Introduction
"Their Plausible Rhetorick"

> 'Tis unspeakable how these Galenists have imposed upon credulous men, how by their plausible Rhetorick they have allured them, and made the people willingly to resign their Lives up to their Judgements, notwithstanding all those sad presidents lively represented to their eyes. What fair pretences have they made use of to gull them into their Physick? What a supercillious command have they had over their obsequious Apothecary, to speak for them, to lye for them; yea, and to do some things for them, to the hazard of his Soul; being forced to maintain, and sometimes to own all their miscarriages, misdemeanours, and gross aberrations in Physick, or else he, his wife and children must bite on the bridle. These are they that have infused into the people abominable vulgar Errors in Physick, which neither Doctor Primerose, Doctor Browne, nor a thousand like them, are able by the best of Rhetorick or Logick to eradicate.
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> George Thomson, *Galeno-pale* (1665)

Disputing the London College, chemical physician George Thomson faults those who persuade patients "willingly to resign their Lives up to their Judgements" while denying the many "miscarriages, misdemeanours, and gross aberrations in Physick." The "fair pretences" of "these Galenists," Thomson argues, cannot be eradicated by even "the best of Rhetorick or Logick" (15). A disciple of van Helmont who saw little value in Galenism, Thomson challenged College physician Nathaniel Hodges to put "their two methods of practice to a trial" with the goal of proving once and for all, explains Harold Cook, that "the learned physicians were the truly illegitimate practitioners" (*Medical Regime* 160). Thomson's aim was, of course, to champion his chemical practice over the bookish ways of a College that comprised physicians whose success owed more to rhetorical effect than healing efficacy. In opposing unlicensed practitioners and recruiting James Primrose and Sir Thomas Browne to his persuasive ends, however, Thomson also takes the learned physicians' part in making his case. Thus

fashioning distinctions nebulous at best and spurious at worst, Thomson's own rhetoric suggests something of how early modern medicine worked to shape, distinguish, and uphold disciplinary *différance*. Whether serving the proponents of change or the Galenist old guard, and regardless of whether the debate centred on the differences among physicians or between physicians and all other kinds of practitioners, such a "plausible Rhetoricke" worked to the professionalizing ends of those who would eventually claim the lion's share of medical practice.[1]

The physicians' plausible mode of persuasion reveals much about how the success of what was once the most esoteric, detached, and impractical of medicine's many branches was enabled by the discursive fashioning of a profession prestigious in its distinction from other professions, from the hands-on practices of medical rivals, and from the patients it professed to treat. Persuasive to the extent that the physicians' self-fashioning enterprise was facilitated as much as challenged in the texts of rival, dissenting, and lay writers, medicine's oft-conflicted rhetoric did much also to shape the texts of women who took up topics of illness and healing. We cannot, of course, recognize the import of women's participation in a given culture without some understanding of what that culture entails. I therefore offer this study in two parts. Attending to a rhetoric that foregrounds the practitioner and purports to address a rival or popular audience, each of the three chapters that Part I comprises takes up a particular site of contention in examining learned medicine's self-fashioning and revealing some of the ways alternative writers resist and support the physicians' professionalizing campaign. The analysis that follows thus begins in Chapter 1 by considering the physicians' debate with those clerics who deigned to practise medicine, focuses in Chapter 2 on their resistance to the many alternative healers with whom the physicians vied, and concludes in Chapter 3 by examining the discursive fashioning of the patients on whose aquiescence medical authority depended.

