12.

defended his secretiveness on the grounds that 'the apothecaries dealt very unfairly with us'.[129]

Broevart's caution was widely shared. Accusations were frequently made that, as the physician Timothy Clarke, put it: 'every good medicine that my Doctor had, came into the hands of my Apothecary for a fee or two, and after that, both I and all my Friends could readily command it, and Mr Doctor never the wiser'.[130] The dispute between the apothecaries Clapham and Colwell in 1613 over who had the right to sell Walter Cary's remedy for the stone indicates an element of truth in this charge.[131] Because their value resided in their secrecy, proprietary medicines were even more vulnerable to piracy. Although their craft was generally understood as centring on preparing known medicines, apothecaries did deal in proprietary medicines. Sometimes this was possibly as retailers of another's product. Shepheard gave Dr Turner's Bezoartical Powder to a patient in 1634, while William Townson, one of the apothecaries whose inventories was examined earlier, stocked 'Corect Salt for Matthews Pill' alongside his array of more traditional simples.[132] But in the 1630s a number of apothecaries do seem to have had their own eponymous secrets, for example, 'Cook's Pills', 'Cooks Golden Egg', 'Edward's Cordiall Water' and 'Holland's Bottles' (a purge), all of which were named after the apothecaries who were, at least ostensibly, their inventors.[133] Similarly, later in the century, John Conyers, an apothecary and fellow of the Royal Society promoted his essence of mineral waters.[134]

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[129] CPL, Annals, iii, 286-87.
[130] Clerke, *Some Papers Writ in the Year 1664*, sig. A2^{iiv}.
[131] CPL, Annals, iii, p. 51 (3 Dec 1613); Roberts, 'Apothecaries', p. 203.
[132] CPL, Annals, iii, 409; CLRO, MC1/199B.38.
[133] GL, MS 8286, f. 22.
[134] BL, Sloane, 958, f. 2.

Secrets also featured in the international trade in medicines. Despite the opposition of the College, which sought to limit practice to the contents of the *Pharmacopoeia* or the compositions of learned physicians, imports included secrets and proprietary medicines from abroad, such as the 'precious antidote against poison' that Dr Domingo was offering for sale in 1610.[135] Two years earlier, when several Italians, John Francis Saporanus, Philip Bernardinus and John Fleming, were summoned for importing medicines and charms, one of them, Bernardinus, claimed that 'if he had distributed these fifty doses another thousand or two would have to be imported'.[136] Plausibly such medicines lacked the circulation or volume of production of their eighteenth century successors, but localised consumption should not be dismissed out of hand. Prior to the late seventeenth century proprietary medicines were already a significant part of the medicinal mix.

The status of secret remedies was highly uncertain. While the College generally opposed their use, they could and did receive strong support from many medical practitioners and influential lay patrons. Monarchs, in particular, proved willing to spend substantial sums to obtain access to famous secret remedies, such as Robert Tabor's febrifuge, a preparation of Jesuit's bark, the secret of which Louis XIV bought.[137] The College was in practice sometimes willing to accept such activities, even among non-members, especially when its own patrons had already favoured the remedy in question. In 1651, for example, it confirmed the certificate which John Puncteau, a French peddler of a 'balsam and antidote', had previously

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[135] CPL, Annals, iii, 28.
[136] CPL, Annals, ii, 214.
[137] R. Talbor, *A Rational Account of the Cause and Cure of Agues* (London, 1672); *DNB*. Also: M. Pereira, '*Mater Medicinarum*: English Physicians and the Alchemical Elixir in the Fifteenth Century', in R. French, et al. (ed.), *Medicine from the Black Death to the French Disease* (Aldershot, 1998), pp. 26-52.

been granted from Oxford University, the House of Lords, and the royal physicians for his medicine.[138]

Anthony Daffy and his Elixir

Without details of how widely proprietary medicines were promoted and retailed in the seventeenth century, it has been impossible to assess the development of this aspect of medicine. In one case, however, it is possible to remedy our ignorance. The fortunate survival of a single account book for the late 1670s and early 1680s owned by Anthony Daffy, manufacturer and distributor of 'Daffy's Elixir Salutatis', offers us a window into a trade that was clearly already well-established.[139] Daffy's 'Elixir Salutis' was one of the most successful of all proprietary medicines. It is of particular interest because, although pamphlets endorsing its use were printed by Daffy, there appears to have been little other advertising of the Elixir in the seventeenth century.[140]

Despite its low profile, the Elixir was an eminently successful remedy, presumably on the back of the many other techniques of salesmanship contemporaries employed.[141] Particularly noted for its worth against colds and fevers, it had apparently invented by Thomas Daffy (1616/7-1680), a priest before and after the revolutionary decades, who may have produced his cure to make an income after

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[138] CPL, Annals, iv, 40. The grant was confirmed in 1661: *ibid.*, iv, 108. De Mayerne had in 1630 opposed granting permission to Puncteau: *CSPDom, 1629-31*, pp. 223, 228.
[139] The account book survives among the chancery master's exhibits: PRO, C 114/59. The box contains three other manuscript books which relate to an apothecary's or druggist's business, although it is uncertain if this was Anthony Daffy's shop. The identity of the account book escaped notice because the first 7 folios are out of place, and the title 'Anthony Daffy his Dept Book January the 1 1677' is on f. 8. The account book is roughly 40cm x 20cm in size, and consists of paper pages bound in a marbled paper cover paper. It contains 154 folios, not all of which are used.
[140] Curth, 'English Almanacs', p. 257.
[141] For a recent critique of the emphasis on print advertising in histories of consumption, see: C. Walsh, 'The Advertising and Marketing of Consumer Goods in Eighteenth Century London', in C. Wischermann (ed.), *Advertising and the European City* (Aldershot, 2000), pp. 79-95.

being ejected from his living by Parliamentary visitors in 1648.[142] Anthony Daffy presumably obtained the recipe from Thomas some time before 1675. Although the two men were probably related, the Elixir was possibly transferred under some form of contract or in part payment for a debt, as Anthony Daffy's account book contains notes of various sums repaid by Thomas.[143] Its principal ingredient, at least by the nineteenth century when it was included in numerous recipe collections, was the laxative seed senna; helpfully, brandy was also included in the remedy. The success of the Elixir was such that it was still being made on a large scale in the early twentieth century. Indeed, its impact was not restricted to England: the Elixir was widely advertised in American newspapers in the eighteenth century, and on the continent the recipe was included in pharmacopoeias up to the twentieth century.[144]

The value of the Elixir in the seventeenth century is apparent in the tortuous legal and personal events that lay behind the survival of this account book. According to his wife and children, Anthony Daffy had intended to pass the knowledge of the making of the Elixir on to his two young daughters, Mary and Martha, to provide them with an income, leaving his estate to his son Elias, who took his M.B. at Cambridge and later probably practised medicine in London.[145] Such dynastic schemes are a common feature of the histories of proprietary medicines: Patrick Anderson left his Scots Pill to his daughters, while Lionel Lockyer left his pill to his nephew, John Watts.[146] Before his death in February 1685, Daffy duly entrusted his

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[142] *DNB*; Foster, *Alumni Oxoniensis*, i, 366.
[143] Account Book, f. 96. Another probable relative, Daniel Daffy of Nottingham, also repaid debt to Daffy: f. 113.
[144] Advertisements for American sales are noted in: D. L. Cowen, *The New Jersey Pharmaceutical Association, 1870-1970* (Trenton, NJ, 1970), p. 117-18; J. H. Young & G. B. Griffenhagen, 'Old English Patent Medicines in America', *The Chemist and Druggist* (29 June 1957), pp. 714-22; Young, *The Toadstool Millionaires* (Princeton, 1961), pp. 7, 9. A German recipe for 'Daffys Blutreinigendes Elixir' (roughly translatable as 'Daffy's Bloodcleansing Elixir') was included in E. Hahn & J. Holfert, *Spezialitaeten und Geheimmittel: Ihre Herkunft und Zusammensetzung*, 6th edn. (Berlin, 1906). I am grateful to A. Helmstaedter for this information, and to U. Schmidt for the translation.
[145] Venn, *Alumni Cantabrigensis*, i, pt. ii, 468.
[146] NLS, MS 6295, 'Dr Anderson, Certificate Relating to his Pills'; Jackson, 'Grana Angelica', p. 2; Crellin and Scott, 'Lionel Lockyer', p. 1184.

wife, Ellen, with this information, making her promise to pass it on to his daughters, the eldest of whom was only 12. In July 1685, soon after his death, Daffy's widow Ellen married Charles Trubshaw, a young man who had been educated at Trinity College, Cambridge and in 1683 had entered Gray's Inn.[147] Daffy's plan collapsed after Trubshaw found various papers including the recipe for the Elixir among her possessions. Claiming it as his marital right, he began to keep the profits from the Elixir for himself.

With the basis of their estates in another's hands, Mary and Martha Daffy brought a suit against Charles Trubshaw and their mother in Chancery in 1688, claiming the recipe and profits from the Elixir, together with jewels and moneys they claimed to be owed from their father's estate. By this point Ellen and Trubshaw's marriage seems to have broken down over the ownership of the Elixir and several £1000 bonds that she had taken to provide her daughters with dowries, and the suit was brought by Mary and Martha on her prompting. In response, Trubshaw denied that any agreement had been made between Anthony and Ellen, and attacked the notion that she could keep the profits from the Elixir from her husband. The case dragged without resolution and seems to have consumed the daughters' estates in legal costs. The eventual outcome is unclear.[148] Certainly Trubshaw did not stop producing the Elixir. In 1719 he was still publishing advertisements offering the

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[147] Venn, *Alumni Cantabrigensis*, i, pt. iv, 168.

[148] The suit was particularly complex. At least two other suits against Trubshaw were launched at the same time (Daffy, Daffy and Daniel Parsons c. Trubshaw, relating to shares in two ships owned by Daffy, and Daffy, Daffy and Richard Thomson c. Trubshaw, relating to a bill drawn on Thompson for payments for the Elixir). Eventually all of these were dealt with at the same hearings. At least one other suit was launched by the Daffy sisters against John Wyne on the same issue (accusing Wyne of aiding Trubshaw in seizing their estate). The bill of complaint and answer of Daffy c. Trubshaw are in: PRO, C9/124/53, the proceedings can be traced through: PRO, C33/271, ff. 180b-81a, 189a, 249b-50a, 347b, 631b, 687a; C33/273, ff. 30a, 93b-96b; C33/277, ff. 578b-79a; C33/279, ff. 159b, 878b, 880a, 883b, 882a, 886b, 243b, 876b, 837a; C33/281, ff. 845a, 847b, 849a, 850b. A further suit by the Daffy sisters against Trubshaw was entered in 1697 alleging that Trubshaw had received more of the debts due to their father than they had previously known: PRO, C5/155/53, C33/291, ff. 151a-51b.

remedy for sale from his house in Salisbury Court, London, although by then Ellen had died.[149]

The early promotion of Daffy's Elixir is known through surviving broadsides from the late seventeenth century. The earliest of these is dated 1675, although in that text Daffy claims to have already been selling the remedy for over twenty years. The medicine is described in the typical puffing style so aptly discussed by Roy Porter.[150] The powers attributed to the Elixir are somewhat greater than later recipe collections claimed: not only was it good for the gout, it was effective against the stone and gravel in the reins, an exulceration in the kidneys or mouth of the bladder, languishing and melancholy, shortness of breath, collick, griping in the guts, the ptissick, green-sickness, surfeits, scurvy and dropsy, coughs, wheezings, consumptions and agues, mother and spleen, fits of the mother, and rickets. Indeed, Daffy asserts that:

> There is not one Disease able to withstand, but is through God's blessing subject unto *my Drink's* innocent, powerful, and miraculous operation (God's appointed time for the *Patient's Dissolution* being not come)[151]

Already, he was making use of safeguards against rivals (apparently one Thomas Hinde was making a false version of the drink), with his seal in red wax being affixed to each pamphlet and bottle in order that customers could be sure that they were buying the real elixir.

The medicine was sold through numerous and wide-ranging outlets. As well as Daffy's own house at Prujean's court, by the Ship Tavern in the Old Bailey, the medicine could be purchased from any of 33 different dealers in London and Westminster. The 1675 pamphlet was probably printed specifically for the

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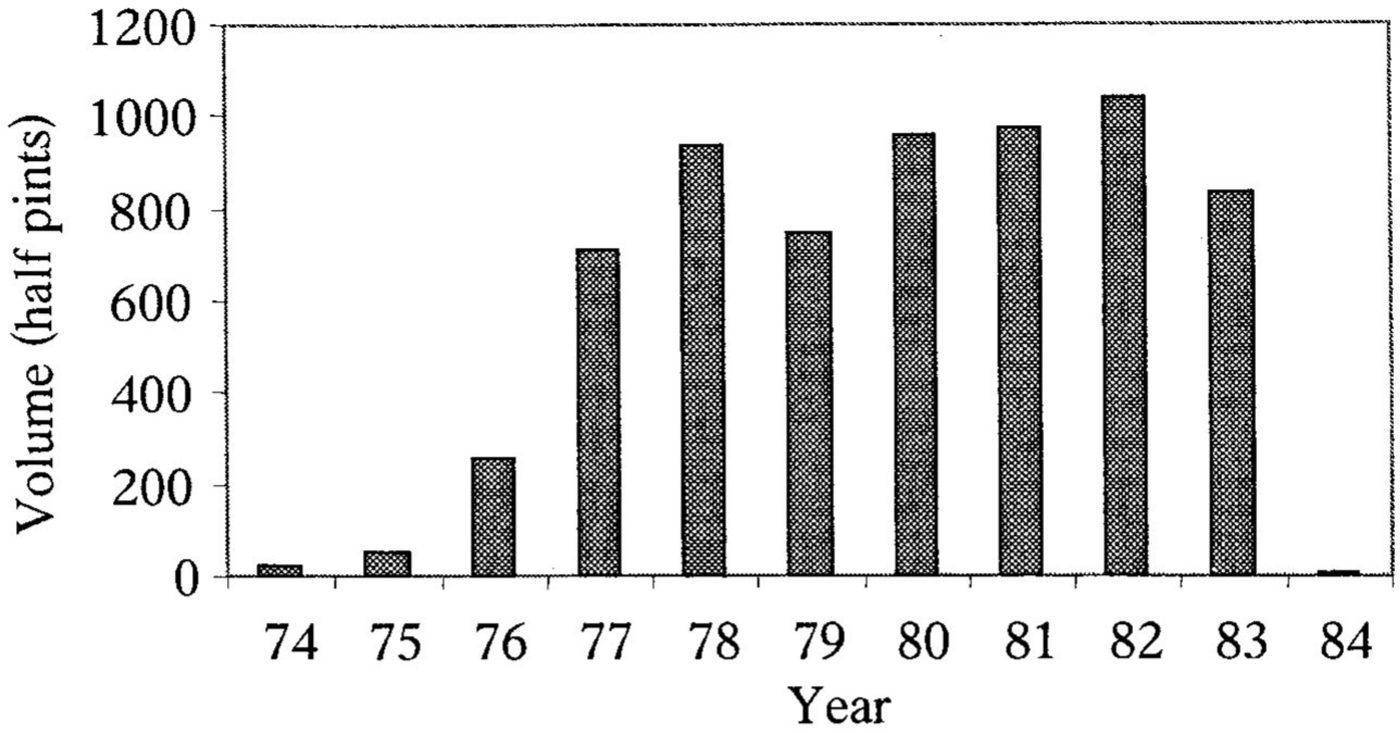
[149] C. Trubshaw, *Elixir Salutis* (London, 1719). An edition survives in the Wellcome Institute Library.
[150] Porter, *Health for Sale*.
[151] A. Daffy, *Elixir Salutis* (London, 1675), p. 6.

metropolitan market and only lists dealers in and around the city. Provincial dealers were listed in great detail in later editions of the pamphlet published after Daffy's death by Trubshaw. A 1693 pamphlet which uses much the same text as the 1675 edition (although Daffy's diatribe against Hinde had been deleted) contains a guide to 110 retailers arranged by county, but does not include any who are based in London, implying that a separate advert for the metropolis was also available.

Daffy's account book allows us to flesh out the business behind this picture. The book runs from 9 March 1674 to early 1684. It was originally part of a longer series of account books which no longer survive, and for several years it overlaps with an early volume – accounts were entered in this book as the previous book filled up. The book is a record of shipments of Elixir sent outside London, the debts of the recipients, and the payments received from them. Sales within London (whether wholesale or retail) were presumably contained in a separate volume which does not seem to survive or were dealt with less formally. Each of the dealers to whom Daffy supplied Elixir during these years has an entry, mostly over two facing pages headed with the name and address of the person. The accounts for his most important customers sometimes run over onto additional pages at the rear of the book. The format follows standard contemporary accounting practice: on the left-hand page are lists of quantities of Elixir delivered on account; on the right-hand page are sums received (often crossed through to indicate payment). The entries also include memoranda relating to a particular agent, noting the name of the ships used and such like.

Daffy's trade in the Elixir was on a massive scale. Over the eleven-year period covered by the book he sent over 65,000 half-pints – 4,000 gallons – of the Elixir to

Figure 6.1: Volume of Elixir despatched annually



Note: The apparent rise in sales from 1674-8 reflects the shift from an earlier account book, which does not survive.

various agents throughout England, Europe, and beyond in over 1000 separate consignments. For the years which the account book covers most fully, 1678 to 1683, an average of over 9,000 half-pints a year were dispatched. The vast majority of the Elixir was sent in half-pints, although quarter-pints were occasionally used, normally packed into standardised chests of 12, 24, 36 or 48 bottles for travel.

The cash value of Daffy's trade was equally impressive. He sold the majority of the Elixir at 2*s* 6*d* for a half-pint bottle wholesale, the same price that it was retailed for in London, and sometimes raised the price to 3*s*. This was more than Clarke's Spirit of Scurvy Grass (1*s* a bottle), but the same price that Charles Peter charged for his Cordial Tincture – who also employed the same device of using a seal as a token of authenticity.[152] The total value of the Elixir which Daffy dispatched in these years, excluding balances paid for earlier accounts, was over £8,000. From 1678 to 1683, he was sending out from London an average of over £1,000 worth of Elixir

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[152] Advertisement for Henry Clarke's 'Spirits of Scurvy Grass Compound', Wellcome Library, EPB/Ephemera, BF 39(b); Charles Peter, *The Cordial Tincture, Prepared by Charles Peter Chyrugeon at His Bathing House in St Martins-Lane near Long Acre* (London, 1685).

each year, with consignments leaving year-round and only a minor lull from December to February.

This was far from being a local trade. The extensive availability of the Elixir across England is clear from the pamphlets Daffy and his successors published, as well as from the Account Book. In England in 1693 the Elixir was sent to 121 agents in 37 counties (only Cumberland, Cheshire and Rutland did not have their own outlet). Daffy seems to have encouraged the spread of the Elixir by allowing his agents local monopolies of its sale. Over a quarter of agents were the sole dealers being supplied by Daffy in their county (though the Elixir might not be the only proprietary medicine they sold: the Newbury bookseller Church Simmons also retailed Peter's Cordial Tincture, for example). The Account Book supports this picture: agents do not seem to have been selected randomly. In only one case, Yarmouth, did Daffy supply Elixir to two agents based in the same town at the same time, and then only briefly.

The Elixir was not even just an English phenomenon. Daffy's agents were spread across the globe, throughout the English colonies and major trading posts, and across Western Europe and beyond. He had 38 agents abroad, mainly in Scotland, France, Ireland and New England. Some of these, particularly John and Elizabeth Ainsworth, based in Amsterdam, and the Edinburgh merchant William Blackwood (described initially as a 'junior merchant'), received huge volumes of Elixir. The Ainsworths were Daffy's most important clients, purchasing over £2000 worth of Elixir over the period covered by the Account Book, while Blackwood took over £800 worth. In addition to these permanent dealers, the Elixir was regularly sent on

Table 6.3: Foreign exports of Elixir

Country	Volume (half pints)	Value (£)	% of total in account
Holland	14284	1785.5	21.80
Ireland	6370	796.3	9.72
Scotland	6106	763.3	9.32
France	1495	205.1	2.50
overseas*	667	85.3	1.04
Portugal	655	105.1	1.28
New England	472	59.6	0.73
Spain	574	71.8	0.90
Tangier	192	24.0	0.29
Jamaica	150	18.8	0.23
East Indies	96	14.4	0.18
Venice	24	7.2	0.09
Leghorn	18	2.4	0.03
Total abroad	31104	3938.6	48.10

Note: * volume sent 'overseas', is that despatched on merchant ships without a definite destination.

merchant voyages to be sold wherever a market was found. Daffy personally owned a share in at least one ship, *The William and Mary*, and was involved in building another, *The Arabella*, at the time of his death.[153] Between them, foreign dealers and merchant ventures consumed almost half of the Elixir dispatched from London.

The distribution network for the Elixir included agents from a wide array of different trades and occupations. As might be expected, by far the most numerous were merchants (21) and booksellers (17).[154] Grocers (6), coffee-sellers (6),shoe-makers (4), ship's commanders (4), and distillers (3) also stand out as reasonably common occupations among Daffy's agents. Interestingly, medical practitioners are notable by their absence. Two surgeons, Robert Torr of Dorset and John Mead of Essex, both purchased small amounts of Elixir, but no physician or apothecary

[153] PRO, C33/273, f. 95a. In 1684, Daffy had been sued for £100 in payment for another voyage he had jointly hired: PRO, C9/426/120.
[154] Booksellers were prominent in the trade in proprietary medicines, the connection being rooted in the importance of print advertising to the trade.

appears to have taken any of Daffy's Elixir, suggesting that parts of the proprietary medicine trade could be quite separate from the regular medical world.

Daffy received payments for the Elixir less frequently than packages were dispatched. However, he was did not extend indefinite credit to his agents. Few failed to pay for at least some of the Elixir they received within the period of coverage of the account book. Only 43 out of 122 agents who were sent Elixir before the end of 1682 (and who received none during 1683, so excluding ongoing accounts) failed to give some form of payment by the end of 1683. Those who did not pay almost never received more than one consignment, indicating how important the development of trust was in obtaining credit.[155] Taking the same set of agents and period, Daffy's cash receipts came to 64.3% of the face value of the Elixir he dispatched, at the price he charged agents.

When the entire account book is balanced the figures look much better. Daffy recorded the dispatch of Elixir worth £8,543, and the receipt of £6,735 in payments (including balances outstanding from the previous account book), or 78.8% of the face-value of the Elixir. Non-payment was more of a problem with agents abroad, where both distance and the near impossibility of legal action conspired against repayment. Twenty-one foreign agents who had been sent batches of the elixir prior to 1683 had paid nothing by the end of 1683. Foreign non-payment was not only more common in proportion to the number of agents, it was more costly: initial consignments to destinations abroad were larger than those sent into provincial England (averaging over £12 compared to under £5 for the provinces), reflecting the need to transport in greater bulk where supply was more difficult and slower.

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[155] This group were selected on the grounds that they had at least a year in which to pay Daffy. In excluding those receiving Elixir in 1683 it skews figures in favour of non-payers, as a number of Daffy's principal agents received Elixir during the entire period.

Despite these problems with payment, it is clear that the Elixir had brought Daffy substantial wealth. Daffy's unexpected death in 1686 (he was intestate) left his estate in some chaos, but he was without doubt a wealthy man. His house in the parish of St Martin Ludgate, London, was large and richly furnished: the house contents, a coach and chariot, plate and linen were worth in total £239. In addition, Daffy left £50 worth of Elixir and £100 in cash. There was also a farm and house in Essex, Thundersley Lodge, with furniture, tools and livestock valued at £257. The total value of the debts due to his estate was £1205, of which just under half had been received by the time the inventory was compiled in March 1685.[156]

The Elixir, like most of its rivals, was a medicine being retailed outside the world of regular medical practice. Unlike Coningsby and Estwick, or the druggists and wholesaling apothecaries discussed above, Daffy was not involved in business with apothecaries, even as retailers of his Elixir, or the production of other medicines. The scale of his trade, its complexity, and its success all serve as reminders that even commercial medicine extended far beyond the apothecaries' shop. Daffy's business may have been unusual, but the Elixir was not.

Conclusion

If proprietary medicines have a distinctive common characteristic, it is that they allow the user to avoid a medical consultation. A remedy such as Daffy's Elixir was sold in a manner carefully tailored to allow self-prescription and self-treatment. No doubt this explains much of its popularity. Proprietary medicines were at one end

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[156] PRO, C9/124/53.

of a long spectrum of medical commodities, the other end being the physician-authored prescription targeted at a specific disorder. Both might draw upon ingredients that came from lands that were barely-known; equally, they might involve no more than the garden produce of the local area. Moreover, neither proscribed the use of the other. This chapter has examined the supply of drugs, and the organisation of the production and trade in medicines that allowed practitioners and the sick to have access to such an extensive variety of remedies, so long as they could afford them. We have been concerned with how apothecaries worked, what they sold and who they traded with. This also expanded our focus to include some of the other participants in the production and provision of medicines in London, particularly druggists, such as Coningsby and Estwick.

The complexity of the business networks that were involved in pharmacy was almost certainly not a new development. In organisation, the trade in pharmacy in the seventeenth century was probably little different to pharmacy in the fifteenth or sixteenth century. Many of its characteristics were dictated by the particular nature of the product. Galenic medicine may have been reformed by sixteenth century humanists, but their predecessors had the same taste for complex and often exotic medicines. Similarly, for all their efforts, Paracelsian and Helmontian practitioners seem to have expanded, rather than radically altered, the *material medica*. While medicines such as theriac or mithridatium were popular, sophisticated systems of mass production, wholesaling, and extensive distribution were likely to develop.[157]

However, what does appear to change over the sixteenth and seventeenth centuries is the scale of the market for these medicines, helped by urbanisation and

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[157] On medieval specialisation and wholesalers, see: Rawcliffe, *Medicine and Society*, pp. 150-3.

the growth of consumption among the middling sort, which apothecaries and other suppliers of medicines harnessed new technologies, such as print, to exploit. We might seek to identify crucial moments in this development, such as the fall in drug prices in the early seventeenth century, or the explosion of advertising after 1660, but such turning points are likely to obscure the more gradual process by which a growing proportion of the population looked to the marketplace for their medicines. What does seem reasonable to suggest is that, given the very serious purpose for which most medicines were bought, apothecaries and their wares would be at the forefront of any expansion in the boundaries of 'consumption'. The indicators of consumption should not be limited to the countable household goods newly favoured by the late-seventeenth century middling sort: clothing and food in particular allow conspicuous 'luxury' consumption by a broader span of society.[158] Arguably, the almost endless ability of apothecaries to allow customers to trade upwards from cheap and simple remedies to expensive, complex and ideally more potent ones, meant that drugs would inevitably form a similar – if less obvious and often invisible – category of product.

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[158] L. Weatherill, *Consumer Behaviour and Material Culture in Britain 1600-1760* (London, 1988); C. Shammas, *The Pre-Industrial Consumer in England and America* (Oxford, 1990).

7.

'MULTIPLEX PRACTICE'

MARKETPLACES, PRACTITIONERS AND ASSOCIATION

the Apothecaryes doe as much good as the Doctors, and hee knowes not why they maye not practize as well as the Doctors.[1]

Matthew Ireton [Aiertone] to Dr Ramsey, reported in CPL, Annals, iii, 412 (23 Mar 1635).

Ireton's proud defence of the legitimacy of apothecaries' practising physic when he met Dr Ramsey near the Guildhall in 1635 conveys something of the fraught, antagonistic relationship of apothecaries and physicians in that troubled decade when the College of Physicians came so near to ending the independent existence of the Society of Apothecaries. The tensions between the two groups have preoccupied historians for decades and are undoubtedly of great importance to an understanding of the political and institutional history of medicine in this period, as we saw in chapters two and three. But in Ireton's comment, we can observe a little of the texture of commerce as well as that of conflict. Obviously, the disputes between the Society of Apothecaries and the College of Physicians were in part at least economic in motivation. However, we have as yet little knowledge about how representative Ireton's anger toward physicians was or how many of his fellow apothecaries shared, or acted, on his sentiment about their ability to act as physicians themselves.

This chapter explores some of the ways in which apothecaries' operated. It looks at both the more traditional operations they engaged in, such as filling prescriptions for others, and at the nature of the other kinds of 'multiplex practice'

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[1] CPL, Annals, iii, 412.

they pursued, as it was described when Reeve was accused of practice before the College in 1628.[2] Ironically, although much of our evidence – like the quote from Ireton above – comes from the records of disputes, most medical practitioners seem to have thrived through ties of mutual assistance, association, partnership and clientage, rather than strife and opposition. Such was, I argue, the key to survival in the medical marketplace. First, however, we need to examine the ways in which historians have thought about the organisation of medical practice in London.

The Medical Marketplace

Since the mid-1980s, historians working on medieval and early modern medicine have been employing the concept of a 'medical marketplace' in discussions of how practice worked and patient-practitioner interactions operated. The idea, as put forward by Hal Cook, was that early modern London was characterised firstly by a large variety of practitioners and secondly by patients' relative freedom to choose between them. It was, in short, a 'buyer's market'. Patients were 'discerning' judges of a broad mass of regular and irregular practitioners. There was little to separate learned physicians from other practitioners: their degrees went only a little way to establishing their reputation. The outcome was that patients often 'controlled the medical relationship'.[3] Cook's argument rapidly acquired widespread currency. It was attractive for a number of reasons: it offered a balanced account of the range and number of practitioners who had been identified; it allowed medical practice to be observed in its own terms, not as a period of decline or crisis (Cook clearly separated

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[2] CPL, Annals, iii, 247.

[3] Cook, *Decline*, chapter 1, quotes pp. 28, 60. Katherine Park had used the term the previous year and Lucinda McCray Beier used it the year after, but Cook's formulation has been most influential and is most relevant to the subject here: Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, 1985), chapter 3; Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London, 1987), chapter 2.

his discussion of the College's institutional weaknesses from the everyday affairs of the market); it illustrated how power, knowledge and practice were interrelated; and it placed the patient at the centre of the therapeutic transaction. Moreover, Cook's acutely-drawn portrait brought together a number of threads in the historiography, in particular work on non-elite practitioners and Jewson's sociology of patient power.[4]

Inevitably, as it has become ubiquitous, the idea of a medical marketplace has attracted criticism. David Harley has noted that it can lead historians to treat practitioners as 'social equals, supplying an undifferentiated commodity', so obscuring the remaining restrictions on the freedom to trade and the impact of social and institutional stratification.[5] The tendency to focus on competition can mean that the commonalities between different groups of practitioners are overshadowed and the importance of religious and political themes in the definition of both quacks and regular practitioners is understated, as Mark Jenner has argued.[6] In turn, Andrew Wear has suggested that the marketplace is not the best way to address charitable or lay physic, and that cultural forces need to be placed alongside economic imperatives.[7] Much of the energy of these arguments has been directed towards reinserting a measure of differentiation into our understanding of how practitioners were employed: patients' choices were, they suggest, influenced by more factors than a practitioner's reputation and their own wealth.

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[4] Roberts, 'Personnel and Practice, Part I', pp. 368-82; *idem.*, 'The Personnel and Practice of Medicine in Tudor and Stuart England: Part II, London', *Medical History*, 8 (1964), pp. 217-34; Pelling and Webster, 'Medical Practitioners', pp. 165-235; N. D. Jewson, 'Medical Knowledge and the Patronage System in 18th Century England', *Sociology*, 8 (1974), pp. 369-85.

[5] D. Harley, '"Bred up in the Study of That Faculty": Licensed Physicians in the North-West of England, 1660-1760', *Medical History*, 38 (1994), pp. 398-420.

[6] M. Jenner, 'Quackery and Enthusiasm, or Why Drinking Water Cured the Plague', in O. P. Grell and A. Cunningham (ed.), *Religio Medici, Medicine and Religion in Seventeenth-Century England* (Aldershot, 1996), pp. 313-39.

[7] A. Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000), p. 29.

The application of the 'medical marketplace' outside England has been more limited. For France in particular the relative strength of the corporate world has led historians to employ models that highlight the division between regular and irregular practitioners. Matthew Ramsay, for example, incorporated a division between popular and elite culture within a sophisticated analysis that also emphasised the overlaps of patients, commercialisation and ideas.[8] More recently, Brockliss and Jones have conjured up another model for the French context, arguing that medicine there was better described in terms of a core 'medical community' of trained corporative practitioners, and a 'medical penumbra' containing empirics, charlatans and women, defined by their lack of training and authorization.[9] Theirs is a picture structured around relations of power and knowledge. Its boundaries are legal as much as economic, and the division they draw is clearest when applied to medical learning not patient choice. They argue convincingly that forms of healing in the 'penumbra' were either entirely derivative of learned ones or impossible to ascertain. However, they see patients' selections of practitioners as being in practice largely unlimited by regulation or a sense that either core or penumbra had a monopoly on efficacious knowledge, and only partially constrained by custom and a sense of order – not in fact so different to the situation Cook described in the medical marketplace.[10] David Gentilcore, focusing on Italy, has in turn drawn attention to the omission of religious forms of healing from these various approaches. He has suggested that a better picture might be of three concentric and permeable rings of medical, ecclesiastical and popular healers, describing types of healers and aetiological categories

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[8] M. Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge, 1988).
[9] Brockliss, *Medical World*, pp. 7-20.
[10] *Ibid.*, pp. 9-10, 286-300.

simultaneously, and like Brockliss and Jones reflecting a sense that medical ideas need to be inserted into these discussions.[11]

The national, intellectual and cultural boundaries of the medical marketplace have thus been sketched in. Nonetheless, it has largely been assumed that the marketplace stands firm as an economic interpretation of patients' and practitioners' behaviours, at least within the medical world of early modern London in which the elite and middling sort participated. However, while the medical marketplace offers a good descriptive guide to patients' options, it is less effective as an analysis of their actions when faced by the reality of illness. More importantly, preoccupied with the weaknesses of formal regulation (the College of Physicians, guilds, episcopal authorities), it ignores the informal frameworks that practitioners developed to manage the uncertainty of their trade. At worst, it can give an impression of an atomised, individualistic cohort of competing suppliers caught in an head-lock by their consumers.

This is not to claim that the core idea of a 'medical marketplace' – of medical practice shaped by competition and informed patient choice, rather than by regulation and limited patient discernment in the modern mode – is wrong. Instead, it is to suggest that, as it has usually been employed, it presents an attenuated picture of an early-modern marketplace. That medical interchanges were structured by the rules of commercial exchange does not mean we should assume a situation of neo-classical *laissez faire*. Nor should we assume that because medicine was a service-based occupation needing little capital to enter, it was necessarily completely individualistic

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[11] Gentilcore, *Healers and Healing*, pp. 2-3. Although not explicitly responding to the medical marketplace, Gianna Pomata has suggested a further way of parsing medical practice, particularly from the perspective of poor and middling patients: horizontal (those with whom patients could have peer relations; normally irregulars) and vertical (those with whom they entered a dependent relationship; commonly regular physicians): *Contracting a Cure*, pp. 126-27.

and face-to-face.[12] The realities of competition do not inevitably lead to a freebooting individualism among practitioners. All too easily, highlighting conflict and rivalry, with the assistance of sources that largely derive from abnormal rather than normal relations, can lead us to ignore the way in which practitioners organized themselves to limit the choices of patients and increase the security, profitability and ease of their work. Formal and informal associations and partnerships between medical practitioners have largely been overlooked. In light of his role in codifying the medical marketplace, it is interesting that Cook has since produced one of the few discussions of a medical partnership – between Groenvelt and four other physicians in the 1680s.[13] Notions of a marketplace in medicine need to be modified to reflect more accurately the way practitioners interacted with each other and with patients. We need to pay closer attention to the culture of the market: to explore the consequences of repeated transactions, and the construction of relationships and roles by those involved.[14]

The heart of the problem lies not with the idea of a medical marketplace itself, but in the way in which early-modern economies have been understood in general. Perhaps more than any other aspect of sixteenth- and seventeenth-century history, discussions of the economy have been burdened by a focus on progress, in particular on the transition from pre-modern to 'mature' industrial economies. The logic that the precursor to a mature modern economy must be immature, has resulted in the fallacy that those who participated in them must somehow be equally simple, primitive or naïve. As something of a corrective, it is interesting to compare the situation in

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[12] Porter and Porter, 'Drugs Industry', p. 6.
[13] H. J. Cook, *Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London* (Baltimore, 1994), pp. 137-43. Irregular partnerships are touched on in K. P. Siena, 'The "Foul Disease" and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London', *Bulletin of the History of Medicine*, 75 (2001), pp. 199-224.
[14] For a suggestive argument about the local, entangled formation of markets, see: Mi. Y. Abolafia, 'Markets as Cultures: An Ethnographic Approach', in M. Callon (ed.), *The Laws of the Markets* (Oxford, 1998), pp. 69-85.

seventeenth-century London with the operations of the bazaar economies studied by Clifford Geertz and other anthropologists.[15] Much as in early-modern Europe, Middle-Eastern bazaars are marked out by participants' high level of ignorance about everything from product quality and going prices to demand and production costs. This problem of information arguably lays behind the institutional characteristics of the bazaar:

> A finely drawn division of labor and a sharp localization of markets, inhomogeneity of products and intensive price bargaining, extreme fractionalization of transactions and stable clientship ties between buyers and sellers, itinerant trading and extensive traditionalization of occupation in ascriptive terms do not just co-occur: they imply one another. The same is true for the personal nature of reputation and the preference of partnership arrangements over employer-employee ones; for the diversity of weights and measures and the primacy of buying skills over selling ones[16]

Even though alternative strategies for influencing information flows and market transactions – particularly advertising, regulation, formal contract, law, and product differentiation, in terms of both practitioner reputation and medicinal substances – were already further established in early-modern London than in the bazaar, the parallels are clear. Clearly the bazaar is not 'simple', despite its lack of the characteristics of a 'mature' economy.

