

The background of the cover is a dark blue field filled with numerous bright, vertical, and slightly curved light trails that create a sense of depth and movement, resembling a tunnel or a starry sky.

**Ireland and Medicine
in the Seventeenth and
Eighteenth Centuries**

Edited by
James Kelly and Fiona Clark

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SEVENTEENTH AND EIGHTEENTH CENTURIES



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Ireland and Medicine in the Seventeenth and Eighteenth Centuries

Edited by

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and

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Contents

<i>List of Tables</i>	<i>vii</i>
<i>List of Contributors</i>	<i>ix</i>
<i>Acknowledgements</i>	<i>xi</i>
<i>List of Abbreviations</i>	<i>xiii</i>
Introduction	1
1 The Role of Graduate Physicians in Professionalising Medical Practice in Ireland, c. 1619–54 <i>Mary Ann Lyons</i>	17
2 Medical Practice and Gaelic Ireland <i>Charlie Dillon</i>	39
3 Medicine and Miracles in the Late Seventeenth Century: Bernard Connor's <i>Evangelium Medici</i> (1697) <i>Liam Chambers</i>	53
4 Medicine, Religion and Social Mobility in Eighteenth- and Early Nineteenth-Century Ireland <i>Laurence Brockliss</i>	73
5 Domestic Medication and Medical Care in Late Early Modern Ireland <i>James Kelly</i>	109
6 Institutional Medicine and State Intervention in Eighteenth-Century Ireland <i>Andrew Sneddon</i>	137
7 Gendered Medical Advice within Anglo-Irish Correspondence: A Case Study of the Cary-Jurin Letters <i>Wendy D. Churchill</i>	163
8 The Wider Cultures of Eighteenth-Century Irish Doctors <i>Toby Barnard</i>	183

9 Advancing the Medical Career Abroad: The Case of
Daniel O'Sullivan (1760–c.1797) 197
Fiona Clark

Index 217

List of Tables

4.1	Number of graduates in medicine from Ireland per decade 1640–9 to 1790–9	77
4.2	Diocesan origin of Irish medical graduates at Reims in the seventeenth and eighteenth centuries	80
4.3	Place of previous education of Reims graduates in medicine from Ireland, 1749–93	84
4.4 a–c	Dublin physicians, 1768, 1778, 1798	89
4.5	Reims doctorates in medicine awarded to students from the British Isles and the British colonies: decennial totals (number studying at Leiden in brackets)	94
4.6	Army surgeons in the French wars: country of origin	98
4.7	Army surgeons: county of birth	100
6.1	Heads of bills and bills initiated in the Irish parliament and relating to institutional medicine, 1695–1800	157

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Research into the history of medicine in Ireland is still in its infancy, though there have been a number of important recent initiatives to suggest that this is about to change. One of the most notable has been the establishment of a number of cross-institutional research programmes and, in 2006, of a Centre for the History of Medicine in Ireland based at the University of Ulster and the School of History and Archives at University College Dublin. This welcome trend notwithstanding, the priority long accorded to the institutional and biographical approach, and to the nineteenth and twentieth centuries, serves to underline the importance of exploring the earlier history of medicine in Ireland, and the need to open up new avenues in the way and manner in which both the history of medicine is conceived, and medical subjects are explored. This is the purpose of this collection, which comprises papers presented to a symposium on Ireland and medicine in the seventeenth and eighteenth centuries hosted by the Centre for Eighteenth-Century Studies at Queen's University Belfast on 25 and 26 April 2008. Both the symposium upon which this book is based, and the preparation of the text, have been assisted by financial and other supports forthcoming from the Wellcome Trust, the Royal Historical Society, the Centre for Eighteenth-Century Studies, the School of Spanish and Portuguese Studies, the School of History and Anthropology at Queen's University, and the History Department at St Patrick's College. Dr Clark, in particular, would like to thank Professor James Kelly and Dr Marian Lyons for making possible the initial process that led to the symposium, and for their continued support and encouragement, and express her gratefulness to the administrative staff in the School of Languages, Literatures and Performing Arts, and to Dr Simon Davies and colleagues in the Centre for Eighteenth-Century Studies at Queen's. Professor Kelly wishes to thank his colleagues in the History Department, St Patrick's College, and, particularly, Dr Marian Lyons for her continuing support and commitment to the project. Both editors wish to thank the contributors for their participation in the symposium, and for the efficient way in which they have assisted in making this volume possible.

