A Sixteenth-Century Clergyman and Physician: Timothy Bright's Dual Approach to Melancholia

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This article explores the nexus of healing between clergy and physicians in late sixteenth- and early seventeenth-century medicine by focusing on the disease of melancholia, and in particular on the earliest extant English monograph on that subject, A Treatise of Melancholie *(1586), by Timothy Bright. Melancholia was a disease especially apt to be treated by both medical practitioners and the clergy as it was widely defined as both corporal and spiritual in origin. What makes Bright's treatise particularly noteworthy is the vocation of the author: Bright was both doctor and cleric, and his work straddled both occupations as he defined, diagnosed and attempted to cure melancholy in his reader. By examining what Bright wrote about the various aspects of the disease, this article provides further insight into the clashes, conciliations and cooperation between early modern medical practitioners.*

In 1586 the physician (and soon-to-be cleric) Timothy Bright published the earliest extant English work dedicated to the condition of melancholia, entitled *A Treatise of Melancholie.* Designed as a guide for readers who were suffering from symptoms of melancholy, Bright divided his book into two main sections: the first chapters focused on the physical origins of melancholia, while later chapters revolved around a religious malady which Bright termed affliction of conscience. These conditions resembled each other in symptoms and were often conflated into one affliction, but according to Bright they were separate ailments because of their distinct aetiologies: one was corporal, one was spiritual.[1]

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[1] Timothy Bright, *A Treatise of Melancholie containing the Causes thereof … with the Phisicke Cure, and Spirituall Consolation for such as haue thereto adioyned an Afflicted Conscience* (London, 1586), 187.

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This article shows how Bright's separation of these conditions reflected the healing practices and relationships between physicians and clergy in late sixteenth- and early seventeenth-century England. It argues that Bright's division of melancholia and affliction of conscience into secular and physiological ailments respectively should not be viewed as a commentary on the exclusivity of the spheres of influence delegated to clergy and trained medical practitioners, but rather as a way of legitimizing the use of both groups in the treatment of melancholia. Furthermore, in highlighting the acceptable areas of cooperation between physicians and clergy, less accepted therapeutic practitioners also come into focus in the form of mountebanks. Bright scorned this group of healers both for their lack of traditional medical education and their seemingly superstitious cures, which sat uncomfortably close to what Protestants viewed as 'popish' practices of healing.[2] As a physician with extensive medical training and later as a Church of England clergyman, Bright's views of appropriate and inappropriate medical practice in *The Treatise of Melancholie* allow a deeper insight into the realities of healing in the early modern medical and religious landscape.[3]

Bright's separation in his treatise of the corporal disease of melancholy and the spiritual condition of affliction of conscience superficially upholds much of the conventional historiography on doctor-clergy relations. Scholars such as Michael MacDonald, Andrew Wear and Ian Mortimer have explored the boundaries between, and struggles amongst, early modern learned physicians and members of the clergy, postulating a division between corporal and spiritual physicians that in reality was not as pronounced in sixteenth- and early seventeenth-century daily life. Both Wear and MacDonald have theorized that in the relationship between religious and secular modes of healing, physicians practised medicine that was mostly secular and were generally left free of interference, especially in

[2] William Perkins, *A Salve for a Sicke Man* (London, 1638; first published 1595), 132–3.

[3] Although Bright did not leave a complete record of his own religious beliefs, his treatise fits within the tradition of consolation literature inspired by the moderate Calvinist theology of the Elizabethan and Jacobean Church of England: Nicholas Tyacke, *Anti-Calvinists: The Rise of English Arminianism c.1590–1640* (Oxford, 1987), 1–7. For more on the theology of the Church of England at the turn of the seventeenth century, see Patrick Collinson, *The Elizabethan Puritan Movement* (London, 1967); Diarmaid MacCulloch, *The Later Reformation in England, 1547–1603* (London, 2001); Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford, 2013).

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the later seventeenth century. This 'secularization' model argues that most physicians hesitated to combine religious and secular methods of treatment.[4] Ian Mortimer's exploration of deathbed expenditures on healthcare likewise concludes that the seventeenth century was a time of turning away from ecclesiastical intervention towards 'professional' medical help.[5] These theories of physicians and clergy enviously guarding their claims to healing rights fit squarely within a historiography that focuses more on the clashes than the conciliations of the 'medical marketplace', as Harold Cook has termed it. Works by Cook and Margaret Pelling have produced a vivid picture of a variety of intersecting, and often disputing, healers.[6] There is certainly a rich source base from which it can be concluded that there were at times professional jealousies between clergy and medical healers, particularly amongst the latter. The Northampton physician John Cotta, for example, attacked 'Ecclesiasticall persons, vicars and parsons' in a 1612 treatise on 'unconsiderate and ignorant practisers of physicke', while the Scottish physician James Hart warned in 1633 against ministers who 'wrongfully and injuriously … intrude upon another weighty profession' by administering medicine.[7]

However, the complexities of the physician-priest professional relationship cannot be simplified to a binary between corporal and spiritual, and this becomes clear when looking at ailments such as melancholia which cross the boundaries of physical and spiritual. Scholars including Jeremy Schmidt, Andrew Cunningham and Sophie Mann have worked to integrate religious history more closely

[4] Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England* (Cambridge, 1982); Andrew Wear, 'Puritan Perceptions of Illness in the Seventeenth Century', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1986), 55–100.

[5] Ian Mortimer, 'The Triumph of the Doctors: Medical Assistance to the Dying, *c.*1570–1720', *TRHS*, 6th series 15 (2005), 97–116.

[6] Harold Cook, *The Decline of the old Medical Regime in Stuart London* (Ithaca, NY, 1986); Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550–1640* (Oxford, 2003).