In their self-fashioning aims, the physicians who are the focus of Chapter 1 prove particularly intent on articulating what David Harley describes as a more "general distaste" for any mingling of "the two separate

[1] Galenic thinking may not have been as thoroughly entrenched as the physicians would have us believe: "Even among physicians," Oswei Temkin notes, "its claim to universality was rarely heeded" (171). Yet it is also true that Galenism continued to inflect medical thinking and practice well into the eighteenth century, and it influenced much more than Renaissance medicine. Inflecting early modern thinking in various and broad ways, "Galenism," Temkin argues, was in actuality "a general intellectual phenomenon restricted to neither medicine nor philosophy, to neither one nation nor one culture" (192). Despite some insistence to the contrary, there were few medical practitioners in the seventeenth century who were not influenced by Galen.

vocations of clergyman and physician" ("Calvinist Critique" 368). In a context where bodily and spiritual healing were never entirely separable, however, the physicians's arguments relied also on the rhetoric of religion, its necessity perhaps undeniable in any challenge to the university-educated clerics whose divinely ordained mandate was claimed also by the physicians.[2] Yet discursive inclusion went only one way, and the physicians show no qualms about denying their clerical competition the right to participate in their own. Thus enacting the "paradox of distinctiveness and openness" Andrew Wear finds more specifically in the protection and dissemination of medical knowledge ("Popularization" 19), the physicians' professionalizing rhetoric attests to its conflicting impulses in varied and complex arguments that cannot finally uphold the distinctions they aim to assert. Their "plausible Rhetoricke" may have served their self-fashioning aims, but the physicians' attempts to define a discipline denied to others were also compromised by the language they deployed.

As Galenism increasingly gave way to what Richard Sugg describes as "a legitimate pluralism of competing beliefs" (27), the physicians also grew loud in their objections to the many nonclerical rivals considered in Chapter 2. Disputing alternative healers who, as Lucinda Beier points out, represented "the vast majority of people practicing medicine" and therefore threatening in numbers alone (19), the physicians worked to discredit not only the disdained "petticoat" doctors and despised "empirics," but also the less-educated surgeon and "obsequious Apothecary" chastised even by the anti-Galenist Thomson (15). Drawing authority from the "theoretical skill" that, says Cook, defined theirs "as a philosophy of health" (*Medical Regime* 62–63), the physicians championed their superior education while decrying the practical orientation of rivals whose experiential epistemology stood in oft-professed opposition to their own. Conflated to an undifferentiated body of error against which learned medicine could posit its distinctiveness, myriad alternative practitioners serve as the discursive foil to a profession increasingly open to adopting the very practices it decried. The profession of medicine, in other words, may have insistently aligned

[2] Beier argues that because "there was no consensus in the general population that licensed healers were the sole authorities in medical matters," there was also "no medical profession in seventeenth-century England." Though it is true that "the creation of a profession requires such a consensus" (4–5), Beier's point may have more to do with degree than kind. It is arguable as well that there was consensus among at least some members of the populace that worked to buttress the physicians' authority, thus colluding in the professional self-fashioning of physicians who, says Cook, "self-consciously used the word 'profession' with regard to themselves and to no other medical practitioners" ("Good Advice" 4).

itself with theory and philosophy, but its self-fashioning efforts depended also on the practical and rhetorical arts it so often disclaimed.

Yet the openness and distinctiveness that are a hallmark of learned medicine's quarrel with the clergy and other medical practitioners becomes mere distinction when treating of the subjects who are the focus of Chapter 3. Wielding their "plausible Rhetorick" to broadly subjugating effect, the physicians assert dominion over all patients but prove particularly intent on instilling obedience in those who are female. Confirming physician Andrew Boorde's belief that the need for a "placable" subject is met by the necessary command of "a rethorick or an eloquent tongue" ("The Preface" n. pag.), however, the persuasive lengths the physicians are willing to go also suggest an authority hard won over patients who were subjects in more ways than one. Not only must physicians read both visually and verbally from texts proffered by those who must to some extent control them, patient autonomy and agency cannot be utterly denied in a context where the faculties of mind, body, and spirit are as symbiotic as they are identifiable. Deploying whatever means available to ensure compliance, the physicians could not relegate even the female patient to a merely submissive body any more than they could wholly deny the interconnection of medical and religious ways of knowing that were ever linked with rhetoric.