Older understandings of early modern markets are being revised. Recent work on the characteristics of other early-modern crafts and trades suggests that early-modern productive relations were marked by complex and fluid relationships – partnerships, brief associations, fluctuating periods of employment and independence – which bear little similarity to the structures set out in formal expressions of patterns of economic behaviour, such as guild statutes, or in traditional historical

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[15] C. Geertz, 'Suq: The Bazaar Economy of Sefrou', in C. Geertz, H. Geertz, and L. Rosen (ed.), *Meaning and Order in Moroccan Society: Three Essays in Cultural Analysis* (Cambridge, 1979), pp. 123-244. An earlier and more limited discussion of bazaar economies is contained in: C. Geertz, *Peddlers and Princes: Social Change and Economic Modernization in Two Indonesian Towns* (Chicago, 1963), pp. 30-46.
[16] Geertz, 'Suq', p. 125.

characterisations of 'pre-modern' economies. [17] A number of these authors have drawn productively on Geertz's observations, particularly his emphasis on the uses of client-networks, bargaining and the 'thousand webs of informal personal contract' as ways to limit the costs and risks of information scarcity. In his examination of eighteenth-century French trades, Michael Sonenscher argues that the organization of work was inherently flexible, left deliberately fluid in order to deal with variations in credit, supply and demand: 'most trades were organised around complex networks of informally constituted co-operative arrangements involving varying combinations of partnership, patronage and clientage'. We should, he suggests, think not of the 'productive unit', such as the factory, but of the 'productive network'.[18] It is a theme echoed in recent studies of women's work and the household economy – and its applicability to such areas serves to underline the inequalities of power that might run in parallel with such economic tactics.[19] This impetus to look beyond the formal visage of the economy to the sinews that held it together meshes well with Craig Muldrew's study of credit in early modern England. He focuses on a more stable aspect of economic relations, exposing both the inter-reliance of participants in business and the virtues that their mutual dependency privileged: hospitality, neighbourliness, forbearance and discretion.[20] Although Muldrew has argued that the prevalence of inter-personal bonds could be a source of conflict, much as short-term labour relations might be, his work nevertheless highlights the elements of association rather than opposition that ran through craft and trade.

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[17] M. Sonenscher, *Work and Wages: Natural Law, Politics and the Eighteenth-Century French Trades* (Cambridge, 1991); J. R. Farr, 'On the Shop Floor: Guilds, Artisans and the European Market Economy', *Journal of Early Modern History*, 1 (1997); Davies, 'Tailors'; H. Deceulaer, 'Entrepreneurs in the Guilds: Ready-to-Wear Clothing and Subcontracting in Late Sixteenth and Early Seventeenth Century Antwerp', *Textile History*, 31 (2000), pp. 133-49.

[18] Sonenscher, *Work and Wages*, pp. 138, 140. See also the development of this position in: Farr, 'On the Shop Floor', pp. 25-54; Davies, 'Tailors', chapter 6.

[19] J. de Vries, 'Between Purchasing Power and the World of Goods: Understanding the Household Economy in Early Modern Europe', in R. Porter and J. Brewer (ed.), *Consumption and the World of Goods* (London, 1993), pp. 85-132.

[20] Muldrew, *Economy of Obligation*; C. Muldrew, 'From a 'Light Cloak' to an 'Iron Cage': Historical Changes in the Relation between Community and Individualism', in A. Shepard and P. Withington (ed.), *Communities in Early Modern England* (Manchester, 2000), pp. 164-5.

That these alternative interpretations of economic behaviour seem so distant from our commonplace analyses of medical practitioners reflects in part the continuing burden of arguments about professionalisation upon histories of early modern medicine. Despite the known dangers of teleology, histories of medical practice continue to be framed in terms of the emergence of a medical profession.[21] Current analyses of professions tend to adopt a broad approach, incorporating groups such as engineers who tend to operate within obvious corporate environments. In medicine, however, the idea of a professional is closely interwoven with assumptions about individual economic independence. This model of the consultant not the employee has coloured work on earlier periods despite the signs of medicine's proximity to other trades which have been pointed out by Margaret Pelling and others.[22] It is also a product of the tendency of historians to confuse the reality of practice with contemporary attempts to articulate status hierarchies and what they saw as the proper division of labour.

The mistaken assumption that visions of tripartition – in which the physician is generally a solitary figure, directing others without negotiation, and only occasionally consulting with peers – were descriptive rather than prescriptive is understandable. Not only was this model expressed through a campaign in the writings of physicians to assert tripartition, it was incorporated in the statutes and proclamations developed to regulate practice. The College of Physicians, moreover, was active in seeking to implement this vision by prosecuting apothecaries and surgeons who overstepped the

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[21] For a recent example: H. M. Dingwall, *Physicians, Surgeons and Apothecaries* (East Linton, East Lothian, 1995), pp. 2, 8-11. See also: J. C. Burnham, *How the Idea of Profession Changed the Writing of Medical History* (*Medical History*, supplement no. 18, 1998).

[22] M. Pelling, 'Medical Practice in Early Modern England: Trade or Profession?' in W. Prest (ed.), *The Professions in Early Modern England* (London, 1987), pp. 90-128; Margaret Pelling, 'Occupational Diversity'; Webster, 'Thomas Linacre', pp. 198-222; Park, *Doctors and Medicine*, p. 12.

mark. That it also intermittently censured its own members for similar misdemeanours should not overshadow the fact that its prime concern was with maintaining its privileges against others.

Other practitioners were equally happy to employ an identical rhetoric of rights against the College and its members when they also found it to their advantage. In the 1630s, for example, two apothecaries demanded of Dr Brovaert, a physician who sold proprietary secrets met in the previous chapter, whether a physician should make medicines 'it being their art', and asked 'by what authoritye hee did itt'.[23] That one of the apothecaries involved in this particular encounter, Cooke, was regularly at loggerheads with the College over illicit practice, and obtained a license as a physician in 1637, serves to emphasise the way in which notions of order were being selectively applied here. Literary campaigns and ordinances are poor evidence for practice: as R. S. Roberts observed, the very need of physicians to engage in pamphlet warfare is an indication that the statutory abilities of the College to control practice were lost.[24]

The remainder of this chapter is an attempt to uncover a more textured picture of apothecaries' work, and by extension that of other medical practitioners. Throughout, I seek to illustrate the proximity of medical practice to other forms of early-modern economic activity, in particular by demonstrating the ubiquity of partnership and association between practitioners. The medical marketplace I describe is one in which competition and weak regulation lead to mutuality, interdependence and reciprocity. Echoing Karl Polanyi, I suggest the pressures of the market resulted

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[23] CPL, Annals, iii, 373.
[24] Roberts, 'Personnel and Practice: Part II', p. 229.

in integration not fragmentation.[25] In doing so, my focus is primarily on practitioners and their interactions with other practitioners – the ties that held the market together. Relations with patients are referred to in passing – indeed they are, I suggest, the key reason behind the situation – but the characteristics of apothecaries' retail work are reserved for the next chapter.

Apollo's Armourer: working with physicians

Many apothecaries in early modern London were employed in making medicines on the direction of physicians, yet we know surprisingly little about their work. Even the most 'traditional' practice suggests numerous questions: how did apothecaries win customers? Were they in a position of dependency and subordination? If so, to the patient or the physician? Did apothecaries become, as William Bullein suggested, no more than the 'physician's cook'?[26] Or were they independent artisans, craftsmen in demand?

Part of the answer to these questions can be found in the chains of paper that linked practitioners together. At the heart of the interaction between physician and apothecary was the prescription, the written or oral transmission of the doctor's instruction about what medicines were to be used. Who owned these material scraps of advice was crucial to the relationship between physician, patient and apothecary. Historians, as I have suggested, have tended to assume that early-modern medicine was characterised by the power of the patient to pick and choose practitioners, which implies that it was the patient who chose the person to make up their medicines in much the same way as they determined the practitioner from whom they received

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[25] K. Polanyi, C. Maynadier Arensberg, and H. W. Pearson, *Trade and Market in the Early Empires: Economies in History and Theory* (Glencoe, 1957).
[26] Bullein, *Bulleins Bulwarke*, sig. I.iii[iir].

advice. In practice, however, rather than being filled by the patient's choice of apothecary, in many cases it was the author of the prescription who determined where a bill would be sent. At first glance this may seem unimportant, but its consequences were crucial for the relationship of apothecaries and other practitioners. If physicians were able to control who filled their prescriptions, then they would possess great influence over the success of apothecaries' businesses.

It is no surprise, then, to find that medical practitioners did not despatch their prescriptions in a scatter-gun manner. They were generally sent to apothecaries with whom they had long-standing and close links. Such relationships could be a source of both mutual profit and a sense of reassurance. Connections between apothecaries and irregular practitioners operating without official license are naturally more prominent in the records of the College of Physicians than comparable ties with regular physicians. Thus we find one member of the Garrett family being investigated in 1617 by the College for his association with the irregular Italian physician Hieronymus Smeyne. Similarly, James Virrot admitted in 1634 that he made physic for Dr du Vall; he even had a woman to 'bring the waters' – presumably urine – to the physician.[27] Some irregulars with more limited practices seem to have relied on particular medicines obtained from apothecaries, such as Rose Griffin who employed an 'ointment for the morbus' which she habitually bought from the apothecary Mr Harris, and Anne Hodge who gave patients a syrup she obtained from Garrett.[28]

Members of the College built the same kind of bonds with apothecaries. In the 1660s, Didier Foucaunt claimed to have been Theodore de Mayerne's 'particular

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[27] CPL, Annals, iii, 97, 379. Examples of apothecaries supplying irregulars are numerous: CPL, Annals, ii, 125, 164, 166; iii, 288, 468.
[28] CPL, Annals, ii, 191; iii, 120.

apothecary' for twenty years.[29] Indeed, de Mayerne appears to have been at the centre of an network of several immigrant Huguenot apothecaries. As well as probably having ties with Gideon de Laune, de Mayerne patronised Edward de Plures and his partner Lewis de Lyfte – the latter received the freedom of the Society of Apothecaries at his request.[30] Such links were not the prerogative of immigrant practitioners. In an attempt to bribe Buggs into ceasing to practise medicine and return to his work as an apothecary in 1637, a number of physicians offered him half their practices, implying the degree of control they possessed over where their medicines were made and the profit that this could bring an apothecary.[31] Even the highly orthodox William Harvey had 'his apothecary' Shambrooke, who he trusted enough to let his blood on his deathbed.[32] Publications offer further indications of profitable partnerships: Francis Herring, for example, ended his *Rules and Directions* (1625) against plague by telling his readers that they could buy the medicines he had described from Mr James, an apothecary in Aldermanbury.[33]

The strength of physician-apothecary associations is borne out in the few surviving books of prescriptions kept by apothecaries. Of the 251 prescriptions the London apothecary Edward Barlow kept a note of filling between 1588 and early 1590 (for nearly all of which he recorded the name of both patient and physician) the vast majority – exactly 100 – were for patients of a Dr Rolpe, who by 1589 was himself the recipient of a large number of prescriptions from other physicians. Several other physicians were also sending a substantial number of bills to Barlow: he made up 39 for Dr Atkinson, 22 for Dr Smith jr, and 15 for Dr Gilbert.[34] Another

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[29] Barber, 'Medical Licenses', ii, no. 992. On Goodall and Winston keeping apothecaries: Pelling, *Medical Conflicts*.
[30] GL, MS 8200/1 (19 Jun 1634), f. 337r.
[31] CPL, Annals, iii, 442-43.
[32] *Aubrey's Brief Lives*, p. 132. Sambroke received nothing in Harvey's will, however: G. Keynes, *The Life of William Harvey* (Oxford, 1966).
[33] F. Herring, *Certain Rules and Directions* (London, 1625).
[34] Bodleian Library, MS Ashmole 1487, ff. 7-27.

anonymous book of prescriptions kept by an apothecary in the mid-1620s shows a similar pattern: 18 of the 83 prescriptions it recorded were made up for Dr More.[35]

Practitioners' ability to direct where their prescriptions were sent added weight to their attempts to control practice. For individual practitioners and the College of Physicians alike it provided a punitive measure with which to back up their attempts to control the activities of apothecaries. Faced by Cooke's unauthorised addition of orange flower water to medicines he made on their prescription, Ridgeley and Clarke, the two physicians involved, vowed that they would 'never send him a bill again'.[36] As mentioned in Chapter Three, the College attempted to initiate more general disciplinary uses of this power by 'discommuning' apothecaries – forbidding members of the College from using their services. Against the protests of apothecaries that this trampled on their rights as freemen to sell to whom they pleased, the College discommuned both those apothecaries who practised physic themselves and those who made up irregular practitioners' medicines, such as Wheatley who filled the bills of Savery, and Easton for filling the bills of Blanke and Newton,.[37] These harsh measures assumed that the apothecaries in question had a long-term relationship with the irregulars in question.

Establishing trust between practitioner and apothecary was perhaps even more important than discipline, and probably ranks near mutual profit as a motivating factor behind the creation of associations. At a material level, practitioners needed to ensure that their personal 'secrets' remained secret. Otherwise they risked them falling into the hands of someone who would 'injuriously reap the fruit of other men's labour', as

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[35] Cambridge University Library, MS Add. 3071, ff. 1-28r.
[36] CPL, Annals, iii, 421.
[37] CPL, Annals, iii, 159. In 1613 the College had obtained a warrant from the Privy Council restating their power to seize unlicensed practitioners' bills from apothecaries: *ibid.,* iii, 44. A later attempt to pursue Blank through Hartley's files in 1637 failed on these grounds: *ibid.*, iii, 469.

one physician warned.[38] More worryingly, as physicians repeatedly complained, they faced severe consequences if their medicines were manufactured inaccurately. Intellectually, they would reach false conclusions from their experience, discarding good medicines and applauding the bad. Financially, they would lose income when falsified medicine ruined their treatment. Most concerning of all was their vulnerability to being blamed – even prosecuted – if a patient died, as it was almost impossible to distinguish between malpractice and adulteration posthumously. As physicians were aware, illicit substitutions of ingredients could easily be made without consultation. Part of the problem lay in the hazy boundaries between fraudulent adulteration, necessary substitution, and variations among recipes for medicines. For example, when Cooke was accused of having added oil of vitriol to sugared roses, he protested that the addition was merely lemon juice – and in any case it had been added by his son who had learnt the adapted recipe from Job Weale when he was his apprentice.[39] Three years earlier in 1634, however, when John Biscoe was punished for making an unauthorised substitution it was clear that he did so because he regarded himself as an independent authority on this treatment. Substitution was not his only input: he had also pressed the physician to give diascordium.

If such relationships between physicians and apothecaries were normal, as the College's attempt to employ them in a punitive manner suggests, they certainly were not foolproof. The College had been reminded of this in 1608, when one apothecary, Compton, attacked another, Smith, for trickery, accusing him not only of selling medicines without prescriptions, but of filling prescriptions that had been sent to other apothecaries:

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[38] *An Essay for the Regulation of the Practice of Physick, by a Lover of Truth and the Good of Mankind* (London, 1673), p. 13.
[39] CPL, Annals, iii, 451.

> if messengers with prescriptions written by physicians to other apothecaries in error found their way into his shop, he [Smith] would treat them as if they were sent to him and sell the medicaments piecemeal.[40]

Compton was himself subject to College scrutiny a few years later as the apothecary 'to whom Dr. Poe, Doctor of Medicine alone sent prescriptions'.[41]

In having such a exclusive relationship Compton was seemingly unusual: the College's pursuit of irregulars suggest that most favoured a small group of apothecaries rather than a single practitioner, providing themselves with a larger source for referrals and overcoming the limitations of any individual apothecary's specialization. Dr Boet's bills appear to have been regularly directed to four apothecaries: Kendall, Holland, Rand and Harrison. The President of the College's 1635 order that fellows should 'searche their owne Apothecaryes 4 tymes a yeare' conveys a similar impression of plural links.[42]

Physicians' control over their prescriptions attained its fullest expression when they personally employed apothecaries. The College's fellows tended to be critical of their peers who engaged in such practices. In 1664, the College even included a clause against bargaining with apothecaries for money from prescriptions in the oath for honorary fellows. However, on a number of occasions its records indicate that some fellows were employing apothecaries.[43] In 1631, for example, Mr Thomas was described as the 'apothecary of Butler'; and three years later Dr Winston complained about 'divers Doctors' keeping apothecaries, including Chamberlen, Saunders, and the endlessly troubled Brovaert.[44] In February 1641 the Society of Apothecaries

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[40] CPL, Annals, ii, 190.
[41] CPL, Annals, iii, 49.
[42] CPL, Annals, iii, 324, 418. The apothecary Reignolds indicated a relationship with one physician, Dr Pattison, in 1613, when he protested to the College that he would only recognise that physician's handwriting on bills: CPL, Annals, iii, 52.
[43] CPL, Annals, iv, 128 (Dec 1664).
[44] CPL, Annals, iii, 312 (3 Jun 1631), 409 (22 Dec 1631).

seems to have become concerned about these arrangements, summoning Henry Potter about an agreement he had made to be Dr Chamberlen's apothecary, and questioning Ralph Daniel about his employment by Dr Fryer, who paid him 20 nobles a year and also allowed him to be paid for all the physic he made.[45]

Relationships between physicians and apothecaries could be profitable for both parties, even when they didn't reach the level of employment. In 1615, Sir William Paddy was accused of 'desiring unworthy profit with regard to the sale of medicaments made by the apothecaries and retailed at three times the right price'.[46] Dr Boet followed a slightly different strategy, having Susan Lyon, widow of the apothecary William Reeve, and her new husband Mr Lyon make up his medicaments and then taking them to sell himself.[47] It was not just College physicians who employed apothecaries: the irregular practitioner Timothy Taylor kept George Tungate, formerly a Norwich apothecary's apprentice, as his servant to make his plasters and other medicines.[48] Similarly, in 1634 the apothecary Robert Holland was accused of having 'preferred Dr Buggs stranglye', and was even lodging at his house.[49]

The relationship between the apothecary Joshua Drayner and Sir Edmund King, one of the most fashionable physicians of the late seventeenth century, illustrates how close and mutually important such relationships could become. Although he remained nominally independent, Drayner did not simply fill King's prescriptions. He acted as a point of contact between the physician and his patients, passing information between them, and even smoothing over absences and omissions

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[45] GL, MS 8200/1, 390v.
[46] CPL, Annals, iii, 67 (13 Jan 1614).
[47] CPL, Annals, iii, 329 (16 Feb 1631), 349 (4 Jul 1632).
[48] CPL, Annals, iii, 328 (16 Dec 1631).
[49] GL, MS 8286, f. 9

on King's part, as his letters to the Earl of Tweedale in Edinburgh show. Drayner's communications were an inevitable accompaniment to the parcels of medicines he shipped to Scotland for the Earl's household. In them we find Drayner acting as a conduit between physician and patient, relaying anxieties and concerns in one direction, and reassuring information and advice in the other. Without Drayner, King's practice would have shrunk dramatically. No doubt the reverse was equally true.[50]

In one case, the details of an apothecary's employment by a physician can be reconstructed in greater detail. Thomas Lord, later a citizen and apothecary of London, was employed as servant and then as 'private Apothecarie' in the 1610s by Helkiah Crooke, then a candidate of the College.[51] It is unclear how long his employment lasted. From Lord's description it appears to have begun when he was an apprentice employed by Crooke to work in his shop. Their relationship changed when Lord and his brother inherited some money and sought to establish an independent shop. Lord hoped to continue to make up prescriptions for Crooke 'because he had beene his auncient servaunt' but Crooke refused to allow this. According to Lord, he thought he would not be 'sufficiently advantaged'. Instead, Crooke proposed that Lord invest the money into the existing shop in return for a share in the profit from it (of two shillings in the pound for all physic sold) as well as a return of £10 in the £100 for the loan of the money to Crooke. The loss of Crooke's practice would have been devastating, and so Lord agreed. He kept the shop for two years until Crooke decided that it was insufficiently profitable and turned it over to Lord and his brother.

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[50] NLS, MS 7026, ff. 176, 178; MS 7011, ff. 28, 60.
[51] Bill of Complaint (22 Nov 1620) and Answer (4 Dec 1620): PRO, REQ 2/296/113. On Crooke: C. D. O'Malley, 'Helkiah Crooke, M.D., F.R.C.P., 1576-1648', *Bulletin of the History of Medicine*, 42 (1968), pp. 1-18.

Lord's relationship with Crooke illustrates some of the ways in which these arrangements could shift as age, training (the shift from service to mastery), and particularly the possession of capital changed. In the end, it collapsed into a tangled dispute over debt and the ownership of the shop commodities that led to various suits in 1620. However, the arrangement between apothecary and physician in this case had been of long standing and was also repeatedly renegotiated as the circumstances and ambitions of each evolved. Ultimately, it seems to have been Crooke's indebtedness to Lord and his landlord which caused the situation to break down, as he was eventually ejected from his home and shop, although interestingly it coincided with Cooke finally becoming a fellow of the College. Even more than with Drayner and King, there is no simple dependency of apothecary upon physician apparent here: Lord's initial reliance as a servant and apprentice on Crooke reversed as the physician becomes tied to Lord's capital.

For apothecaries, relationships with physicians and other practitioners were mutually advantageous. Much as Michael McVaugh found in fourteenth century Aragon, where physicians and apothecaries were also often linked, partnerships benefited both parties.[52] One the one hand, physicians might influence the direction in which their prescriptions were sent – and perhaps receive a share in the profit the apothecary made in filling these; on the other, apothecaries could, it seems, influence patients' choices of practitioners, increasing the business of those with whom they had a relationship. Apothecaries' shops acted as clearing houses for information and advice as well as medicines. When it became necessary for the sick to go beyond the home for assistance, apothecaries were a natural source of guidance on whom to consult, if they themselves did not offer physic or were unwilling to take on the case.

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[52] M. R. McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285-1345* (Cambridge, 1993), pp. 121-3.

In parts of Italy this function was formalised, with lists of licensed physicians being posted in apothecaries' shops.[53] This never occurred in London. Nonetheless, as the London physician Jonathan Goddard complained, apothecaries were 'generally entertained in the beginning of sickness, and are made judges of whether or no, and when any, and what Physician shall be sent for'.[54] Smollett's 1753 description of knots of practitioners who 'tossed the ball from one to another' would ring true a century or more earlier:

> The Apothecary being summoned…declines prescribing, and advises her to send for a physician without delay. The nomination, of course, falls to him, and the doctor being called, declares the necessity of immediate venaesection, which is accordingly performed by the surgeon of the association.[55]

The apothecary who would 'cry up' a physician, as one anonymous author put it in 1673, must have been an attractive figure for those seeking to build a reputation and practice in the metropolis.

The easy life a 'gainful confederate friendship' could bring physicians did draw criticism from those seeking to break the 'yoke of *Copartnership*'.[56] However, Goddard, for one, knew better than to expect a reform of the state of physic from physicians who had succumbed to such attractions:

> Some being in full practice in combination or conjunction with Apothecaries, from whom it is not to be expected that they should trouble themselves about preparing Medicines; and some depending upon Apothecaries to bring them into notice and acquaintance; who must therefore comply with them not only in writing Bills to their best advantage, but also, as occasion serves, enter on their leavings of Practice, and perhaps consult with them.[57]

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[53] Pomata, *Contracting a Cure*, p. 2.
[54] Goddard, *Discourse*, p. 19.
[55] T. Smollett, *The Adventures of Ferdinand Count Fathom* (London, 1971 [1753]), pp. 258-59. In contrast to my argument here, George Rousseau has suggested that this represents a development of the enlightenment: '"The Knot and the Herb": Some Fundamental Aspects of the Commercialisation of Enlightenment Health', paper given at 'The Commerce of Health' conference, University of Warwick, December 1998.
[56] *An Essay for the Regulation of the Practice*, p. 36 (original italics); E. Maynwaring, *Praxis Medicorum Antiqua & Nova* (London, 1671), pp. 42, 45.
[57] Goddard, *Discourse*, p. 49. Thomas Coxe and Christopher Merrett made much the same point: [Coxe], *Discourse*, pp. 328, 333; Merrett, *Short View,* p. 14.

For all Goddard's idealism, the harsh reality of building a practice in London had long favoured such connections – as indeed it would continue to in the eighteenth and nineteenth centuries.[58] For example, when Dr Baldwin sought examination to become a licentiate of the College in 1622 he confessed that he'd already practised for two years and that 'he resorted to Plunkett an apothecary in Holborn'.[59] Partnerships and profit sharing may also have had a further use for physicians by helping them overcome the difficulty of quantifying and extracting payment for their services. It appears that the early modern patient preferred to pay for something tangible and hence assessable, such as a medicine, rather than for advice alone. The difficulty of commodifying learning is, as Magali Larson argues, a fundamental problem of pre-professional settings for medicine, and explains in part the attraction of contract cures and the use of 'gifts' rather than fees to pay physicians.[60]

Commercial intimacy could lead to other forms of association – and vice versa. It would be a mistake to take relationships between apothecaries and physicians as being purely mercenary: apothecaries and other medical practitioners sometimes lived together, their families intermarried, and, if they did not die together, they at least remembered each other in their wills. There was, as shown earlier, no great social gulf between the two groups whatever the physicians' pretensions might suggest.[61] When the apothecary George Sheeres described his relationship with Dr Elwyes, he spoke of the 'great kindness and familiarity' and the 'diverse matters of trust' which had passed between him and Elwyes during the latter's lifetime, not the commercial aspects of the loan which Elwyes had negotiated from him on Henry

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[58] Porter & Porter, 'Drugs Industry', p. 6.
[59] CPL, Annals, iii, 163.
[60] M. S. Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley, 1977), pp. 14-15. On contract cures, see: Pomata, *Contracting a Cure*; Pelling, *Medical Conflicts*.
[61] See Chapter Five.

Homberston's behalf.[62] Likewise, a great deal of trust must have existed between William Greene and Dr Micklethwaite, who kept £1000 of Greene's money in a chest at his house – and owed him another £300.[63] Apothecaries' wills sometimes hint at similar sentiments: in 1663, Benjamin Banister bequeathed rings worth 20s to three physicians, Wharton, Welby and Burnett, alongside a number of apothecaries; Dr George Bate's daughter and Dr Needham both received similar rings in John Chapman's will; while Thomas Burdet left his friend, the physician Aaron Gurden, £10 in 1669.[64] The apothecary Arthur Denham's widow even married a physician, Jasper Needham.[65]

It is likely that some of these relationships developed from physicians lodging with apothecaries. This was a not uncommon practice in London, particularly when physicians arrived in the city. Alternatively, they might date from physicians spending time with apothecaries to learn about pharmacy and the *materia medica*, as several authors advised.[66] In 1615, for example, Dr Randall was living in the Old Bailey with the apothecary Johnson, while John Mayow died at an apothecaries house in Covent Garden in 1679.[67] Others may well have emerged from kin-relations between physicians and apothecaries. For example, when the apothecary Joseph Hodges died during the 1665 plague, the money in his shop was placed in the care of his elder

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[62] PRO, REQ 2/399/33, f. 2.
[63] PRO, PROB 4/11653.
[64] PRO, PROB 11/319, f. 2r; PROB 11/300, f. 179v; PROB 11/331, f. 120r.
[65] CLRO, Orphans Court inventories, 66.
[66] *Lex Talionis,* p. 7; *An Essay for the Regulation of the Practice*, p. 26; Cook, *Decline*, p. 65; R. Palmer, 'Pharmacy in the Republic of Venice in the Sixteenth Century', in A. Wear, R. French, and I. M. Lonie (ed.), *The Medical Renaissance of the Sixteenth Century* (Cambridge, 1985), pp. 104-5.
[67] CPL, Annals, iii, 81; *DNB*. William Butler's 1688 probate inventory suggests he was also lodging a physician, as it describes one room as 'the Docters chamber': PRO, PROB 5/1586. On lodgers in general: T. D. Whittet, 'Apothecaries and Their Lodgers: Their Part in the Development of the Sciences and of Medicine', *Journal of the Royal Society of Medicine*, 76, supplement no.2 (1983), pp. 1-22.

brother Dr Nathaniel Hodges, who famously survived and described the epidemic that took his brother.[68]

The advantages of these relationships for patients is less clear. The possibilities for fraudulent practice and extortionate billing that confederacies between apothecaries and physicians allowed meant that suspicions about them were of long-standing. Attacks on covert partnerships between physicians and apothecaries were standard features of medieval and early-modern criticisms of medical practitioners. The connection between the physician Tocrub and apothecary Crispine in William Bullein's *Dialogue against the Fever Pestilence* – in which Dr Tocrub privately advises Crispine to make cheap substitutions and use rotten drugs while publicly telling his patient that 'this Medicine muste be had of Crispine, or one of his companions, which use no rotten ware' – is of much the same sort as that between Chaucer's physician and his apothecary:

> Ful redy hadde he hise apothecaries
> To sende him drogges and his letuaries,
> For ech of hem made oother for to wynne-
> Hir frendshipe nas nat newe to bigynne.[69]

The College did sometimes move against this kind of relationship – as the cluster of summons issued against apothecaries serving irregulars in the 1630s shows. In the mid-sixteenth century the physician John Howell was only readmitted to the College after his expulsion when he agreed to several conditions, amongst which was 'that he would agree not to increase the price of drugs with the apothecaries'.[70] But such

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[68] GL, MS 9174/16; N. Hodges, *Loimologia, or an Historical Account of the Plague in Lodnon in 1665*, trans. J. Quincy (London, 1720). For more on kin-relations between apothecaries and physicians, see above, chapter 5.
[69] W. Bullein, *A Dialogue against the fever Pestilence* (Early English Text Society, lii, 1888 [1578]), pp. 19, 27, 41; G. Chaucer, 'General Prologue', lines 427-30 in *The Riverside Chaucer*, ed. L. D. Benson and F. N. Robinson, 3rd edn. (Oxford, 1987), p. 30. Medieval condemnations are discussed in: Rawcliffe, *Medicine & Society*, pp. 162-64. On the survival of literary types in medicine: Brockliss, *Medical World*, pp. 338-9.
[70] CPL, Annals, i, 26.

examples are rare and not all the physicians implicated in these covert partnerships were such marginal figures.

Rivals: the apothecary and medical practice

Working with physicians was not a popular option for all apothecaries. For some, pride and profit combined against any submission to physicians – no matter how notional. According to Dr Clement, Reeve frequently asserted that he 'he would not [be] beholding to Skurvy Physitians nor give forty pounds to any of them'; in a similar vein, Nicholas Aylet boasted that when he finished his apprenticeship 'he should not be such a Jack dandy as other Apothecaries were to waite upon the doctors'.[71] Such opinions tended to go along with an engagement in medical practice: Reeve, for example, was repeatedly called before the College for practice in the 1620s and 1630s. He was no exception. As well as making medicines, many apothecaries were engaging in medical practice throughout the seventeenth century: suggestions that 'general practice' was a post-great plague or eighteenth-century development are far from accurate. It is the extent, nature and organisation of apothecaries' medical practice that we turn to now.

The cases of a few particularly prominent practising apothecaries, such as John Buggs, who eventually took a medical degree at Leiden, in the 1630s, and John Badger, who took his own degree half a century later, are reasonably well known from their long fights with the College of Physicians.[72] While Buggs and Badger

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[71] CPL, Annals, iii, 255; GL, MS 8286, f. 13.

[72] Wall, *Society*, pp. 245-54, 304-11; Cook, *Decline*, pp. 227-8, 235-6. Badger took his grievances to the public on several occasions: J. Badger, *The Case between Doctor John Badger and the Colledge of Physicians London* [c.1693]; John Badger, *An Exact Alphabetical Catalogue of All That Have Taken the Degree of Doctor of Physick in Our Two Universities, from the Year 1659, to This Present Year 1695* (London, 1696). The list on which the latter is based survives in the Bodleian Library: Bod. MS. Rawl. C.419.

might be extreme cases (Buggs in particular being repeatedly summoned and punished throughout the 1630s), practice was widespread among apothecaries. In the first decades of the seventeenth century a substantial number of apothecaries were pursued by the College of Physicians for illegal medical practice. The lack of similar instances after 1640 (only 3 were prosecuted from 1650 to 1687) seems likely to reflect the College's weaknesses and uncertainty over its powers rather than any flight from practice on the part of apothecaries. A number of other London apothecaries can be identified obtaining licenses to practise physic from the Archbishop of Canterbury throughout the century.[73] Indeed, this was sometimes apparently part of an ongoing struggle against the College, even though the Archbishop's jurisdiction on this matter did not technically extend into the city. As well as the examples from the 1630s mentioned in Chapter Three, when the College began to re-establish its authority in the early 1660s, for example, Didier Foucaunt – who claimed the testimony of 'divers Persons of Nobility and Gentry and Physitians also' on his behalf – took the precaution of petitioning Archbishop Sheldon for a licence to practice 'the Facultie and profession of a Physitian within the city of London and elsewhere' in Canterbury.[74]

Practising apothecaries were not a new development. The first prosecution of an apothecary for irregular practice that the College undertook was in 1543, and apothecaries such as Edward Barlow and Roger Gwynne had been regularly summoned for practice throughout the second half of the sixteenth century.[75] Roberts' suggestion that apothecaries were pushed into practice by their growing numbers and 'their search for profit wherever it could be found' seems unfounded.[76] Of the 48

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[73] Barber, 'Medical Licenses', *passim*.
[74] *Ibid.*, ii, no. 992.
[75] CPL, Annals, i, 7.
[76] Roberts, 'Apothecaries', p. 286.

apothecaries accused of practice who appeared before the College between 1600 and 1640 (a number of others are summoned without a clear indication of the reason being given), many were prominent figures within the Society, indicating a certain wealth and success in their trade. Thomas Wheatley had been an assistant for 22 years when he was accused of practice. Likewise, Stephen Higgins had been twice warden when he appeared before the College, and he became master of the Society two years later. In total, five of the 48 accused of practising physic were eventually master of the Society.