[7] John Cotta, *A Short Discoverie of the Unobserved Dangers of Severall Sorts of ignorant and unconsiderate Practisers of Physicke in England* (London, 1612), 86; James Hart, *ΚΛΙΝΙΚΗ, or the Diet of the Diseased. … Wherein is set downe at length the whole Matter and Nature of Diet for those in Health, but especially for the Sicke; the Aire, and other Elements; Meat and Drinke, with divers other things; … besides many pleasant practicall and historicall Relations, both of the Authours owne and other Mens* (London, 1633), 12.

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with an understanding of the past medical landscape.[8] Schmidt takes issue with the 'secularization' thesis put forward by scholars such as MacDonald, arguing that religious consolation did remain important well into the eighteenth century.[9] Likewise, Mann has illustrated how deeply embedded religious frameworks were in early modern medical practices by exploring how prayer was used as a physical therapeutic exercise and how physicians' faith could inform occupational practices in day-to-day life.[10] Andrew Cunningham has also investigated the connection between faith and medical science in his research on the theological claims of Sir Thomas Browne's famous *Religio Medici* (1642), finding that this connection was bridged through the application of reason. Indeed, Browne considered physicians to be especially well suited to witness God's workings due to their study of humanity and background in logic.[11] These studies complement the work of scholars such as Patrick Wallis and Jonathan Barry who have highlighted the opportunities for cooperation and collaboration of various medical practitioners in the early modern period.[12]

These closer understandings of religion and medicine have laid the groundwork for the present study. By exploring a treatise written by a professional physician-turned-cleric, it is possible not only to show how meanings of melancholia varied by context, but also to attain a deeper understanding of everyday healing practices in contested medical and religious spaces.[13] This article contends that Bright's

[8] Sophie Mann, 'Physic and Divinity: The Case of Dr John Downes M.D. (1627–1694)', *SC* 31 (2016), 451–70; David Harley, 'The Good Physician and the Godly Doctor: The Exemplary Life of John Tylston of Chester (1663–1699)', *SC* 9 (1994), 93–117; David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998).

[9] Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern Europe* (London, 2007), 6.

[10] Sophie Mann, '"A Double Care": Prayer as Therapy in Early Modern England', *SHM* 33 (2019), 1055–77; Mann, 'Physic and Divinity'.

[11] Andrew Cunningham, 'Sir Thomas Browne and his *Religio Medici:* Reason, Nature and Religion', in Ole Peter Grell and Andrew Cunningham, eds, Religio Medici*: Medicine and Religion in Seventeenth-Century England* (Brookfield, VT, 1996), 12–61.

[12] Patrick Wallis, 'Competition and Cooperation in the Early Modern Medical Economy', in Mark Jenner and Patrick Wallis, eds, *Medicine and the Market in England and its Colonies, c.1450–c.1850* (London, 2007), 47–68; Jonathan Barry, 'John Houghton and Medical Practice in London *c.*1700', *Bulletin of the History of Medicine* 92 (2018), 575–603.

[13] Bright continued to practise medicine after taking holy orders and becoming the rector of Methley in Yorkshire in 1591 and nearby Barwick-in-Elmet in 1594. Several complaints lodged against him by his congregations indicate that his medical practice was

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treatise exemplifies how physicians and clergy for the most part allowed each other space to practise healing in their own respective ways, even recommending each other for various healing needs, but also how they collectively disdained irregular practitioners and used similar explanations to warn their readers to refrain from utilizing their services.

The English Medical Landscape

In Bright's lifetime the medical world comprised a plethora of practitioners, including physicians, apothecaries, surgeons, midwives, cunning men and women, quacks and clerics. The line between professional healers and empirics was often blurred, and it was not necessary to have a medical degree to practise the art of healing. In fact, Paul Slack has estimated that two-thirds of medical works produced in Tudor England were written by authors practising professions outwith medicine.[14] In the multiplicity of healers in early modern England there were many options from which patients could choose.

Among the various types of healers available, Bright's profession as a physician was the most exclusive. In the decades either side of 1600, physicians were more limited in number than other groups of healing professionals but constituted the most prestigious of the three main groups, the other two being apothecaries and surgeons. Physicians underwent lengthy medical training based largely on traditional authorities such as Galen and Hippocrates, with a typical English MD taking seven years or more to earn.[15] In the city of London, the Royal College of Physicians had constituted the most eminent institution for medical practitioners since its establishment in 1518, although until the late sixteenth century it contributed little to new research. Instead, the college focused on medical licensing and on protecting the prerogative of physicians in the capital and

sometimes felt to be detrimental to his parishioners' needs: Geoffrey Keynes, *Dr Timothie Bright, 1550–1615: A Survey of his Life with a Bibliography of his Writings* (London, 1962), 19–20; H. Armstrong Hall, 'Dr Timothy Bright: Some Troubles of an Elizabethan Rector', *Publications of the Thoresby Society* 15 (1909), 30–7, at 33.

[14] Paul Slack, 'Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England', in Charles Webster, ed., *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), 237–74, at 252–4.

[15] Margaret Pelling and Charles Webster, 'Medical Practitioners', ibid. 165–236, at 189.

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surrounding areas. It sought to ensure that only well-educated and licensed professionals be allowed to practise medicine within a seven-mile radius of London.[16] However, this was impossible to enforce effectively in a large capital city, and innumerable unlicensed practitioners continued to see the sick, even highly qualified physicians who did not feel the need to pay expensive college fees for licensing.[17] Bright himself remained unlicensed by the College of Physicians throughout the period that he worked in London, despite his lengthy education and prestigious post as chief physician to the Royal Hospital of St Bartholomew from 1585.[18]

In addition to his work as a physician, Bright was instituted as rector of the Yorkshire parishes of Methley and Barwick-in-Elmet in the early 1590s.[19] In that role, he joined another major constituency of healers which consisted of clergy, ministers and priests. Traditionally, the clergy played a significant role in the healing arts. Illness and accidents were commonly believed to have been sent from God as punishment for sin, or (conversely) as a sign of elect status. Theologians wrote of the necessity of disease and pain in the relationship between God and humankind.[20] Due to the perceived spiritual dimensions of many medical ailments in this theologized and moralized universe, the clergy were a vital part of the therapeutic landscape. In fact, many considered the spiritual aspect to be the most important facet of healing, especially when the affliction was manifested in mental anguish, or in times of particular crisis such as plague and other epidemics.[21] Robert Wright, bishop of Bristol (1623–32), published a sermon under the medical-sounding title *A Receyt to stay the Plague*