November 2008

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List of Abbreviations

Add. MS	Additional Manuscript
ADM	Admiralty Series
AGI	Archivo General de Indias, Seville
AGN	Archivo General de la Nación, México
AGS, SGU	Archivo General de Simancas, Secretaría del Despacho de Guerra
AHFM–UNAM	Archivo Histórico de la Facultad de Medicina – Universidad Nacional Autónoma de México
ARS	Archive of the Royal Society, London
BL	British Library, London
BMR	Bibliothèque Municipale, Reims
BNF	Bibliothèque Nationale de France
CUP	Cambridge University Press
<i>EHR</i>	<i>English Historical Review</i>
FCP	Four Courts Press
GA	Guild of Apothecaries, Apothecaries Hall, Dublin
HMC	Historical Manuscripts Commission
JRUL	John Rylands University Library, Manchester
LS	Linnean Society, London
MS(S)	Manuscript(s)
NAI	National Archives of Ireland
NLI	National Library of Ireland
NLW	National Library of Wales
NLS	National Library of Scotland
NUI	National University of Ireland
NUL	Nottingham University Library
<i>ODNB</i>	<i>Oxford Dictionary of National Biography</i> (60 vols, Oxford, 2004)
OUP	Oxford University Press
PRONI	Public Record Office of Northern Ireland
QUB	Queen's University Belfast
RANM	Real Academia Nacional de Medicina, Madrid
RCBL	Representative Church Body Library, Dublin
RCPI	Royal College of Physicians of Ireland, Dublin
RDS	Royal Dublin Society
RIA	Royal Irish Academy, Dublin
<i>RIA proc.</i>	<i>Royal Irish Academy, proceedings</i>
RSA	Royal Society of Arts

TCD	Trinity College Dublin
TNA	The National Archives, Public Record Office
UCD	University College Dublin
WL	Wellcome Library, London
WO	War Office

Introduction

Consistent with the ascendancy of the institution and the medical professional in modern medicine, most medical history published in Ireland to date has been written from an institutional and biographical perspective. Indeed, it has largely been written by medical practitioners with an interest in history rather than by historians. This explains the particular focus on institutions (the rise of the hospital and the development of the medical school), organisations (specifically professional bodies), the emergence of the professional medical elite, and the lives and achievements of doctors.¹ Much fine work has been accomplished in each of these areas, and, as a result, it is possible not only to consult solid narrative histories of most of the main medical institutions, colleges, as well as hospitals,² but also to pursue the life histories of many of the major medical figures of the seventeenth, eighteenth, nineteenth and twentieth centuries.³

¹ For a traditional overview, see John Fleetwood, *History of Irish medicine* (2nd edn, Dublin: Skellig Press, 1983). This has been superseded by Tony Farnar, *Patients, potions, physicians: a social history of medicine in Ireland 1654–2004* (Dublin: A&A Farnar, 2004), which employs a less traditional approach and is less preoccupied with organisations and institutions. However, in keeping with the fact that it was written to honour the anniversary of the Royal College of Physicians of Ireland, the history of that venerable institution features prominently on its pages.