The degree to which these apothecaries balanced physic with pharmacy varied substantially. By his own account, Samuel Lemme's practice was minimal – not even giving his patient a whole bolus of mithridatium but a 'part from which he did no think any ill could have possibly followed'. However, for others physic was a considerable aspect of their business.[77] A few, such as Buggs, Badger, or Gwynne, who obtained letters from three Bishops authorising his practice, sought to become dedicated physicians. But most of those apothecaries who appear in the records of the College or Society were engaged in practice as well as pharmacy: it appears that the two arts seemed to complement each other naturally.[78]

Where did apothecaries' activities sit among the options open to contemporaries seeking medical advice? Following their own self-presentation, in part, apothecaries 'general practice' has sometimes been taken as having been aimed at the poor or middling sort who could not afford the help of a licensed physician, or else to have been focused on minor cases in which, if things worsened, recourse would be made to 'superior' physicians. This is, I would suggest, only a partial

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[77] CPL, Annals, iii, 161.
[78] CPL, Annals, iii, 230.

picture, determined by the politics of regulation as much as the realities of practice. The lines of influence between practitioners and the hierarchies of resort of different patients could be far more diverse than these alternatives suggest. Rather than perceiving apothecaries – and indeed other irregular practitioners of physic – as marginal additions to a physician-centred world of practice, we need to recognise their potential to invert or discard entirely such hierarchies of practice and power.

When accused of illicit practice by the College and its champions, apothecaries repeatedly claimed that they only gave help where necessary, to the poor perhaps, or in emergencies where no physician was available. Abraham Hugobert, for example, justified giving pills to a servant 'by ye povertie of ye boye' and protested that he had taken no profit.[79] There may have been a grain of truth in this defence, as College physicians were hardly numerous. But few apothecaries appear to have restrained themselves in this way. For many, practice was an eminently commercial pursuit. The access their shops gave to new patients was exploited whenever possible. Richard Edwards, for example, took on the treatment of one Mr Dowgill in 1617 after avowing 'that [the] case needed no Doctor, he could helpe it himselfe'.[80] While Edwards' sharp-salesmanship may be unrepresentative, apothecaries were not necessarily second choices after physicians. The apothecary John Shepherd was summoned in 1615 because 'a patient had preferred his advice and medicaments and had taken his potions, rather than those used by Dr Baskerville'.[81] Although Baskerville questioned this 'since he did not believe it', the influential patrons some apothecaries acquired suggest that it was not an unreasonable assertion: when Reeve

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[79] CPL, Annals, iii, 165. Reeve employed a similar defence in 1638: CPL, Annals, iii, 472.
[80] CPL, Annals, iii, 97.
[81] CPL, Annals, iii, 77.

was charged with practice in 1628 his alleged patient was a Baron, and on a later occasion he received support from the Earl of Exeter against the College.[82]

Given the surviving sources it is impossible to assess with any certainty the degree to which the patient's perspective of the hierarchy of practitioners, based on reputation and made concrete in the charges they could impose, bore any resemblance to the institutional hierarchy of medicine. But the social and institutional penetration of practising apothecaries is striking. Even the London hospitals, institutions with links to the College and physicians among their staff, were comfortable with apothecaries taking on roles as physicians. In 1587, for example, Roger Gwynne was paid 15*s* for healing a case of the dropsy by the governors of St Bartholomew's. This was the same hospital where, in 1678, the apothecary Francis Bernard was appointed to the post of assistant physician, after some years in which he had already been acting in that role.[83] Nor, as these examples suggest, were apothecaries' actions necessarily seen as legally marginal outside the arena of the College comitia. Many of the cases which came to the College emerged from disputes over payment for cures contracted by apothecaries. Indeed, in several cases patients resorted to the College in response to actions for debt introduced in other courts by apothecaries. Francis White, for example, faced a complaint in 1639 only after he had sued and imprisoned a former patient for failing to pay his bill.[84]

What kinds of cases were apothecaries taking on? Some, such as Henry Dickman, Richard Kider, and John Buggs, at least in the early years of his practice, appear to have emulated many surgeons and specialised in the cure of venereal

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[82] CPL, Annals, iii, 245, 481.
[83] Moore, *St Bartholomew's Hospital*, ii, 707, 711.
[84] CPL, Annals, iii, 492-93.

disease, with its problematic moral overtones and need for privacy in treatment.[85] In doing so they were focusing on an area that College physicians seem to have preferred to avoid. George Leach approached the apothecary, Fludd, for a cure for 'running of the reins' because he 'would not goe to a Dr' (although Leach protested his sickness was from a fall, Fludd and others judged to be the pox). Dickman suggested to one patient with the pox that the physicians would abandon him as a result – a threat presumably designed to discourage him from resorting to one.[86] These examples are indicative of some specialization or at the very least of opportunism. It seems, however, that for most apothecaries involved in practice there was no particular limit to the kind of illnesses they would seek to cure. According to the College Annals, for example, they were summoned for the treatment of common disorders such as agues, worms, consumption and dropsy. Their position as supplier of remedies and ingredients for self-treatment does appear to have given them an advantaged position in taking on the cure of minor sickness; as Nathaniel Hodges complained: 'under pretext of *selling* their *Medicines* to all who come to their *Shops* they also take upon them to *advise* what they think most agreeable to their conditions who are sick'.[87] As might be expected, apothecaries also offered that key-stone of surgical practice: bleeding. One, John Sotherton, was, according to one of his clients, more willing than able, having cut one Mr Fuller's vein seven times without success on 'his own responsibility'.[88]

The boundaries of practice were not always so clear-cut. The repetition and re-prescription of medicines that physicians had directed for similar diseases in the past

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[85] CPL, Annals, iii, 273-4, 443.
[86] CPL, Annals, iii, 313-14. For similar examples from France: Ramsey, *Professional and Popular*, p. 282.
[87] Hodges, *Vindicae*, p. 53.
[88] CPL, Annals, iii, 290. Graves also bled patients: CPL, Annals, iii, 245; George Soulby had a parcel of surgeons instruments in his shop at his death in 1685: PRO, PROB 4/6080(a).

was one important aspect of apothecaries' work. On several occasions, when the College attempted to pursue apothecaries for supplying medicines it was faced with the defence that 'the sick man had asked him for it', as Johnson claimed in the case of John Stranger in 1630.[89] As this reduced costs by cutting the physician out, it must have attracted patient and apothecary alike. The system through which apothecaries' kept physicians' bills in files in their shops provided them with a valuable practical resource. Bills sometimes served, it seems, as the basis for apothecaries' own practice, despite the vehement criticisms by physicians of any pretensions to medical knowledge deriving from this source: 'the *Apothecaries strict noting* and *transcribing* of *Physicians Bills* can no more *inable* them to practice Physick, then *Stenography* to profess Divinity' tersely warned one physician.[90]

While physicians saw the use of old prescriptions as being both illegal practice and theft, it is clear that many apothecaries and many of those patients for whom the bill had been drawn up thought that their re-use was entirely valid. When Richard Bacon was summoned in 1615 for repeating prescriptions without a physician's permission he claimed that this was in fact legal. Richard Edwards made a similar defence when he appeared in 1601, confessing to administering physic but protesting that the cures were not of his own devising, rather being taken 'from old bills or recipes of other physicians preserved in his shop'.[91] The value of old prescriptions could increase if they became seen as containing 'secrets' or were linked to noted practitioners, and the circulation of this kind of receipt was at the centre of the manuscript culture of medicine. Understandably, the College sought to prevent the transmission of prescriptions.[92]

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[89] CPL, Annals, iii, 213.
[90] Hodges, *Vindicae*, p. 59. On the use of bills, see: Pelling, 'Knowledge Common and Acquired', pp. 263-64.
[91] CPL, Annals, ii, 132.
[92] CPL, Annals, iii, 51.

Practising apothecaries were not dependent on or subordinate to physicians, but equally they were not necessarily isolated from them – or other practitioners – as the systems for policing medicine might suggest. There is substantial evidence that they might call upon other medical practitioners as necessary during a cure. For example, when Valentine Figge was asked by his patient Robert Canby 'how he durst do this [bleeding] without a doctors advise', he was quick to respond that if he was not trusted he would bring a doctor with him.[93] Figge was not alone in being able to call on a physician in need. In many cases, there seems to have been an ongoing relationship, if not a formalised partnership, reminiscent of the knots of practitioners described earlier. For example, when Bowden, a surgeon, assisted Fludd in treating Henry Leach's syphilis, he prescribed verbally in Fludd's shop, suggesting a reasonably close association and possibly a shared workplace as was found in some Italian cities.[94] Links with surgeons seem commonplace. In 1600, Besse took on a patient whom he treated in association with a surgeon in his own house.[95] Similarly, Checkley, in 1623, was brought a patient by the surgeon Robert Smith.[96]

This kind of practical association did not necessarily operate in only one direction. One irregular empiric, Butler, was, according to Dr Gulston, in league with an apothecary Mr Thomas who instructed him 'when he knowes not what to doe', although Thomas denied this and a further charge of being Butler's 'Apothecarye and assistante'.[97] A similar arrangement is apparent in the decision of David Pascall to complain to the College against both the apothecary Foucant and surgeon Shokey for

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[93] CPL, Annals, iii, 525.
[94] CPL, Annals, iii, 314-15; Palmer, 'Pharmacy in Venice', pp. 105-106.
[95] CPL, Annals, ii, 128.
[96] CPL, Annals, ii, 172.
[97] CPL, Annals, iii, 226, 312.

undertaking to cure his maid and leaving her in danger.[98] Associations between apothecaries and irregulars or surgeons were common – and are, for obvious reasons, particularly prominent in the records of the College – but College physicians were also involved in arrangements with practising apothecaries. Such physicians might act rather differently than the College officially hoped. When the apothecary George Haughton was faced in 1622 with the suspicion of having poisoned one of his patients, a lawyer Robert Roe, the physician Read – with whom Haughton was still associated in 1634 – came forward to claim that he had approved the course Haughton had used after it was prescribed.

One of the most common forms of association into which apothecaries entered, it should be emphasised, was a partnership with another apothecary. As early as 1619, Mr Johnson 'and his partner' were summoned by the Society, and partnership became an issue during the 1622 prosecutions of those who refused to leave the Grocers' Company by the Society for continuing to sell medicines, as those prosecuted were charged with using their partners to make medicines for them.[99] Partnership offered a way of transferring the reputation of a shop or individual into a longer-term asset and efficiently combining scarce credit and capital. It was not without its dangers as the fall-out from Coningsby and Estwick's business discussed earlier reminds us, but the partnership relationships could as easily be close. In his 1643 will, Robert Holland left £10 to his 'lovinge partener' Thomas Stonehouse, who was also to be sold his half of the shop goods according to their indentures of copartnership.[100] Zachary Bertrand and Thomas Child's partnership appears to have been even tighter. Child not only acted as Bertrand's executor in 1674, but his family seems almost to have been a substitute for Bertrand's own lack of a wife and children.

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[98] CPL, Annals, iii, 443.
[99] GL, MS 8200/1, f. 24; PRO, STAC 8/44/9, f. 19.
[100] PRO, PROB 11/191, f. 153r.

Child's four daughters received forty or fifty pounds each (his sons only 40*s* a piece) from Bertrand, while the remainder of the estate – after various substantial gifts to his brother, sister and nieces – came to Child.[101] Admittedly, partnership did not need to be a joining of equals: Edward Lloyd was freed early in 1662 'in regard he is to bee partner with his Master', although the Society opposed partnerships between freemen and those who were still apprentices.[102]

In his dealings with one patient, the apothecary William Clapham illustrates the potential complexity of relations between practitioners. In 1630 he was summoned before the College for his treatment of William Turner, who had subsequently died. According to several witnesses, Clapham was the only practitioner who had visited Turner, who, Clapham said, 'much despised phisicke and phisitians, yet relyed on him'. Clapham denied practising physic, saying that he had been following the directions of one Dr Peter Maden, an unlicensed physician who had been a servant with him when he was apprenticed to the apothecary Jacques Garrett.[103] None of the witnesses had seen Maden, Clapham argued, because he prescribed when he examined Turner's urine in Clapham's shop. In fact, Clapham's relationship with Turner was of long standing. Turner described him to an acquaintance as 'his antient Apothecarye whose councell he used, and one that knew his bodye well', and according to Turner's nurse he often examined Turner's urine himself. Another practitioner was – if at all – consulted only when necessary. In this case, it appears Clapham was both practising and controlling the other practitioners' access to a patient. While irregular in the eyes of the College, Clapham thought his role was proper enough to justify suing the executor for the unpaid remainder of his bill in the

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[101] PRO, PROB 11/344, ff. 32r-32v.
[102] GL, MS8200/2, f. 69r. Also see below, pp. 147-8.
[103] Maden or Muden apparently had taken an MD abroad, he later moved to Devon: Roberts, 'Apothecaries', p. 271; Roberts, 'Personnel and Practice: Part II', p. 375.

Court of Common Pleas; at one point, he suggested that he would never have been brought before the College if he charged £8 or £9 rather than £92.[104]

A similarly dynamic relationship between an apothecary and other practitioners is apparent in Henry Dickman's practice. Dickman faced actions by the College three times between 1607, when he was still an apprentice, and 1639. In his treatment of Frederick Porter for what Dickman, at least, thought was syphilis, the cure was contracted for and initiated by Dickman despite Porter having been a patient of Dr Meverall for a month already. But, while Dickman diagnosed the diseased and was the main practitioner seen by Porter, he did not work alone. He defended himself by arguing that the pills of turbith mineral he gave were prescribed by Edward Harris, a surgeon living in Smithfield, who had seen Porter twice, although only when he was feeling the effects of the cure. Harris further confused the picture by admitting giving the pills to Dickman but denying having prescribed them or receiving a fee. In a final twist, Dickman produced a statement from the patient in which he agreed to treat himself. As he walked out of the College, Porter – now effectively without a suit against Dickman – was apparently considering suing the friend who'd recommended the apothecary to him.[105] A later complaint in 1639 suggests that Dickman's practice in this case had followed a standard pattern: in treating John Willis for plague – like syphilis a problematic disease for physicians – Dickman had been again recommended by a friend, and seemingly diagnosed, contracted for the cure, treated and even arranged lodgings for his patient single-handed. Yet, when summoned by the College, he was able to produce a bill from Dr Hinton for the case, indicating some degree of partnership, and a pragmatic willingness to engage in such work on the part of physicians.[106]

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[104] CPL, Annals, iii, 320-22.
[105] CPL, Annals, iii, 273-77.
[106] CPL, Annals, iii, 488-89.

Dickman and Clapham were both acting as portals to other practitioners' expertise: they were access points to a larger medical network.[107] Apothecaries' roles as intermediaries between patients and other practitioners complicated matters for the College. As in these cases, on numerous occasions, apothecaries accused of practice were able to supply prescriptions from physicians of whom their patients were unaware. One patient of John Sotherton, William Tole, explicitly acknowledged this, admitting that Sotherton had given him physic, a purge and let his blood, but 'whether hee had the Counsel of a Doctor or no hee cannot saye'.[108] Tole was probably pressed on this point by the College, because earlier that year Sotherton had avoided another charge of practice on just such grounds, by producing a physician, Dr Tomand, who was willing to state that he had prescribed medicines without the knowledge of the patient who brought the case. In these cases, it seems likely that a number of the physicians who came to an apothecary's defence had actually become involved after the fact. Nonetheless, their willingness to perjure themselves, presumably in order to preserve a valuable relationship, suggest that such shifts between solitary and joint practice were commonplace.

Associations and partnerships were not restricted to apothecaries and physicians; they occurred between practitioners of all sorts. For instance, two physicians, Dr Lobell and Dr Fashion, were employing a Southwark woman, Jane Clarke, to let blood for their patients in the 1620s.[109] An odder example is Andrew Faye, an irregular practitioner in Whitefriars, who sought George Butler, 'practiser in physic', for assistance in treating Richard Godfrey and Anne Crewe. In this case, Faye went to Butler because he had previously – and not entirely successfully – treated

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[107] CPL, Annals, iii, 419.
[108] CPL, Annals, iii, 294.
[109] CPL, Annals, iii, 222.

these patients. When Butler eventually sued for payment, Godfrey and Crewe denied all knowledge of Faye's agreement with Butler: their agreement as far as they were aware was with Faye alone – and they claimed to have paid him.[110] Among barber-surgeons associations were even enforced in dangerous cases. The Barber Surgeons' Company with limited success obliged surgeons to consult before undertaking risky operations. As this rule underlines, association could be a way of sharing and limiting risk, as well as profit.

Conclusion

Thus far the patient has been somewhat marginal in this account. Where they patients have appeared, it has often been as the dupes of combining practitioners, unclear about what they were obtaining from their doctor or manipulated into utilising other practitioners. This view should probably not be taken too far: examples of patient agency can be found. Edward Graves, for example, defended giving various medicines to Martina Pope's husband on the grounds that he acted not on his own accord but because 'he was strongly urged', presumably by the family.[111] However, in contrast Nicholas Jewson's argument that the patient was the dominant party in pre-modern therapeutic transactions, it is clear that the patient's freedom could be circumscribed.[112]

Reputation, status and wealth, perceptions of the relative position of different practitioners, and even political dimensions all served to shape patients' choices. As the reliance of London's alien communities upon immigrant practitioners indicates,

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[110] PRO, REQ 2/295/44.
[111] CPL, Annals, iii, 245 (4 Jan 1628).
[112] Jewson, 'Medical Knowledge', pp. 369-85.

language and religion could also be a factor.[113] This was most apparent in hospitals and in service relationships where the servants and dependants of a family received care from the physician their patron or employer chose. Even outside charitable contexts, however, the independence of the patient could easily become little more than nominal. When John Ashridge, who had been receiving physic from the apothecary Reeve for a year, wanted the counsel of a doctor, Reeve refused to permit it, saying 'the Doctors could not doe him no good by looking on his waters'.[114] In addition to the psychological dynamics of ongoing patient-practitioner relationships under the stress of sickness which are apparent between Ashridge and Reeve, medical theory also played into the practitioner's hands: the importance of understanding a temperament meant that as a practitioner's knowledge of their patient grew, their patient became increasingly dependent on them. It is a view which needs to be set against perceptions of all patients as 'medically promiscuous'.[115] Arguably, the patient was strongest before contracting a cure from a practitioner. During the cure, trust, dependency and financial ties limited their independence.

Whether 'strong' or 'weak', the patient can be seen as the root cause of the partnerships, associations and clientage networks that sprang up so frequently among practitioners. These economic devices offered a means to limit the high risks of independent practice by passing business along regular avenues; they helped to guarantee income by reducing the randomness of demand. For practitioners relying on each other's products, physicians using apothecaries' medicines for example – or apothecaries using physicians' prescriptions – they offered a basis on which trust in

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[113] Jenner, 'Quackery and Enthusiasm', p. 327; O. P. Grell, 'Plague in Elizabethan and Stuart London: The Dutch Response', *Medical History*, 34 (1990), pp. 435-36.
[114] CPL, Annals, iii, 374. Brockliss and Jones also note the importance of 'informal contracts' based on longevity of care in perpetuating relationships between patient and practitioner and limiting patient independence: *Medical World*, pp. 300-306.
[115] Lindemann, *Medicine and Society*, p. 199.

each other's actions could be built and policed in order to counterbalance the uncertainty of judging highly differentiated products, be they compounded medicines or individualised medical advice. Also, very importantly, they eased the difficulties of establishing a practice or apothecaries' shop in the first place. The importance of reputation could otherwise be a 'catch-22' for new practitioners of all kinds, who needed a reputation to get patients, and patients to earn a reputation. Partnerships and associations could reduce profitability directly, by sharing the proceeds of drug-sales or practice, or indirectly, by limiting the freedom to contract freely with external practitioners. Nevertheless, they seem to have been worthwhile – at least for those already within them: for those seeking to break into the London medical world, such ties must have been a grievance.

Not all practitioners formed such associations. It is in these cases that the problem of information highlighted by Geertz could become explicit: in 1619 the irregular Dr Eyre, for example, was making his own medicines, or at least his own distilled water, 'for he would not willingly use the medicines of any apothecary'.[116] Great emphasis has been placed here upon the importance of non-hierarchical, loose and flexible networks between practitioners within the medical marketplace. However, as Eyre's position reminds us, some practitioners did operate outside such associations, pinning their hopes on their own skill and, frequently, a valorized image of their institutional and intellectual authority. For Christopher Merrett and his colleagues in the pamphlet war against practising apothecaries in the 1660s and 1670s this was a point of principle. That Merrett's own career ended in virtual paupery, with him offering his services on the cheap to his parish, serves well to underline the pragmatic thinking that motivated association.[117] At the other end of the spectrum,

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[116] CPL, Annals, iii, 125, 191.
[117] See: Christopher Merrett, *Dr Merrett...Makes to His Parish of St Andrews Holbourn This Proposition* [1695].

many of those who engaged in medical practice only occasionally, or just within their own neighbourhood, were also unlikely to become embedded in such commercial bonds. Much medical care continued to operate on this scale.

Patients as well as practitioners faced an information problem which this networked medical world helped resolve. Associations between practitioners could help limit patients' problems when selecting between another largely undifferentiated product: medical practitioners themselves. Conditional contracts in which payment was dependent on cure have been highlighted recently as an aspect of early modern patients' ability to control the therapeutic transaction.[118] But, as some of the cases described above demonstrate, contracts could be bent or broken. Moreover, they offer no means by which the sick person could decide who to choose when contracting a cure. Beyond the issues of practitioner relations lies the question of how patients – and the purchasers of medical goods and services of all kinds – chose where to go. The way apothecaries sought to influence patient choices, and indeed what patients came to apothecaries for, is the subject of the last chapter.

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[118] Pomata, *Contracting a Cure*; Pelling, *Medical Conflicts*.

8.

Consumption

The Practices, Sites and Costs of Medicine

I do remember an apothecary-
And hereabouts a dwells – which late I noted
In tatter'd weeds, with overwhelming brows,
Culling of simples. Meagre were his looks,
Sharp misery had worn him to the bones,
And in his needy shop a tortoise hung,
An alligator stuff'd, and other skins
Of ill-shap'd 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
Were thinly scatter'd to make a show.

Romeo and Juliet, act v, sc. 1, lines 37-48

The description of the apothecary's shop in *Romeo and Juliet* rings strangely in modern ears. It is full of odd creatures, skins and stuffed animals, empty boxes and ancient simples. The disorder of the shop signifies the failing livelihood that leads the apothecary to sell an illegal poison to Romeo. The relationship between dubious consumption, the apothecary's shop interior, and honesty that is apparent in this scene is the subject of this chapter. Not all early modern consumption was as dangerous as Romeo's, but obtaining medicines could nonetheless be a problematic task, demanding the assessment and negotiation of price, quality and reputation. Who actually bought and used medicines from apothecaries is the first issue dealt with here. The second part of this chapter is concerned with the sites of consumption – the material culture of early modern apothecaries' shops. Finally, the acts of consumption described in the first section and the mechanics of shop design considered in the second are linked and interpreted in a discussion of contemporary perceptions of the dangers that the consumption of medicines could hold.

The costs and sources of medicines

Londoners in the seventeenth-century had a range of sources of medical care. After self-treatment, the advice and help their family and friends could supply was most readily drawn upon: lay care was after all the first and often the last port of call for the sick. At some point in their lives, however, many people also paid for advice from commercial medical practitioners. The large numbers of medical practitioners in London in this period imply that demand for their services was substantial. The balance between lay and commercial sources of medical advice is replicated in the treatments employed.

Treatments, be they self-imposed or directed by friends, family, or regular or irregular practitioners, frequently drew on domestic resources such as everyday foodstuffs or herbs that were freely available either wild or in gardens; even London contained numerous gardens and green spaces within the city or nearby. There was no obvious division between rich and poor over the use of common herbs and the like in medicine as there was over the use of exotic ingredients. Many vernacular medical books of the period described the use of locally-available plants as simples and in compound remedies.[1] As Mary Fissell has pointed out, numerous of the simples Culpeper described in his *The English Physician Enlarged* were so commonly known that the reader did not even require a description.[2] Similar – if less extensive – instructions were contained in the even more widely circulated form of almanacs, several hundred thousands of which were published each year by the mid-seventeenth

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[1] P. Slack, 'Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 237-73.
[2] M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), p. 40.

century.[3] Medical practitioners might themselves make use of remedies based on domestic resources rather than arcane or exotic ingredients. In treating sore breasts, for example, the irregular practitioner Mrs Fletcher used either a medicine of saffron, white wine and thistle or one of the herbs smallage and parsley, with white bread and milk, ingredients as common in the kitchen or garden as the grocer's or apothecary's shop.[4]

These local sources could be combined or supplemented with medicinal simples and compound drugs obtained from apothecaries, druggists, proprietary medicine sellers, distillers, herb-women, surgeons and the like. There was nothing to prevent laymen using the entire range of learned, commercially-produced medicines. Indeed, it is virtually impossible to draw a line between 'lay' or 'folk' herbal remedies and learned commercial ones.[5] The extensive and elaborate medical manufactures carried out by Lady Grace Mildmay, for example, rivalled those of a well-equipped apothecary.[6] More commonplace examples of this can be found in the numerous recipes that circulated widely in Stuart England. During the plague of 1607, for example, when Maria Thynne wrote from Wiltshire to advise her husband in London of 'an approved medicine', the home-made medicine she described relied on shop-bought ingredients, being a mix of dragon water with some treacle or mithridatium and some 'redding'.[7] In addition, she wrote, as a preservative against the plague he was to eat three or four rue leaves put into some raisins every morning – this time a medicine which used just common grocery wares.[8] This mixed approach can also be seen in other cases, such as the orders Daniel Fleming made several times in the

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3 Curth, 'English Almanacs', pp. 135-37.
4 She appeared at the College in 1613: CPL, Annals, iii, 51.
5 Fissell, *Patients*, p. 38.
6 L. Pollock, *With Faith and Physic: the life of a Tudor Gentlewoman, Lady Grace Mildmay, 1552-1620* (London, 1993), pp. 98-103.
7 Redding was a red ochre used for marking livestock: *OED.*
8 *Two Elizabethan Women: Correspondence of Joan and Maria Thynne 1575-1611*, ed. A. D. Wall (Wiltshire Record Society, xxxviii, 1983), p. 36.

1660s and 1670s for apothecaries' simples from Kendal – galingale, cubebs, cardamoms and melilot flowers – in order to make up aqua mirabilis at his Westmorland home.[9]

As the widespread communication of prescriptions suggests, information on making and using these remedies passed freely between commercial practitioners and laymen.[10] As well as direct transmissions of knowledge, medical books were widely bought and, when the opportunity arose, there seems to have been a general interest in observing medicines and their manufacture, which was closely related to the contemporary fascination with natural history and curiosities. Witnessing the making of theriac in Venice was a regular part of travellers' itineraries. John Evelyn, who had a particular interest in such matters, noted a similar spectacle in London in 1659:

> I went to see the severall *Drougs* for the confection of *Treacle*, *Diascordium* & other *Electuaries* which an ingenious *Apothecarie* had not onely prepared, & ranged upon a large & very long table, but covered every ingredient with a sheete of paper, on which was very lively painted the thing, in miniature very well to the life, were it plant, flower, Animal, or other exotic drough.[11]

In parallel with the diffusion of information about learned medicine ran the diffusion of demand for its drugs, a process already well advanced by the start of the seventeenth century.

Some laymen and women were undoubtedly highly skilled in physic, but domestic medicine did not necessarily require a high level of medical knowledge. One gauge of the spread of medical knowledge is the extensive ownership of medical

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[9] *The Flemings in Oxford: vol. 1, 1650-1680*, ed. J. R. McGrath (Oxford Historical Society, cliv, 1903), pp. 449, 462, 475, n.6 to 475. Like cardamom, galingale and cubeb were both imported from the East Indies (*OED*), however melilot was grown in England in the sixteenth century (Grieve).

[10] The letters of John Symcotts offer good examples of such interchanges, with Symcotts receiving recipes as well as sending them: Poynter, *John Symcotts*, pp. 11-12, 21-22.

[11] *Diary*, iii, 235-6. He had also seen theriac being made in Venice in 1645 and seems to have been generally interested in medicines, taking a course in chemistry in Paris under le Febvre, who later became Charles II's chemist: *Diary*, ii, 451; iii, 373-4.

books, although demonstrating that people read them, let alone applied the learning they found within, is much harder. As is the case today, self-treatment did not require much understanding of learned diagnostics or therapeutics. The most obvious example of unlearned self-treatment is the use of proprietary medicines, with their applicability to numerous ailments. Apothecaries' receipts seem to support this. They offer a picture of the sick buying pre-made medicines for commonplace purposes – compound drugs described simply as purges, cordials, vomits and the like – and only occasionally concerning themselves with the particular ingredients of a medicine or purchasing simples to use in home-made therapies.

Medicines named for their application rather than their ingredients were qualitatively little different to branded proprietary medicines. Arguably, proprietary medicines were simply a specialised version of such compositions: the proper name of Daffy's Elixir was 'Elixir Salutis', a generic name for a health-giving drink as the availability of another Elixir Salutis from Daniel Woodward indicates.[12] However, using medicines was in itself a source of knowledge about them. From the experience of purchasing non-specific medicines, laymen and women might learn information that would lead them to a more refined and particular choice in the future. Something of this process can be seen in the experience of one Londoner from Ave Maria Lane, who came to Henry Dickman's shop in 1612 asking for 'vomiting cakes' and was then convinced by Dickman's apprentice that he would be better off with 'tabulas stibiatus' (an antimony preparation).[13] In this case, Dickman's apprentice was manipulating a commercial transaction in directing the man toward a specific remedy, but he was simultaneously creating a more informed customer.

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12 D. Woodward, *Ephemeris Absoluta* (1698), quoted by L. Curth, 'The Commercialisation of Medicine as seen through Seventeenth Century English Almanacs' (unpublished paper presented at 'The Commerce of Health' conference, University of Warwick, December 1998).
13 CPL, Annals, iii, 40.

Not all treatments, it should be emphasised, involved taking medicines. In 1604 John Saunders, agent to the Somerset gentleman John Trevelyan, wrote to explain that his recent silence was because of a sickness about which he had obtained 'the opinion of a phisition touching the kind & cause of my disease (but have taken no phisycke)'.[14] The importance of the non-naturals, particularly diet, meant that giving treatment might involve manipulating aspects of lifestyle or advising the use or avoidance of certain foods and drinks rather than employing drugs.[15] Because many surviving case-books are composed of collections of prescriptions they can give a misleading impression of practitioners' uses of medicines. When fuller material survives a different picture can emerge. Although he was not perhaps representative, the astrological physician Simon Forman prescribed therapies (including blood letting) for only 35% of cases, mostly purges or vomits, and only 12% received a potion or pill.[16] Drugs might be consciously avoided because of worry about the dangers of interfering with nature. For example, Sir Justinian Isham recounted to his friend Bishop Duppa how when a violent flux had affected his family 'we only tooke some Cordialls at the beginning not daring any way to stop what Nature (though very violently) drave forth'.[17] Bishop Duppa was himself an avoider of medicines, commenting at one point that the alkermes he was himself advised to take 'is yet a stranger to me', although he commended the use of Jesuit's bark against epidemic fever in 1658.[18] The physician and philosopher John Locke noted one case of prodigious abstinence: Alice George, a poor woman of 108 years who claimed to have

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14 *The Trevelyan Letters to 1840*, ed. M. Siraut (Somerset Record Society, lxxx, 1990), p. 68.
15 H. J. Cook, 'Good Advice and Little Medicine: The Professional Advice of Early Modern English Physicians', *Journal of British Studies*, 33 (1994), pp. 14-17.
16 Kassell, 'Simon Forman's Philosophy', pp. 152-53.
17 *The Correspondence of Bishop Brian Duppa and Sir Justinian Isham 1650-1660*, ed. Sir Gyles Isham (Northamptonshire Record Society, xvii, 1951), p. 160.
18 *Ibid.*, pp. 162-3.

taken physic only once, 40 years before, a pennyworth of Jalap which had wrought sufficiently to remove her vapours ever since.[19]

For those who did resort to taking medicines bought from apothecaries and their peers the financial costs could vary greatly. Surviving apothecaries' bills sometimes reveal the consumption of large volumes of drugs over short periods. Between 28 August and 30 October 1633, an apothecary supplied one Mr Wimkells with 31 items at a total of £3 3*s* 6*d* (an average of 2*s* 1/2*d* a piece). The medicines included diets, cordial potions, purges and plasters, and varied in price from 8*d* for a 'fume for the head' to 2*s* 6*d* for 'a bottle of diet [drink]'. Wimkell's bill evidently reflects the course of single illness; in contrast, the same anonymous apothecary drew up an account for one Mr Street which shows the requirements of a household over a longer period, the eight months between October 1637 and June 1638. The medicines were much the same as supplied to Mr Wimkells: cordial potions at 2*s* 6*d* a dose, opening pills at 2*d* a piece, juleps at different prices. At the close of the account, the total was £4 17*s*, for which 37 batches of medicines (some of 2 or more doses) had been supplied for the use of Street's wife, his daughter, a Mistress Laurence and a Mistress Margaret (averaging 2*s* 7*d* an item).[20] The medicines used in navy service could be a little cheaper: from March to September 1653, the medicines for 42 sick and wounded English seamen cost £88 18*s* 7*d*, or just under £2 a head.[21] Elsewhere, bills totalling several pounds seem commonplace: the Earl of Huntingdon was sent a bill by a Loughborough apothecary Mr Cowper in 1644 for £3 18*s* 11*d*.[22] Similarly, in 1639, Culpepper Clapham's annual bill (for October 1639 to October 1640) to the Earl of Bath came to £4 13*s* 2*d* for 46 items (average 1*s* 10*d* an item), including two

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19 On 1 Mar 1681, quoted in: P. Laslett, *The World We Have Lost* (London, 1965), p. 110.
20 PRO, E 101/634/5.
21 *CSPDom, 1653-4*, pp. 178-9.
22 Huntingdon Library, HAF Box 15 (32). I am grateful to Andrew Boyle for this reference.

day's fees at 10*s*, and several small quantities of exotics, compounds and simples: 1oz of 'troches Alhandal' for 2*s* 6*d*; 2oz of 'syrup of stacados'; 1oz of 'sem foeniculi dulci' for 3*d*, oil of cloves at 6*d*.[23] Thirty years later, accounts were much the same, even the prices were unchanged – although inflation meant that in real terms they had fallen: for example, Samuel Barnard's bill for 49 medicines supplied between 23 December 1675 and 2 February 1676 to Major Gunstone came to £5 9*s* (average 2*s* 3*d* an item), while Mr Fleming charged Mayhew Watts £2 4*s* 6*d* for 24 medicines from 25 December 1674 to June 1676 (average 1*s* 10*d* an item).[24]

The costs of commercial medicines set out in these bills are similar to those given in the College of Physicians records. Really large charges were normally reserved for cures involving advice as well as medicines. Cures costing several or even tens of pounds appear regularly in the archives. For example, the apothecary Henry Dickman charged £4 for one cure and £20 for another in the 1630s, while Richard Mason charged £20 for a cure of dropsy in 1640.[25] For these large sums, it is worth emphasising, patients might receive a great deal. As the surgeon Edward Harryes protested when John Smyth sought to avoid paying him the £20 he owed for a cure for syphilis, he had both laid out money for all the necessaries, 'and tooke greate paynes with him and bestowed much tyme and was verie industrious and Carefull about the same'.[26]

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[23] *Devon Household Accounts, 1627-59*, ed. T. Gray (Devon and Cornwall Record Society, n.s., xxxviii-xxxix, 1995-6), xxxix, 307-8. 'Stacados' is Stoechados or Stechados or French lavender; 'sem foeniculi' is fennel seed; 'troches Alhandal' are based on coloquintida, oil of roses, gum Arabic, tragacanth and bdellium: a recipe is included in the *Pharmacopoeia Londinensis* (1618).
[24] Society of Apothecaries Archive, E7 (Samuel Barnard to Major Gunstone, 1676); BL, MS Add. 38854, f. 190. Inflation seems to have continued in London in the second half of the seventeenth century, diverging from the rest of the country: J. Boulton, 'Food Prices and the Standard of Living in London in the "Century of Revolution", 1580-1700', *Economic History Review*, 53 (2000), pp. 469.
[25] CPL, Annals, iii, 274, 489, 513-4.
[26] PRO, REQ 2/307/38, f. 2.