[16] Pelling and Webster, 'Medical Practitioners', 168–71.
[17] Andrew Wear, *Knowledge & Practice of English Medicine, 1550–1680* (Cambridge, 2000), 27.
[18] Bright's refusal to comply with the College of Physicians' licensing statutes led it to take punitive action against him, even issuing a warrant to commit him to the Fleet prison for his continued unlicensed practice. Bright, however, had connections in high places and was able to ignore the college's threats without consequence: Andrew Wear, 'The Popularization of Medicine in Early Modern England', in Roy Porter, ed., *The Popularization of Medicine 1650–1850* (London, 1992), 17–41, at 26; William J. Carlton, *Timothe Bright, Doctor of Phisicke: A Memoir of 'the Father of modern Shorthand'* (London, 1911), 35–6, 69–70.
[19] Carlton, *Bright*, 130, 144.
[20] Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green, OH, 1988), 35.
[21] David Lederer, *Madness, Religion, and the State in Early Modern Europe: A Bavarian Beacon* (Cambridge, 2006), 1.

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(1625), in which he exhorted the reader that 'there is no such Physick as *Prayer and Penitence*, thereby to make an *Attonement between God and our sinnes*'.[22] For many, prayer and repentance were the best medicine and the surest deliverance from disease. Without them, God could render physicians' advice incorrect and physical cures ineffective.[23]

It was perhaps owing to his dual status as physician and clergyman that Bright was drawn to write a volume on melancholia. This ailment had arguably the most overlap between corporal and spiritual healing. It was also a widespread disorder throughout Europe, becoming particularly prevalent in England during the latter years of Queen Elizabeth's reign.[24] Both medical and religious works frequently commented on the ubiquity of the condition. In *A Discourse of the Preservation of Sight* (1599), the French physician André du Laurens wrote of melancholy that it 'is so often happening in these miserable times, as that there are not many people which feele not some smatch thereof', while the English divine Robert Burton asserted in the immensely popular *Anatomy of Melancholy* (1621): 'from these melancholy dispositions, no man living is free'.[25] It was in this environment of pervasive melancholy that Bright decided to write his treatise on the disease.

A Treatise of Melancholie: Melancholia and Affliction of Conscience

A Treatise of Melancholie was first published in 1586, appearing in a second edition the same year and a third edition in 1613. Although most of the enduring influence of Bright's treatise would come from its use in later, more famous works, it is an ideal book for exploring

[22] Robert Wright, *A Receyt to stay the Plague* (London, 1636), 22–3.
[23] David Harley, 'Spiritual Physic, Providence and English Medicine, 1560– 1640', in Ole Peter Grell and Andrew Cunningham, eds, *Medicine and the Reformation* (London and New York, 1993), 101–17, at 107.
[24] Angus Gowland, 'The Problem of Early Modern Melancholy', *P&P* 191 (2006), 77–120, at 80; George Rosen, *Madness in Society: Chapters in the Historical Sociology of Mental Illness* (Chicago, IL, 1968), 8.
[25] André du Laurens, *A Discourse of the Preservation of Sight; of Melancholike Diseases; of Rheumes, and of Old Age*, transl. Richard Surphlet (London, 1599), 140; Robert Burton, *The Anatomy of Melancholy: What it is, with all the Kinds, Causes, Symptoms, Prognostics, and Several Cures of it. In Three Partitions* (New York, 1862; first published 1621), 191.

the nexus between the healing groups of clergy and physicians due to the very typicality of its ideas on melancholia. Bright's theorization of the disease used traditional conceptualizations of melancholy and affliction of conscience, which made his contribution more a synthesis of existing knowledge than a creation of new theories.

Bright constructed the *Treatise of Melancholie* on the pretence of offering consolation to his fictitious friend 'M.', who claimed to be suffering from melancholy and religious terrors. Bright sought to help him and others who struggled with these conditions by writing a book on the superficially similar but aetiologically different diseases of melancholy and affliction of conscience. Bright's separation of these conditions was not unique: many other writers of the late sixteenth and early seventeenth centuries, including such influential theologians as Robert Yarrow, William Perkins and Richard Greenham, differentiated them in an effort to avoid insinuating that religious observance could lead to disease.[26] Noel Brann's influential study of melancholy and religious guilt found that sixteenth- and early seventeenth-century authors were concerned primarily with distinguishing these conditions into separate categories and justifying this, although he argues that they found no satisfactory and lasting distinctions. As the seventeenth century progressed, authors became less concerned about maintaining strict divisions between the often conflated conditions; however, in Bright's era the majority of consolation literature was divided into physical and spiritual afflictions.[27] Therefore it was natural for Bright to contrast the two conditions in his *Treatise*, that 'it may easily appear the affliction of soule through conscience of sinne is quite another thing then melancholy'.[28]

[26] Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge, 2006), 175; Katherine Hodgkin, *Madness in Seventeenth-Century Autobiography* (Basingstoke, 2007), 64; Robert Yarrow, *Soveraigne Comforts for a Troubled Conscience* (London, 1634), 16; William Perkins, *A whole Treatise of Cases of Conscience: Distinguished into Three Bookes* (London, 1608), 194; Richard Greenham, *The Workes of the reverend and dauthfull Servant of Jesus Christ M. Richard Greenham, Minister and Preacher of the Word of God*, 5th edn (London, 1612), 106–7; John Stachniewski, *The Persecutory Imagination: English Puritanism and the Literature of Religious Despair* (Oxford, 1991), 226.