² See, for examples of this approach, O'Donel T.D. Browne, *The Rotunda Hospital, 1745–1945* (Edinburgh: E. and S. Livingstone, 1947); Peter Gatenby, *Dublin's Meath Hospital* (Dublin: Town House, 1996); F.O.C. Meenan, *St Vincent's Hospital, 1834–1994: an historical and social portrait* (Dublin: Gill and Macmillan, 1995); Helen Burke, *The Royal Hospital Donnybrook: a heritage of caring, 1743–1993* (Dublin: Royal Hospital Donnybrook and the Social Science Research Centre, UCD, 1993); C.A. Cameron, *History of the Royal College of Surgeons in Ireland, and of the Irish schools of medicine, including numerous biographical sketches* (Dublin: Fannin and Company, 1886); J.D.H. Widdess, *The Royal College of Surgeons in Ireland and its medical school, 1784–1966* (2nd edn, Edinburgh: E. and S. Livingstone, 1967); J.D.H. Widdess, *A history of the Royal College of Physicians of Ireland 1654–1963* (Edinburgh: E. and S. Livingstone, 1963); T.P.C. Kirkpatrick, *History of the medical teaching in Trinity College, Dublin, and of the School of Physic in Ireland* (Dublin: Hanna and Neale, 1912). A fuller listing of institutional histories can be located in Fleetwood, *History of Irish medicine* (2nd edn), pp. 333–54, and in notes 4, 7, 8 and 14 in Greta Jones and Elizabeth Malcolm, 'Introduction: an anatomy of Irish medical history' in Jones and Malcolm (eds), *Medicine, disease and the state in Ireland 1650–1940* (Cork: Cork University Press, 1999), pp. 10–11, 12.

³ See, for example, T.W. Belcher, *Memoir of Sir Patrick Dun* (Dublin: Hodges, Smith and Co., 1866); Sir William Stokes, *William Stokes, his life and work (1804–1878)* (London: T. Fisher Unwin, 1898); J.B. Lyons, *Brief lives of Irish doctors* (Dublin: Blackwater, 1978);

The value of such inquiry is undeniable. It has provided the student of the history of medicine in Ireland with a series of standard narratives and, in many instances, the foundation documents of the main medical institutions, and perspectives on the personnel and personalities that contributed, individually and severally, to the evolution of medical practice in Ireland since the seventeenth century. Moreover, given the different approaches employed in the histories that have been prepared of emblematical institutions, such as the Dublin Lying-in Hospital (The Rotunda), which has had its story chronicled on at least seven occasions, it is apparent that certain institutions can profitably be revisited to provide answers to new questions and to demonstrate the potential of new approaches to and new perspectives on the history of medicine.⁴

The value of the institutional and the biographical approach has not been exhausted, therefore, not only because both can assist with the application of new methodologies, but also because the history of many institutions and the lives of many practitioners (particularly at local level) has hardly been considered. Moreover, whole categories of eighteenth and early nineteenth-century foundations – infirmaries, dispensaries, houses of industry, workhouses, lunatic asylums, nursing homes and private sanatoria – remain seriously under-explored when they have been considered at all. Furthermore, because the approach in much institutional history to date has prioritised the physical growth, organisational development and, more recently, the cultural impact of the hospital, too little is known of the range, nature and impact of the course of therapies offered. This is even more so the case with a host of crucial issues appertaining to the care of patients, recovery rates, the evolution of the practitioner–patient relationship, the significance of gender, the impact and import of the moral, religious and political attitude of hospital staff, the adoption and impact of medication, the aetiology and impact of disease, and so on. In the case of medical practitioners, the attention accorded the physician, and specifically officeholders, innovators and leaders has overshadowed the no less important contribution of the ordinary practitioner, and still more so the impact and import of the surgeon and the apothecary, who were the other branches of the trinity of medical professionals responsible for dispensing medical assistance.

Their perceived limitations, notwithstanding, it is to works that employ an institutional and biographical focus that one must look for information to describe

Davis Coakley, *Irish masters of medicine* (Dublin: Town House, 1992); Eoin O'Brien, *Conscience and conflict: a biography of Sir Dominic Corrigan, 1802–80* (Dublin: The Glendale Press, 1983).