It is easiest to get a sense of the amounts spent by aristocratic and gentry families for whom household accounts and bills most often survive. Their wealth, and possibly also their education and social status, made them the most likely group to use commercial medical practitioners and learned physicians in particular. Nonetheless, medicine was commercialised for a much broader section of society than the gentry alone. Medicines ranged from a penny to a couple of shillings in price. In the 1630s and 1640s, usable quantities of theriac were available for a penny even as far away from London as Devon.[27] These are sums that members of the middling sort and artisans – for whom it is particularly difficult to find evidence – could have afforded. Even some who were not likely to have had much surplus money – maids, servants, wet nurses, gardeners – do appear as the patients of apothecaries in the College annals, though the presence of servants raises the question of whether their masters or mistresses may have paid.[28] The clergyman and astrological physician Richard Napier treated a similarly wide range of patients in the 1610s and 1620s, including many servants and artisans. His fees reflected this, beginning as low as 12*d*. Most of his patients paid 2 to 4 shillings, including the medicines they were given, with members of the nobility paying substantially more.[29] Despite such sliding charges, funding treatment, particularly over a long period, might have serious consequences for the marginally prosperous.[30]

Undoubtedly, the prices of such medicines remained substantial or impossible amounts for the poor, particularly when they might need to be taken repeatedly. Even a pill costing a penny becomes far less affordable when it took a course of 12 to treat a sickness. The poor might be able to raise money for expensive medical care from

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27 CPL, Annals, iii, 312; *Devon Household Accounts*, i, p. 54.
28 CPL, Annals, iii, 120, 165, 210, 443.
29 M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge, 1981), p. 51 and n. 118.
30 Pelling, *Common Lot*, p. 64.

guilds, charitable sources, or parish relief, or obtain care for free from philanthropic physicians (although outside of epidemics, London had no town physicians, unlike Chester, Ipswich and Newcastle).[31] For many, though, medicines must have been restricted to what they could put together with their own resources and ingredients, or perhaps the help of someone in the neighbourhood. exotic and imported simples would remain firmly out of the reach of the poor, as underlined by their inclusion in the preservatives for the 'richer sort' but not in the general 'inward medicines' given in the *Directions* printed by the College of Physicians during plagues.[32]

With these exceptions in mind, it is possible to speak of a highly developed commercial side to medicine in London throughout the seventeenth century. Large numbers of apothecaries were supplying significant volumes of medicines to the gentry and middling sort both on their own account and on the prescription of medical practitioners. If this activity still largely excluded the poor, it should not be dismissed as a relatively minor or irrelevant phenomenon. For many people health care was dependent on the services of apothecaries as practitioners, advisers and suppliers of medicines.

The apothecary's shop opened

In the previous chapter associations and partnerships were identified as important factors in obtaining work for practitioners. In addition to these communal

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31 Pelling, *Common Lot*, pp. 83-4, 88; A. Wear, 'Caring for the Sick Poor in St Bartholomew's Exchange: 1580-1676', in R. Porter and W. Bynum (ed.), *Living and Dying in London* (*Medical History*, supplement no. 11, 1991), pp. 49-51; Archer, *Pursuit*, pp. 193-94. Parish provision is particularly noticeable during epidemics: GL, MS 4525/4, ff. 11, 43-44, 52; CMH records of Churchwardens' Accounts. It might be less substantial at other times; St Brides' churchwardens made very few payments and then only a few pence to pay for children's physic: GL MS 6552/1, ff. 228v, 247v. I am grateful to Paul Griffiths for this last reference.

32 College of Physicians, *Certaine Necessary Directions for the Prevention and Cure of the Plague* (London, 1665), paras. xiii, xvii.

means, medical practitioners were notorious for their self-advertisement and self-recommendation, most famously through the coaches, clothing and posturing of learned and irregular physician alike. Whilst not adverse to engaging in these personal displays themselves, apothecaries also made use of their shops to communicate messages about their work and quality. Not all apothecaries' customers were personal visitors to their shops: medicines might be delivered or collected by servants, and were often despatched across the country by mail and carrier. Nonetheless, it appears that shop image was important enough to warrant considerable investment on the part of apothecaries.

Apothecaries' shops were not ephemeral stalls or transient fly-by-night establishments. Shops sometimes survived the career of the apothecary who established them, being passed on to an ex-apprentice or to another apothecary, hopefully – although not always successfully – with some of the good-will, clientele and reputation of the former owner.[33] For example, when they were resisting pressure to enter the new Society in the 1620s, Humfrey Gravenor and Roger Gwynne appear to have found it easy to let their well-established shops to other apothecaries, in Gwynne's case to his apprentice Leonard Stone.[34]

This can be illustrated if we examine the occupation of one property, the Greyhound, fronting on to the north side of Bucklersbury at the heart of Cheapside, which can be traced for much of the seventeenth century. In 1617 it was leased to George Haughton, then described as a grocer but later a prominent member of the Society of Apothecaries. Sometime between 1619 and 1638 the apothecary William Shambrooke began to live at the property, as did a merchant taylor for a time. By

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33 See the examples of the shops of Adrian Barton and Christorpher Iles, above, pp. 147-8, 212; James St. Amand took over his master's shop: Henning, *Parliament*, iii, 379.
34 PRO, STAC 8/44/9, ff. 4r-4v, 52r-53r, 58r-60r.

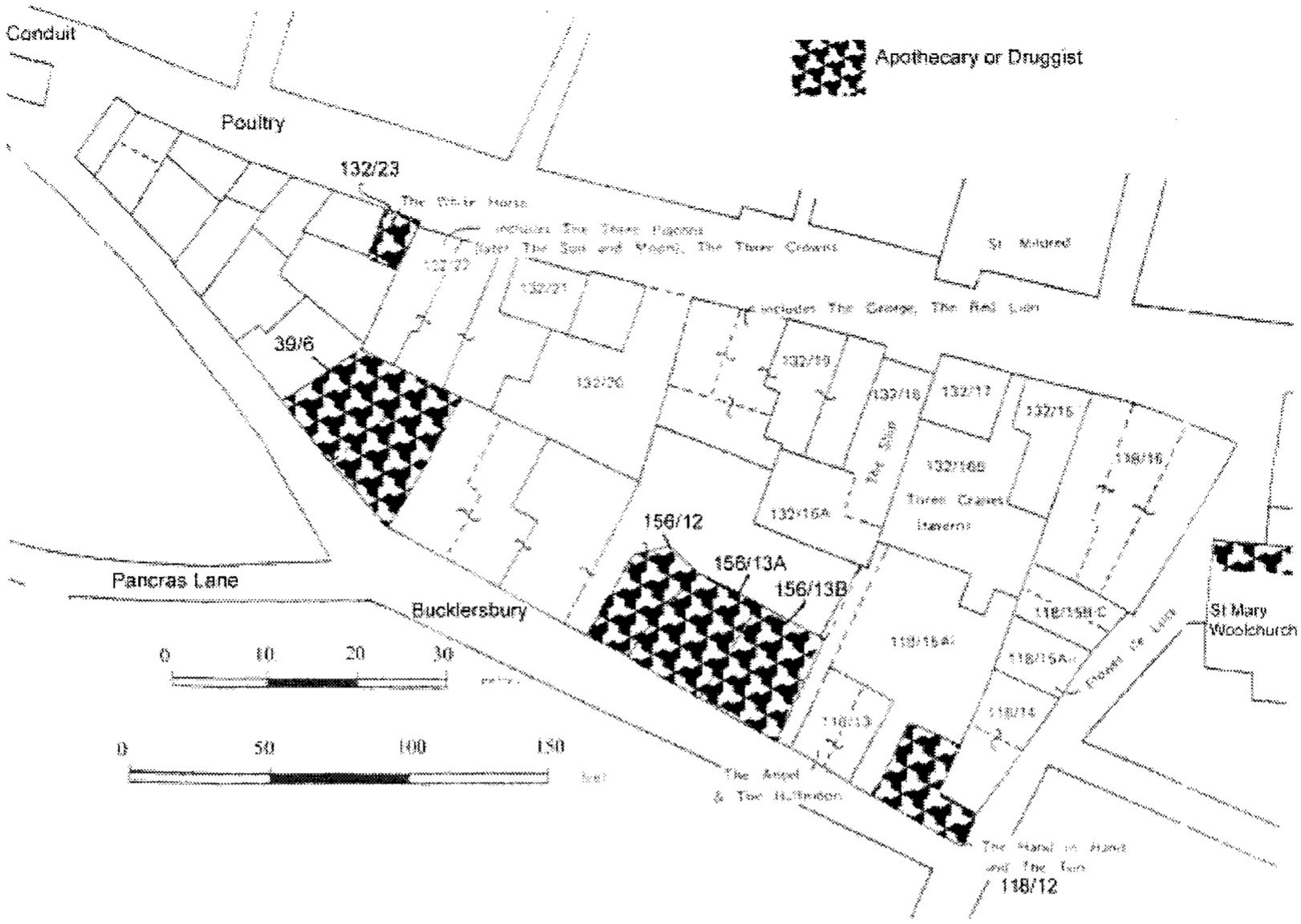
1639 the house had become known as the Phoenix and was valued at £22 p.a. It was comprised of a shop with cellar beneath, a yard, entry from the street to the yard, a hall over the shop, a chamber over the hall, and two garrets over the chamber. Behind the shop and yard was a kitchen with two rooms over it and a buttery. In 1640 the property was leased to yet another apothecary, John Lorymer, who also rented another part of the same tenement. By 1661, this property – now five stories in height, including a turret – along with neighbouring parts of the same tenement had been let by Lorymer's widow to two more apothecaries, Zachary Bertrand and Thomas Child. Bertrand and Child had paid £100 entry fine and £100 rent over ten years for the property. The pair based their close partnership at the property and it remained in their hands until they rebuilt it after the Great Fire.[35]

The rich and densely built-up area of Cheapside where this shop lay was the traditional centre of both the apothecaries' and the grocers' trades. Apothecaries continued to be numerous there throughout the century: in 1666, druggists and apothecaries comprised 22% of all householders in the parishes of St Benet and St Stephen. Of those living in these parishes, 91% were based on or near Bucklersbury.[36] Figure 9.1 illustrates the sheer density of shops in the Poultry that formed one part of this cluster. It was presumably Cheapside that led one Venetian visitor to note that one quarter of the city was 'full of apothecaries' shops on either side of the way'.[37] In contrast, the poor eastern suburb of St Botolph Aldgate seems to have been home to only two apothecaries during the century, John Banner at the Three Cranes in the Minories, and John Whyt who lived in Ship Alley.[38] Although London apothecaries

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35 D. Keene and V. Harding, *Historical Gazetteer of London before the Great Fire: Part I, Cheapside* (Cambridge, 1987), 105/26E. See above, p. 269.
36 D. Keene, 'The Walbrook Study: A Summary Report' (Institute of Historical Research, University of London, typescript, 1987), p. 13.
37 *State Papers Venetian, 1617-19*, p. 257.
38 M. Carlin, 'Historical Gazetteer of London before the Great Fire: St Botolph Aldgate' (University of London, Institute of Historical Research, typescript, 1987), 43/7/9Aii, 43/7/7A.

Plate 8.1: Apothecaries and Druggists in Bucklersbury and the Poultry



Note: the map is adapted from Keene, 'Walbrook Study', p. vi, with the kind permission of Derek Keene.

seem to have been more clustered than their Venetian peers, Cheapside was not the only location where they were found.[39] By the 1640s, apothecaries were already numerous in rich and court-influenced areas, particularly along the main thoroughfares to the west of the city which ran toward Westminster, such as the Strand, and on Fleet Street, Holborn, and around the Old Bailey.[40] During the second half of the century few apothecaries seem to have been based in the poorer parishes along the river.[41] But, in addition to a continued spread toward the West End, a number were established in the East of the city, particularly on major roads in the parishes of All Hallow's Staining and St Andrew Undershaft, long an area where apothecaries had been based. In the 1690s and before, clusters can also be found in Cornhill and on London Bridge.[42]

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39 MacKenney, *Tradesmen*, p. 89.
40 Typescript copy of 1641 Poll Tax ratings in the Society of Apothecaries' Archive; based on PRO, SP/16/539, pt 1, section 72, f. 155.
41 Probate records give an indication of the addresses of many apothecaries, although as they will exclude the poor they present only a partial picture.
42 Spence, *London in the 1690s*, p. 142.

What then were apothecaries' shops like? It is very hard to gain any sense of their exterior appearance from the available sources. In terms of their basic shape, it seems unlikely they were much different to the other permanent shops in the neighbourhoods where they were clustered. Probate inventories indicate that many apothecaries lived above the shops and store rooms where they worked, in the narrow three or four storey houses that were characteristic of the better seventeenth-century London streets. Some had open fronts with grates at the window, others had glazed windows. Over the door hung the sign of the shop, sometimes but not always linked to their trade.

More can be said about the interiors of apothecaries' shops than their exteriors or locales – although, even with the increasing use of glazed windows, shops' interiors can hardly be separated clearly from their external appearance. A dearth of material on the forms of late-medieval fixed shops makes it hard to establish a chronology of change in shop design. However, it is clear that by the mid-seventeenth century the disposal of space in London apothecaries' shops, and the fittings that were employed within them, had become highly stylised and distinctive. They featured a very large number of containers which were increasingly standardised in form, particularly the sets of ceramic and glass jars – often elaborately painted – which were systematically arranged and ordered into sets and rows on extensive shelving units. Windows were glassed and jars and vials of coloured waters were set out where passers-by could see them. Counters divided the interior space, separating vendor and customer. The ceilings and walls were used for the display of exotic objects and curios.

The outlines of this ornate form of shop structure can be seen in images of European apothecaries' shops from the seventeenth and eighteenth centuries, perhaps the best of which is the painting of a mid-seventeenth century Dutch apothecaries' shop currently attributed to Ter Borch (Plate 8.2). Given the links between the medical practitioners of the two countries and various similarities in the objects in the shops of the two countries, Dutch shops were probably not too dissimilar to the English shops of the same period. This painting does contain obvious elements of genre-style, such as the piece of fruit in the hand of the woman behind the counter, and is probably at best a stereotypical representation, however the very density of items in the backdrop suggest their importance to contemporary perceptions of apothecaries.[43] The earliest English representation of an apothecaries shop that I have found is the panel in the title page to the apothecary Thomas Johnson's translation of *The Workes of that famous Chirurgion Ambrose Parey*, published in 1634 (Plate 8.3).[44] Like the 1657 frontispiece to a translated dispensatory discussed in the introduction (Plate 1.1), it shows rows of jars, drawers, a counter, and pharmaceutical equipment. Both of these woodcuts were obviously didactic, with the apothecary in the 1634 title page engaged in the same careful preparation of medicines in a well-stocked shop that we would anticipate occurring in the dispensatory frontispiece once the prescription was safely delivered. Images from the eighteenth and early nineteenth century are richer and more elaborate, but they are also more formulaic, as the internal appearance of the shop becomes almost indistinguishable from print to print.[45]

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[43] Some of the possibilities and problems of employing Dutch visual sources in an English context are discussed in M. Pelling, 'The Body's Extremities: Feet, Gender and the Iconography of Healing in Seventeenth-Century Sources', in H. Marland and M. Pelling (ed.), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands* (Rotterdam, 1996), pp. 221-51.

[44] The title page to the *Works of Parey* (London, 1634) was by Thomas Cecil, and was reused in the 1649 and 1665 editions. The numerous French and Latin editions of Paré's works had different ornamental or text based title-pages, none of which contained a comparable representation of an apothecaries' shop: J. Doe, *A Bibliography, 1545-1940, of the Works of Ambroise Paré, 1510-1590*, revised edn. (Amsterdam, 1976), pp. 171-81. A vignette of an apothecaries' shop was included in the title page of the 1628 Wittenberg edition of Daniel Sennert, *Institutionum Medicinae Libri V.*

[45] Standardised arrays of jars and stuffed animals were used by Thomas Rowlandson in his prints of apothecaries' shops, such as 'Ride to Rumford' (1802) and 'How Merrily we live that Doctor's be'

Plate 8.2: Seventeenth Century Dutch apothecary's shop, attributed to Ter Borch.

Reproduced with the kind permission of the Apotekarsocieten, Sweden.



(1793), and in his illustrations for Tobias Smollett, *The Adventures of Roderick Random*. Similar representations had a long history on the continent.

Plate 8.3: Titlepage to A. Paré, *The Workes of that famous Chirurgion Ambrose Parey*, trans. Thomas Johnson (London,1634). Reproduced courtesy of the Wellcome Library, London.

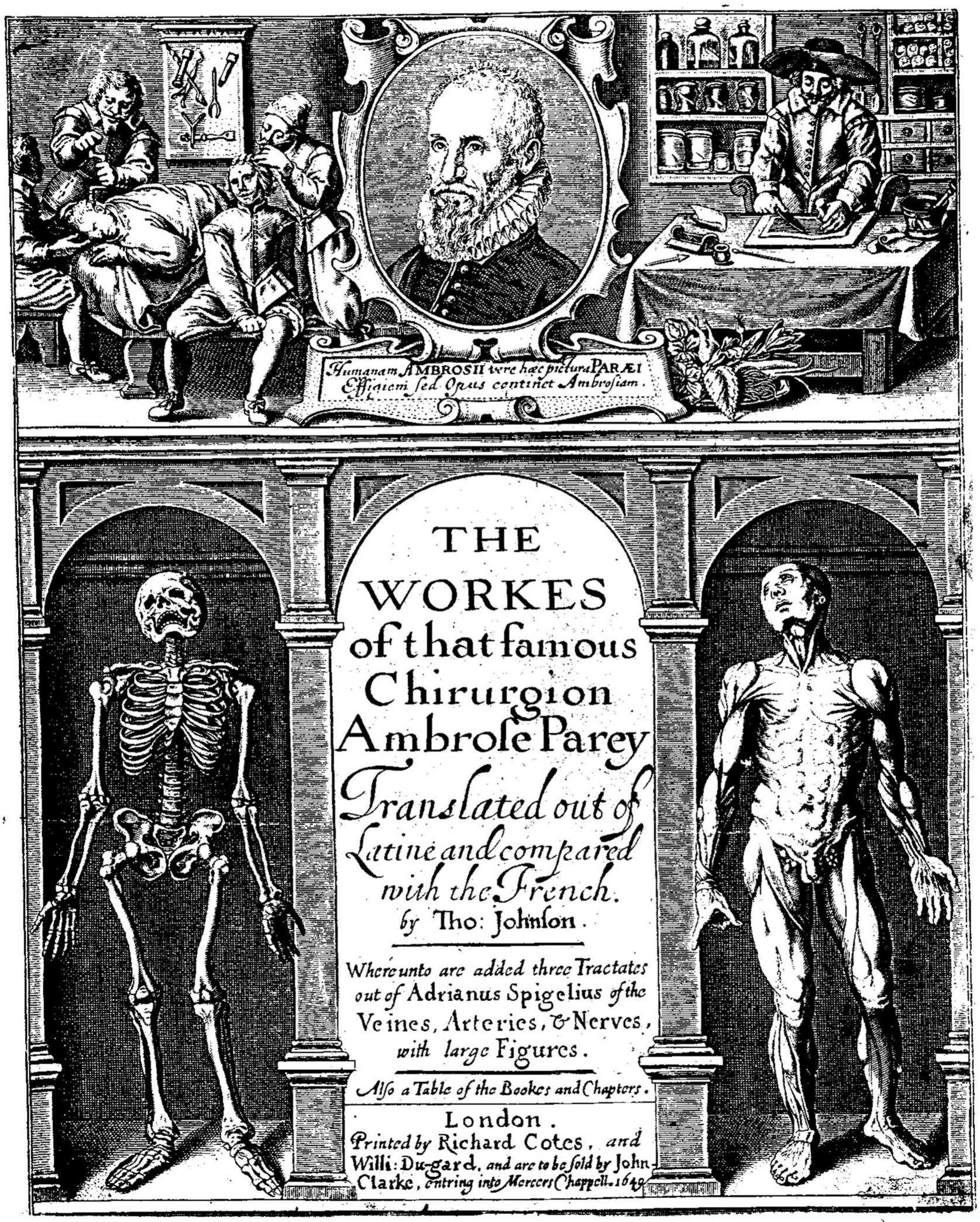


Plate 8.4: 'Habit d'Apoticaire', engraving by N. de Larmessin II, 1695. Reproduced courtesy of the Wellcome Library, London.



Plate 8.5: Woodcut of apothecary in his shop. From W. H. Ryff, *Confect Buchlin und Haus Apotek* (Frankfurt, 1544), sig. Aii. National Library of Medicine, U.S.



Clearly these are not attempts at realistic depictions – most noticeably they telescope the various practices that characterised pharmacy, such as distillation, into a single space. But the common employment of a limited universe of signs to indicate an apothecaries' shop in prescriptive and descriptive, satirical and celebratory images, indicates the existence of a powerful symbolic formula which is shared between Dutch and English images.[46] The distinctiveness of these representations in signalling an apothecary's craft through his shop and its contents is striking, and the close connection of objects and occupation as a European phenomenon is borne out in French arcimboldesque figures from the late seventeenth century which are composed largely of containers (Plate 8.4), and in sixteenth century German woodcuts of apothecaries' shops which have a clear similarity to those produced a century later in England (Plate 8.5).[47] Moreover, the similarities between the contents of the prints of shops and the inventories that survive from the period suggest that print makers employed a facticity in their depiction of such backgrounds, in counterpoint to the frequently comic or didactic behaviour of figures in the foreground.

The technical and logistical needs of apothecaries significantly constrained the form of their shops. As mentioned earlier, well-stocked shops might carry several hundred drugs and simples, often in small quantities.[48] These materials could be wet or dry, powdered or solid, and were sometimes powerfully corrosive, including acids

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[46] Drug jars are employed regularly in continental portraits and paintings of apothecaries, for example the Dutch portraits, probably of apothecaries, by Frans van Mieris (1635-81) and his son Willem van Mieris (1662-1747) (both reproduced in D. A. Wittop Koning, *Art and Pharmacy II* (Deventer, 1958), pp. 38, 45.

[47] The plate from Ryff, *Confect Buchlin und Haus Apotect* is included in the 1544 Frankfurt edition, sig. Aii, the 1563 Frankfurt edition, sig. A, and the 1578 Frankfurt edition, sig. Aiiii. Another sixteenth century example is the woodcut of an apothecary by Jost Amman (1539-91) included in Hans Sachs, *Eygentliche Beschreibung aller Stande auff Erden*, 3rd edn. (Frankfurt am Main, 1574). The 1534 Polish woodcut from Falimirz Stephan, *O Ziolach* (Kracow, 1534), reproduced in: *Illustrierter Apotheker-Kalender 1974* (Stuttgart, 1974), p. 2 and the late fifteenth-century German image in Hieronymus Brunschwig, *Thesaurus Pauperum oder Hausapothek* (Frankfurt am Main, 1537) also have clear similarities. For reproductions of both the Amman and Brunschwig image: W. H. Helfand, *Potions, Pills, & Purges: The Art of Pharmacy* (Philadelphia, 1995), pp. 44, 45.

[48] See above, Chapter Six.

such as vitriol, which presented substantial problems of storage. John Arnold's shop seems to have been fairly typical for London, containing 117 glasses of different kinds, 295 pots and jars, and 183 boxes and barrels, both in nests and individually, when the inventory of his goods was drawn up in 1637.[49] An impression of the density of objects and the effects of the sheer pressure of space on the internal ordering of apothecaries' shops is apparent in the exceptionally detailed inventory of Oundle apothecary Arthur Coldwell's, made in 1669.[50] His shop was entered by a door in the west end, over which ran three shelves, invisible from the outside, on which jars containing old drugs and spare bottles and pots were kept. The wall to the right (the south) was covered with shelves, with 65 bottles, 13 syrup glasses, 65 boxes of simples (gum Arabic, scurvy grass seed and the like), 8 empty pots and 60 gallypots. Opposite the door were more shelves, with 12 barrels, a box of rice, another 70 gallypots, 35 small boxes and a parcel of little glasses and chemical oils. The left hand wall (the north) had yet more storage: 82 parcels of drugs and a nest of boxes for simples. Even the beam (for scales) had a shelf set over it with bottles on. There was also a counter with sugar, skins and a stone mortar, and a further 'old' counter with some other lumber and a brass mortar and pestle. Coldwell also had a second 'fore shop' which was much less full than this, where some conserves, oils and the like were kept along with 68 bottles of wine. There was also a back shop containing yet more material, where the most valuable goods were stored: bezoar, precious stones, leaf gold and silver, and ambergris. Unusually there is no mention of bedding in the inventory of the shop, although it is likely that Coldwell's apprentice, if there was one, would sleep there.

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[49] CLRO, MC1/60A.59. French apothecaries' shops contained much the same variety of jars and the like: O. Lafont and C. Van Robaeys, 'La Practique de l'art de l'apothicaire au XVII[e] siècle: information fournie par deux inventaires après décès', *Revue d'Histoire de la Pharmacie*, 39 (1992), pp. 453-63.
[50] PRO, PROB 4/21721. Unfortunately, no London inventory contains such detailed information about the layout of the shop.

In addition to extensive storage, the manufacture of medicines demanded mortars and pestles, weights and beams, sieves, stills and alembics for distilling medicinal spirits and waters, presses for extracting juices, and furnaces, kettles and pans for making infusions. Because of this, by the second half of the seventeenth century, apothecaries' houses often contained more than one space dedicated to their trade. Back shops and yards were, inventories show, frequent features of their shops.[51] Certain parts of the work of pharmacy often centred in these areas, with distilling equipment in particular located in yards, cellars or kitchens. However, many of the aspects of the craft which related to particular sales, such as weighing or rolling pills, were carried out in the front shop, if the locations given in the inventories are accurate.

The shop of Thomas Prescott offers a good example of this division of space and function. In 1686, his 'shop' consisted of two rooms. The front shop – described simply as the 'shop' – seems to have been the main site of the retail contact: it contained the scales and weights, 179 shop pots, 98 'species glasses', various barrels, jars and the like, and had windows, with two iron window grates to secure them. It was also decorated with a stuffed alligator, as in *Romeo and Juliet*. The back shop seems to have been mainly reserved for storage, containing large quantities of drugs and various odds and ends, such as a pestle without a mortar, while the two copper stills and furnaces were relegated to the yard. The mortar and pestle and a pill tile decorated with the arms of the Society of Apothecaries were kept in the front shop allowing customers to witness some of the less noxious and laborious elements of his craft in action, thus assuring them of his competence and openness, and underlining

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51 This paragraph, parts of the next, and Figure 8.1 are based on a survey of 36 inventories of London apothecaries' shops, mostly drawn up for cases debt brought before the Lord Mayors Court or for the Orphans Court of the Lord Mayor of London, but also some from the Court of Chancery, and surviving in the Guildhall library. These date largely from the 1660s and 1670s.

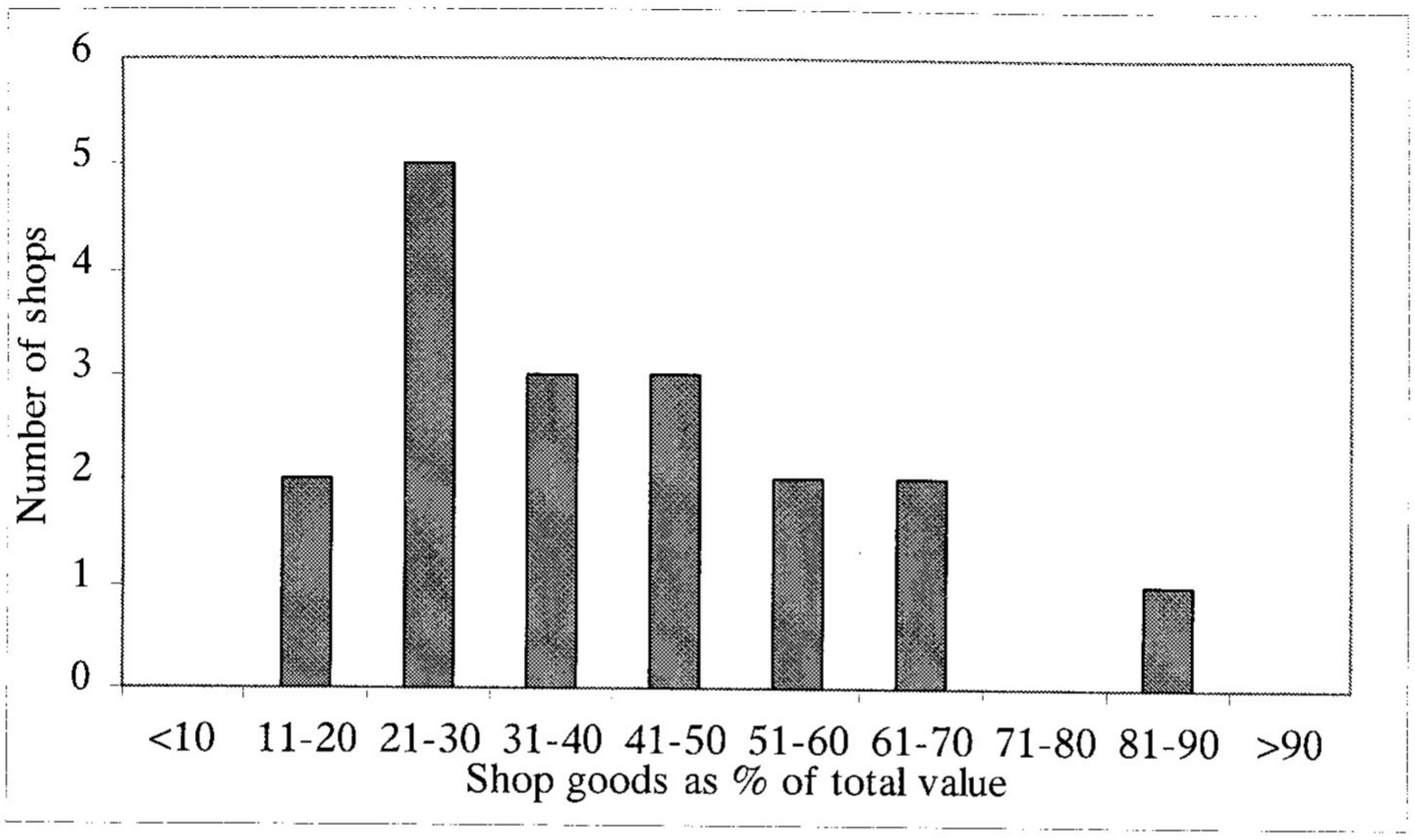


Figure 8.1: Shop goods as a percentage of the value of apothecaries' shop inventories

Note: see fn. 51 on the sources of the table.

his legitimacy as a practitioner of pharmacy.[52] The spatial distribution of the tools in Gabriel Sherriffe's shop indicates a similar hierarchy of processing. According to the 1629 inventory, the front 'shop' contained mortars and pestles in iron and lead worth 10s and two in brass worth 53s 4d, a 'great stone mortar' worth 25s was stored in the closet next to it, and more stone mortars were kept with the stills, alembics and pots in the yard.[53]

Although Peter Earle has suggested that apothecaries' shops did not demand a particularly high initial capital investment in stock, requiring only £50-£200 worth, they did have an unusually high proportion of the value of the shop invested in its fixtures, fittings and processing equipment – an average of nearly 40% of the total value of shops was tied up in this way (Figure 8.1).[54] The practicalities of manufacture, especially the reliance on stills and mortars and pestles containing large quantities of metals, and containment, as outlined above, explain some of this cost. But the expense was also related to a tendency to invest in display and decoration.

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52 CLRO, MC1/203.121.
53 PRO C/239/97/132.
54 Earle, *English Middle Class,* pp. 108-9.

The principal example of this practice – one central to the depictions mention earlier – was the painted gallypot, a form of decorated, ceramic drug jar. Gallypots had been imported to England, notably from Italy in the fifteenth and sixteenth centuries and Holland in the seventeenth, although the seven Leghorn pots that William Hardy possessed in 1673 (worth a shilling apiece) indicates Italy was not entirely displaced by northern competition.[55] They were widely used in cookery and perfume making, but their principal use was as vessels for apothecaries. Production in England began in the mid-sixteenth century and grew rapidly through the seventeenth century, with the establishment of a number of centres of manufacture in the provinces and London, particularly around Lambeth; at least one immigrant in Southwark combined the making of gallipots with distilling aquavitae in 1618.[56] They gradually fell out of favour only in the nineteenth century.

Early English drug jars were relatively simple, decorated with basic geometric patterns at most, as the few surviving sixteenth-century jars show (Plate 8.6a). It was only in the seventeenth century that labels and more ornate decoration began to appear on some English-made jars (plain jars, perhaps with a single colour wash did continue to be produced). The jars were in themselves rather striking objects. A fairly standardised range of shapes were produced, particularly jugs and albarello (a tall, waisted jar with a lip). If detailed and sometimes colourful, the decorations on jars were also generic, and very similar to Dutch jars of the same period. They were

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55 CLRO, Orphans inventory, 840. On drug jars: J. K. Crellin, *Medical Ceramics in the Wellcome Institute*, 2 vols. (London, 1969); R. E. A. Drey, *Apothecary Jars: Pharmaceutical Pottery and Porcelain in Europe and the East, 1150-1850* (London, 1978); F. H. Garner and M. Archer, *English Delftware* (London, 1972); G. E. Howard, *Early English Drug Jars* (London, 1931).

56 Chrystyan Wyhelhames, in St Olave Southwark; he was one of three immigrant gallypot makers present in that year: *Lists of Foreigner Protestants, and Aliens, Resident in England 1618-1688*, ed. W. Durrant Cooper (Camden Soc., 1st ser. lxxxii, 1862), p. 97.