[27] Noel L. Brann, 'The Problem with distinguishing Religious Guilt from Religious Melancholy in the English Renaissance', *Quidditas* 1 (1980), 63–72.

[28] Bright, *Treatise*, 106.

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The first part of the *Treatise of Melancholie* focused on the material aspects. Bright described the somatic condition of melancholy as a disease which induced in its sufferers 'either a certayne fearefull disposition of the mind altered from reason, or else an humour of the body, comonly taken to be the only cause of reason by feare in such sort depraued'.[29] The main symptoms of fear and sadness identified by Bright were regarded as the hallmark of melancholy throughout the early modern period. The disease was thought to occur when the melancholy humour was imbalanced, usually through an overheating of the blood, causing splenetic vapours to rise to the mind and cloud it with 'monstrous fictions'.[30] Traditional Galenic medicine, to which Bright subscribed, taught that the body was governed by four humours – phlegm, blood, choler and black bile – and that optimal health (*crasis)* was the result of a perfect balance between them.[31] Achieving *crasis* was more of a theoretical goal than a realistic target, for each individual had a dominant humoral complexion. This innate complexion was not static, however; it could change with age, circumstance or any number of bad habits on the part of the patient, such as improper diet, disordered sleep, immoderate study, too much or too little exercise or poor habitation.[32] An imbalance of these humours resulted in physiological and temperamental changes, potentially causing disease: thus black bile led to melancholia. Bright therefore situated melancholy strictly within the physical realm, recommending cures aimed at bodily healing. These included bleeding, purging and evacuations, as well as a diet which avoided any so-called 'melancholic' foods, such as pulses, pork, beef, freshwater fish and red wine.[33] As in many other texts of the late sixteenth and early seventeenth centuries, Bright described the symptoms of melancholy in 'unequivocally negative terms'.[34]

In contrast to melancholy, affliction of conscience was a spiritual ailment. Defined as a condition of serious religious anxiety over the condition of one's eternal estate and often believed to result from sin,

[29] Ibid. 1.
[30] Jennifer Radden, *The Nature of Melancholy: From Aristotle to Kristeva* (Oxford, 2000), 120.
[31] Mary Floyd-Wilson, *English Ethnicity and Race in Early Modern Drama* (Cambridge, 2003), 28.
[32] Bright, *Treatise*, 236.
[33] Ibid. 26–31, 289, 292.
[34] Gowland, *Worlds*, 159.

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it was described by Bright as a most unbearable affliction: 'Of all kinds of miseries that befall unto man, none is so miserable as that which riseth of the sense of Gods wrath, and revenging hand against the guilty soul of a sinner'.[35] Conversely, it could be visited upon the sufferer as a sign of elect status, in which case it brought 'plenty of heavenly joy, and comfort'.[36] Either way, Bright insisted that affliction of conscience had nothing to do with physical deterioration but only with an affected soul.[37] The afflicted conscience could cause physiological changes in the body leading the sufferer into melancholy as well, but the reverse was impossible because the state of the body could not impact the soul.[38] However, Bright did acknowledge that those with a melancholic complexion, such as his friend 'M.' whom he sought to comfort, might experience heightened terror and find it harder to feel consoled when they were 'under the disadvantage of the melancholicke complexion': 'As their brains are thus evill disposed, so their harts in no better case, & acquainted with terror, & overtbrown [overblown] with that fearful passion … hardly yeeld to persuasion of comfort what soever it bringeth of assurance'.[39] Despite the inherent difficulties of consoling the afflicted conscience, Bright nevertheless dedicated the second part of his treatise to the topic. In this sense, this work was part of a genre of consolation that developed from the mid-sixteenth century, written mainly by clergy to help those who suffered from religious worries.[40]

These anxieties came to the fore as a moderate Calvinism permeated the Church of England in the post-Reformation landscape. The doctrine of predestination, whilst also taught by Thomas Aquinas and Martin Luther, had become closely associated with Calvin's theology in England; it was frequently believed by its adversaries and even some of its adherents to induce excessive religious despair.[41] The fear of not being one of God's elect struck terror into the hearts of some believers, and this conviction was not infrequently censured

[35] Bright, *Treatise*, 184.
[36] Ibid. 219–22.
[37] Ibid. 193.
[38] Ibid. 195–7.
[39] Ibid. 192, 196.
[40] Elizabeth Hunter, 'Melancholy and the Doctrine of Reprobation in English Puritan Culture' (D.Phil. thesis, University of Oxford, 2012), 108.
[41] Gowland, 'Early Modern Melancholy', 105–8.

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for causing intense religious suffering.[42] However, predestination was not only preached from the pulpits as a warning to the sinful, but also, as recent scholarship has shown, as a comfort to those unsure of their spiritual status.[43] According to such theologians as William Perkins, Robert Bolton and Calvin himself, the doctrine of predestination could assuage religious guilt and despair, for believers who were of the elect could rest in the assurance of their salvation, regardless of their emotional state.[44] Following the logic of predestination, the elect who suffered from religious guilt could feel comforted that their 'crosses and troubles come from God': these were miseries sent to strengthen their faith rather than as a sign of damnation.[45] While Pauline doctrine had long since established the propriety of expressing sorrow over sins when turning to God for salvation, the doctrine of double predestination, in which God preordains the elect as well as the reprobate, tended to intensify feeling further.[46] Indeed, Reformed ministers frequently encouraged strong feelings, including sorrow and terror of conscience, in their congregations. These strong feelings were believed to stimulate introspection and repentance and were seen as potentially helpful to believers' spiritual journeys, as long as they did not develop into a settled despair.[47]

Bright recognized predestination's ability both to console and to cause religious despair. Understood and utilized correctly, predestination was 'the most strong rock of assurance, in all storms of