⁴ For a review of the histories of the Rotunda see Jones and Malcolm, 'Introduction: an anatomy of Irish medical history' in Jones and Malcolm (eds), *Medicine, disease and the state*, pp. 1–17 (2–3). In addition to those discussed by Jones and Malcolm, see Ian Campbell Ross (ed.), *Public virtue, public love: the early years of the Dublin Lying-in hospital: the Rotunda* (Dublin: the O'Brien Press, 1986); G.A. Boyd, *Dublin 1745–1922: hospitals, spectacle and vice* (Dublin: FCP, 2006).

the early phases of the emergence of modern diagnostic medicine in Ireland.⁵ They also constitute our main source of information on the evolution of the medical professions, which explains why this continues to be presented in primarily institutional terms; thus the emergence of the surgeon has been explored against the backdrop of the campaign to establish the College of Surgeons, and the expanding role of the physician in the context of the history of the College of Physicians.⁶ As a result, those branches of medicine that do not possess equivalently venerable institutions – the apothecary, general practitioner and the dentist⁷ – want for comparable histories, while the role and contribution of other carers – such as the nurse – have attracted still less notice.⁸

The strengths and weaknesses of Irish medical historiography, referred to in the preceding paragraphs, is well known. It was described in comparable terms nearly a decade ago by Jones and Malcolm, in the introduction to a collection of essays that stands out as the most ambitious attempt to date to apply a more modern approach to the history of medicine in Ireland.⁹ A number of other collections currently in preparation aspire to build on this achievement,¹⁰ and the recent surveys, though different in nature, purpose and focus, prepared by Tony Farmer and Laurence Geary suggest that the observations of Jones and Malcolm have not passed unnoticed.¹¹ However, in all of these works the nineteenth and twentieth centuries preponderate. As a result, the modern period overwhelms the early modern, leading to an insufficient acknowledgement of the complexity of medical practice in the seventeenth and eighteenth centuries.

⁵ For an attempt, which draws heavily on such scholarship, see James Kelly, ‘The emergence of scientific and institutional medical practice in Ireland, 1650–1800’ in Jones and Malcolm (eds), *Medicine, disease and the state*, pp. 21–39.

⁶ Widdess, *The Royal College of Surgeons in Ireland*; Widdess, *A history of the Royal College of Physicians of Ireland 1654–1963*; Cameron, *History of the Royal College of Surgeons in Ireland*.

⁷ For an initial attempt to explore the emergence of the dentist see James Kelly, ‘“I was glad to be rid of it”: dental medical practice in eighteenth-century Ireland’ in Margaret Preston and Margaret Ó hÓgartaigh (eds), *Gender, medicine and the state in Ireland, the United States and Australia* (Syracuse: Syracuse University Press, forthcoming).

⁸ There is a history of nursing – Pauline Scanlon, *The Irish nurse: a study of nursing in Ireland in history and education, 1718–1981* (Manorhamilton; Drumlin Press, 1991) – but the prominence afforded development in the twentieth century underlines the potential for further enquiry into the history and evolution of nursing care.

⁹ Jones and Malcolm, ‘Introduction: an anatomy of Irish medical history’, in Jones and Malcolm (eds), *Medicine, disease and the state*, pp. 1–17.

¹⁰ Preston and Ó hÓgartaigh (eds), *Gender, medicine and the state in Ireland, the United States and Australia*; Maria Luddy and Catherine Cox (eds), *Cultures of care in Irish medical history, 1750–1950* (Basingstoke: Palgrave, forthcoming).

¹¹ Farmer, *Patients, potions, physicians*; Laurence M. Geary, *Medicine and charity in Ireland, 1718–1851* (Dublin: UCD Press, 2004).