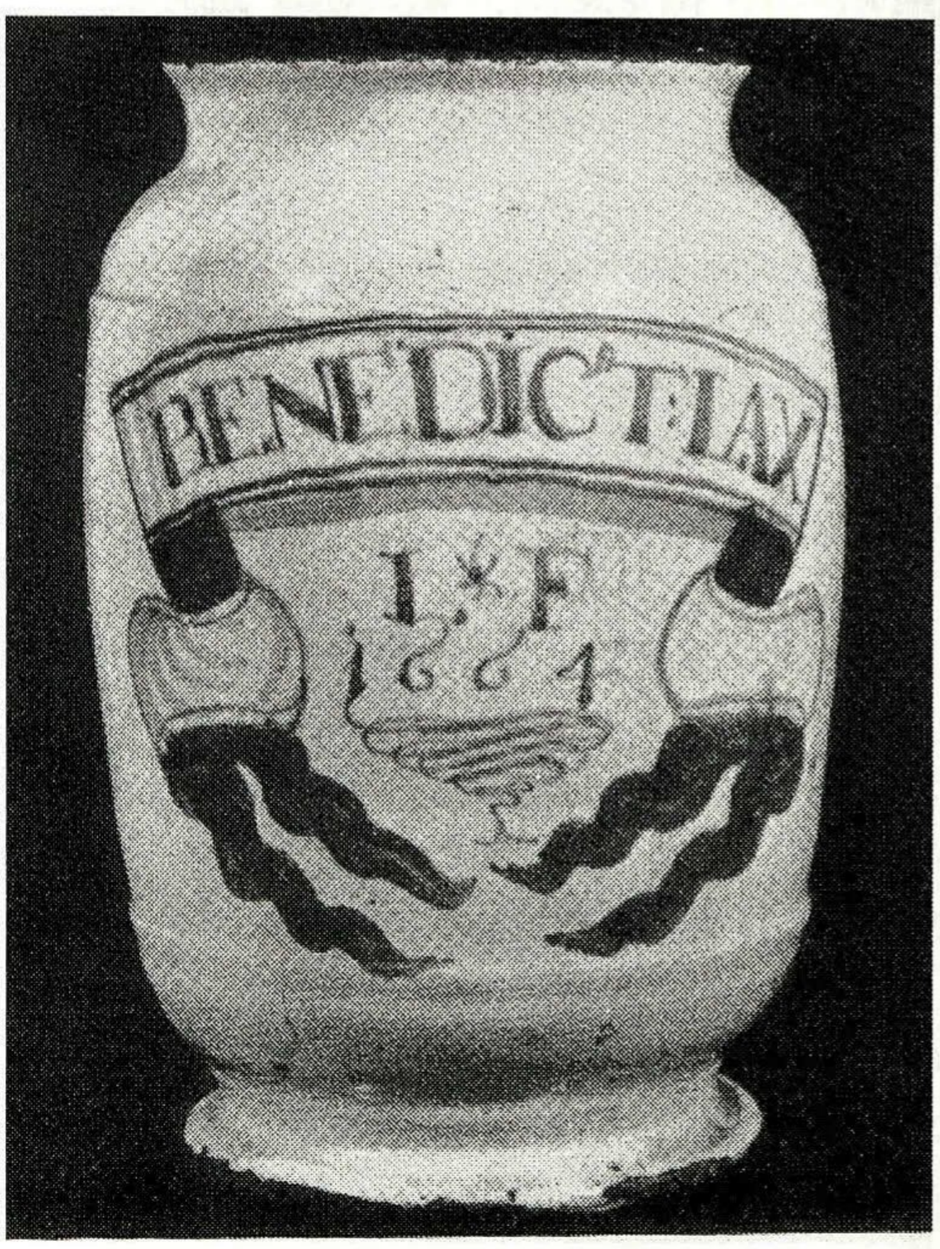
Plate 8.6. Four Drug Jars



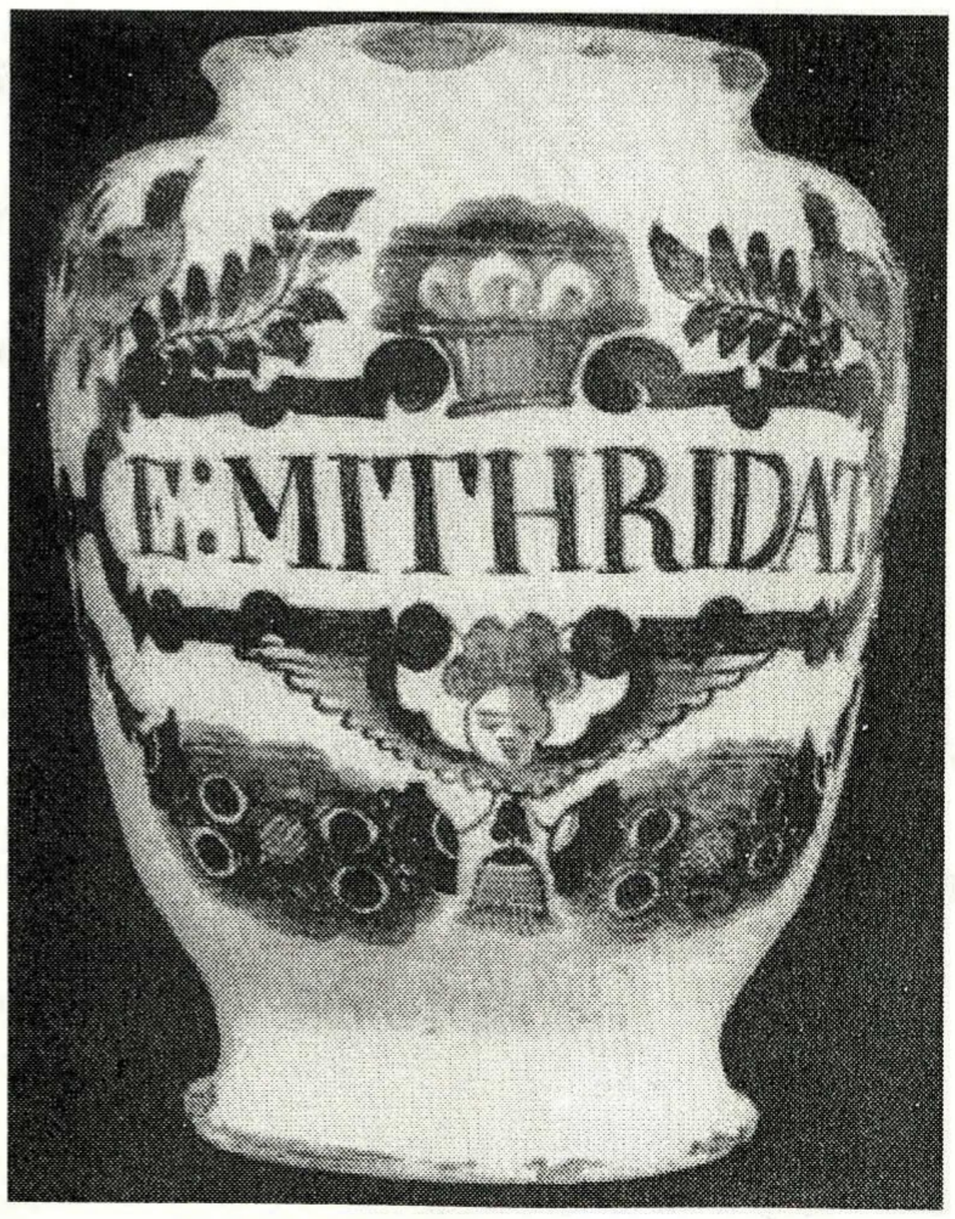
a. Early jar, decorated in blue with an orange zig-zag (Crellin, 1).



b. Jar with 'pipe-smoking man' design, probably from the 1650s or 1660s. Labelled 'DIACODION' (Diacodium). (Crellin, 58)



c. Jar with ribbon cartouche. Labelled 'BENEDICT: LAX' (Benedicta Laxativa). Beneath are the letters I and F, separated by the year 1664. (Crellin, 60)



d. Jar with songbird design, probably from the late seventeenth century. Labelled 'E: MITHRIDAT' (Electuary of Mithridatium). Part of a pair. (Crellin, 80)

Note: Images of jars are from J. K. Crellin, *Medical Ceramics in the Wellcome Institute* (London, 1969).

generally simpler than the technicolour Italian and French designs, which were largely made for institutional pharmacies such as those tied to monasteries or large charitable hospitals, presumably in part because the English and Dutch jars were produced for the greater number of independent apothecaries that worked in these countries.[57]

The jar designs demand our attention. Jar decoration centred on the elaborate scroll within which the name of the contents was written. These appeared in a number of frequently repeated variations. The cartouche was often a baroque confection incorporating leaves, seeds, exotic birds (fig. 8.6d) and angelic figures or putti, oddly reminiscent of the sculptural repertoire used on tombs. The design might contain medically-related images, such as busts of Apollo, god of healing, and hints at contents, through profiles of a pipe smoking man (Plate. 8.6b). Sometimes jars were personalised with the initials of the owner or dates painted on (Plate. 8.6c). The label itself was normally in abbreviated Latin. While some familiarity with such language is suggested by its widespread employment in numerous vernacular medical books, this was not a technique for the transparent presentation of wares to customers. Labelled jars were, however, clearer than the technique used by Friar Nicholas, physician and apothecary at the Convent in Challiot, Paris. When Evelyn visited his laboratory in 1651 he found that 'insteade of the names of his *drogues* [he] painted his boxes & potts with the figure of the *drug* or *simple* contained in them'; a practice that seems to parallel the labelling of medieval drug jars (see Plate 8.5).[58]

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[57] G. Farris and A. Storme, *Ceramica e farmacia di San Salvatore a Gerusalemme* (Genova, 1982); J. Fréal, *Les Pots d'Apothicaire en France du XVIe au XIXe siècle* (Freres, 1982); D. Johnson, 'Italian Renaissance Drug Jars in Southern Collections', *Pharmacy in History*, 34 (1992), pp. 40-43; S. Rocchietta, *Antichi vasi di Farmacia Italiani* ([Milan], 1986); G. Borghini, *Una farmacia preindustriale in Valdelsa : la Spezieria e lo spedale di Santa Fina nella citta di San Gimignano, secc. XIV-XVIII* (n.p., 1983).

[58] *Diary*, iii, p. 28. In illustrations of apothecaries' shops from the early sixteenth century and before, jars often appear to have symbols on them. See the fifteenth-century French example in: Rawcliffe, *Medicine and Society*, p. 163. Or the 'pharmacy lesson' in: Hieronymus Brunschwig, *Pestbuch* (1500) (copy in the US National Library of Medicine, A013225).

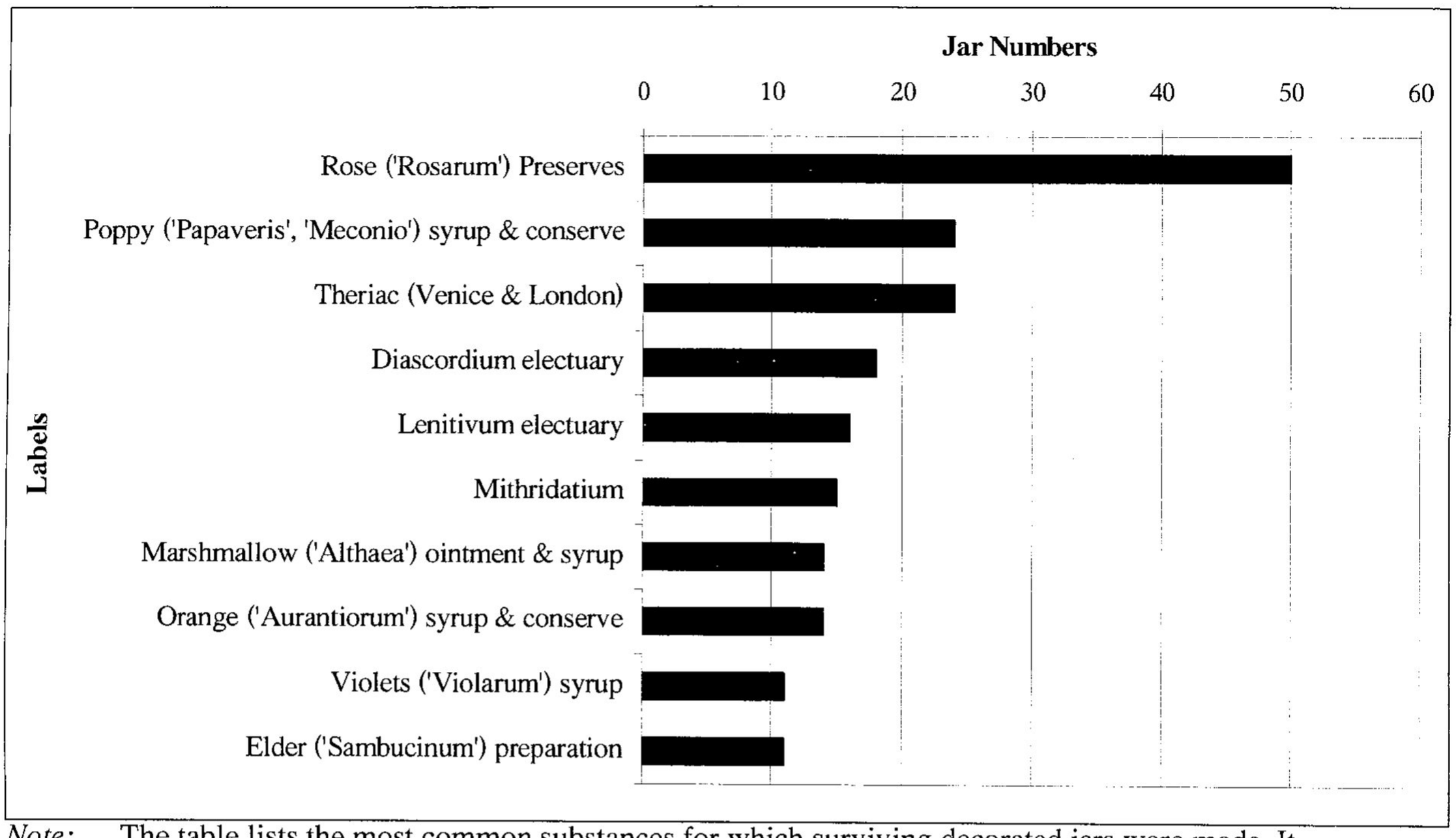
The type of tin glaze or majolica used on these jars lent itself better to complex multicoloured decoration than earthenware. It also provides a good watertight surface and resistance to penetration by their contents. But while the painted jars provided useful repositories for medicines, because the name of the contents was permanently glazed on, they were neither flexible, simple nor cheap. Indeed the jars were replaced by simpler containers, generally of glass, with self-affixed labels in the late nineteenth century, as they went out of fashion.[59] Cost may explain the use of ceramics rather than glass in the seventeenth century (although glass jars are reasonably common in seventeenth-century inventories), but it doesn't provide a reason for the investment in jar decoration and labelling. The painted drug jar, it is important to emphasise, was not the universal method of storage: glasses, earthenware pots, wooden boxes and drawers were all used alongside it. Although sets were produced containing large numbers of jars that could contain a wide selection of the pharmacopoeia, individual and small groups of jars were the norm. They appear in small numbers in inventories as 'stall pots' or 'shop pots', at higher prices than their plainer cousins. The two 'stall pots' William Whitwell owned, for example, were together worth 5*s*.[60]

Drug jars of this kind were not employed indiscriminately, as Figure 8.2 suggests. Jars were largely used to store a limited range of drugs, particularly expensive herbs and compound medicines. Their most common contents were roses and poppies, which demand intensive labour to produce oils, or collect petals, and had wide uses – including perfumery, often part of medicine in this period as well as being practised as a separate occupation. As in France, jars for Theriac, Diascordium and

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59 J. K. Crellin, 'Pharmaceutical History and its Sources in the Wellcome Collections. I. The Growth of Professionalism in Nineteenth Century British Pharmacy', *Medical History*, 9 (1967), p. 225
60 GL, MS 9174/14.

Figure 8.2: Common Labelled Drug Jars



Note: The table lists the most common substances for which surviving decorated jars were made. It is based on a sample of 609 labelled jars which pre-date the nineteenth century for which dates or estimated dates of manufacture are available. It is not possible to accurately distinguish seventeenth from eighteenth century jars, without a date on the jar. This is a subset of a larger sample of 1207 jars drawn from the collections of the Wellcome Trust, now held by the National Science Museum (730 jars), and the Thackray Museum in Leeds (444 jars), with the addition of the jars held by the Royal College of Surgeons and catalogued in V. Negus, *Artistic Possessions at the Royal College of Surgeons of England* (Edinburgh, 1967) (33 jars). I am grateful to Georgina Hooper of the Science Museum and Alan Humphries, librarian of the Thackray Medical Museum, for supplying information for this analysis.

Obviously, in addition to the problems of survival, because it is based on the contents of museum collections the sample cannot be taken as an unbiased representation of the variety of jars originally produced. My analysis of their numbers is intended to be suggestive only. However, the sheer size of the collections the table is based upon, in particular that established by Henry Wellcome, suggests the selection of jars bought was relatively unaffected by conscious strategies to collect particular jars, such as ones decorated in certain styles or for specific medicines, or alternatively to avoid purchasing multiple objects of the same form and design, something born out by what we know of Wellcome's largely unreflective acquisitiveness as a collector.

Mithridatium were also frequently produced.[61] These very complex compound medicines and antidotes were not cheap or simple, sometimes being imported from the continent, and, as we have seen above, closely regulated. [62] This tendency to employ decorated drug jars for the more expensive and exotic parts of the pharmacopoeia is equally apparent from the other ingredients for which they were frequently manufactured, such as squills (sea onions), tutty (a crude zinc oxide),

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61 Drey, *Apothecary Jars*, p. 84
62 See above, Chapter Four.

saffron, lemons and basilicum (an ointment including olive oil, myrrh and frankincense).[63] Despite the limitations of the sample on which this table is based, it is hard to avoid the conclusion that these jars were primarily devoted to the most important and expensive wares in the apothecaries' armoury rather than the ones they used most frequently.[64] In their decoration, neatness and order, apothecaries' drug jars were very different to the anonymous boxes, sacks and rough jars used in most branches of retail. Moreover, the forms of decoration used on jars also appear upon other kinds of storage used by apothecaries, including the great brass mortars that carried a similar representational freight and the 'painted boxes' Hammet Rigby had in his shop, although their survival is rarer.[65]

The visual cues apothecaries set up in their shops reach their most elaborate form in the display of exotica, in particular stuffed animals, often fish or reptiles, suspended beneath the roof-beams. As well as featuring in *Romeo and Juliet*, the practice was satirised by Nashe in *Have with you to Saffron Walden* (1596), in which one character has a rat hanged 'over his head in his studie, in stead of an Apothecaries Crocodile, or dride Alligatur'.[66] It was not just a literary convention, as the presence of an alligator in Thomas Prescott's shop inventory, mentioned above, shows. Such objects were intimately associated with apothecaries' shops. When Thomas Johnson and a party of senior apothecaries went on a herbarising journey around Kent in 1629, they saw the remains of 'a serpent fifteen feet long and thicker than an arm' in the

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[63] The next nine most common labelled jars were for the following substances (numbers in brackets indicate the number of surviving jars): zinc oxide ('Tutia', Tutty, 'pompholyx') (10); Rhubarb ('Rhabarbarum') syrup (9); Scurvy grass ('cochleariae hortensis') conserves (9); Squills ('Scillae') oxymel (9); Basilicum ointment (8); Rosemary conserves (8); Buckthorn ('Spina Cervina') syrup (8); Bay laurel ('baccis lauri') plaster & ointment (8); Saffron ('Croci') syrup (7); Lemons ('Limonis') syrup (7); Stomach pills with gum ('Pilulae Stomachicae cum Gum') (7); Wormwood ('Absinthio') (7); Red drying ointment ('Unguentum Desiccativum Rubrum') (7).

[64] This is also apparent in comparison with other sources on common ingredients, eg: P. M. Teigen, 'Richard Seymer's *Golden Workes of Phisecke & Surgury* (ca. 1576)' (University of Wisconsin-Madison, Ph.D. thesis, 1976), pp. 10-11.

[65] CLRO, Orphans' Court inventories, 865; E. Lewis and W. Boorman, 'Fittings from an Eighteenth Century Pharmacy in Winchester', *Post-Medieval Archaeology*, 24 (1990), 125-154.

[66] T. Nashe, *The Works of Thomas Nashe*, ed. R. B. McKerrow, 5 vols. (Oxford, 1958), iii, p. 67.

shop of a provincial apothecary, Charles Duck. The creature had been caught in the sand-hills near the seashore where it had been hunting rabbits; the men who shot it brought it to Duck, and he kept it stuffed as 'a memento of the event'.[67] The apothecary's shop was an appropriate home for such ambiguous exotica which might after all be little different to some of the simples, such as dried vipers, they stocked. The same Thomas Johnson was also involved in a vegetable parallel to the sporting of stuffed animals, showing off the first bananas known to have reached England in his shop window from April to June 1633 when they had softened with age.[68]

The trouble with consumption

How are we to explain this set of material practices? First, it is important to emphasise that apothecaries' shops were distinctive. True, by the eighteenth century a remarkable development in the visual and spatial language of shops in general had occurred. Indeed, in London more elaborate fixed shops were a standard feature of urban building by the mid-seventeenth century, perhaps most famously in the Royal Exchange built in the 1570s, where apothecaries had kept shops alongside armourers, booksellers, goldsmiths and glaziers.[69] The new shops of this period, 'perfect gilded theatres' as one contemporary described them, were markedly different to the sparsely furnished shops, often a stall or booth little different from the artisan's workshop, that

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67 Johnson, *Botanical Journeys,* p. 115.
68 Bananas are shown on the frontispiece of his edition of Gerard's *Herbal*: Wall, *Society*, p. 163. Archaeologists have found banana skins in London that predate this famous show: displayed in The Museum of London.
69 A. Saunders, *The Royal Exchange* (London, 1991), p. 12; F. E. Brown, 'Continuity and Change in the Urban House: Developments in Domestic Space Organisation in Seventeenth-Century London', *Comparative Studies in Society and History*, 28 (1986), pp. 558-90; *The London Surveys of Ralph Treswell*, ed. J. Schofield (London, 1987). H. Kalman, however, argues that shop design is an eighteenth century innovation: 'The Architecture of Mercantilism: Commercial Buildings by George Dance the Younger,' in Paul Fritz and David Williams (ed.), *The Triumph of Culture: 18th Century Perspectives* (Toronto, 1972), pp. 69-96. Neil McKendrick takes a similar line on the novelty of eighteenth century shops: N. McKendrick, J. Brewer, and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (London, 1982), p. 85.

were characteristic of fifteenth and early sixteenth-century London.[70] The contrast is even greater if eighteenth-century shops are compared to the fairs and marketplaces that they were, in part, supplanting. Fairs and markets appear frequently in the literature as liminal spaces with the potential to disorder and invert the values and hierarchies of society; they were also – perhaps as a consequence – closely regulated, at least in principle, and possessed the advantage that transactions took place in public.[71] The newly-enclosed shop lacked both the political and the public aspects of the fair.

Apothecaries' shops form a special case in this broader transformation. Together with a handful of other trades, apothecaries were unusual in having long utilised fixed shops, growing out of the workshops that were integral to their craft. Moreover, the elaboration and display apparent in their shops reached a far higher level than in almost any other trade or craft. The investment in display by apothecaries was unusual, even in a period in which rank was highly signified through external markers such as dress. As an ornate technology of presentation, the apothecaries' drug jars in particular are without obvious parallel in other retail trades of the time; even the glass-fronted, velvet-lined cases which goldsmiths employed are hardly comparable.[72]

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[70] Quoted in C. Walsh, 'The Design of London Goldsmiths' Shops in the Early Eighteenth Century,' in D. Mitchell (ed.), *Goldsmiths, Silversmiths and Bankers*, (London, 1995), p. 102. On medieval shops, see: D. Keene, 'Shops and Shopping in Medieval London,' in L. Grant (ed.), *Medieval Art, Architecture and Archaeology in London* (Leeds, 1990), pp. 29-46. Provincial changes are examined in: R. M. Berger, 'The Development of the Retail Trade in Provincial England, 1550-1700', *Journal of Economic History*, 40 (1980), pp. 123-128; C. Fowler, 'Changes in Provincial Retail Practice during the Eighteenth Century, with Particular Reference to Central-Southern England,' in N. Alexander and G. Akehurst (ed.), *The Emergence of Modern Retailing, 1750-1950* (London, 1999), pp. 37-54.
[71] M. M. Bakhtin, *Rabelais and his World*, trans. H. Iswolsky (Cambridge, MA, 1968); J-C. Agnew, *Worlds Apart: The Market and the Theater in Anglo-American thought, 1550-1750* (Cambridge, 1986).
[72] Walsh, 'Goldsmith Shops'.

Explanations for the growing richness and expense of shop interiors in the early modern period – if given at all – are generally couched in an impoverished logic of economic essentialism. Specialisation and enticement are most frequently invoked to explain this development. Peter Earle, for example, notes that shops came into their own in the late sixteenth and seventeenth centuries as a 'function of the growth of the market and the separation of retailing from manufacture', but considers this to be no more than an alteration 'in line with its development as a specialized retail outlet' seeking to 'entice customers in'.[73] From this perspective, the shop is little more than another unproblematic means to tap into the surging flow of rampant, feverish and hedonistic consumption unleashed in this period: the ever-expanding possibilities to consume were an 'irresistible drug' leading to frenzied spending.[74] There is little room for resistance, uncertainty or negotiation in this vision of consumption.

Simple enticement of customers is too crude a way to explain the forms and functions of shops. By definition a vendor seeks customers, but the question is how they do so. Bundling these devices into a crude category such as 'enticement' elides the specific contexts and concerns influencing particular trades and sectors of retail and the cultural specificity of particular modes of consumption. We need to look more closely at the component parts of the messages retailers attempt to send potential customers. The rise of consumption and the parallel emergence of polite, ordered and comfortable shops did not mark some kind of 'disenchantment', replacing the *gemeinschaft* world of the fair with an anomic arena of greed and manipulation. The shop formed a richly symbolic space, playing an integral part in shaping the

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73 Earle, *English Middle Class,* pp. 45, 111.
74 Quote from N. McKendrick's essay on 'The Consumer Revolution' in *Birth of a Consumer Society*, p.11. For similar approaches see: the editors' introduction'to J. Brewer and R. Porter (ed.), *Consumption and the World of Goods* (London, 1993). See also: H.-C. Mui and L. H. Mui, *Shops and Shopkeeping in Eighteenth-Century England* (Kingston, ON, 1989).

interactions of vendor and customer.[75] It is necessary to be alert to the material surroundings of the shop space if we are to understand the processes they framed. These spaces were not simply a backdrop to the dramaturgy of consumption, but were manipulated and interrogated by all parties in the processes of purchase. The objects and spaces of the shop operate simultaneously on many different levels. They serve practical ends in storage and measurement, but they also form iconographic constellations conveying messages about the value, quality, origins, and cost of the products, the status and aspirations of the vendor, and the types of consumers which they seek. While the study of shop design is a modern innovation, the processes it describes are apparent in the early modern period. Nevertheless, work on the material culture of such relatively anonymous minor buildings and sites is rare.[76] Considerations of the design of shops has largely been left to the nineteenth century and later where more textual material survives and historians have largely located the emergence of 'modern retailing'.[77]

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[75] P. D. Glennie and N. J. Thrift, 'Consumers, Identities and Consumption Spaces in Early-Modern England', *Environment and Planning A*, 28 (1996), pp. 25-45. In contrast, Daniel Miller offers cautionary comments about the importance of the shop space in consumption in 'Could Shopping Ever Really Matter?' in P. Falk and C. Campbell (ed.), *The Shopping Experience* (London, 1997), pp. 31-55.

[76] Most studies have focused on gentry and courtly architecture, or the major buildings of the commercial and civic world; the shirehouses, hospitals and town halls: V. Morgan, 'The Elizabethan Shirehouse at Norwich,' in C. Rawcliffe and R. Virgoe (ed.), *Counties and Communities* (Norwich, 1996), pp. 149-160; R. Tittler, *Architecture and Power: The Town Hall and the English Urban Community, c.1500-1640* (Oxford, 1991); C. Platt, *The Great Rebuildings of Tudor and Stuart England* (London, 1994); Heal, *The Gentry,* pp. 284-87, 297-306; J. Schofield, *The Building of London: From the Conquest to the Great Fire*, 3rd edn., (Stroud, 1999), pp. 156-77. One recent exception is Elizabeth McKellar's study of London building, although she concentrates on houses not the shops they often included: *The Birth of Modern London* (Manchester, 1999), esp. pp. 155-87.

[77] V. Kelley, 'The Equitable Consumer: Shopping at the Co-op in Manchester', *Journal of Design History*, 11 (1998), pp. 295-310. T. Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle, 1851-1914* (Stanford, 1990); R. Bowlby, *Just Looking: Consumer Culture in Dreiser, Gissing, and Zola* (New York, 1985). For one exception: Walsh, 'Goldsmiths' Shops' . Nicholas Alexander and Gary Akehurst's work illustrates some of the the chronological limitations of historical work on retailing, which has largely left the 'pre-modern' retailer as an unproblematic, simple precursor to 'modern' practices: *The Emergence of Modern Retailing, 1750-1950* (London, 1999). Few studies have taken on early retailing, unsatisfactory exceptions to this trend include D. Davis, *A History of Shopping* (London, 1966); A. Adburgham, *Shops and shopping, 1800-1914* (London, 1964); Alison Adburgham, *Shopping in Style: London from the Restoration to Edwardian Elegance* ([London], 1979); Mui and Mui, *Shops and Shopkeeping*; T. S. Willan, *An Eighteenth-Century Shopkeeper: Abraham Dent of Kirkby Stephen* (Manchester, 1970).

The features of the apothecary's shop were, as I noted above, a special case of a wider phenomenon. To explain more fully their physical and symbolic richness we need to appreciate both the range of dangers, fears and threats that shopping in general presented to the early modern consumer, and the specific issues that structured the consumption of medicines. Exchange, economists argue, is a natural act: shopping, however, is not. The apothecaries' shop took on a distinctive form in response to a technical issue and a commercial problem: on the one hand, it resolved the obvious issue of how to effectively arrange and store the plethora of ingredients required by early modern pharmacy; on the other hand, it helped to answer the question of how to reassure customers of the efficacy and quality of the wares. The responses to these two imperatives were intertwined in the shop wares and spatial organisation that apothecaries employed.

Purchasing in general was shaped by concerns over quality, credit, deceit and exploitation as well as by more frequently recognized factors such as fashion, aspiration and luxury – in themselves the subjects of profound moral doubts. Customers may have taken some reassurance about the quality of goods and services from the threat that the loss of reputation, particularly in more localised trades, posed to retailers. Equally, the massive extent of networks of credit which involved ongoing personal bonds may also have encouraged honesty among vendors.[78] Nonetheless, misconduct in the marketplace appeared endemic as the moral economy crumbled.[79] Contemporaries saw distrust and fraud everywhere in trade and retail, and were justified to some extent by the ubiquity of its discovery.[80] William Petty even started

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78 Muldrew, *Economy of Obligation*; *idem.*, 'Credit and the Courts: Debt Litigation in a Seventeenth-Century Urban Community', *Economic History Review*, 2nd series, 46 (1993), pp. 23-38. A case for the survival of local communities within the growing metropolis is made in: Boulton, *Neighbourhood and Society*.

79 On suburban regulation: Ward, *Metropolitan Communities*. On civil law suits: Brooks, *Pettyfoggers and Vipers*; Muldrew, 'Credit and the Courts'.

80 See above, Chapter Four.

his list of reasons for giving children a mechanical education with the suggestion that, if skilled 'they shall be lesse subject to be cousened by Artificers'.[81] The shopkeeper's conscience, as John Earle put it, seemed to be:

> a thing, that would have layde upon his hands, and he was forc't to put it off: and makes great use of honesty to professe upon. He tels you lyes by rote, and not minding, as the Phrase to sell in, and the Language he spent most of his yeeres to learne.[82]

The interior of the shop itself was repeatedly identified by contemporaries as possessing the potential for deceit, implicitly contrasting shops with the open, public spaces of the street and market, and hinting at an ongoing concern over private trading: lighting alone could be manipulated, Defoe warned, to provide 'a counterfeit coin to cheat the Tradesman's customers'.[83]

While shopping did develop as a locus for politeness in the eighteenth century, its attractions should not be exaggerated or back-dated. As consumption assumed new and omnipresent forms in Stuart London, Lorna Hutson has suggested, it produced 'an intolerable sense of unpredictability and risk'.[84] The dubious morality of shopping was continuously debated and doubted by numerous voices in the seventeenth century. Shopping for luxuries was regularly condemned – and apothecaries' wares included spirits, perfumes and tobacco, as well as other substances that gradually shifted from medicine to luxury.[85] Shops themselves were objects of concern as sites

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[81] Petty, 'Advice to Hartlib', p. 6.
[82] J. Earle, *Micro-Cosmographie, or, a Piece of the World Discovered* (London, 1633), sig. M12^{r}. For similar cautions about deceit and fraud: William Scott: *An Essay of Drapery, or The Compete Citizen* (1636). In the 1720s, Bernard Mandeville also commented on the wiles and arts of the shopkeeper: 'By precept, Example and great Application he has learn'd unobserv'd to slide into the inmost Recesses of the Soul' and discovers their 'Blind Side', in his essay 'A Search into the Nature of Society' appended to the 1723 edition of *The Fable of the Bees*: B. Mandeville, *The Fable of the Bees*, 2 vols. (Oxford, 1924), i. p. 351.
[83] D. Defoe, *The Complete English Tradesman* (Gloucester, 1987 [1726]), p. 173; Davies, 'Taylors', p. 175.
[84] L. Hutson, 'The Displacement of the Market in Jacobean City Comedy', *London Journal*, 14 (1989), pp. 3-16.
[85] See: Matthee, 'Exotic Substances', pp. 24-51.; C. Jones and R. Spang, 'Sans-Culottes, *sans café, sans tabac*: shifting realms of necessity and luxury in eighteenth-century France' in M. Berg and H. Clifford (ed.), *Consumers and Luxury: Consumer Culture in Europe 1650-1850*, (Manchester, 1999), pp. 37-62.

for disorderly or subversive sociability. Barber-surgeons' shops frequently offered a venue for music, drinking and the exchange of news, and apothecaries' shops might perform similar functions, as Thomas Middleton's *The Roaring Girl* (1611) underlines.[86] This savage London comedy includes a section revolving around an apothecary's shop, run by the tellingly named Master Gallipot, where the new and controversial import tobacco could be bought and smoked.[87] Indications of the dangers of consumption are almost over-determined: the shop is a resort of dangerous and disorderly thieves and gallants, and the apothecary is even cuckolded by his clients – something perhaps also implied by the fruit in the painting by Ter Borch (Plate 8.2). Gallipot's shop sits alongside a feather shop and a sempster, and together the three form a triptych of wasteful fashion, luxury and debauchery.

These broad worries about consumption need to be set beside the specific problems associated with drugs and medicines. The roots of the peculiar developments apparent in apothecaries' shops lie in the problematic nature of their products. As is still the case, the opacity of most medicines was such that the public are unable to assess them personally. Compared, say, to the quality of a shirt, or the freshness of fish, testing the goodness and efficacy of the many herbal, mineral and animal substances stored and utilised by apothecaries proved notoriously elusive even for experts, as was discussed earlier.[88] In such a situation, widespread concerns among consumers over counterfeited and fraudulent goods were redoubled. Like the secret combinations highlighted in Chapter Seven, fraud was a prominent theme in contemporary criticisms and literary representations of apothecaries throughout the

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86 Pelling, *Common Lot*, pp. 222-23.
87 T. Middleton and T. Dekker, *The Roaring Girl, or Moll Cut-Purse*, ed. A. H. Bullen, vol. 4 (London, [1611]). Thomas Dekker underlines the association of apothecaries and tobacco selling in: *The Gull's Hornbook: How a Young Gallant should behave himself in an ordinary.* (1609)
88 See above, Chapter Four.

period.[89] Competition for trade among apothecaries and their rivals – chemists, distillers, and retail druggists – made these worries more pointed, as did the increasing availability of exotic simples and the rise in the use of chemical drugs. The pervasive nature of such concerns over medicines can also be witnessed in the precocious use of packaging, branding, sealing, fixed pricing and advertising in the promotion and sale of medicines. The obvious example of this is Anthony Daffy and his Elixir, but he was not the inventor of such techniques. At the start of the century John Woodall recalled a Dutch apothecary using ingeniously marked pewter boxes to make fake mithridatium and theriac appear to be Venetian.[90]

Medical books frequently made such concerns about the cost and accuracy of medicines explicit.[91] The title of one mid-seventeenth century work justified its publication by asserting that it would serve as an instrument through which 'all safe and honest practices are maintained, and dangerous mistakes [are] discovered'. At the same time, it promised that the 'subtilty for their own profits they [apothecaries and surgeons] have indeavoured to reserve to themselves' was to be exposed.[92] The lack of assurances about the value of the medicines sold by apothecaries was an ongoing problem: as Adam Smith noted in 1776, 'Apothecaries' profit is become a bye-word, denoting something uncommonly extravagant'.[93] That there was a close relationship between the uses of spectacle and high prices was underlined by the physician Jonathan Goddard, who suggested that the expansion of the numbers of apothecaries was because it required

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89 See Chapter Three. Also see: Merrett, *Accomplisht Physician*; Harvey, *The Family Physician*.
90 'John Woodall', *DNB*.
91 Slack, 'Vernacular Medical Literature'.
92 Morel, *The Expert Doctors Dispensatory*. In a similar vein Harvey set out the wholesale prices of simples and compounds at the druggists so that the reader can avoid being exploited and judge 'what the *Apothecary* deserve for his pains': *The Family Physician*, sig. A2^{r}.
93 Smith suggested that apothecaries obtained profits of 300 or 400 or even a 1000% on their goods, but argues that 'This great apparent profit, however is frequently no more than the reasonable wages of labour': A. Smith, *The Wealth of Nations*, 2 vols. (Oxford, 1976), i, 128.

> no great sum to purchase fine painted and guilded Pots, Boxes, & Glasses; and a little stock is improveable to a manifold proportion of what is capable of in other trades.[94]

The date of Goddard's tract, 1670, fits comfortably with arguments for a post-Restoration commercial revolution. However, it seems that he was describing a well established practice. Indeed, the substance of Goddard's comment echoed that of 'I. W.' in 1586, who noted in his defence of Paracelsianism that Galenic medicines were made by apothecaries and

> Then are they put up in paynted potts till the sicke sende for them, and (selie soule) many times he giveth a noble for that, which doth him not two pennie woorth of good.[95]

Apothecaries' questionable levels of income was a problem compounded by the origins of the demand that apothecaries met. Profiting from the sickness and incapacity of another was – and largely remains – an uncomfortable area. At the heart of the definition of quackery which was so central to negative assessments of medical care in this period was a set of commercial associations.[96] Some physicians attempted to circumvent this moral quagmire by accepting payment through 'gifts' and making prominent charitable gestures. Apothecaries' position in a web of credit and debt between the merchant and wholesaler who supplied them with medicines and drugs and the sick person who consumed them excluded such disinterested tactics: as dealers in goods little different to the wares of the grocer or merchant they were obliged and expected to buy and sell drugs as commodities.