[42] Stachniewski, *Persecutory Imagination*, 27–8, 56–7.
[43] Leif Dixon, *Practical Predestinarians in England, c.1590–1640* (Farnham, 2014), 2.
[44] Ibid. 66; Robert Bolton, *Instructions for a right comforting Afflicted Consciences* (London, 1631), 198, 206–7. Predestination was arguably not a central tenet of Calvin's theology, but it was a comforting doctrine to him when utilized within reason: 'For as a fatal abyss engulfs those who, to be assured of their election, pry into the eternal counsel of God without the word, yet those who investigate it rightly, and in the order in which it is exhibited in the word, reap from it rich fruits of consolation': John Calvin, *Institutes of the Christian Religion*, 3.24.4 (transl. Henry Beveridge, 3 vols [Edinburgh, 1845–6], 2: 585).
[45] William Perkins, 'A Treatise of Mans Imaginations', in *The Works of William Perkins*, 2nd edn (London, 1631), 456. For more on the utility of emotions, particularly sorrow, in the spiritual life of Calvinists, see Michael MacDonald and Terence Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990); Erin Sullivan, *Beyond Melancholy: Sadness and Selfhood in Renaissance England* (Oxford, 2016); Ryrie, *Being Protestant*; Schmidt, *Melancholy;* Dixon, *Practical Predestinarians*.
[46] Brann, 'Problem', 65.
[47] Schmidt, *Melancholy*, 50.

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temptations that can befall unto body or soul'.[48] However, when misunderstood, either through ignorance of God's word, inordinate curiosity about holy secrets or a hardened heart, Bright knew it could create a stumbling block for believers: 'For as a sword taken at the wrong end is ready to wound the hand of the taker … the doctrine of predestination being preposterously conceived, may through the fault of the conceiver procure hurt'.[49] The doctrine of election could be especially harmful to those who were melancholic, not because of the humour itself or any physiological changes within the downcast, but because the melancholy were more likely to be contemplative and curious. Bright's medical background lent authority to his explanation of why melancholic sufferers of affliction of conscience might find it more difficult than others to recover from the ailment. Their temperament increased the terror in their minds and jumbled reasonable messages of consolation in their 'evil disposed' brains and hearts.[50] However, all was not lost. Bright ended his discourse on election on a comforting note for sufferers of religious despair. When God's will was accepted and his mercy received through a sound understanding of predestination, the doubts and temptations that seemed 'to be nothing else but the gate of destruction' were in fact (much like Luther's *Anfechtungen*) 'the very course and way where through God doth lead his dearest children'.[51] Bright assured his readers that it was impossible to determine signs of reprobation in the living, meaning that affliction of conscience should normally be read as nothing 'but a storme of temptation, and no marke of perdition'.[52]

Although Calvinism was not the only source of religious despair, public discourse clearly linked the tenets of Calvinism and excessive worry.[53] Clergy and parishioners alike worried about the dangers of

[48] Elizabeth Hunter, 'The Black Lines of Damnation: Double Predestination and the Causes of Despair in Timothy Bright's *A Treatise of Melancholie*', *Etudes Epistémè* [online journal] 28 (2015), at §40, online at: <https://journals.openedition.org/episteme/811>, last accessed 13 January 2022; Bright, *Treatise*, 201.
[49] Ibid. 200–1.
[50] Ibid. 196.
[51] Ibid. 204–5. For more on Martin Luther's concept of *Anfechtungen*, loosely translated into English as 'temptations', and their importance to the Christian spiritual journey, see David P. Scaer, 'The Concept of *Anfechtung* in Martin Luther's Thought', *Concordia Theological Quarterly* 47 (1983), 15–30, at 15–17, 19.
[52] Bright, *Treatise*, 210, 214.
[53] Stachniewski, *Persecutory Imagination*, 46.

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'inordinate sorrow' over sin.[54] Although the Church of England clergyman John Donne expounded on the usefulness of 'godlie sorrow', in a Trinity Sunday sermon in 1621 he also elaborated that sorrow should not be overindulged:

> Blessed are they that mourn, sayes Christ: But the blessednesse is not in the mourning, but because they shall be comforted. Blessed am I in the sense of my sins, and in the sorrow for them, but blessed therefore, because this sorrow leads me to my reconciliation to God, and the consolation of his Spirit. Whereas, if I sinke in this sorrow, in this dejection of spirit, though it were Wine in the beginning, it is lees, and tartar in the end; Inordinate sorrow growes into sinfull melancholy, and that melancholy, into an irrecoverable desperation.[55]

Similarly, both the casebooks of the clergyman and medical practitioner Richard Napier and Burton's *Anatomy of Melancholy* revealed their concerns about the effects of puritan culture on the mentally distressed.[56] Although Bright labelled affliction of conscience worse than 'any other kind of calamity whatsoever' to plague humanity, he too was resolute in warning his readers from abandoning themselves to its sadness. He counselled his friend 'M.' not to wallow in despair, lest he accidentally dishonour 'the God of peace and comfort' with disproportionate sorrow.[57] Religious despair became such a problem in the seventeenth century that it was often linked to a perceived epidemic of suicide in England.[58]

Thus affliction of conscience was a serious and potentially fatal condition requiring practitioners' careful ministrations. Medicine was ineffectual in curing religious despair, and in these cases Bright believed it necessary to look to a spiritual healer rather than to physic. 'Here no medicine, no purgation, no cordiall, no treacle or balm are able to assure the afflicted soul and trembling heart', he wrote, for the affliction was not derived from the body.[59] Bright here shared the

[54] John Donne, 'Preached upon Trinity-Sunday', in George Reuben Potter and Evelyn Spearing Simpson, eds, *The Sermons of John Donne*, 10 vols (Berkeley, CA, 1953–62), 3: 1–18 (no. 12), at 15.
[55] John Donne, 'Preached at White-Hall', in Potter and Simpson, eds, *Sermons of Donne*, 10: 1–21 (no. 6), at 20; Donne, 'Preached upon Trinity-Sunday', 15.
[56] MacDonald, *Mystical Bedlam*, 31.
[57] Bright, *Treatise*, 184–5, 207.
[58] Stachniewski, *Persecutory Imagination*, 46.
[59] Bright, *Treatise*, 189, 197.