There is much, certainly, that requires detailed exploration before a balanced new synthesis can be generated. We do not, for example, possess even a hazy picture of the number of medical practitioners working in the country at any given point prior to the availability of censal figures in the mid-nineteenth century, though this is a prerequisite to any attempt to establish the availability of trained medical assistance, the level of public access and, not least, the permeation of new techniques and methods of diagnosis and care. Apart from the select number of students that were admitted to Trinity College, Irish physicians generally trained abroad. As the findings of Innes Smith, Underwood and Froggatt on Leiden, and Laurence Brockliss's pioneering work on Reims in this volume demonstrate, it should be possible to establish with some confidence the number that studied abroad by combing the registers of the relevant universities in Britain and Europe and thereby to construct a general time series.¹² It will be less easy, as Brockliss observes below (Chapter 4), to identify the number that returned to practice in Ireland, and still less to establish with any reliability how they interacted with the larger number of almost wholly domestically trained surgeons and apothecaries with whom they rubbed shoulders, or their relationship with the serried ranks of charlatans, quacks, and healers that were also a feature of the medical landscape. Moreover, we know little of the medicine that they practiced. While major claims have been advanced in respect of the influence of a number of the great practitioners of the age, most notably Herman Boerhaave, the 'paucity of Irish Catholics at the premier [medical] schools in the eighteenth century', combined with the predilection of Irish medical students to gravitate to those institutions where a degree could be secured cheaply, suggests that excellence was not always a priority, or always guaranteed.¹³ What is apparent is that further, closer inquiry is required into the education of Irish physicians to establish the extent to which the Galenist humoral approach retreated (if at all) during the seventeenth and eighteenth centuries in the face of new knowledge, new medical theories and new styles of practice.

This will be of limited use, of course, in illuminating the more tenebrous world of popular medicine, particularly as practiced by the large Gaelic-speaking component of the public following the destruction of the traditional medical schools that flowed from the extension of English power in the sixteenth and seventeenth centuries. Based on the conclusion that medieval and early modern Irish medical texts 'contain some of the best medical literature available in contemporary Europe' and that they were not 'simply an academic exercise divorced from the

¹² R.W. Innes Smith, *English-speaking students of medicine at the University of Leiden* (Edinburgh: Oliver and Boyd, 1932); E.A. Underwood, 'The first and final phase of the Irish medical students at the University of Leiden' in Eoin O'Brien (ed.), *Essays in honour of J.D.H. Widdess* (Dublin: Cityview Press, 1978), pp. 5–42; Peter Froggatt, 'Irish students at Leiden and the renaissance of medicine in Dublin', in *Journal of the Irish College of Physicians and Surgeons*, 22 (1993): 124–32.

¹³ Froggatt, 'Irish students at Leiden', 126.

reality of the doctor's practice',¹⁴ it can reasonably be assumed that their echo reverberated long after the medical schools had disappeared. Yet this can only be conjectured in the absence of more focussed research, and a clearer appreciation of the relationship of the essentially Galenist medicine promoted in the medical schools with the herbal, religious and magical remedies that circulated among the *menu peuple*.

What is apparent, based on the testimony of contemporaries dating from the early seventeenth to the early nineteenth century, is that the number and distribution of medical practitioners with appropriate qualifications was wholly inadequate to the needs of the population. As a consequence, people of all traditions, cultures and classes were obliged to assume direct and personal responsibility for their own health and well-being. This resulted in the palpably more fluid doctor–patient relationship wherein the paying patient had more agency than became the case in the nineteenth century. This was symbolised by the fact that in Gaelic Ireland, medical manuscripts were frequently transcribed, not in the medical schools, but in the houses of the gentry on whom practitioners were dependent, as Charlie Dillon's account of the life of Risteard Ó Conchubhair (1561–1625) illustrates (Chapter 2).¹⁵ Old English physicians likewise visited and stayed with their patients when summoned to do so, and the situation was only slightly different in anglophone Ireland at the end of the eighteenth century, as William Drennan's experience at Newry amply illustrates.¹⁶ This arrangement persisted because of the gulf in social and economic status that separated members of the landed elite from those in medicine – a small cadre of well-connected physicians apart. Yet the fact that wealth was no security against ill-health facilitated the upwards mobility that was a feature of all branches of medicine – female midwives and unorthodox practitioners excepted. As a result, those with access to professional medicine by virtue of their social position and geographical location, could, and did in many instances, develop a close and trusting relationship with one or more of the slowly expanding number of graduate physicians, skilled surgeons and knowledgeable apothecaries that plied their skills. However, because recovery, even from minor complaints and conditions, could not be guaranteed, and because the curatives that were administered were perturbingly fallible, patients inevitably regarded the medical professions with understandable scepticism, and had no hesitation, in the eighteenth century, either in seeking other opinions or appealing to unorthodox practitioners, to family knowledge and to the expanding array of proprietary medication that were available for purchase. Moreover, though the origins of hospitalisation, and of the hospital as an institution, can be securely located in the eighteenth century, only a small proportion of those that were ill ever saw the

¹⁴ Aoibheann Nic Dhonnchadha, 'Early modern Irish medical writings', in *Newsletter of the School of Celtic Studies*, 4 (1990): 39.