Behind the material developments within apothecaries' shops was an overarching project to present a particular set of values that would help resolve these

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94 Goddard, *Discourse*, p. 40.
95 I. W., *Copie of a Letter*, sig. A5^{r}
96 The label 'Quack' was, Roy Porter suggests, 'shorthand...for those who drummed up custom largely through self-orchestrated publicity; who operated as individual entrepreneurs rather than as cogs in the wheels of the medical community; whose dealings with their clients were largely one-off, and who depended heavily upon vending secret nostrums': *Health for Sale*, p. vii.

difficulties. Shop design was utilised to plot a safe course through the troublesome waters of consumption.[97] In this sense, to return to the gallypot, we can see the linkage of the value of the jar with the value of the goods in the jar as part of a strategy to reassure as much as entice the customer. The separation that the jar establishes between raw material and finished product offers a defence of the value of their labour signifying, as Mark Hallett has suggested, 'the successful transformation of the natural plant into an imported commodity'.[98] The crocodiles and other exotica displayed by apothecaries also played their part. Their display was richly encoded in a way common to early modern visual and physical practice.[99] As well as frequently being part of the *materia medica*, these strange animals operated as signs for the foreign and the unknown, the distant quasi-mythical sources of many traditional and new drugs, such as Jesuits' bark.[100] They indicated the presence of such substances in the shop, and signified their authenticity, circumventing the problems of judging the substances sold. Equally they suggested a broader learning on the part of apothecaries, a greater than normal access to and comprehension of the many substances available for the preservation and improvement of health. This reading of the jars, in particular, seems to be strengthened by the one set of exceptions to their normal design: the handful of large colourful and detailed jars which bear the arms of the Society of Apothecaries (Plate 8.7).[101] Such displays of corporate affiliation, also found on pill

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[97] Edward H. Jacobs has made a related argument about purchasing books and politeness: 'Buying into Classes: The Practice of Book Selection in Eighteenth Century Britain', *Eighteenth-Century Studies*, 33 (1999), pp. 43-64.

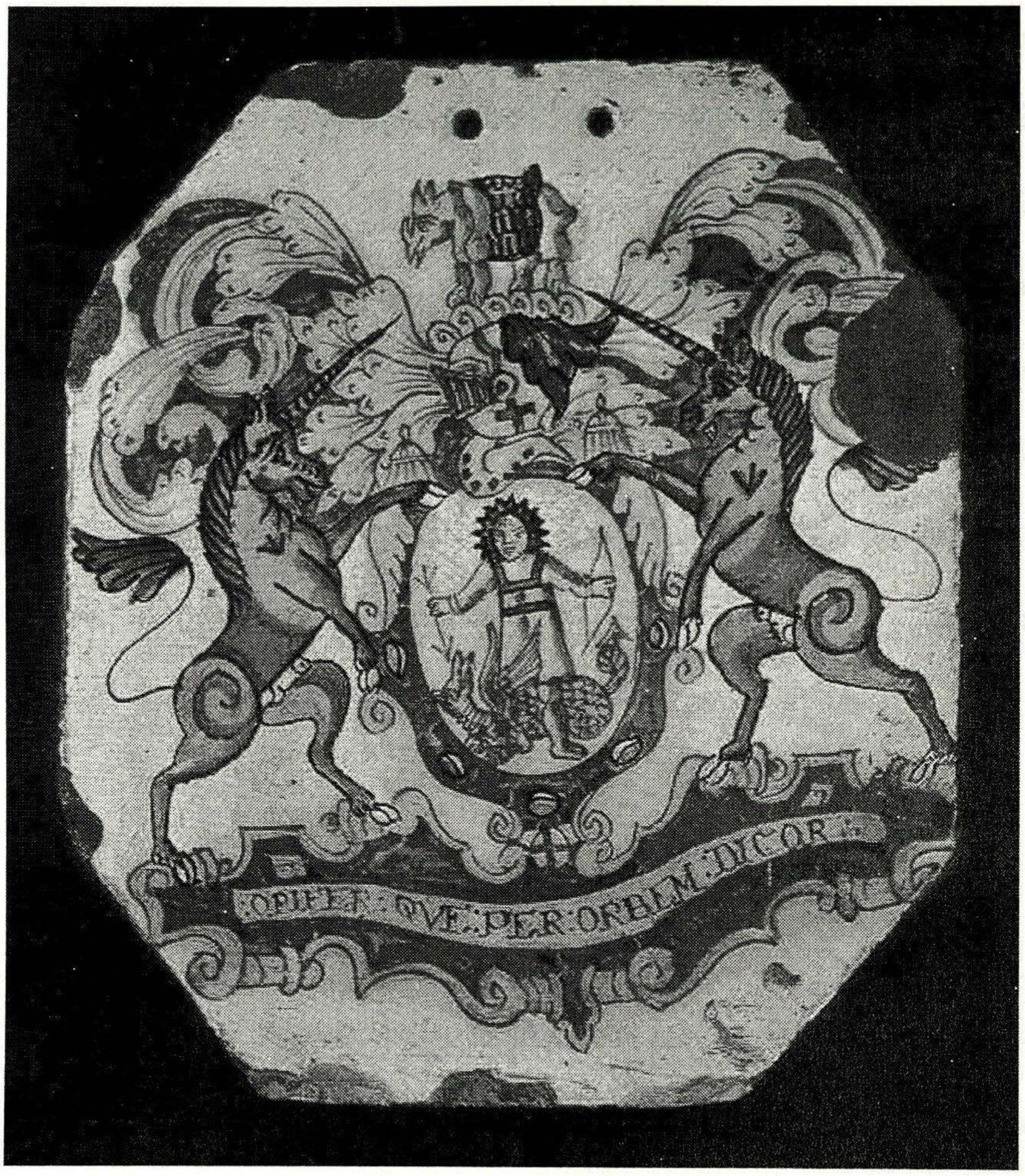
[98] M. Hallett, *The Spectacle of Difference: Graphic Satire in the Age of Hogarth* (New Haven, 1999), p. 145.

[99] W. B. Ashworth, 'Natural History and the Emblematic World View,' in D. C. Lindberg and R. S. Westman (ed.), *Reappraisals of the Scientific Revolution* (Cambridge, 1990), pp. 303-332; M. Bath, *Speaking Pictures: English Emblem Books and Renaissance Culture* (London, 1994); P. Findlen *Possessing nature: Museums, Collecting, and Scientific Culture in Early Modern Italy* (London, 1994). For a discussion of imagery in shop signs of a slightly later period: R. Paulson, *Popular and Polite Art in the Age of Hogarth and Fielding* (Notre Dame, 1979), chapter 4.

[100] S. H. Smith, 'The Mystification of Spices in the Western Tradition', *European Review of History*, 8 (2001), pp. 119-36.

[101] Several of these are among the oldest dated jars: the museum of the Royal Pharmaceutical Society includes a jar of this form dated 1647.

Plate 8.7: Pill tile decorated with the Arms of the Society of Apothecaries



Crellin, *Medical Ceramics*, plate 3.

tiles decorated in the same way, have an obvious message for customers.[102]

Paula Findlen has highlighted the relationship between such collecting and the sphere of learned, humanistic discourse. It was a world many apothecaries aspired to enter, with some, such as the fellows of the Royal Society John Conyers and John Haughton, successfully doing so. Findlen's argument emphasises the uses of collecting to apothecaries who were increasingly concerned to signal their near-gentility through scholarship. The other side of this collecting, which I would emphasise here, is the part such spectacles played in influencing the apothecary's relationship with his customer. Together with the decorated drug jars, pill tiles, and painted drawers these items formed part of a stage set that supported, elaborated and informed the meanings of the actions that went on in the shop.

Conclusion

The apothecary's shop served to complicate and clarify simultaneously. It overwhelmed with its cluttered shelves, rows of jars and series of drawers, while – in the labelling and geometric ordering of the layout – it seemed to explain, or anticipate the possibility of explanation for each individual fragment of the mosaic. The spectacle of the apothecary's shop provided a method of harnessing value much as the spectacle of the nineteenth-century department store did: its richness assured credit; its permanence was a signifier of quality; the jars rebuffed accusations of bad drugs and hidden contamination; while the hanging exotica offered a guarantee that the ingredients were genuinely foreign.[103]

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102 The survival of tiles bearing both the Society's arms and the names of apothecaries indicate that these were not property of the company. On the uses of London company arms: I. A. Gadd, 'Early Modern Printed Histories of the London Livery Companies', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 29-50.

Like the clustering of shops, their interiors were shaped by the problems of consumption that rumbled beneath the widespread engagement of Londoners in the commercialised medical world of which the apothecaries were part. Open display of ingredients in shops could even become entangled in regulation. In 1557 the College of Physicians ordered apothecaries to show their goods in their windows so that passing physicians could assess their quality, while in 1637 the Distillers' Company required members to place the 'true and proper names' of their product 'upon each particular vessel containing those wares, standing in their Shops or elsewhere'.[104] The shop was to some extent comparable to the props, associated with empirics and quacks in popular imagery, such as monkeys or the 'wast trinkets' dramatists depicted hung up in the chambers of false conjurors.[105] In its permanence and expense, it is even closer to the motifs of authority and substance taken up by physicians in their clothing and carriage – the scholarly garb, and docile mount of the 'velveteen doctor' ridiculed so often in this period.

But, as this connection between fashioning shops and fashioning appearance suggests, the development of trade-specific genres of shops is also part of the construction of social identities, and operates through similar processes of assimilation and difference.[106] To appreciate the material values apparent in

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[103] The literature on spectacle and consumption in department stores is now extensive. Arguably, they, along with specialist stores, they also 'diminished the perceived risk of adulterated or poor-quality goods' for working class shoppers: Glennie and Thrift, 'Consumers, Identities and Consumption Spaces', p. 37.

[104] In addition, distillers had to put their mark on jars sold: CPL, Annals, i, 44; *The Distiller of London* (London, 1639), pp. 9-10. Paris shops also had to be on the ground floor with windows: B. Geremek, *The Margins of Society in Late Medieval Paris*, trans. Jean Birrell (Cambridge, 1987), pp. 78-9.

[105] Quote: T. Nashe, *The Terrors of the Night* [1594], *The Works of Thomas Nashe*, ed. R. B. McKerrow, 5 vols. (Oxford, 1966), i, p. 364. See, for example, the print of a Mountebank with a trained monkey sitting dressed at his feet published in an early eighteenth century edition of Marcus Laroon's *The Cries of London*. More generally: M. A. Katritzky, 'Marketing Medicine: The Image of the Early Modern Mountebank', *Renaissance Studies*, 15 (2001), pp. 121-53.

[106] My argument here parallels Ludmilla Jordonova's work on the uses of portraiture to construct social identity: 'Medical Men 1780-1820,' in J. Woodall (ed.), *Portraiture: Facing the Subject* (Manchester, 1997), pp. 101-115.

apothecaries' shops we need to be constantly aware of the groups they were engaged in defining themselves against and those they were imitating. The logic behind the development and particularly the adoption of these fashions in shop design therefore also obliges us to recognise the aspirations, habits, and social and commercial pressures that fuel the pursuit of common identities. Part of this involves appreciating the everyday processes of imitation and habit that must have moved many apothecaries to create their shops in this way. At a basic level, if the customer is to recognise part of a building as being a shop it must conform to established norms of appearance to some degree. For many apothecaries their shops must simply have been put together to look like those operated by their peers. Beyond this, in a competitive environment engaging in expensive display can relate to the difficulty of establishing a reputation or marking one's shop out from its rivals. However, as the fact that decorated drug jars were not the creation of either English apothecaries or English potters underlines, imitation in this case also indicates another aspect of the culture of medicine in London. Much of the technology and styles of display apothecaries used were imports from the continent, specifically from the Netherlands. Their adoption in England reflects the powerful continental influences on seventeenth-century medicine, both through migrant practitioners such as Gideon de Laune and through the wide circulation of imported images and texts.[107] To some extent, therefore, comprehending the interactions of the culture of medicine with the material forms it took demands a Europe-wide approach to these issues. Equally, as the influence of the continent should remind us, the questions of honesty and accuracy that customers faced in apothecaries' shops had institutional as well as material remedies, as we saw in earlier chapters.

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107 Studies of immigrant medicine and its practitioners include: Cook, *Trials of an Ordinary Doctor*; J. J. Keevil, *Hamey the Stranger* (London, 1952); Grell, 'Plague in Elizabethan and Stuart London', pp. 424-39.

9.

Conclusion

I have seen a confectioner turn a sugar-baker; another a distiller; an apothecary turn chemist, and not a few turn physicians, and prove very good physicians too; but that is a step beyond what I am speaking of.

Defoe, *The Complete English Tradesman*, p. 30

Writing some twenty years after the House of Lords' judgement on the Rose case that had given limited legal sanction to apothecaries practising physic, Defoe cited the apothecary as an example of the occupational flexibility that he was advocating for tradesmen in general. It was an obvious choice. The metropolitan medical world with which Defoe was familiar was marked by the diversity and overlap of practitioners' roles, although, as his unwillingness to extend his comment on the value of those apothecaries who had 'turned' physicians suggests, that world was not without its own hierarchies and internal tensions. One of the principal arguments of this thesis is that the fluidity of work that Defoe observed among apothecaries in early eighteenth-century London was also a characteristic of apothecaries working in the city during the previous century. Related to this, this thesis has also argued that the institutional structures that were created in early modern London to govern medicine and its practitioners disguised and sometimes limited, but did not substantially prevent, this economic reality.

This thesis has presented a range of divergent approaches to the history of London's apothecaries in the seventeenth century. My division of this thesis into separate sections on the politics of the guild, its operation as a policing institution, apothecaries' origins and lifecycle, and the diverse ways in which the demand for

medical goods and services was met by apothecaries and other practitioners and tradesmen, has been a pragmatic response to the problems of analysing apothecaries' experiences. However, we need to recognise that these approaches reflect a complex, overlapping reality. The 'dominance' of the institutions of medicine through their records and histories all too easily masks the variety and fluidity of the apothecaries' trade. This is most apparent in the tension between the institution, with its apparent structural stability and certainties, and the very real economic, social and personal uncertainties of London apothecaries' lives. However, although at times there was a clear and visible conflict between the institutional affiliation and personal interests of apothecaries and physicians, the two were nevertheless deeply interconnected. Institutional goals were frequently commercial in essence – most obviously in the exclusion of economic rivals that the Society of Apothecaries and College of Physicians sought. Similarly, issues of status, reputation and recruitment apparent in the shop – in the displays of drug jars bearing company arms and the presence of apprentices who had been enrolled before the Court of Assistants – underline the political systems that helped structure business.

This interconnection is particularly visible in the disputes between the Society of Apothecaries and the College of Physicians. The conflicts that shaped how the government of the medical occupations in London developed over the seventeenth century turned on the efforts of the physicians to implement an occupational and regulatory hierarchy that would shore up their own fairly weak position in the city. Although the apothecaries who headed the scheme for an independent company allied themselves with the physicians and actively campaigned for change, following their success in 1617 the Society of Apothecaries sought to introduce little that was new in the corporate world of London. The monopolistic dream that seems to have driven the

apothecaries to split from the Grocers was a short-lived fantasy. They succeeded in creating a homogeneous craft company that included a large proportion of London's apothecaries. But the founding members of the Society could never close out all their rivals, nor could they define clear boundaries between their work and that of other craftsmen and practitioners, such as surgeons, distillers and grocers. The Society, despite its origins, soon came to function as a relatively conventional London company. It was the College, not the Society, which supplied the dynamic for the disputes between the two institutions that flared up repeatedly over the rest of the century. The College presented these battles as attempts to push back a creeping tide of occupational pluralism in medicine; the evidence suggests that the opposite may have been the case, with the strict tripartition it espoused being an ideal which had never had more than a limited impact on the fluid boundaries of medical work. In structure, however, the ambition of both sides was bounded by a shared understanding of the appropriate organisation of work and life that was profoundly corporate.

The essence of corporatism was the ability of guilds to structure economic lives. Two of the central elements of this role have been examined here in relation to the Society of Apothecaries: the policing of the craft, and the operation of apprenticeship. In both cases, we have observed an institution whose practices in some ways belied the rigidity of its own rules. However, while business demands tugged at company norms, they were not pulled loose from their anchorage in contemporary thinking on the necessity of guilds. Moreover, the company remained a useful resource for its members, arbitrating disputes, representing their interests against rival institutions in London, and supplying some degree of associational life. Indeed, the system incorporated incentives – most obviously the right to take

additional apprentices – to motivate those who succeeded in business to move closer to the company, not further away from it.

We also now have a better idea of who apothecaries were and how they were trained. In many ways, they were part of the core of the successful urban middling sort. Their family backgrounds were similar to – or perhaps more elevated than – those of entrants to the great companies. They were easily comparable to those of physicians in this period, and they were more genteel than those of barber-surgeons. The craft was a relatively prestigious and profitable outlet for sons of members of the gentry and middling sort who were their customers; apothecaries in the early seventeenth century do not seem to have been of a lower status than those of the eighteenth century. Their apprentices' backgrounds are reflected in the way in which apprenticeships were served. Apprentices frequently took on more independent roles than their official position would suggest, serving several masters – or sometimes none – in search of profit and skills. As in every London company, many apprentices disappeared from the official record before their time was complete and others experienced harsh conditions. Nonetheless, it is hard not to see this group as young craftsmen in possession of far greater autonomy and bargaining power, albeit still not equality, with their masters than we might expect from the official terms of their service. The very likelihood of their departure was their most basic asset.

It is far simpler to examine the institutions that regulated medicine, than medicine itself. This has hindered most attempts to analyse the commercial basis of early modern medicine. As Roy Porter repeatedly argued, there is nothing in the way of a 'wide-ranging, well-researched economic history of medicine, in all its branches'

for the long eighteenth century.[1] His observation can comfortably be extended to include the sixteenth and seventeenth centuries. The lack is particularly acute in pharmacy. Even basic information about how medicines were made, where they came from, and how they reached the apothecary and later the patient is missing. Indeed, all aspects of the means – not just the economic – through which medicines were manufactured, distributed and sold prior to the late eighteenth and nineteenth centuries have received little attention from historians. An outline analysis of the characteristics and organisation of the medical economy has been presented here for the seventeenth century. Drug importation, wholesaling by druggists and apothecaries, mass production, extensive distribution and partnerships have stood out as departures from the traditional image of small-scale household production by apothecaries. It is hard or impossible to quantify this sector, but the figures available suggest that apothecaries could, at the least, compare themselves without embarrassment to the lower reaches of the city's merchants.

In drawing this material on the trade in pharmacy together, there has been an inevitable tendency towards presenting a largely static picture. Given the sources available, I am wary of making strong claims about what was changing in the economy and practice of pharmacy and medicine in this period and what was not. It might seem that I am offering the first decades of the seventeenth century as a turning-point. Clearly they were institutionally. But the establishment of the Society was in practice one manifestation of a longer struggle by the physicians to assert their authority, combined with immediate economic and political context that favoured independence. In terms of the longer history of pharmacy, in particular, the consumption of commercially produced medicines has a history that runs much

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[1] Porter, *Health for Sale*, p. viii.

further back than 1600. Medical practice was already profoundly embedded in complex networks of trade and manufacture prior to the separation of the apothecaries from the Grocers. The continuities are particularly obvious in the organisation of practice, international supply, and the relationships of practitioners. To an extent, learned medicine was dependent on a long-standing trade in people, ideas and substances that traversed Europe and drew on sources beyond its bounds, even at the fringes of its knowledge. Apothecaries formed one further element of this world.

Nonetheless, we might perhaps identify a change in scale, if perhaps not in type, over the seventeenth century as a larger swathe of the population were able to afford the medical substances available from apothecaries' shops and similar outlets. To rely fully on the materials of learned medicine, a family or individual needed financial resources that were only available among the gentry and the upper reaches of the expanding middling sort. However, using apothecaries' medicines occasionally, or purchasing some of the other commercial products such as Daffy's Elixir which were available in the seventeenth century and before, was an option open to a much wider social range. Although Daffy's Elixir was only invented in the 1640s or 1650s, the kinds of proprietary medicine it exemplified were successful products before the 1660s, as was a version of learned medicine in the – probably slightly cheaper – form of apothecaries' practising physic. It might seem that the medical world which I have been presenting here is rather too similar to those for the eighteenth century which have been traced out in recent decades. But my point here is rather that the eighteenth century was far more like the seventeenth and sixteenth than has commonly been recognised, institutional aspects, at least, aside.

My description of a metropolitan medical world criss-crossed by affiliation and association as much as it was by antagonism suggests the English case was somewhat more similar to the continent than some historians have suggested. In working in this manner London's medical practitioners resemble their peers in fifteenth-century Florence or sixteenth-century Venice, much as the institutions that aspired to govern them mimicked Italian exemplars.[2] It might indeed be more surprising if there was little evidence of cooperation and partnership between medical practitioners in London. Paradoxically, working together was central to the success of tripartite practice: as emphasised earlier, the limited roles undertaken by physicians, apothecaries and surgeons in this model of medicine made them reliant on the work of others. To assume that this system would operate without personal bonds developing between the participants is to ignore the intense personalization of work in early modern Europe.

There have been some obvious aspects and contexts of London apothecaries' experience that have been dealt with only in passing here. This is particularly apparent in the discussion of the institutions and politics of medical government. For example, the conflicts between the Society and the College, and the Society and the Grocers, could be usefully set against the changing membership of Star Chamber and the Privy Council or the relationship between the city and the crown. Similarly, it has only been possible to cite the impact of civil war or the several epidemics of plague - with their major dislocation of society and commerce - only briefly. More fundamentally, we have as yet little convincing evidence about the proportion of sick who engaged with the commercial, largely legitimate medical world in which most apothecaries

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[2] Park, *Doctors and Medicine*, pp. 85-6, 115; Palmer, 'Pharmacy in Venice', pp. 100-17. See also: Pomata, *Contracting a Cure*, pp. 65-6. On the models that inspired the College of Physicians, see: Webster, 'Thomas Linacre', pp. 198-222.

operated. My initial interest in apothecaries was sparked by the way they have often been described – and sometimes described themselves – as physicians for the poor. Yet it is hard to avoid the conclusion that this profitable, middling occupation was primarily marketing its skills and wares to an equally middling audience. A case can be made, as I have suggested here, for apothecaries having a broader range of customers than many physicians. Nonetheless, there was a probably much more numerous cohort of medical practitioners and lay people, whose work – often occasional, sometimes free, perhaps sometimes charitable – among this poorer part of society has only been touched on in passing in this thesis. London apothecaries formed a central part of the medical resources of the city, but they were not its entirety, and much more work than has been possible here is required before we can be satisfied with our understanding of medicine and medical practitioners in the city. As in many other crafts and trades, this guild and its members are only a part of the story.

Making or practising medicine was not, however, simply one other job among the hundreds of occupations that existed in the highly-segmented economy of seventeenth-century London. The proximity between the institutions and organisation of the apothecaries' trade and those of other crafts and companies has been emphasised here. It is also important to recognise that there were significant differences that are inseparable from the products they worked with and their proper – and improper – uses. Some of these are most apparent in the political concerns with plague and poison that produced the deviations from the corporate norm manifest in the Society – principally its systems of examination and theoretical rigour in policing its products. Others, harder to grasp fully, are visible in the uncertainty that surrounded the apothecaries' products. The risks of medicines, their easy falsification,

and their importance to survival in the pathogenic climate of the city was a problem for producers and retailers, those who advised their consumption and those who consumed them. Dealing with these uncertainties – whether to gain legitimacy for individuals or the craft as a whole – is the issue that runs throughout the political, personal and commercial histories of seventeenth-century apothecaries.

Appendix A

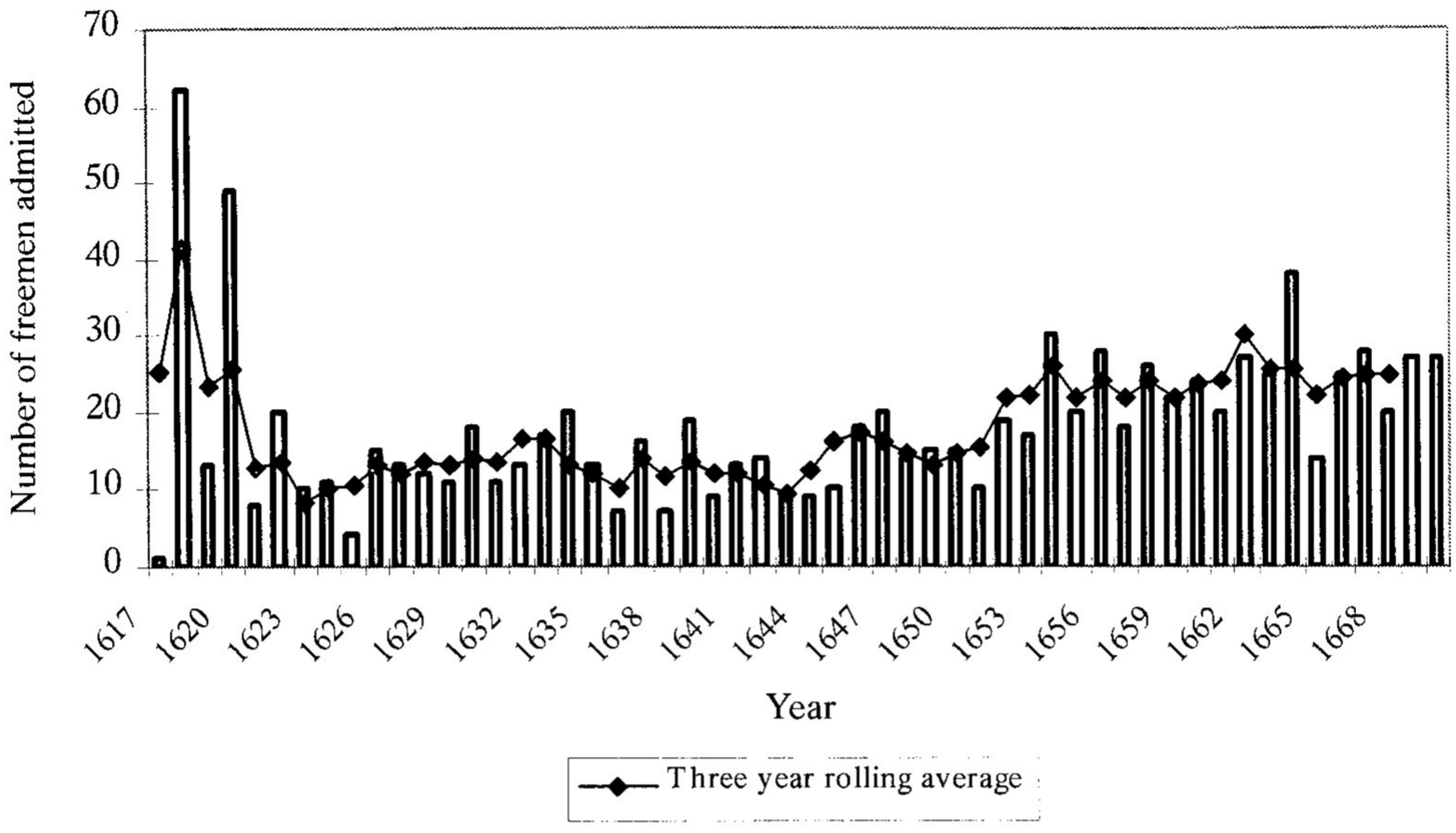
NUMBERS OF FREEMEN APOTHECARIES

Counts of apothecaries are problematic. The 1617 Charter lists 123 freemen and officers. Of these apothecaries, 56 later swore the oath to join the new Society, but many of those whose names were in the Charter seem to have seen the oaths as of limited importance, and at least twenty-eight were active in the Society apparently without taking them. Failure to have entry to the freedom noted in the Court Minutes, particularly in the more disorganised early years, does not necessarily indicate that an individual opposed the Society or was no longer working as an apothecary. At least sixteen apothecaries appear acting as freemen - holding office or binding apprentices - without prior mention of them in either the Charter or Minute Books as having taken the freedom of the Society. In addition to these free male apothecaries were the widows of freemen, who had the right to continue trading in their husband's craft. In the early years a number of other apothecaries entered the Society under the terms of its enforced translation.[1] As noted in chapter 2, a number of apothecaries resisted taking the new company's freedom, either by openly refusing to take the oath, as William Gwinn, John Parker and Nathaniell Feshware did, or through endless delaying tactics. Some of the recidivists were deceased or retired from trade before the Charter was sealed. Others, such as Henry Chitty and Humfrey Gravenor, continued to trade as apothecaries and grocers outside the Society.[2]

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[1] As Hunting notes, variations between later transcriptions of the Charter have led to a number of erroneous counts of the number of apothecaries it lists, Hunting, *History*, 32 n.11. Most of those who entered under the terms of the charter without having been listed gave no reason or company of origin.
[2] PRO, STAC 8/44/9, ff. 47v, 54r.

Figure A.1: Freemen accepted by the Society per year



Note: The table is based on all those freed into the Society for whom a date of freedom is known (hence, it excludes those whose freedom is never formally recorded). Mean number of freedoms per year is 16.5, the median is 14, standard deviation is 6.4

Table A.1: Estimated numbers of freemen apothecaries alive and in London

Year	Estimated Numbers
1620	179
1630	223
1640	256
1650	276
1660	350

Note: The estimate of the number of apothecaries is based the age-specific mortality rate adjusted for emigration from London which Rappaport has used to estimate the survival of a model population of freemen: *Worlds*, pp. 330-1. It has been assumed that the same gross emigration rate (16 per 1000) will hold, and that the difference of just under a year in the mean age of freedom is insignificant (Rappaport found an average term of 7.6 years, giving an age of freedom of 26; the average term for apothecaries' apprentices was 8.45 years, giving an age of freedom of 26.95 years). For the purpose of the calculation, it has been assumed that those made freemen of the Society by the Charter in 1617 had a normal age distribution. From a comparison using quarterage lists, Rappaport suggests that the model population may underestimate the true rate of attrition among freemen, particularly from epidemic disease. Archer, however, has questioned this scepticism: 'Governors and Governed', pp. 127-9 and n.64. The table will have an inherent tendency to overestimate numbers of freemen, as the small number who enter the Society by redemption are assumed to be the same age as ex-apprentices, whereas they are likely to be older. Such overestimates are likely be more than balanced by the exclusion of those for whom no

date of entry to the freedom exists, most importantly widows, but also the handful of freemen missing from the records.

These totals differ from this given by Roberts. He used the list of freemen and livery created for the 1641 poll tax (P.R.O., SPD 16/539/72) as the basis for his suggestion that there were 173 apothecaries at that date (or 190 if those whose whereabouts were not traced are included). Tax listings will tend to undercount and questions have been raised about the comprehensiveness of the list: see, Ian Gadd, 'Members of the Pewterers' Company in 1641 & 1650-51', *Journal of the Pewter Society* (forthcoming). Roberts' figure for 1674 (369) is closer to the number calculated here, and is based on Society records: 'London Apothecaries', pp. 381-3.

Appendix B

Occupations and Status of Apprentices' Parents, 1617-1670

Occupation/Status	Number	%			
gentleman	474	30.7	girdler	6	0.4
clerk	159	10.6	knight	3	0.3
yeoman	136	9.7	cooper	6	0.4
merchant	109	7.6	wax chandler	3	0.3
apothecary	62	4.2	husbandman	2	0.2
esquire	53	3.3	scrivener	6	0.3
haberdasher	37	2.7	glover	2	0.1
grocer	33	2.2	carpenter	3	0.2
clothier	20	1.3	maltster	6	0.3
innholder	20	1.2	founder	2	0.2
doctor of divinity	13	1.0	armourer	3	0.2
tailor	13	0.9	hosier	3	0.1
physician	20	1.1	tanner	5	0.3
vintner	19	1.2	upholsterer	2	0.2
baker	16	1.1	embroiderer	3	0.2
brewer	15	0.9	woolen draper	3	0.2
butcher	14	0.9	plumber	2	0.2
draper	10	0.8	burgess	1	0.0
clothworker	13	0.9	bricklayer	4	0.2
cordwainer	10	0.8	cardmaker	1	0.1
barber-surgeon	11	0.7	distiller of strong	1	0.1
dyer	10	0.6	waters		
fishmonger	9	0.6	brasier	2	0.1
cook	10	0.7	currier	1	0.0
weaver	8	0.5	coach man	1	0.0
goldsmith	9	0.5	Bachelor of Law	1	0.0
minister	5	0.3	provost	1	0.0
joiner	7	0.4	wire-drawer	1	0.0
tallow chandler	8	0.5	wine cooper	2	0.1
widow	5	0.2	widow	1	0.0
cutler	8	0.6	whitster	1	0.0
chandler	4	0.2	wheelwright	1	0.1
salter	7	0.5	tile maker	1	0.1
skinner	6	0.3	stationer	2	0.1
blacksmith	6	0.4	silversmith	1	0.0
painter stainer	5	0.3	silkman	1	0.0
leatherseller	4	0.4	shipwright	3	0.2
surgeon	11	0.6	ironmonger	4	0.2
pewterer	7	0.4	sadler	2	0.1
shoemaker	6	0.5	gardener	1	0.0
victualer	6	0.3	professor of	1	0.0
mariner	10	0.4	Arabic		
glasier	4	0.3	poulterer	1	0.0

parish clerk	1	0.1	hatmaker	1	0.0
painter	1	0.0	ship carpenter	1	0.0
packer	1	0.0			
musician	1	0.1	Totals:	1517	100.0
lymeman	1	0.0			
lace seller	1	0.0			
horner	1	0.1			

Source: The table is based on all the apprentices enrolled by the Society from 1617-1670 for whom a minute of the status or occupation of their parent was taken, GL MS 8200/1-2.

Note: The table largely uses the descriptions given in the minutes, however a limited amount of modification has been carried out to regularise spellings. In addition, a certain number of synonymous occupations have been grouped together as follows: Smith as Blacksmith; Sea Captain as Mariner; Preacher of God's word as Minister; merchant taylor, mercer, merchant adventurer as Merchant; Innkeeper as Innholder; Doctor of Physic as physician; Clothmaker as Clothworker; Brown baker and White baker as Baker.

Appendix C

OFFICERS OF THE SOCIETY OF APOTHECARIES AND THEIR ATTENDANCE

The first row of each person's entry in the table shows the frequency of their attendance at meetings of the Court of Assistants of the Society; the second row shows the dates at which they held offices. The figure for the frequency of appearance is derived from the number of meetings each person attended as a proportion of the total number of meetings held that year. The figures are ranked, so that 1 indicates they attended fewer than 20% of meetings that year, 2 indicates 20%-39%, 3 indicates 40%-59%, 4 indicates 60%-79%, and '5' indicates 80% - 100% attendance. The Society did not divide the functions of the two wardens until the mid-1620s, after which time they appointed a senior and junior warden.

The table is based on GL, MS 8200/1-2.