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approach of other writers on the condition, including Perkins, Bolton and John Abernethy, who similarly stressed the necessity of strong spiritual guidance and prayer above physic in treating an affliction of conscience.[60]

Physicians vs. Clergymen? Conciliations and Cooperation

The distinction between melancholia and affliction of conscience in Bright's treatise, along with his different approaches to their respective cures, reflected separate spaces for physicians and clergymen in healing patients, according to which doctors were concerned with physical issues while ministers and preachers grappled with spiritual ailments. However, these spaces were never mutually exclusive. As Bright himself exemplified, as a practitioner of both fields, the boundaries between them were quite porous.

The similarities between the vocations were much commented upon by divines and physicians alike. The clergyman Thomas Adams wrote of the 'neere affinitie' between physic and divinity:

> Let the professions be *heterogena*, different in their kindes; onely *respondentia*, semblable in their proceedings. The Lord *created the Physitian* … The good Physitian acts the part of the Divine. They shall pray unto the Lord, that he would prosper that which they give, for ease & remedy to prolong life. The good Minister, after a sort is a Physitian. Onely it is enough for the Sonne of God to give both naturall and spirituall Physicke. … so wee may say of Physicke, it is conterminate to Divinitie; so farre as a Handmaid may follow her Mistresse. You see the willing similitude of these professions.[61]

Adams, although clear in his belief that the clerical profession was superior in spiritual matters, asserted that healing patients was a responsibility which was interchangeable between physicians and clergymen. In this context, the physician should pray and try to convert any patients who had fallen from belief, for '[w]ho may better

[60] William Perkins, *The Works of that Famous and Worthy Minister of Christ in the Universitie of Cambridge, M. William Perkins*, 3 vols (London, 1631), 2: 47; Bolton, *Instructions*, 198; John Abernethy, *A Christian and Heavenly Treatise: Containing Physicke for the Soule: very necessary for all that would enjoy true Soundnesse of Minde and Peace of Conscience …* (London, 1630), sig. A4r.

[61] Thomas Adams, *The Divells Banket described in Sixe Sermons* (London, 1614), 221–4.

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speake to the soule, then hee that is trusted with the body?'[62] These reminders seem to have been effective, as there are numerous examples of doctors incorporating prayer into their practices. Sir Thomas Browne, for example, wrote in his *Religio Medici* that it was the doctor's duty to help the soul of his patients: 'I cannot goe to cure the body of my Patient, but I forget my profession, and call unto God for his soule; I cannot see one say his Prayers but instead of imitating him, I fall into a supplication for him.'[63]

Similarities between clergy and physicians also appear in their advice for the healing of melancholia. Many authors, both secular and religious, recommended using all available methods of healing. Consolatory writers, including the most famous of late Elizabethan authors on the subject, the cleric Richard Greenham, found it indispensable to care for not only the spirit but also the body of their parishioners.[64] Greenham advocated a spiritual and physical approach to healing:

> If a man troubled in conscience come to a Minister, it may be he will looke all to the soule and nothing to the body: if he come to a Physition, he only considereth of the body and neglecteth the soule. For my part, I would neuer haue the Physitions counsell seuered, nor the Ministers labour neglected; because the soule and body dwelling to|gether, it is conuenient, that as the soule should be cured by the word, by prayer, by fasting, by threatning, or by comforting; so the body also should be brought into some temperature by Physicke, by purging, by diet, by restoring, by musicke, and by such like meanes …[65]

Similarly, Abernethy advised that if the patient was afflicted with a combination of both melancholy and spiritual despair, 'the cure must be also wisely mixed. Help not the body first, and leave the soule in anguish; neither goe about to finish the cure of the soule first, for then the distempered body shall mightily marre thy proceeding.'[66]

Medical writers, too, advocated in such cases both physic and prayer. Although some who treated the mentally ill, such as the

[62] Ibid. 224.
[63] Thomas Browne, *Religio Medici* (London, 1642), 154.
[64] Hunter, 'Melancholy', 125.
[65] Greenham, *Workes*, 107.
[66] Abernethy, *Christian and Heavenly Treatise*, 136.

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physician Edward Jorden and the medical clergyman Richard Napier, insisted that religious afflictions were simply a manifestation of melancholy, for most other medical practitioners the consensus seemed to be that such cases needed spiritual as well as physical care.[67] Indeed, physicians espoused the utility of prayer in the majority of written medical works on all diseases through the seventeenth century. While atheism was a charge sometimes levelled against physicians, perhaps because of their reliance on classical pagan sources such as Galen, it was not evidenced in their medical treatises, which more often than not called for the necessity of prayer in healing.[68] Richard Baxter wrote of physicians: 'It is strange that Physicions should be so much suspected of Atheism as commonly they are … For I have oft been very thankful to God, in observing the contrary, even how many excellent pious Physicions there have been … and how much they promoted the work of Reformation.'[69] Physic in most cases was seen not as a rival to religion, but as a supplement to it.

The allowance for overlap in therapeutic practices demonstrated in these theological and instructional texts seems also to have been permissible in everyday life, as indicated in the records of the Royal College of Physicians. Their annals recorded cases of irregular medical practitioners who were brought for examination before the college for practising without a licence. Between 1550 and 1640 there were 714 of these irregulars brought before the board, over 88 per cent of whom were identified with 'primary occupations' beside their names. On the basis of this information, Margaret Pelling observes that only 2 per cent (i.e. 14) of the irregular practitioners brought before the College of Physicians were classified as members of the clergy.[70] This is a much smaller percentage than those in medical occupations broadly defined (66 per cent) or in other non-medical occupations (11 per cent).[71] The low number of ministers, preachers and clergymen pursued in licensing cases by the college indicates that

[67] Hunter, 'Melancholy', 269.
[68] Paul Kocher, 'The Physician as Atheist in Elizabethan England', *Huntington Library Quarterly* 10 (1947), 229–49, at 240.
[69] Richard Baxter, *A Christian Directory, or, a Summ of Practical Theologie and Cases of Conscience directing Christians how to use their Knowledge and Faith, how to improve all Helps and Means, and to perform all Duties, how to overcome Temptations, and to escape or mortifie every Sin* (London, 1673), 43.
[70] Pelling, *Medical Conflicts*, 155.
[71] Ibid. 154.