Building on the groundwork laid in Part I, the three chapters of Part II consider some of the ways the rhetoric of early modern medicine makes itself known in the discourse of women who took up topics of illness and healing. That rhetoric, medicine, and religion are parallel and sometimes interdependent endeavours becomes especially clear in light of the culturally understood advantages of illness considered in Chapter 4. Deploying language to cope with as well as express affliction, women who write about illness and healing tend to predicate their authority on the religious discourse to which every believer could lay rightful claim. Yet, given the many and widespread injunctions against female speech as well as entrenched beliefs about myriad bodily afflictions thought to inflict the feminine mind, negotiating terms from which to speak credibly also proves more urgent for women who write about, through, or from illness. Though very much inflected by the gendered expectations of discourses religious and medical, the rhetoric of women who write of illness yet shares with that of the physicians and the physician-clerics the overarching primacy of its self-fashioning and self-authorizing aims.

Further giving the lie to physician John Sadler's belief that women must be addressed so as not "to confound your understandings with a more Rhetoricall discourse" ("The Epistle Dedicatory" n. pag.), Chapter 5

suggests that at least some women wrote to establish their place in the histories of rhetoric and of the professions. Discernible in the work of those from different decades, origins, and circumstances, women's engagement with the discourse of learned medicine further explains the physicians' desire to exclude others from the art so crucial to their own success. Revealing much about their threatening potential, women who engage learned medicine prove themselves knowing rhetors in assuming a subject position very different from the explicitly devotional orientation of their afflicted counterparts. Confirming that the boundaries of medical discourse and the profession it aimed to define were more open and fluid than the physicians' rhetoric admits, women also assert the distinctiveness of the discourse community into which they inscribe their own belonging. Sometimes complicit with even when resisting its insistently distinguishing rhetoric, women who write about learned medicine thus understand as well as any physician that language artfully used is crucial to establishing and maintaining the bounds of any profession.

Women's medical writing was not only shaped but also appropriated by men. Though elsewhere insisting that women's healing practices do little good at best and grievous harm at worst, the male editors and publishers considered in Chapter 6 are not reticent about laying claim to feminine knowledge in disseminating the remedy collections that proved key to medicine's popularization. More open in intent yet dependent in large measure on the domestic work of women, the mediating rhetoric of the remedy books tends to ignore or occlude the origins of the knowledge they present, and women are therefore denied meaningful participation in its making. Thus working both to assimilate and deny the efforts of those they frequently derided but, as Beier puts it, from whom they "happily accepted medical recipes" (43), those who lay claim to domestic knowledge work either to discredit women's part in its making or to abstract it so far from practical application that their efforts become inconsequential. Subject to a rhetoric forceful enough to insinuate itself even into discourses aiming to resist it, the women claiming authorship whose works are considered later in the chapter can be seen also to collude with male authority in claiming legitimacy for their own offerings.

It seems, then, that the more knowledgeable and confident a woman author, the more likely she would be to participate in giving voice and credence to learned medicine's self-fashioning. In taking on the terms of what they sometimes aimed to redress, women who wrote as sufferers and healers were in some ways as invested in upholding dominant authority as those men who lay untroubled claim to women's healing knowledge. What

their engagement suggests, however, is not that early modern women conceded unwittingly to cultural demands but that they too participated in, and therefore helped also to fashion, a rhetoric most often construed as the product and province of men. Contrary to what we might expect from the gender most often relegated to the tending of household business, women who wrote about illness and recovery, both those who practised healing and those who did not, thus enacted early modern medicine's paradox of "distinctiveness and openness" as they negotiated or aligned themselves with a range of medical, professional, and social groups as well as epistemological and disciplinary allegiances. Ultimately, rhetorical analyses of their debates suggest that the terms of the seventeenth century's medical rivalry offered to an array of writers a wealth of persuasive resources as well as points of contention that, at least in part, inspired and enabled their voices in dynamic, complex, and sometimes contradictory ways.