Key:

A	Assistant
W	Warden
UpW	Upper Warden
UnW	Under Warden
M	Master

Name	1617	1618	1619	1620	1621	1622	1623	1624	1625	1626	1627	1628	1629	1630	1631	1632	1633	1634	1635	1636	1637	1638	1639	1640	1641	1642	1643	1644	1645	1646	1647	1648	1649	1650	1651	1652	1653	1654	1655	1656	1657	1658	1659	1660
Phillips		1	1	3	4	1	3	2	2	1	1	1	1	1	1	2	1																											
Edmond	M	M	M	M																																								
Fones		1	2	3	3	1	2	3	5	4	1																																
Thomas	W	W						M	M																																		
Higgins		1	1	1	3	5	1					1	2	3	2					2	2	4	4																					
Stephen	W	W			M																	M																					
Bacon		1	1	2	2	2	3	3	1	2	1																																
Richard	A		W				M																																				
Barton		1	1	2	3	3	5	4	1	3	4	2	2	2	2	2	1																					1					
Adrian	A					W				M																																	
Bulwer		1	2	3	2	1	2	2	2	1	2	3	5	4	1	1																											
Thomas	A											UnW	UpW																														
Cooke		1	1	2	2	2	2	2	2	2	1	2	2	2	3	5	4	5	3	3	2	2	3	5	5	3	1																
Edward	A														UnW	UpW	UpW	UpW					M																					
Checkley																																												
William	A																																											
Collwell		1	1	2	3	3																																					
James	A				UnW																																							
Darnelly		1	2	2	3	1	1																																	1	1		
Edward	A		W																																								
Edwards		1	1	3	2	2	3	2	1	1	2	2	3	4	1	3	5	5	2	2	1	1	1	2	1	2	1	3	1	1	1	2	2	1	2	2	2	1					
Richard	A												UnW	UpW		M																											
Harris		1	1	2	2	2	5	4	5	4	3	4	2	2	1	2	1	2	3																								
Josias	A					W		UpW			M																																
Hewett																																											
John	A																																										
Hicks		1	1	2	2	2	3	2	3	1	2	1	1	3	5	4	3	4	4	2	2	2	2	2	2																		
Thomas	A													UnW	UpW			M																									
Lamoire			1	2	2	2	2	1																																			
Lewis	A																																										
de Laune		1	1	2	2	2	3	4	5	2	3	3	4	3	2	2	3	2	2	4	5	4	2	4	3	3	2	2	2	2	1	2										
Gideon	A							UnW				M									M																						
Parkinson		1	2	3	4	1																																					
John	A			W																																							
Rumler, John		1		1	1	2	3	1	1	1	1	1	1	1	1	1	1	1		2	1	1	1	1	1	1				1												
Wolfgang	A					M														M	(1)																						
Sherriffe		1	2	2	3	2	2	3	2	1	1	1																															
Gabriel	A																																										
Warkehouse		1	1	2	2	2	2	2	1	1	2	1																															
John	A																																										
Wheatley							1	1																																			
Thomas	A																																										

Name	1617	1618	1619	1620	1621	1622	1623	1624	1625	1626	1627	1628	1629	1630	1631	1632	1633	1634	1635	1636	1637	1638	1639	1640	1641	1642	1643	1644	1645	1646	1647	1648	1649	1650	1651	1652	1653	1654	1655	1656	1657	1658	1659	1660
Wells		1	2	2	3	4																																					
William	A				UpW																																						
Sheppard						1	2	3	1	2	1																															
John		A					UnW			UpW																																
Woolfe *			1	1	1	1	2	2	1	2	4	4	3	5	2	2	1	2	2	3	2																					
Israel		A								UnW	UpW	(1)	M																													
Lownes							1																																			
Joliffe			A																																							
Kellet			1	2	2	2	2	2	2	2	2	1	2	2	1																											
John			A																																							
Morecrofte *						2	3	4	3	2	2	1	2	3	1	2	2	2	3	4	2	3	2	2	2	2	2	2	2	1	1	1	1									
John						A													UpW																							
Bell, William								1	1	2	2	1	1	2	1																											
senior							A																																			
Christy							1	1			3	5	4	2	3	2	1	1																							
Thomas							A				UnW	UpW		M																											
Clapham							1	1	1		1		1	2	3	4	2	2	2	1	1	2	2	1																		
William							A								M																											
Stone *									2	1	2	1	2	2	2	3	4	4	2	3	4	1																				
Leonard									A							UnW	UnW			UpW																						
Fothergill											2	1	2	3	2	3	2	3	2																						
James											A							UnW																							
Bell, William											1	1	1	3	2	1	1	2	3	5	1	2	2	2	2	4	1	1	1	1		1	1		1	1	1			1	1	1	1	1
junior											A								UnW						M																	
Webb												1	1	2	1	2	1	2	2	1	1	1	3	5	5	2	2	2	2	2	2	1	2	1	1	2	2						
Abraham												A											UnW	UnW	UpW		M															
Field							1	2	2	1	1	2	2	1	1	2	1	1																								
Henry							A																																		
Yardley							2	2	2	3	4	3	2	3	5	4	2	4	3	4	4	3	1	2	3	2	3	1	2	3	2	2	3									
Ralph							A							UnW	UpW						M																				
Yong							2	3	2	2	2	2	2	2	1	1	1	3	2	2	2	2	2	2	2	2	2	1		1	1	1									
Roger Harry							A																																		
Glover									1	3	3	3	2	2	1	3	5	5	5	3	3	2	3	4	2																
Richard									A							UnW	UpW	UpW					M																		
Shambrooke *									2	2	4	3	2	3	3	5	5	4	3	3	1	4	4	2	2	3	2	1	1	2	1	1	2		1	1					
William									A						UnW	UpW						M																			
Lawrance *									1	1	2	3	2	1	2	1	2	2	2	2	3	3	1	1	3	4	1	1	1	1	1	2		2		1	1	1			
John										A											UpW				M																
Sotherton										2	2	3	3	1	1	2	2	4	3	5	4	2	2	3	4	2	2														
John										A											UnW	UpW			M																
Reynolds											2	3	2	2	1	2	2	3	2	3	4	3	4	1	1	3	3	2	2												
Oliver											A										UnW		UpW	UpW			M													
Hore												1		1	2	1	1	1	1																					
Robert											A																														
Harryson												1	2	1	2	2	3	2	2	2	2	3	1	3	4	2	1	2	2	2	1	1								
Samuel											A										UnW			UpW				M												

Name	1617	1618	1619	1620	1621	1622	1623	1624	1625	1626	1627	1628	1629	1630	1631	1632	1633	1634	1635	1636	1637	1638	1639	1640	1641	1642	1643	1644	1645	1646	1647	1648	1649	1650	1651	1652	1653	1654	1655	1656	1657	1658	1659	1660
Walsham															1		1	1	2	3	2	3	2	2	2	2	3	1	3	4	2	3	4	4	2	2	2	2	2	2	1	1	1	1
James																		A															M											
Chase																			1	1	1	1	1		1	2																		
Stephen																			A																									
Skelton																1					1	3	2	3	2	3	3	4	4	1	4	4	2	2	2	3	2	2	2	2	2	1		
Samuel																					A							UnW			UpW				M								
Holland																								2	2	2	2	2	3	4	2	4	3	2	2	3	4	2	2	2	1	1	2	1
Richard																								A					UnW			UpW				M							
Rand															1			1						2	2	2																		
James																								A																			
Johnson																								3	3	2																	
Thomas																								A																		
Smith,																								3	2	3	2	2	2	3	4	2	2	4	1	2	3	4	2	2	2	1	1	1
Thomas																								A						UnW			UpW				M						
Bowring																										1																		
Ralph																										A																	
James																	1									1	2	1	1	1	1	2	1	2	1	1	1	1	3	5	1	1	2	1
James																										A								UpW					M					
Barkner															1	1	1									1	2	1	1	1	3	4	2	1	2	4	2	1	1	2				
Leonard																										A				UnW					UpW				M (3)				
Stephens																	1	1		1							1	1	1	1	2	3	3	1	2	1	1	3	4	1	1	3	4	2
Caleb																											A				UnW							UpW			M		
Martin															1		1					1		1			1	2	2	2	2	2	4	4	2	4	3	2	2	2	5	2		
James																											A						UnW						M				
Thomas																												1	1	2	2	2	2	1	2	2	3	3	2	1	3	4	2	1
John																												A						UnW			UpW				M			
Butler															1															2	1													
William																													A														
Markeland																														1	3	2	1	3	4	2	2	3	4	2	2	3	4
Michael																														A				UnW				UpW			M		
Tomes																															2	1	1	2	1								
John																															A												
Larrymer																																	1	2	2	1	2	4	2	3	2	2	2
John																																	A				M						
Lovinge																																	1	2	1								
James																																	A										
Shelbury																																			1	3	1	1	3	4	2	2	3
John																																			A	UnW			UpW				M
Richardson																								1											1	2	4	3	2	3	4	1	1
Jeremy																																			A	UnW				UpW			
Clarke, Robert																																			3	1							
(2)																																			A								
Lyons																																				2	2	4	2	2	2	1	
William																																			A								
North																																				1	2	3	5	2	1	2	4
Michael																																				A		UnW				UpW	

Name	1617	1618	1619	1620	1621	1622	1623	1624	1625	1626	1627	1628	1629	1630	1631	1632	1633	1634	1635	1636	1637	1638	1639	1640	1641	1642	1643	1644	1645	1646	1647	1648	1649	1650	1651	1652	1653	1654	1655	1656	1657	1658	1659	1660
Collins																																					1	1	2	1	1	2		
Ralph																																					A					UpW		
Clarke																																								2	4			
Thomas (2)																																						A		UnW				
Hartley																																							1	2	3	4	2	2
Ralph																																							A					M
Fige																																								1	2	2	3	4
Valentine																																								A				
Banister																																								1		2	3	1
Benjamin																																								A				
Retorick																																									2	2	2	3
John																																								A				
Darnelly																																										1	1	1
Edward																																									A			
Underwood																																								1	1	1	2	
Edward																																								A				
Laxton																																										1	2	2
Thomas																																										A		
Chillingworth																																											1	2
Francis																																											A	
Ingolbee																																												1
Richard																																												A
Whitworth																																												1
William																																												A
Litler																																												1
Richard																																												A

Notes:

* member of Roberts' group of apothecaries displaced by rising apothecaries during the 1620s and 1630s.

(1) Both were elected twice to the office in that year, the first time because the pervious holder was unable to continue to serve, they were then re-elected at the annual elections.

(2) The two Clarkes, Robert and Thomas, are largely indistinguishable in the lists of those present given in the Court Minutes, as first names are rarely given. Therefore, their levels of attendance are artificially low.

(3) After Buckner's death, James Martin took his place.

BIBLIOGRAPHY

MANUSCRIPT AND ARCHIVAL SOURCES

British Library, London

Additional 38854	Bills presented by Mr Fleming, apothecary, 1677.
Lansdowne 487	'The Substance of the Bill Concerning Apothecaries'
Sloane 631	'A.N. to T.O.'
Sloane 1326	Dr Henry Power's collection of letters.
Sloane 1529	Apothecaries' commonplace book, Great Dunmow, Essex, 1644-5.
Sloane 3914	Papers relating to Society of Apothecaries disputes.
Sloane 2031	John Conyers MSS.
Stowe 202	Bill of Robert Miller.

Bodleian Library, Oxford

Ashmole 1487	Edward Barlow's prescription book.
Rawl. C.419	John Badgers' catalogue of fellows of the College.

Cambridge University Library, Cambridge

Additional 3071	Apothecaries' account.

Corporation of London Record Office

MC1	Mayor's Court Original Bills.
Orphans' Court	Orphans' Court Inventories.
Rep	Repertories of the Court of Aldermen.
Remembrancia	City Remembrancia.

Guildhall Library, London

4525/4	St Botolph without Bishopgate, Churchwardens' Accounts.
3018/1	Farringdon Without, Wardmote Court Records.
6552/1	St Brides, Churchwardens Accounts.
9174/16	Commissary Court of London, Probate inventories.

Society of Apothecaries

8200/1-2	Court of Assistants, Minutes, 1617-1680.
8202/1-2	Wardens' Accounts, 1626-1692
8205	Papers relating to the Society, seventeenth century.

8251 Album Amicorum.
8257 Papers relating to the separation of the Society.
8285 Papers relating to the suit against grocer-apothecaries.
8286 Draft Bill for Star Chamber Proceedings.
8292 Papers relating to Society disputes in the seventeenth century.
8295 Petitioners to Parliament against the Society,1627.

Barber-Surgeons' Company
5257/2-5 Court of Assistants, Minutes, 1589-1625.

Grocers' Company
11588/1.3-3.2 Court of Assistants, Minutes, 1569-1629.
11638 Charter, transcript and translation.

Distillers' Company
6208/1-3 Court of Assistants, Minutes, 1663-1681.

National Library of Scotland, Edinburgh

5414 Carr letters.
6295 'Dr Anderson, Certificate Relating to his Pills'
7026; 7011 Joshua Drayner and Sir Edmund King, correspondence.

Public Record Office, London

ADM 106 Navy Board, records.
C 104 Chancery Masters' Exhibits.
C 114 Chancery Masters' Exhibits.
C 2 Court of Chancery, pleadings.
C 5 Court of Chancery, pleadings.
C 9 Court of Chancery, pleadings.
C 33 Court of Chancery, entry books of decrees and orders.
C 38 Court of Chancery, reports and certificates.
E 112 Court of Exchequer, King's Remembrancer, bills and answers.
E 351 Court of Exchequer, Pipe Office, declared accounts.
PRO 22/60/19 Elizabeth I to Boris Theodorowich, recommending the apothecary James Frencham.
PROB Prerogative Court of Canterbury, Probate inventories.
REQ 2 Court of Requests, pleadings.
SP State Papers Domestic.
STAC 8 Star Chamber, proceedings.

Royal College of Physicians, London

Annals, 1518-1687 Typescript translations exist for the first five volumes of the Annals.

Society of Apothecaries Archive, London
Joliffe Lownes, Bill for medicines supplied to the Court, July 1622-Sept 1622.
E7 Samuel Barnard to Major Gunstone, 1676.

PRINTED PRIMARY SOURCES

Acts of the Privy Council of England, 46 vols. (London, 1890-1964).
Analytical Index to the Series of Records Known as the Remembrancia. Preserved among the Archives of London, ed. W. H. Overall (London, 1878).
Bacon, F., *The Letters and the Life of Francis Bacon Including All His Occasional Works*, ed. J. Spedding, 7 vols. (London, 1861).
Badger, J., *An Exact Alphabetical Catalogue of All That Have Taken the Degree of Doctor of Physick in Our Two Universities, from the Year 1659, to This Present Year 1695* (London, 1696).
—, *The Case between Doctor John Badger and the Colledge of Physicians London* (c.1693).
Biggs, N., *Mataeotechnia Medicinae Praxews. The Vanity of the Craft of Physick* (London, 1651).
Boyle, R., *The Works of Robert Boyle*, ed. M Hunter. and E. B. Davis, 14 vols. (London, 1999-).
Bradwell, S., *Watch-Man for the Pest* (London, 1625).
—, *Physick for the Sicknesse Commonly Called the Plague* (London, 1636).
Browne, J., *The Marchants Avizo* (London, 1589).
Browne, R., *Prosodia Pharmacopoeorum: Or the Apothecary's Prosody* (London, 1685).
Bullein, W., *Bulleins Bulwarke of Defêce Againste All Sicknes, Sornes, and Woundes* (London, 1562).
Caius, J., *A Boke or Counseill against the Disease Called the Sweate* (London, 1552).
Calendar of the State Papers, Colonial Series, 43 vols. (London, 1860-).
Calendar of the State Papers, Domestic (London, 1856-1998).
Calendar of the State Papers and Manuscripts, relating to English affairs, existing in the Archives and Collections of Venice, 38 vols. (London, 1864-1940).
Cary, W., *The Hammer for the Stone* (London, 1580).
C[lerke], T., *Some Papers Writ in the Year 1664, in Answer to a Letter Concerning the Practice of Physick in England, by Dr. C.T* (London, 1670).
Coke, E., *The Reports of Sir Edward Coke*, ed. Fraser, J. F., 6 vols. (London, 1826).
College of Physicians, *Certaine Necessary Directions for the Prevention and Cure of the Plague* (London, 1665).
—, *Pharmacopoeia Londinensis of 1618*, ed. G. Urdang (Madison, 1944).
Commons Debates, 1621, ed. W. Notestein, F. H. Relf and H. Simpson (New Haven, 1935).
Cook, J., *Unum Necessarium* (London, 1647).
The Correspondence of Bishop Brian Duppa and Sir Justinian Isham 1650-1660, ed. S. G. Isham (Northamptonshire Record Society, xvii, 1951).
Coxe, D., *A Discourse Wherein the Interest of the Patient in Reference to Physick and Physicians Is Soberly Debated* (London, 1669).
Daffy, A., *Elixir Salutis* (London, 1675).
Defoe, D., *The Complete English Tradesman* (Gloucester, 1987).
Dekker, T., *The Gull's Hornbook: How a Young Gallant Should Behave Himself in an Ordinary* (London, 1609).
Devon Household Accounts, 1627-59, ed. T. Gray, 2 vols. (Devon and Cornwall Record Society, new ser., xxxviii-xxxxix,1995-6).
The Distiller of London (London, 1639).

Earle, J., *Micro-Cosmographie, or, a Piece of the World Discovered* (London, 1633).
An Essay for the Regulation of the Practice of Physick, by a Lover of Truth and the Good of Mankind (London, 1673).
Evelyn, J., *The Diary of John Evelyn*, ed. E. S. de Beer, 6 vols. (Oxford, 1955).
F[enton], R., *A Sermon Preached on the 8. Day of May 1615. In the Parish-Church of S. Stephen in Walbrooke London. At an Anniversarie Solemnitie and Assemblie of the Companie of Grocers of London* (London, 1615).
The Flemings in Oxford: Vol. 1, 1650-1680, ed. J. R. McGrath (Oxford Historical Society, cliv, 1903).
Floyer, S. J., *Pharmako-Basanos: Or, the Touchstone of Medicines*, 2 vols. (London, 1687).
Goddard, J., *A Discourse Setting Forth the Unhappy Condition of the Practice of Physick in London* (London, 1670).
Goodall, C., *The Royal College of Physicians of London Founded and Established by Law* (London, 1684).
[Harvey, G.], *The Accomplisht Physician, the Honest Apothecary, and the Skilful Chyrugeon, Detecting Their Necessary Connexion, and Dependance on Each Other* (London, 1676).
Harvey, G., *Casus Medico-Chirurgicus: Or, a Most Memorable Case of a Nobleman Deceased* (London, 1678).
Heberden, W., *An Introduction to the Study of Physic*, ed. L. Crummer (New York, 1929).
Herring, F., *Certain Rules and Directions* (London, 1625).
Herring, S., 'To the Parliament of 1653', in J. Nickolls (ed.), *Original Letters and Papers of State, Addressed to Oliver Cromwell* (London, 1743), pp. 100-101.
Hodges, N., *Vindicae Medicinae & Medicorum: Or an Apology for the Profession and Professors of Physick* (London, 1665).
—, *Loimologia, or an Historical Account of the Plague in London in 1665: With Precautionary Directions against the Like Contagion*, trans. J. Quincy (London, 1720).
James VI and I, *The True Lawe of Free Monarchies: Or, the Reciprock an Mutuall Dutie Betwixt a Free King, and His Naturall Subjects* (Edinburgh, 1598).
—, *A Counterblaste to Tobacco* (London, 1604).
Johnson, T., *Botanical Journeys in Kent and Hampstead: A Facsimile Reprint with Introduction and Translation of His Iter Plantarum 1629, Descriptio Itineris Plantarum 1632*, ed. J. S. L. Gilmour (Pittsburgh, 1972).
Johnson, W., *Agurto-Mástix. Or, Some Brief Animadversions Upon Two Late Treatises; One of G. Thomsons, Entituled, Galeno-Pale; the Other of T.O Dowdes, Called, the Poor Mans Physitian* (London, 1665).
The Journal of James Younge (1647-1721) Plymouth Surgeon, ed. F. N. L. Poynter (London, 1963).
Journals of the House of Commons (London, 1742-).
Journals of the House of Lords (London, 1771-).
Kidder, R., *The Life of Richard Kidder, D.D. Bishop of Bath and Wells Written by Himself*, ed. A. E. Robinson (Somerset Record Society, xxxvii, 1924).
Lex Londinensis: Or, the City Law (London, 1680).
Lex Talionis; Sive Vindiciæ Pharmacoporum: Or a Short Reply to Dr Merrett's Book (London, 1670).
M., T., *A Letter Concerning the Present State of Physick, and the Regulation of the Practice of it in this Kingdom* (London, 1665).

Mandeville, B., *The Fable of the Bees*, 2 vols. (Oxford, 1924).
Maynwaring, E., *Praxis Medicorum Antiqua & Nova: The Ancient and Modern Practice of Physick Examined, Stated, and Compared* (London, 1671).
—, *Medicus Absolutus Adespotos. The Compleat Physitian, Qualified and Dignified* (London, 1668).
Medice Cura Teipsum! Or the Apothecaries Plea in Some Short and Modest Animadversions, Upon a Late Tract Entitled a Short View of the Frauds and Abuses of the Apothecaries (London, 1671).
Merrett, C., *A Short View of the Frauds, and Abuses Committed by Apothecaries* (London, 1669).
—, *Self-Conviction; or, an Enumeration of the Absurdities, Railings against the College and Physicians in General* (London, 1670).
—, *Dr Merrett...Makes to His Parish of St Andrews Holbourn This Proposition* ([London, 1695]).
Moore, P., *The Apprentices Warning-Piece. Being a Confession of Peter Moore, Formerly Servant to Mr. Bidgood, Apothecary in Exeter, Executed There the Last Assises, for Poysoning His Said Master* (London, 1641).
Moxon, J., *Mechanick Exercises: Or, the Doctrine of Handy-Works*, 2 vols. (London, 1683).
Nedham, M., *Medela Medicinæ. A Plea for the Free Profession, and a Renovation of the Art of Physick, out of the Noblest and Most Authentick Writers* (London, 1665).
Nashe, T., *The Works of Thomas Nashe*, ed. R. B. McKerrow, 5 vols. (Oxford, 1958).
Pepys, S., *Private Correspondence and Miscellaneous Papers of Samuel Pepys, 1679-1703*, ed. J. R. Tanner, 2 vols. (London, 1926).
Peter, C., *The Cordial Tincture, Prepared by Charles Peter Chyrugeon at His Bathing House in St Martins-Lane near Long Acre* (London, 1685).
Poynter, F. N. L. and Bishop, W. J., *A Seventeenth Century Doctor and His Patients: John Symcotts, 1592?-1662* (Streatley, 1951).
Proceedings in Parliament 1625, ed. M. Jansson and W. B. Bidwell (New Haven, 1987).
A Profitable and Necessarie Discourse, for the Meeting with the Bad Garbelling of Spices (London, 1592).
de Renou, J., *Renodaeus His Dispensatory; Containing the Whole Body of Pharmacy*, trans. R. Tomlinson (London, 1657).
Scott, W., *An Essay of Drapery, or the Complete Citizen* (London, 1636).
Seventeenth-Century Economic Documents, ed. J. Thirsk and J. P. Cooper (Oxford, 1972).
Smith, A., *An Inquiry into the Nature and Causes of the Wealth of Nations*, 2 vols. (Oxford, 1976).
Smollett, T., *The Adventures of Ferdinand Count Fathom* (London, 1971).
Stout, W., *The Autobiography of Williams Stout of Lancaster (1665-1752)*, ed. J. D. Marshall (Manchester Chetham Society, 3rd ser., xiv, 1967).
Stuart Royal Proclamations, ed. J. F. Larkin and P. L. Hughes, 3 vols. (New Haven, 1964-9).
Talbor, R., *A Rational Account of the Cause and Cure of Agues* (London, 1672).
Treswell, R., *The London Surveys of Ralph Treswell*, ed. J. Schofield (London, 1987).
The Trevelyan Letters to 1840, ed. M. Siraut (Somerset Record Society, lxxx, 1990).
Trubshaw, C., *Elixir Salutis* (London, 1719).

Two Elizabethan Women: Correspondence of Joan and Maria Thynne 1575-1611, ed. A. D. Wall (Wiltshire Record Society, xxxviii, 1983).

W., I., *The Copie of a Letter Sent by a Learned Physician to His Friend, Wherein Are Detected the Manifold Errors Used Hitherto of the Apothecaries in Preparing Their Compositions* (London?, 1586).

Walker, A., *A Sermon Preached at St Anne Blackfriars, before the Company of the Apothecaries of London, Septemb. 8th 1681* (London, 1682).

Wilson, T., *The State of England Anno Dom. 1600*, ed. F. J. Fisher (Camden Miscellany, Camden Soc., 3rd ser. lii, 1936).

PRINTED SECONDARY WORKS

Lists of Foreigner Protestants, and Aliens, Resident in England 1618-1688, ed. W. D. Cooper (Camden Soc., old ser., lxxxii,1862).

Illustrierter Apotheker-Kalender (Stuttgart, 1974).

Abolafia, M. Y., 'Markets as Cultures: An Ethnographic Approach', in M. Callon (ed.), *The Laws of the Markets* (Oxford, 1998), pp. 69-85.

Adburgham, A., *Shops and Shopping, 1800-1914: Where, and in What Manner the Well-Dressed Englishwoman Bought Her Clothes* (London, 1964).

—, *Shopping in Style: London from the Restoration to Edwardian Elegance* ([London], 1979).

Agnew, J.-C., *Worlds Apart: The Market and the Theater in Anglo- American Thought, 1550-1750* (Cambridge, 1986).

Alexander, N. and Akehurst, G. (ed.), *The Emergence of Modern Retailing, 1750-1950* (London, 1999).

Alford, B. W. E. and Barker, T. C., *A History of the Carpenters Company* (London, 1968).

Appleby, J. H., 'New Light on John Woodall, Surgeon and Adventurer', *Medical History*, 25 (1981), pp. 251-68.

Archer, I. W., 'The London Lobbies in the Later Sixteenth Century', *Historical Journal*, 31 (1988), pp. 17-44.

—, *The History of the Haberdashers' Company* (Chichester, 1991).

—, *The Pursuit of Stability: Social Relations in Elizabethan London* (Cambridge, 1991).

Ashton, R., *The City and the Court, 1603-1643* (Cambridge, 1979).

Ashworth, W. B., 'Natural History and the Emblematic World View', in D. C. Lindberg and R. S. Westman (ed.), *Reappraisals of the Scientific Revolution* (Cambridge, 1990), pp. 303-32.

Atkins, P. J., 'Sophistication Detected: Or, the Adulteration of the Milk Supply, 1850-1914', *Social History*, 16 (1991), pp. 317-39.

Aveling, J. H., *The Chamberlens and the Midwifery Forceps* (London, 1882).

Bakhtin, M. M., *Rabelais and His World*, trans. H. Iswolsky (Cambridge, MA, 1968).

Barber, M., *Directory of Medical Licenses Issued by the Archbishop of Canterbury*, 2 vols. (Lambeth Palace Library, typescript, 1997-2000).

Barnes, T. G., 'The Prerogative and Environmental Control of London Building', *California Law Review*, 58 (1970), pp. 1332-63.

Barry, J., 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in W. Bynum and R. Porter (ed.), *Medical Fringe and Medical Orthodoxy, 1750-1850* (London, 1987), pp. 29-39.

Bath, M., *Speaking Pictures: English Emblem Books and Renaissance Culture* (London, 1994).

Beattie, J. M., *Crime and the Courts in England 1660-1800* (Oxford, 1986).

Beaven, A. B., *The Aldermen of the City of London*, 2 vols. (London, 1908-13).

Beck, R. T., *The Cutting Edge: Early History of the Surgeons of London* (London, 1974).

Beier, A. L., 'Engine of Manufacture: The Trades of London', in A. L. Beier and R. Finlay (ed.), *London 1500-1700: The Making of the Metropolis* (London, 1986), pp. 141-67.

Beier, L. M., *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London, 1987).

Ben-Amos, I. K., 'Failure to Become Freemen: Urban Apprentices in Early Modern England', *Social History*, 16 (1991), pp. 155-72.

—, *Adolescence and Youth in Early Modern England* (New Haven, 1994).

Benbow, R. M., 'The Court of Aldermen and the Assizes: The Policy of Price Control in Elizabethan London', *Guildhall Studies in London History*, 4 (1980), pp. 93-118.

Berger, R. M., 'The Development of the Retail Trade in Provincial England, 1550-1700', *Journal of Economic History*, 40 (1980), pp. 123-28.

Berlin, M., *The Worshipful Company of Distillers: A Short History* (Chichester, 1996).

—, '"Broken All in Pieces": Artisans and the Regulation of Workmanship in Early Modern London', in G. Crossick (ed.), *The Artisan and the European Town* (Aldershot, 1997), pp. 75-91.

Black, A., *Guilds and Civil Society in European Political Thought from the Twelfth Century to the Present* (London, 1984).

Borghini, G., *Una Farmacia Preindustriale in Valdelsa : La Spezieria E Lo Spedale Di Santa Fina Nella Citta Di San Gimignano, Secc. Xiv-Xviii : Citta Di San Gimignano, 1981* (n.p., 1983).

Borsay, P., *The English Urban Renaissance: Culture and Society in the Provincial Town 1660-1770* (Oxford, 1989).

Boulton, J. P., *Neighbourhood and Society: A London Suburb in the Seventeenth Century* (Cambridge, 1987).

—, 'Food Prices and the Standard of Living in London in the "Century of Revolution", 1580-1700', *Economic History Review*, 53 (2000), pp. 455-92.

Bowlby, R., *Just Looking: Consumer Culture in Dreiser, Gissing, and Zola* (New York, 1985).

Brewer, J. and Porter, R. (ed.), *Consumption and the World of Goods* (London, 1993).

Brockliss, L. and Jones, C., *The Medical World of Early Modern France* (Oxford, 1997).

Brooks, C. W., *Pettyfoggers and Vipers of the Commonwealth: The "Lower Branch" of the Legal Profession in Early Modern England* (Cambridge, 1986).

—, 'Apprenticeship, Social Mobility and the Middling Sort, 1550-1800', in J. Barry and C. W. Brooks (ed.), *The Middling Sort of People: Culture, Society and Politics in England, 1550-1800* (Basingstoke, 1994), pp. 52-83.

Brown, F. E., 'Continuity and Change in the Urban House: Developments in Domestic Space Organisation in Seventeenth-Century London', *Comparative Studies in Society and History*, 28 (1986), pp. 558-90.

Brown, P. S., 'The Vendors of Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 19 (1975), pp. 352-69.

—, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 (1976), pp. 152-68.

Burnby, J. G. L., 'Three 17th Century London Apothecaries', *Pharmaceutical Historian*, 5 (1975), pp. 2-3.

—, 'The Herb Women of the London Markets', *Pharmaceutical Historian*, 13 (1983), pp. 5-6.

—, *A Study of the English Apothecary from 1660-1760* (*Medical History*, supplement no. 3, London, 1983).

—, 'Commercial Drug Cultivation in England', *Pharmaceutical Historian*, 26 (1996), pp. 20-24.

—, 'English Apothecaries and Probate Inventories', *Pharmaceutical Historian*, 27 (1997), pp. 49-59.

Burnby, J. G. L. and Whittet, T. D., *Plague, Pills and Surgery: The Story of the Bromfields* (Edmonton Hundred Historical Society, Occasional Paper no. 31, new ser.,1975).

Burnham, J. C., *How the Idea of Profession Changed the Writing of Medical History* (*Medical History*, Supplement no. 18, 1998).

Bynum, W. F., 'Physicians, Hospitals and Career Structures in Eighteenth-Century London', in W. F. Bynum and R. Porter (ed.), *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), pp.

Bynum, W. F. and Porter, R. (ed.), *Medicine and the Five Senses* (Cambridge, 1993).

Carlin, M., 'Historical Gazetteer of London before the Great Fire: St Botolph Aldgate,' (University of London, Institute of Historical Research, typescript, 1987).

Carlin, N., 'Liberty and Fraternities in the English Revolution: The Politics of London Artisans' Protests', *International Review of Social History*, 39 (1994), pp. 223-54.

Chaucer, G., *The Riverside Chaucer*, ed. L. D. Benson and F. N. Robinson, 3rd edn. (Oxford, 1987).

Clark, G., *A History of the Royal College of Physicians*, 3 vols. (Oxford, 1964).

Cogswell, T., *The Blessed Revolution: English Politics and the Coming of War, 1621-1624* (Cambridge, 1989).

Cook, H. J., *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986).

—, 'Physicians and the New Philosophy: Henry Stubbe and the Virtuosi-Physicians', in R. French and A. Wear (ed.), *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), pp. 246-71.

—, 'Policing the Health of London: The College of Physicians and the Early Stuart Monarchy', *Social History of Medicine*, 2 (1989), pp. 1-33.

—, 'The Rose Case Reconsidered: Physicians, Apothecaries and the Law in Augustan England', *Journal of the History of Medicine*, 45 (1990), pp. 527-55.

—, 'Good Advice and Little Medicine: The Professional Advice of Early Modern English Physicians', *Journal of British Studies*, 33 (1994), pp. 1-31.

—, *Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London* (Baltimore, 1994).

—, 'Institutional Structures and Personal Belief in the London College of Physicians', in O. P. Grell and A. Cunningham (ed.), *Religio Medici: Medicine and Religion in Seventeenth Century England* (Aldershot, 1996), pp. 91-114.

Cooper, J. P., 'Economic Regulation and the Cloth Industry in Seventeenth-Century England', *Transactions of the Royal Historical Society*, 20 (1970), pp. 73-99.

—, 'Social and Economic Policies under the Commonwealth', in G. E. Aylmer (ed.), *The Interregnum: The Quest for Settlement, 1646-1660* (1972), pp.

Cowen, D. L., 'The British North American Colonies as a Source of Drugs', *Veroffentlichungen der Internationalen Gesellschaft fur Geschichte der Pharmazie*, 28 (1966), pp. 47-58.

—, *The New Jersey Pharmaceutical Association, 1870-1970* (Trenton, N.J., 1970).

Craig, W. S., *History of the Royal College of Physicians of Edinburgh* (Oxford, 1976).

Crellin, J. K., 'Pharmaceutical History and Its Sources in the Wellcome Collections. Part 1: The Growth of Professionalism in Nineteenth-Century British Pharmacy', *Medical History*, 11 (1967), pp. 215-27.

—, *Medical Ceramics in the Wellcome Institute: Vol 1, a Catalogue of the English and Dutch Collections in the Museum of the Wellcome Institute of the History of Medicine* (London, 1969).

Crellin, J. K. and Scott, J. R., 'Lionel Lockyer and His Pills', in *Proceedings of the XXIII International Congress of the History of Medicine, London, 2-9 September 1972* (London, 1974), pp. 1182-86.

Davies, M. G., *The Enforcement of English Apprenticeship, 1563-1642* (1956).

Davis, D., *A History of Shopping* (London, 1966).

Dawbarn, F., 'Patronage and Power: The College of Physicians and the Jacobean Court', *British Journal of the History of Science*, 31 (1998), pp. 1-19.

Dean, D. M., 'Public or Private? London Leather and Legislation in Elizabethan England', *The Historical Journal*, 31 (1988), pp. 525-48.

Debus, A. G., *The English Paracelsians* (Oldbourne, 1965).

Deceulaer, H., 'Entrepreneurs in the Guilds: Ready-to-Wear Clothing and Subcontracting in Late Sixteenth and Early Seventeenth Century Antwerp', *Textile History*, 31 (2000), pp. 133-49.

Dictionary of National Biography (Oxford, 1995).

Dingwall, H. M., *Physicians, Surgeons and Apothecaries: Medicine in Seventeenth-Century Edinburgh* (East Linton, East Lothian, 1995).

Doe, J., *A Bibliography, 1545-1940, of the Works of Ambroise Paré, 1510-1590*, revised edn. (Amsterdam, 1976).

Drey, R. E. A., *Apothecary Jars: Pharmaceutical Pottery and Porcelain in Europe and the East, 1150-1850* (London, 1978).

Dunlop, O. J. and Denman, R. D., *English Apprenticeship & Child Labour* (London, 1912).

Earle, P., *The Making of the English Middle Class: Business, Society and Family Life in London, 1660-1730* (London, 1989).

Earles, M. P., 'The Pharmacopoeia Londinensis 1618: A New Look at an Old Problem', *Pharmaceutical Historian*, 12 (1982), pp. 4-5.

Elliott, V. B., 'Single Women in the London Marriage Market, 1598-1619', in R. B. Outhwaite (ed.), *Marriage and Society* (London, 1981), pp.

Ellis, F. H., 'The Background of the London Dispensary', *Journal of the History of Medicine*, 20 (1965), pp. 197-212.

Epstein, S. R., 'Power, Resistance and Authorities: Craft Guilds and Technological Change in Pre-Industrial Europe', in B. H. A. Ransom (ed.), *Guild-Hall and Government: An Exploration of Power, Control and Resistance in Britain and China* (Hong Kong, 1997), pp. 46-63.