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they were not viewed as standing in competition with physicians. Although clerics may have taken some cases needing healing away from professional medics, few were willing to deny them the traditional ecclesiastical duty of ministering to the sick, and the college mostly left the clergy alone. In fact, prior to 1640 it is difficult to find evidence of physicians expressing resentment towards clergy for interfering in their work.[72] Rather than harrying the clergy, the college was more interested in identifying unlicensed physicians, apothecaries, surgeons and cunning men and women who were deemed 'ignoraunt'.[73]

A Common Enemy: Irregular Practitioners

Bright's writing reflected a similar anxiety about quacks. Although his work sought to create a holistic healing environment, open to both physicians and clergymen, it was explicit in warning the reader which healers to avoid. Alongside his definition of a set of approved practitioners in the *Treatise of Melancholie*, Bright reflected the common prejudice against irregular medical healers, shared not only by learned practitioners but also by clergymen such as William Perkins in the late sixteenth to mid-seventeenth century.[74] When Bright warned his reader that using medicine without 'that cunning which thereto appertaineth' could 'bring present perill in steade of health', he was not thinking of the clergy's medical ministrations, but rather the irregular practitioners and uneducated healers that competed for patients. Bright warned of such mountebanks' lecherous and harmful ways: 'The abuse at this day is great, and common, defrauding the simple sorte in their substance and hurting of their bodies under the pretence of experience, of secretes and hid misteries of remedies, which these masked theeves, & murtherers alleage for color of their lewdnes'.[75] Going to these healers for physic, Bright cautioned, was certain to hurt more than help.[76] His disdain toward these

[72] Peter Elmers, 'Medicine, Religion and the Puritan Revolution', in Roger French and Andrew Wear, eds, *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), 10–45, at 13–14.
[73] Pelling and Webster, 'Medical Practitioners', 184–5.
[74] Perkins, *Salve*, 132–3. Perkins believed it was 'better for a man to die of his sicknesse, then to seeke recovery by such wicked persons', as he called cunning men and women.
[75] Bright, *Treatise*, 267–8.
[76] Ibid. 268.

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practitioners was not unique but was also commonly found in other Galenic medical and religious writings.[77]

Condemning irregular practitioners, however, was often easier than identifying who exactly was meant by that term amongst the multiplicity of healers in early modern England. Healers often tried to prove their own legitimacy while casting doubts on the abilities of their peers, and in a time of limited medical licensing, the empiric and the physician were not always easily differentiated.[78] As evidenced by Bright's own unlicensed practice, it was not necessarily a lack of recognition by the Royal College of Physicians or other medical associations that would label a practitioner as a dangerous healer. In fact, out of the unlicensed practitioners who were questioned before the College of Physicians, Pelling has found that there were at least 43 practitioners (17 per cent) who, like Bright, held MDs.[79] Bright, as one of these highly educated men, would not consider these healers a threat to patients. Nor would he consider everyone in economic competition with him to be an irregular practitioner. Although economic self-preservation was undoubtedly one motivation for publicly disparaging other types of medics, it cannot have been the only consideration.[80] Instead, as has been shown in this article, consolation literature, whether authored by clergy or physicians, often explicitly pointed patients in the direction of the other group for healing. This raises the question of how physicians and theologians distinguished empiric practitioners and why they were united in their disparagement of empirical medical systems and practitioners.

It seems that for Bright and other medical authors such as William Bullein, John Cotta and John Securis, the distinction between themselves and mountebanks was rooted in an education based on traditional medicine.[81] Like many other authors on medical ailments,

[77] David Harley, 'James Hart of Northampton and the Calvinist Critique of Priest-Physicians: An unpublished Polemic of the early 1620s', *MH* 42 (1998), 362–86.
[78] Wear, 'Popularization of Medicine', 19.
[79] Pelling, *Medical Conflicts*, 144.
[80] Andrew Wear, 'Discourses of Practitioners in Sixteenth- and Seventeenth-Century Europe', in Robert Baker and Laurence McCullough, eds, *The Cambridge World History of Medical Ethics* (Cambridge, 2009), 379–90, at 380.
[81] William Bullein, *The Gouernment of Health: A Treatise written by William Bullein, for the especiall Good and healthfull Preseruation of Mans Bodie from all noysome Diseases, proceeding by the Excesse of euill Diet, and other Infirmities of Nature: Full of excellent Medicines, and wise Counsels, for conseruation of Health, in Men, Women, and Children. Both plasant and profitable to the industrious Reader* (London, 1595), 12–13; John Cotta, *A short*

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Bright considered empirics to be those who lacked Galenic learning and practised superstitious, sometimes borderline heretical, healing methods.[82] For centuries, physicians had been trained in the *ars et scientia* of Hippocratic and Galenic texts that emphasized humoral theory to explain man's body and health. Those without extensive medical training were unequivocally condemned by Bright as 'masked theeves' and 'lewde cousoning varlets' whose healing could not be trusted. He explicitly stated that anyone who had not gone through the whole discipline of liberal sciences should avoid attempting to cure melancholy: 'neither ought any to be admitted to touch so holy thinges, that hath not passed the whole discipline of liberall sciences, and washed himselfe pure and cleane in the waters of wisedome, and understanding.'[83] Even for those who enjoyed reading and were versed in philosophy, Bright recommended seeking the advice of a physician for medical issues. As he wrote to his friend 'M', 'Although I remember your travaile in philosophie, and studie of phisick, to which both you have had a naturall disposition, and take pleasure in reading our writings of precept & rule take advise of some learned, and vertuous phisician about you, and adventure not upon any part of evacuation without his direction'.[84] Well-educated clergymen would also be learned in natural philosophy and the liberal arts, so they were certainly included in Bright's conceptualization of appropriate medical practitioners. Those who were excluded from the list of suitable healers were the uneducated, the 'common sort', who practised medicine without having studied the underpinning philosophy.[85] Generally professional physicians bemoaned the practices of irregular healers for two reasons: economic encroachment and safety. Bright was particularly concerned about the latter; he emphasized that in the long run seeking treatment for melancholy from quacks was likely to leave the afflicted worse, for it might 'leave the body crased [crazed]'.[86]