¹⁵ Nic Dhonnchadha, 'Early modern Irish medical writings', 35–9.

¹⁶ See Lyons, chapter 1 in this collection; Jean Agnew, *The Drennan–McTier letters* (3 vols, Dublin: Irish Manuscripts Commission, 1998–9), vol. 1 *passim*.

inside of such an institution. It is not possible at present to estimate the number or social station of those who did receive hospital attention, but the absence of any reference to their engagement with such institutions other than in a charitable capacity indicates that members of the social elite never attended a hospital as a patient. Illness was treated primarily in the home, and given the deficiencies of many medical practitioners, the therapies they proffered and the available medications, it is not surprising that those blighted by ill-health did not hesitate to try all the options available to them. As a result, the seventeenth and eighteenth centuries sustained a more varied medical culture than that which existed in the nineteenth century, when, during the golden age of Irish medicine, the medical professional and the hospital achieved the ascendancy it retains to the present.

As the preceding overview suggests, the diversity that was emblematical of Irish medicine in the seventeenth and eighteenth centuries pertaining to such a variety of medical approaches provides the main rationale for this current volume. To this end, the collection aspires both to open up new areas of enquiry, and to re-engage with others in order to broaden the interpretative context within which the medical history of late early modern Ireland is situated. It is thus appropriate that the collection includes a preliminary exploration by Charlie Dillon of the character and impact of the native medical tradition (Chapter 2), and, in particular, of the medical schools that Gaelic Irish society sustained. As Dillon points out, medical practice was one of the hereditary arts in Gaelic Ireland into the early modern period. Like the better-known poetic tradition, it was unsustainable in the absence of the clan structure, which was the main casualty of the collapse of the Gaelic political order in the face of Tudor expansion, and the imperious extension of English settlement and political influence in the seventeenth century. Though it is possible from the surviving record to establish who the main Gaelic medical families were, and, from the extant corpus of medical manuscripts the tradition of medical learning they promoted and developed, we are less well informed as to how medicine was practised. Gaelic medical practitioners seem to have been located securely within the Galenist framework then dominant in Europe, and to have tended primarily (and perhaps exclusively) to members of the landed elite, both of the Gaelic and Anglo-Norman/Old English traditions. One of the best documented medical schools was at Aghmacart in county Laois, but the fact that it disappears from the record in 1611 is in keeping with the fact that the native medical tradition was so inextricably bound up with the Gaelic order it could not survive its collapse.¹⁷

Based both on the content of the medical knowledge contained in the hundred plus ‘manuscripts dating from the fifteenth to the seventeenth centuries which are almost entirely medical in content’, and the assessments of reliable contemporary observers, the Gaelic medical tradition was laudably practical in its approach and

¹⁷ Aoibheann Nic Dhonnchadha, ‘The medical school of Aghmacart, Queen’s County’, in *Ossory, Laois and Leinster*, 2 (2006): 11–43.

orientation.¹⁸ Significantly, its admirers included Johannes Baptista van Helmont, the influential critic of contemporary medical practice, who was induced by his antipathy to what was transmitted within university medical schools on the continent to applaud the reliance of Irish medical practitioners on observation and ‘vernacular’ remedies.¹⁹ The long-term legacy of Aghmacart, and of comparable institutions is elusive, but Dillon’s contentions that the practice of Irish people going to Europe for medical training is evidence of continuity with a ruptured past, and that the Gaelic tradition of medical learning may also have influenced the vibrant folk tradition of healing and cures that persisted into the nineteenth century is suggestive. As matters stand, there is a glaring chasm in our knowledge as to what the ordinary public did for medical assistance, assuming they had at least some access to the learning promoted by the professional medical schools, between the early seventeenth and the early nineteenth centuries when their reliance on folk medicine can be tracked.