—, 'Craft Guilds, Apprenticeship, and Technological Change in Preindustrial Europe', *Journal of Economic History*, 58 (1998), pp. 684-713.

Everitt, A., 'Court, Country and Town: Patterns of Regional Evolution in England', *Transactions of the Royal Historical Society*, 5th ser., 29 (1979), pp. 79-108.

Farr, J. R., 'On the Shop Floor: Guilds, Artisans and the European Market Economy', *Journal of Early Modern History*, 1 (1997), pp. 25-54.

Farris, G. and Storme, A., *Ceramica E Farmacia Di San Salvatore a Gerusalemme* (Genova, 1982).

Findlen, P., *Possessing Nature: Museums, Collecting, and Scientific Culture in Early Modern Italy* (Berkeley, 1994).

Fisher, F. J., *London and the English Economy, 1500-1700*, ed. P. J. Corfield and N. B. Harte (London, 1990).

Fissell, M. E., *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991).

Fletcher, A. J., 'Honour, Reputation and Local Officeholding in Elizabethan and Stuart England', in A. Fletcher and J. Stevenson (ed.), *Order and Disorder in Early Modern England* (Cambridge, 1985), pp. 92-115.

Foster, E. R., 'The Procedure of the House of Commons against Patents and Monopolies, 1621-1624', in W. A. Aiken and B. D. Henning (ed.), *Conflict in Stuart England. Essays in Honor of Wallace Notestein* (New York, 1960), pp. 59-85.

Foster, F. F., *The Politics of Stability: A Portrait of the Rulers in Elizabethan London* (London, 1977).

Foster, J., *Alumni Oxonienses*, 8 vols. (Oxford, 1888-1891).

Foust, C. M., 'Rotten Rhubarb: Drug Adulteration Prior to the Mid-Nineteenth Century', (ed.), *Actes De La XXXI Çongres International D'Histoire de la Medecine* (Bologna, 1988), pp. 801-06.

Fowler, C., 'Changes in Provincial Retail Practice During the Eighteenth Century, with Particular Reference to Central-Southern England', in N. Alexander and G. Akehurst (ed.), *The Emergence of Modern Retailing, 1750-1950* (London, 1999), pp. 37-54.

Fréal, J., *Les Pots D'Apothicaire en France Du XVIe au XIXe Siècle* (Freres, 1982).

Furdell, E. L., *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts* (Rochester, N.Y., 2001).

Gadd, I. A., 'The Mechanicks of Difference: A Study in Stationers' Company Discourse in the Seventeenth Century', in R. Myers and M. Harris (ed.), *The Stationers' Company and the Book Trade, 1550-1990* (Winchester, 1997), pp. 93-111.

—, 'Early Modern Printed Histories of the London Livery Companies', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 29-50.

Gadd, I. A. and Wallis, P., 'Introduction', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 1-14.

Garner, F. H. and Archer, M., *English Delftware* (London, 1972).

Geertz, C., *Peddlers and Princes: Social Change and Economic Modernization in Two Indonesian Towns* (Chicago, 1963).

—, 'Suq: The Bazaar Economy of Sefrou', in C. Geertz, H. Geertz, and L. Rosen (ed.), *Meaning and Order in Moroccan Society: Three Essays in Cultural Analysis* (Cambridge, 1979), pp. 123-244.

Gentilcore, D., *Healers and Healing in Early Modern Italy* (Manchester, 1998).

Geremek, B., *The Margins of Society in Late Medieval Paris*, trans. J. Birrell (Cambridge, 1987).

Getz, F., *Medicine in the English Middle Ages* (Princeton, 1998).

Geyer-Kordesch, J. and McDonald, F., *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow, 1599-1858* (London, 1999).

Glennie, P. D. and Thrift, N. J., 'Consumers, Identities and Consumption Spaces in Early-Modern England', *Environment and Planning A*, 28 (1996), pp. 25-45.

Grassby, R., *The Business Community of Seventeenth-Century England* (Cambridge, 1995).

Grell, O. P., 'Plague in Elizabethan and Stuart London: The Dutch Response', *Medical History*, 34 (1990), pp. 424-39.

Grieve, M., *A Modern Herbal*, ed. C. F. Leyel, revised edn. (London, 1974).

Griffiths, P., *Youth and Authority: Formative Experiences in England, 1560-1640* (Oxford, 1996).

—, 'Secrecy and Authority in Late Sixteenth-Century and Seventeenth-Century London', *Historical Journal*, 40 (1997), pp. 925-51.

Guerra, F., 'Drugs from the Indies and the Political Economy of the Sixteenth Century', in M. Florkin (ed.), *Analecta Medico-Historica, I: Materia Medica in the XVIth Century* (London, 1966), pp. 29-54..

Hallett, M., *The Spectacle of Difference: Graphic Satire in the Age of Hogarth* (New Haven, 1999).

Halliday, P. D., *Dismembering the Body Politic: Partisan Politcs in England's Towns, 1650-1730* (Cambridge, 1998).

Harley, D., '"Bred up in the Study of That Faculty": Licensed Physicians in the North-West of England, 1660-1760', *Medical History*, 38 (1994), pp. 398-420.

Heal, F. and Holmes, C., *The Gentry in England and Wales, 1500-1700* (Basingstoke, 1994).

—, *The Gentry in England and Wales, 1500-1700* (Basingstoke, 1994).

Helfand, W. H., *Potions, Pills, & Purges: The Art of Pharmacy* (Philadelphia, 1995).

Henning, B. D. (ed.), *The History of Parliament: The House of Commons, 1660-1690*, 3 vols. (London, 1983).

Herrup, C. B., *The Common Peace: Participation and the Criminal Law in Seventeenth-Century England* (Cambridge, 1987).

Hill, C., *Change and Continuity in Seventeenth-Century England* (London, 1974).

Hindle, S., 'The Keeping of the Public Peace', in P. Griffiths, A. Fox, and S. Hindle (ed.), *The Experience of Authority in Early Modern England* (Basingstoke, 1996), pp. 213-48.

—, *The State and Social Change in Early Modern England, c.1550-1640* (Basingstoke, 2000).

Hirst, D., 'The Privy Council and Problems of Enforcement in the 1620s', *Journal of British Studies*, 18 (1978), pp. 46-66.

Hitchcock, T. and Black, J. (ed.), *Chelsea Settlement and Bastardy Examinations, 1733-1766* (London, 1999).

Holloway, S. W. F., 'The Apothecaries Act, 1815: A Reinterpretation. Part 1: The Origins of the Act', *Medical History*, 10 (1966), pp. 107-29.

—, 'The Regulation of the Supply of Drugs in Britain Befoe 1868', in R. Porter and M. Teich (ed.), *Drugs and Narcotics in History* (Cambridge, 1995), pp. 77-96.
Holmes, G., *Augustan England: Professions, State and Society, 1680-1730* (London, 1982).
Homer, R. F., 'The Pewterers' Company's Country Searches and the Company's Regulation of Prices', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 101-14.
Howard, G. E., *Early English Drug Jars* (London, 1931).
Hutson, L., 'The Displacement of the Market in Jacobean City Comedy', *London Journal*, 14 (1989), pp. 3-16.
Jackson, W. A., 'Grana Angelica: Patrick Anderson and the True Scots Pills', *Pharmaceutical History*, 17 (1987), pp. 2-5.
Jacobs, E. H., 'Buying into Classes: The Practice of Book Selection in Eighteenth Century Britain', *Eighteenth-Century Studies*, 33 (1999), pp. 43-64.
Jacques, D., *Essential to the Practick Part of Phisick: The London Apothecaries 1540-1617* (London, 1992).
James, M., *Social Problems and Policy During the Puritan Revolution, 1640-1660* (London, 1930).
Jenner, M., '"Another Epocha"? Hartlib, John Lanyon and the Improvement of London in the 1650s', in M. Greengrass, M. Leslie, and T. Raylor (ed.), *Samuel Hartlib and Universal Reformation* (Cambridge, 1994), pp. 343-56.
—, 'Quackery and Enthusiasm, or Why Drinking Water Cured the Plague', in O. P. Grell and A. Cunningham (ed.), *Religio Medici, Medicine and Religion in Seventeenth-Century England* (Aldershot, 1996), pp. 313-39.
Jewson, N. D., 'Medical Knowledge and the Patronage System in 18th Century England', *Sociology*, 8 (1974), pp. 369-85.
Johnson, D., 'Italian Renaissance Drug Jars in Southern Collections', *Pharmacy in History*, 34 (1992), pp. 40-43.
Jones, C. and Spang, R., 'Sans-Culottes, *Sans Café, Sans Tabac*: Shifting Realms of Necessity and Luxury in Eighteenth-Century France', in M. Berg and H. Clifford (ed.), *Consumers and Luxury: Consumer Culture in Europe 1650-1850* (Manchester, 1999), pp. 37-62.
Jordonova, L., 'Medical Men 1780-1820', in J. Woodall (ed.), *Portraiture. Facing the Subject* (Manchester, 1997), pp. 101-15.
Kalman, H., 'The Architecture of Mercantilism: Commercial Buildings by George Dance the Younger', in P. Fritz and D. Williams (ed.), *The Triumph of Culture: 18th Century Perspectives* (Toronto, 1972), pp. 69-96.
Katritzky, M. A., 'Marketing Medicine: The Image of the Early Modern Mountebank', *Renaissance Studies*, 15 (2001), pp. 121-53.
Keene, D., 'The Walbrook Study: A Summary Report,' (typescript, Institute of Historical Research, University of London, 1987).
—, 'Shops and Shopping in Medieval London', in L. Grant (ed.), *Medieval Art, Architecture and Archaeology in London* (Leeds, 1990), pp. 29-46.
Keene, D. and Harding, V., *Historical Gazeteer of London before the Great Fire: Part I, Cheapside* (Cambridge, 1987).
Keevil, J. J., *Hamey the Stranger* (London, 1952).
—, *The Stranger's Son* (London, 1953).
—, *Medicine and the Navy, 1200-1900*, 2 vols. (Edinburgh, 1957).

Kellett, J. R., 'The Breakdown of Gild and Corporation Control over the Handicraft and Retail Trade in London', *Economic History Review*, 10 (1957-8), pp. 381-94.

Kelley, V., 'The Equitable Consumer: Shopping at the Co-Op in Manchester', *Journal of Design History*, 11 (1998), pp. 295-310.

Kent, J. R., *The English Village Constable, 1580-1642: A Social and Administrative Study* (Oxford, 1986).

Kett, J. F., 'Provincial Medical Practice in England, 1730-1815', *Journal of the History of Medicine*, 19 (1964), pp. 17-29.

Keynes, G., *The Life of William Harvey* (Oxford, 1966).

Knafla, L. A., *Law and Politics in Jacobean England: The Tracts of Lord Chancellor Ellesmere* (Cambridge, 1977).

Kula, W., *Measures and Men*, trans. R. Szreter (Princeton, 1986).

Kyle, C., ''But a New Button to an Old Coat': The Enactment of the Statute of Monopolies 21 James I Cap.3', *Journal of Legal History*, 19 (1998), pp. 203-23.

Lafont, O. and Van Robaeys, C., 'La Practique de L'Art De L'Apothicaire au XVIIe Siècle: Information Fournie Par Deux Inventaires Après Décès', *Revue d'Histoire de la Pharmacie*, 39 (1992), pp. 453-63.

Lambert, J. J., *Records of the Skinners of London, Edward I to James I* ([London], 1933).

Lane, J., *Apprenticeship in England, 1600-1914* (London, 1996).

Larson, M. S., *The Rise of Professionalism: A Sociological Analysis* (Berkeley, 1977).

Laslett, P., 'Mean Household Size in England since the Sixteenth Century', in P. Laslett and R. Wall (ed.), *Household and Family in Past Time* (Cambridge, 1972), pp. 125-58.

Latour, B., *Science in Action: How to Follow Scientists and Engineers through Society* (Cambridge MA., 1987).

Laurioux, B., 'Spices in the Medieval Diet: A New Approach', *Food and Foodways*, 1 (1985), pp. 43-76.

Levey, M., *Early Arabic Pharmacology: An Introduction Based on Ancient and Medieval Sources* (Leiden, 1973).

Lewis, E. and Boorman, W., 'Fittings from an Eighteenth Century Pharmacy in Winchester', *Post-Medieval Archaeology*, 24 (1990), pp. 125-54.

Lindemann, M., *Medicine and Society in Early Modern Europe* (Cambridge, 1999).

Lloyd, O. M., 'The Royal College of Physicians and Some City Livery Companies', *Journal of the History of Medicine*, 11 (1956), pp. 412-21.

Lockyer, R., *James VI and I* (London, 1998).

Loudon, I., *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986).

MacDonald, M., *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge, 1981).

Mackenney, R., *Tradesmen and Traders: The World of the Guilds in Venice and Europe, c.1250-c.1650* (London, 1993).

Malament, B., 'The "Economic Liberalism" of Sir Edward Coke', *Yale Law Journal*, 76 (1967), pp. 1321-58.

Manning, B., *The English People and the English Revolution* (Harmondsworth, 1978).

Martin, J., *Francis Bacon, the State and the Reform of Natural Philosophy* (Cambridge, 1992).

Masters, B. R., 'The Common Serjeant', *Guildhall Miscellany*, 2 (1967), pp. 379-89.

—, 'The Mayor's Household before 1600', in A. E. J. Hollaender and W. Kellaway (ed.), *Studies in London History* (London, 1969), pp. 95-114.
Matthee, R., 'Exotic Substances: The Introduction and Global Spread of Tobacco, Coffee, Cocoa, Tea, and Distilled Liquor, Sixteenth to Eighteenth Centuries', in R. Porter and M. Teich (ed.), *Drugs and Narcotics in History* (Cambridge, 1995), pp. 24-51.
Matthews, L. G., 'The City of York's First Spicers, Grocers and Apothecaries', *The Pharmaceutical Journal*, 1 (1967), pp. 2-3.
—, *The Royal Apothecaries* (London, 1967).
—, 'The Spicers and Apothecaries of Norwich', *The Pharmaceutical Journal*, 198 (1967), pp. 5-9.
Mayhew, G., 'Life-Cycle Service and the Family Unit in Early Modern Rye', *Continuity and Change*, 6 (1991), pp. 201-26.
McInnes, E. M., *St Thomas' Hospital* (London, 1963).
McKellar, E., *The Birth of Modern London: The Development and Design of the City, 1660-1720* (Manchester, 1999).
McKendrick, N., Brewer, J., and Plumb, J. H., *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (London, 1982).
McVaugh, M. R., *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285-1345* (Cambridge, 1993).
Miller, D., 'Could Shopping Ever Really Matter?' in P. Falk and C. Campbell (ed.), *The Shopping Experience* (London, 1997), pp. 31-55.
Moore, N., *The History of St Bartholomew's Hospital*, 2 vols. (London, 1918).
Morgan, V., 'The Elizabethan Shirehouse at Norwich', in C. Rawcliffe and R. Virgoe (ed.), *Counties and Communities: Essays on East Anglian History Presented to Hassell Smith* (Norwich, 1996), pp. 149-60.
Morton, G., 'Presenting the Self: Record Linkage and Referring to Ordinary Historical Persons', *History and Computing*, 6 (1994), pp. 12-20.
Mui, H.-C. and Mui, L. H., *Shops and Shopkeeping in Eighteenth-Century England* (Kingston, Ontario, 1989).
Muldrew, C., 'Credit and the Courts: Debt Litigation in a Seventeenth-Century Urban Community', *Economic History Review*, 2nd ser., 46 (1993), pp. 23-38.
—, 'The Culture of Reconciliation: Community and the Settlement of Economic Disputes in Early Modern England', *The Historical Journal*, 39 (1996), pp. 915-42.
—, *The Economy of Obligation: The Culture of Credit and Social Relations in Early Modern England* (Basingstoke, 1998).
—, 'From a 'Light Cloak' to an 'Iron Cage': Historical Changes in the Relation between Community and Individualism', in A. Shepard and P. Withington (ed.), *Communities in Early Modern England* (Manchester, 2000), pp. 156-77.
Munk, W., *The Roll of the Royal College of Physicians of London*, enlarged edn., 5 vols. (London, 1878-1965).
Musgrave, P., 'The Economics of Uncertainty: The Structural Revolution in the Spice Trade, 1480-1640', in P. L. Cottrell and D. H. Aldcroft (ed.), *Shipping, Trade and Commerce: Essays in Memory of Ralph Davis* (Leicester, 1981), pp. 9-21.
Negus, V., *Artistic Possessions at the Royal College of Surgeons of England* (Edinburgh, 1967).
Nightingale, P., *A Medieval Mercantile Community: The Grocers' Company and the Politics and Trade of London 1000-1485* (New Haven, 1995).

Ogilvie, S., *State Corporatism and Proto-Industry: The Württemberg Black Forest, 1580-1797* (Cambridge, 1997).

O'Malley, C. D., 'Helkiah Crooke, M.D., F.R.C.P., 1576-1648', *Bulletin of the History of Medicine*, 42 (1968), pp. 1-18.

Oxford English Dictionary, 2nd. edn. (Oxford, 1989).

Palmer, R., 'Pharmacy in the Republic of Venice in the Sixteenth Century', in A. Wear, R. French, and I. M. Lonie (ed.), *The Medical Renaissance of the Sixteenth Century* (Cambridge, 1985), pp. 100-17.

Park, K., *Doctors and Medicine in Early Renaissance Florence* (Princeton, 1985).

Patterson, W. B., *King James VI and I and the Reunion of Christendom* (Cambridge, 1997).

Paulson, R., *Popular and Polite Art in the Age of Hogarth and Fielding* (Notre Dame, 1979).

Pearl, V., *London and the Outbreak of the Puritan Revolution* (Oxford, 1961).

Pelling, M., 'Occupational Diversity: Barbersurgeons and the Trades of Norwich, 1550-1640', *Bulletin of the History of Medicine*, 56 (1982), pp. 485-511.

—, 'Medical Practice in Early Modern England: Trade or Profession?' in W. Prest (ed.), *The Professions in Early Modern England* (London, 1987), pp. 90-128.

—, 'Knowledge Common and Acquired: The Education of Unlicensed Medical Practitioners in Early Modern London', in V. Nutton and R. Porter (ed.), *The History of Medical Education in Britain* (London, 1995), pp. 250-79.

—, 'The Body's Extremities: Feet, Gender and the Iconography of Healing in Seventeenth-Century Sources', in H. Marland and M. Pelling (ed.), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands* (Rotterdam, 1996), pp. 221-51.

—, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in H. Marland and M. Pelling (ed.), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1500-1800* (Rotterdam, 1996), pp. 101-34.

—, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London, 1998).

—, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640* (Oxford, forthcoming).

Pelling, M. and Webster, C., 'Medical Practitioners', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 165-235.

Pereira, M., '*Mater Medicinarum*: English Physicians and the Alchemical Elixir in the Fifteenth Century', in R. French, J. Arrizabalaga, A. Cunningham, and L. Garcia-Ballester. (ed.), *Medicine from the Black Death to the French Disease* (Aldershot, 1998), pp. 26-52.

Phillips, H. E. I., 'The Last Years of the Court of Star Chamber, 1630-41', *Transactions of the Royal Historical Society*, 4th ser., 21 (1939), pp. 103-32.

Platt, C., *The Great Rebuildings of Tudor and Stuart England : Revolutions in Architectural Taste* (London, 1994).

Plomer, H. R., *A Dictionary of the Printers and Booksellers Who Were at Work in England, Scotland and Ireland from 1668 to 1725*, ed. A. Esdaile (London, 1968).

Polanyi, K., Arensberg, C. M., and Pearson, H. W., *Trade and Market in the Early Empires: Economies in History and Theory* (Glencoe, 1957).

Pollard, T., 'Beauty's Poisonous Properties', *Shakespeare Studies*, 27 (1999), pp. 187-210.

Pollock, L. A., *With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay 1552-1620* (London, 1993).

Pomata, G., *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore, 1998).

Porter, D. and Porter, R., *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Oxford, 1989).

Porter, R., *Health for Sale: Quackery in England, 1660-1850* (Manchester, 1989).

Porter, R. and Porter, D., 'The Rise of the English Drugs Industry: The Role of Thomas Corbyn', in G. J. Higby and E. C. Stroud (ed.), *Pill Peddlers: Essays on the History of the Pharmaceutical Industry* (Madison, 1990), pp. 5-27.

Porter, T. M., *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton, 1995).

Power, M., 'London and the Control of the "Crisis" of the 1590s', *History*, 70 (1985), pp. 371-85.

Poynter, F. N. L. and Bishop, W. J., *A Seventeenth Century Doctor and His Patients: John Symcotts, 1592?-1662* (Streatley, 1951).

Ramsay, G., 'Industrial Laisser-Faire and the Policy of Cromwell', *Economic History Review*, 61 (1946).

Ramsey, M., *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge, 1988).

Rappaport, S., *Worlds within Worlds: Structures of Life in Sixteenth-Century London* (Cambridge, 1989).

Rattansi, P. M., 'The Helmontian-Galenist Controversy in Restoration England', *Ambix*, 12 (1964), pp. 1-23.

Rawcliffe, C., *Medicine & Society in Later Medieval England* (Stroud, 1995).

Rees, J. A., *The Worshipful Company of Grocers: An Historical Retrospect, 1345-1923* (London, 1923).

Richards, T., *The Commodity Culture of Victorian England: Advertising and Spectacle, 1851-1914* (Stanford, 1990).

Riddle, J. M., *Dioscorides on Pharmacy and Medicine* (Austin, 1985).

—, *Quid Pro Quo: Studies in the History of Drugs* (Great Yarmouth, 1992).

Roberts, R. S., 'The Personnel and Practice of Medicine in Tudor and Stuart England: Part I, the Provinces', *Medical History*, 6 (1962), pp. 368-82.

—, 'The Personnel and Practice of Medicine in Tudor and Stuart England: Part II, London', *Medical History*, 8 (1964), pp. 217-34.

—, 'The Early History of the Import of Drugs into Britain', in F. N. L. Poynter (ed.), *The Evolution of Pharmacy in Britain* (London, 1965), pp. 165-85.

Robertson, J., 'The Adventures of Dick Whittington and the Social Construction of Elizabethan London', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 51-66.

Robinson, A., 'Notes on the Saffron Plant (Crocus Sativus, L.)', *Pharmaceutical Historian*, 25 (1995), pp. 2-3.

Rocchietta, S., *Antichi Vasi Di Farmacia Italiani* ([Milan], 1986).

Rosser, G., 'Crafts, Guilds and the Negotiation of Work in the Medieval Town', *Past and Present*, 154 (1997), pp. 3-31.

Rousseau, G., '"The Knot and the Herb": Some Fundamental Aspects of the Commercialisation of Enlightenment Health,' ('The Commerce of Health Conference', University of Warwick, December, 1998).

Russell, C., *Parliaments and English Politics, 1621-1629* (Oxford, 1979).
Saunders, A., *The Royal Exchange* (London, 1991).
Schofield, J., *The Building of London: From the Conquest to the Great Fire*, 3rd edn. (Stroud, 1999).
Schwarz, L., 'London Apprentices in the Seventeenth Century: Some Problems', *Local Population Studies*, 38 (1987), pp. 18-22.
Seaver, P. S., *Wallington's World: A Puritan Artisan in Seventeenth-Century London* (London, 1985).
—, 'Declining Status in an Aspiring Age: The Problem of the Gentle Apprentice in Seventeenth-Century London', in B. Y. Kunze and D. D. Brautigan (ed.), *Court, Country and Culture: Essays on Early Modern British History* (Rochester, N.Y., 1992), pp. 129-47.
Shammas, C., *The Pre-Industrial Consumer in England and America* (Oxford, 1990).
Shapin, S., *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago, 1994).
Sharp, L., 'The Royal College of Physicians and Interregnum Politics', *Medical History*, 19 (1975), pp. 107-28.
Sharpe, J. A., 'Crime and Delinquency in an Essex Parish 1600-1640', in J. S. Cockburn (ed.), *Crime in England 1550-1800* (London, 1977), pp. 90-109.
—, 'Enforcing the Law in the Seventeenth-Century English Village', in V. A. C. Gattrell, B. Lenman, and G. Parker (ed.), *Crime and the Law: The Social Hstory of Crime in Western Europe since 1500* (London, 1980), pp. 97-119.
Shoemaker, R. B., *Prosecution and Punishment: Petty Crime and the Law in London and Rural Middlesex, C.1660-1725* (Cambridge, 1991).
Siraisi, N. G., *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago, 1990).
Slack, P., 'Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 237-73.
—, 'Books of Orders: The Making of English Social Policy, 1577-1631', *Transactions of the Royal Historical Society*, 5th ser., 30 (1980), pp. 1-21.
—, *The Impact of Plague in Tudor and Stuart England* (London, 1985).
—, *From Reformation to Improvement: Public Welfare in Early Modern England* (Oxford, 1999).
Smith, R. W. I., *English-Speaking Students of Medicine at the University of Leyden* (Edinburgh, 1932).
Smith, S. D., 'Coffee, Microscopy, and the *Lancet*'s Analytical Sanitary Commission', *Social History of Medicine*, 14 (2001), pp. 171-98.
Smith, S. H., 'The Mystification of Spices in the Western Tradition', *European Review of History*, 8 (2001), pp. 119-36.
Smith, S. R., 'The Social and Geographical Origins of the London Apprentices, 1630-60', *Guildhall Miscellany*, 4 (1973).
Somerset, A., *Unnatural Murder: Poison at the Court of James I* (London, 1997).
Sonenscher, M., *Work and Wages: Natural Law, Politics and the Eighteenth-Century French Trades* (Cambridge, 1991).
Sosson, J.-P., 'Les Metiers: Norme Et Realite: L'exemple Des Ancients Pays-Bas Meridionaux Aux XIVe Et XVe Siecles', in J. Hamesse and C. Muraille (ed.), *Le Travail Au Moyen Age* (Louvain-la-Neuve, 1990), pp. 339-48.
Spence, C., *London in the 1690s: A Social Atlas* (London, 2000).

Spufford, M., *The Great Reclothing of Rural England : Petty Chapmen and Their Wares in the Seventeenth Century* (London, 1984).

Steele, I. K. (ed.), *Atlantic Merchant-Apothecary: Letters of Joseph Cruttenden, 1710-1717* (Toronto, 1977).

Steib, E. W., 'Robert Boyle's Medicina Hydrostatica and the Detection of Adulteration', (ed.), *Actes Du Dixieme Congres International D'histoire Des Sciences* (Paris, 1964), pp. 841-45.

Steib, E. W. with Sonnedecker, G., *Drug Adulteration: Detection and Control in Nineteenth-Century Britain* (Madison, 1966).

Stone, L., 'Social Mobility in England, 1500-1700', *Past and Present*, 33 (1966), pp. 16-55.

Styles, J., 'Product Innovation in Early Modern London', *Past and Present*, 168 (2000), pp. 124-69.

Teigen, P. M., 'Taste and Quality in Fifteenth and Sixteenth Century Galenic Pharmacology', *Pharmacy in History*, 29 (1987), pp. 60-80.

Thick, M., 'Market Gardening in England and Wales', in J. Thirsk (ed.), *The Agrarian History of England and Wales* (1985), pp. 503-32.

Thirsk, J., *Economic Policy and Projects: The Development of a Consumer Society in Early Modern England* (1978).

Thirsk, J. and Cooper, J. P., *Seventeenth-Century Economic Documents* (Oxford, 1972).

Thomas, H., 'The Society of Chemical Physitians: An Echo of the Great Plague of London, 1665', in E. A. Underwood (ed.), *Science, Medicine and History* (Oxford, 1953), pp. 56-71.

Thomas, K., 'Age and Authority in Early Modern England', *Proceedings of the British Academy*, 62 (1977), 205-48.

Tittler, R., *Architecture and Power: The Town Hall and the English Urban Community, c.1500-1640* (Oxford, 1991).

Trevor-Roper, H., 'The Court Physician and Paracelsianism', in V. Nutton (ed.), *Medicine at the Courts of Europe, 1500-1837* (London, 1990), pp. 79-94.

Unwin, G., *Industrial Organization in the Sixteenth and Seventeenth Centuries* (Oxford, 1904).

—, *The Gilds and Companies of London*, 4th edn. (London, 1963).

Urdang, G., 'The Mystery About the First English Pharmacopoeia', *Bulletin of the History of Medicine*, 12 (1942), pp. 303-14.

Vaisey, D. G., *Probate Inventories of Lichfield and District* (Collections for a History of Staffordshire, 4th ser., v,1969).

Venn, J., *Alumni Cantabrigienses*, 10 vols. (Cambridge, 1922).

Vries, J. de, 'Between Purchasing Power and the World of Goods: Understanding the Household Economy in Early Modern Europe', in R. Porter and J. Brewer (ed.), *Consumption and the World of Goods* (London, 1993), pp. 85-132.

Wake, C. H. H., 'The Changing Patterns of Europe's Pepper and Spice Imports, Ca. 1400-1700', *Journal of European Economic History*, 8 (1979), pp. 361-403.

Walker, R. B., 'Advertising in London Newspapers, 1650-1750', *Business History*, 15 (1973), pp. 112-30.

Wall, C., Cameron, H. C., and Underwood, E. A., *A History of the Worshipful Society of Apothecaries of London* (London, 1963).

Wall, R., 'The Age at Leaving Home', *Journal of Family History*, 3 (1978), pp. 181-202.

—, 'Leaving Home and the Process of Household Formation in Pre-Industrial England', *Continuity and Change*, 2 (1987), pp. 77-101.
Wallis, P., 'The First English Histories of Pharmacy - Their Origins and Influences', *Pharmacy in History*, 42 (2000), pp. 26-48.
—, *London Apprentices: Vol. 32, Society of Apothecaries, 1617-1669* (London, 2000).
—, 'Controlling Commodities: Search and Reconciliation in the Early Modern Livery Companies', in I. A. Gadd and P. Wallis (ed.), *Guilds, Society and Economy in London, 1450-1800* (London, 2002), pp. 85-100.
Walsh, C., 'The Design of London Goldsmiths' Shops in the Early Eighteenth Century', in D. Mitchell (ed.), *Goldsmiths, Silversmiths and Bankers* (London, 1995), pp. 96-111.
—, 'The Advertising and Marketing of Consumer Goods in Eighteenth Century London', in C. Wischermann (ed.), *Advertising and the European City* (Aldershot, 2000), pp. 79-95.
Ward, J. P., *Metropolitan Communities: Trade Guilds, Identity, and Change in Early Modern London* (Stanford, 1997).
Wareing, J., 'Changes in the Geographical Distribution of the Recruitment of Apprentices to the London Companies, 1486-1750', *Journal of Historical Geography*, 6 (1980), pp. 241-49.
Watson, G., *Theriac and Mithridatium: A Study in Therapeutics* (London, 1966).
Wear, A., 'Caring for the Sick Poor in St Bartholomew's Exchange: 1580-1676', in R. Porter and W. Bynum (ed.), *Living and Dying in London*, (*Medical History*, Supplement no. 11, 1991), pp. 41-60.
—, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000).
Weatherill, L., *Consumer Behaviour and Material Culture in Britain 1600-1760* (London, 1988).
Webster, C., 'English Medical Reformers of the Puritan Revolution: A Background to the "Society of Chymical Physitians"', *Ambix*, 14 (1967), pp. 16-41.
—, *The Great Instauration: Science, Medicine and Reform, 1626-1660* (London, 1975).
—, 'Thomas Linacre and the Foundation of the College of Physicians', in F. Maddison, M. Pelling, and C. Webster (ed.), *Linacre Studies: Essays in the Life and Work of Thomas Linacre, C. 1460-1524* (Oxford, 1977), pp. 198-222.
—, 'Alchemical and Paracelsian Medicine', in C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 301-34.
—, 'William Harvey and the Crisis of Medicine in Jacobean England', in J. J. Bylebyl (ed.), *William Harvey and His Age: The Professional and Social Context of the Discovery of the Circulation*, (*Bulletin of the History of Medicine*, Supplement, new ser., no. 2, 1979), pp. 1-27.
Welch, C., *History of the Cutlers' Company of London*, 2 vols. (London, 1919-23).
White, S. D., *Sir Edward Coke and the 'Grievances of the Commonwealth'* (1979).
Whittet, T. D., 'The Apothecary in Provincial Gilds', *Medical History*, 8 (1964), pp. 245-73.
—, *The Sydenham Lecture of 1965 of the Faculty of the History of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London* (Epsom, 1970).
—, 'Apothecaries and Their Lodgers: Their Part in the Development of the Sciences and of Medicine' (*Journal of the Royal Society of Medicine*, vol. 76, Supplement no.2, 1983), pp. 1-22.

Willan, T. S., *An Eighteenth Century Shopkeeper: Abraham Dent of Kirkby Stephen* (London, 1970).
Wittop Koning, D. A., *Art and Phamacy II* (Deventer, Holland, 1958).
—, *Art and Pharmacy VI* (Haarle, Holland, 1986).
Wormald, J., 'James VI and I, *Basilikon Doron* and *the Trew Law of Free Monarchies*: The Scottish Context and the English Translation', in L. L. Peck (ed.), *The Mental World of the Jacobean Court* (Cambridge, 1991), pp. 36-54.
Wrightson, K., 'Two Concepts of Order: Justices, Constables and Jurymen in Seventeenth-Century England', in J. Brewer and J. Styles (ed.), *An Ungovernable People: The English and Their Law in the Seventeenth and Eighteenth Centuries* (1980), pp. 21-46.
—, *English Society, 1580-1680* (London, 1982).
—, 'The Politics of the Parish in Early Modern England', in P. Griffiths, A. Fox, and S. Hindle (ed.), *The Experience of Authority in Early Modern England* (Basingstoke, 1996), pp. 10-46.
Young, J. H., *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, N.J., 1961).
Young, J. H. and Griffenhagen, G., 'Old English Patent Medicines in America', *Chemist and Druggist*, 29 June (1957), pp. 714-22.
Zell, M., 'Walter Morrell and the New Draperies Project, c.1603-1631', *Historical Journal*, 44 (2001), pp. 651-75.

UNPUBLISHED THESES

Andrews, J., 'Bedlam Revisited: A History of Bethlem Hospital, c.1634-c.1770' (University of London, Ph.D. thesis, 1991).
Archer, I. W., 'Governors and Governed in Late Sixteenth-Century London, c.1560-1603: Studies in the Achievement of Stability' (University of Oxford, D.Phil. thesis, 1988).
Birken, W. J., 'The Fellows of the Royal College of Physicians of London, 1603-1643: A Social Study' (University of North Carolina at Chapel Hill, Ph.D. thesis, 1977).
Burnby, J. G. L., 'A Study of the English Apothecary from 1660-1760, with Special Reference to the Provinces' (University College, University of London, Ph.D. thesis, 1979).
Curth, L. H., 'The Medical Content of English Almanacs, 1640-1700' (University of London, Ph.D. thesis, 2001).
Davies, M. P., 'The Tailors of London and Their Guild, c.1300-1500' (University of Oxford, D.Phil. thesis, 1994).
Gadd, I. A., '"Being Like a Field": Corporate Identity in the Stationers' Company, 1557-1684' (University of Oxford, D.Phil. thesis, 1999).
Kassell, L., 'Simon Forman's Philosophy of Medicine: Medicine, Astrology and Alchemy in London, c.1580-1611' (University of Oxford, D.Phil. thesis, 1997).
Lang, R. G., 'The Greater Merchants of London in the Early Seventeenth Century' (University of Oxford, D.Phil. thesis, 1963).
Roberts, R. S., 'The London Apothecaries and Medical Practice in Tudor and Stuart England' (University of London, PhD thesis, 1964).

Teigen, P. M., 'Richard Seymer's *Golden Workes of Phisecke & Surgury* (c.1576): An Edition with Introduction and Glossary' (University of Wisconsin-Madison, Ph.D. thesis, 1976).

Walker, M. J., 'The Extent of the Guild Control of Trades in England c.1660-1820: A Study Based on a Sample of Provincial Towns and London Companies' (Cambridge University, Ph.D. thesis, 1986).