Discovery of the unobserved Dangers of severall sorts of ignorant and unconsiderate Practisers of Physicke (London, 1612); John Securis, *A Detection and Querimonie of the daily Enormities and Abuses committed in Physic* (London, 1566).

[82] Bright, *Treatise*, 267–8.

[83] Ibid. 267.

[84] Ibid. 283.

[85] Ibid. 267–8.

[86] Ibid. 260.

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Religious authors likewise condemned irregular practitioners for their refutation of learned medicine, particularly those who resorted to supernatural methods of healing which many Protestants believed to have been acceptable under Catholicism.[87] Instead of empirical practices, they considered the Galenic tradition of medicine (and occasionally the new chemical and Christian-based theories of medicine such as Paracelsianism and Helmontianism) as the best substitute for Catholic healing practices until the 1640s.[88] The Protestant rejection of Catholicism's trust in the effectiveness of the sacraments and relics translated into an increased reliance on learned medical men. With the belief that God acted primarily through secondary (natural) causes came an increasing approval of professional medical practitioners. As David Harley has shown, '[t]he moral approval of godly practitioners helped to justify campaigns against irregular competitors by freeing medical men from the humanist accusation that they were only concerned with lining their own pockets'.[89] Therefore astrological practitioners and those who practiced urinoscopy, charms and other forms of so-called 'cunning' healing were the most common targets of both theologians and physicians.[90] Perkins disparaged those who used healing charms as 'inchanters, and sorcerers', whose methods, if they did work, were 'wrought above ordinarie meanes by the work of Satan'. He compared this type of healing to the 'superstitious' practices of the Catholic Church, and urged the sick to attend physicians instead.[91] Similarly the puritan physician John Cotta wrote against the heterodox medical practices of the astrological physician and clergyman Richard Napier, who frequently used horoscopes, charms and ritual exorcisms, even though he was an Oxford-trained theologian who also incorporated more

[87] Harley, 'Spiritual Physic', 112.
[88] Harley, 'James Hart', 364; Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge, 2000), 32. For more on Paracelsian and Helmontian medical theory, see Wear, *Knowledge & Practice*; Charles Webster, 'Alchemical and Paracelsian Medicine' in idem, ed., *Health, Medicine and Mortality*, 301–34; Hugh Trevor-Roper, 'The Court Physician and Paracelsianism', in Vivian Nutton, ed., *Medicine at the Courts of Europe, 1500–1837* (London, 1990), 79–95; Elmers, 'Medicine, Religion and the Puritan Revolution', 10–45.
[89] Harley, 'Spiritual Physic', 112.
[90] Wear, 'Discourses of Practitioners', 384.
[91] Norman Gevitz, 'Practical Divinity and Medical Ethics: Lawful versus Unlawful Medicine in the Writings of William Perkins (1558–1602)', *Journal of the History of Medicine and Allied Sciences* 68 (2012), 198–226, at 221–4.

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traditional Galenic techniques into his medical practice.[92] Thus the animosity for empirics that we witness in Bright's *Treatise* expressed the desire of both clergy and physicians to retain learned medicine's supremacy in an era of challenges to medical and religious authority.

Conclusion

As scholars commemorate the quatercentenary of Burton's exhaustive *Anatomy of Melancholy* at the time of writing this article in 2021, assumptions about early modern melancholia are once again under debate. Burton's masterpiece on melancholia has inspired, comforted and entertained innumerable readers since it was published in the seventeenth century. As one of the few English sources that Burton included in *The Anatomy*, a re-examination of Bright's *Treatise of Melancholie* could not be timelier.

An analysis of Bright's *Treatise of Melancholie* provides a better picture not only of what melancholy was and was not, but also of the divisions and cooperation that medical practitioners and the clergy used in treating emotional disorders. This article contends that Bright recognized the need for, and the influence of, both sets of practitioners and encouraged their cooperation. Despite his attempts to distinguish between melancholy and the affliction of conscience, the inclusion of both afflictions in one volume highlighted the porous nature of these conditions and by extension the healers meant to cure them. Bright's attempts to clarify the distinct physical and religious aetiologies of emotional conditions and their practitioners paradoxically underscored many similarities in the healing practices of physicians and clergy in curing such distress. Religious and medical practitioners often recommended the same types of therapy for most diseases: prayer and natural herbal remedies, both supplied by the grace of God. Both groups also largely recognized the boundaries of their own approach to medical care and recommended each other's expertise when a patient had an affliction outside the scope of their own.

In calling attention to the general cooperation between Elizabethan physicians and clergy in the healing of emotional

[92] Harley, 'James Hart', 264. Note: For his part, and perhaps unsurprisingly, Richard Napier wrote against the dangers of a strict Calvinist theology causing melancholy in his medical casebooks: Schmidt, *Melancholy*, 50.

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afflictions, Bright's work also displays these practitioners' mutual disdain of empirical healers. This article has shown how both physicians and theologians censured those who lacked a proper medical education or worked cures through charms, incantations or other potentially heretical practices. Bright's text shows how learned physicians expressed worry over patient safety, while Protestant beliefs elevated scientific reasoning over curative methods which could evoke superstitious and ostensibly papistical means. For Protestants and admirers of Galen alike, quacks endangered body and spirit, and they worked in parallel to discredit them.

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