It is clear that the collapse of the Gaelic order did not halt the practice of Galenist medicine in Ireland. The Old English descendants of the Anglo-Norman settlers, who dominated much of the urban environment and who were a powerful political as well as economic force in various parts of the provinces of Leinster and Munster, also sustained a medical infrastructure. It remains to be fully excavated, but it would appear that medical practitioners from this background traditionally went abroad for their medical education, largely but not exclusively to England. This pattern was disrupted by the confessional and political upheavals of the sixteenth century, though the presence of Dermot O’Meara at Oxford University in the early seventeenth century indicates that the indulgence shown to medical practitioners by the New English authorities meant the Catholics continued to have access to English medical learning past the completion of the Tudor conquest. However, in common with those who sought theological training, members of this community made their way increasingly to Catholic Europe from the early seventeenth century. Whatever their precise destination, the impact of their training and the best practice they encountered abroad convinced them that the approach adopted by the multitude of what Dermot O’Meara famously caricatured as ‘cursed mountebanks, ignorant barbers and shameless quacks’ then practicing in Ireland ‘profane[d] the holy temple of Asculapius’.²⁰ Conceiving that this should not be allowed to continue, a number of the most ambitious and talented practitioners sought to promote a programme of reform and professionalisation, whose most ambitious manifestation was a scheme to establish a college of physicians at Dublin, in order to police practitioners and to regulate standards. Their plans proved still born, but Lyons’ account (Chapter 1) of their efforts in the late 1620s,

¹⁸ Nic Dhonnchadha, ‘Early modern Irish medical writings’, 35.

¹⁹ Quoted from van Helmont’s *Opera Omnia* (1682) in Kirkpatrick, *History of the medical teaching in Trinity College*, p. 31.

²⁰ Cited in Kelly, ‘The emergence of scientific and institutional medical practice in Ireland, 1650–1800’, p. 22.

and her exploration of the practice of Ireland's premier physician, Thomas Arthur, demonstrates that the kingdom was not the medical wasteland in the first half of the seventeenth century that an unquestioning acceptance of O'Meara's oft-cited description might imply. The absence of proper regulation did permit a permissive environment that unqualified practitioners successfully availed of, but the fact that these were not always without skill demonstrates that the history of medicine in seventeenth-century Ireland is about more than the foundation of a graduate college of physicians, which finally took place in 1654.

Thomas Arthur was one of the earliest Irish graduates of the University of Reims, and one of the first of many Irish Catholics who were obliged, because of the absence of a vibrant school of medical training and the intensifying confessional cleavage that gripped Irish society in the seventeenth century, to have recourse to continental Europe for medical training. The country did have a university, Trinity College established in 1592, with the authorisation to prepare medical graduates. However, theology took precedence, and this, in combination with the institution's confessional character, ensured that the bulk of the country's medical graduates during the seventeenth, eighteenth and early nineteenth centuries were trained abroad.²¹ Reims was the destination long favoured by Catholics, as Laurence Brockliss points out (Chapter 4), in large part because it was cheaper and easier to secure a medical degree there than elsewhere. However, because of the substantial number of Irish Catholic students who aspired to a medical qualification, they were also to be found in medical faculties across the continent. The numbers graduating from Paris, Montpellier and Prague was palpably smaller than from Reims, but it may be that they were more highly motivated, better educated and, perhaps, more influential in shaping medical practice in the eighteenth century when, with the Protestant ascendancy firmly rooted, their number appreciated sharply.²²

It is clear, moreover, that the number of medical students grew in the course of the eighteenth century because medicine was one of the few professions from which Catholics were not disbarred or inhibited by law.²³ This is not to suggest that medicine held no interest for members of the Church of Ireland. Beginning in the 1660s, a slowly appreciating trickle of students, overwhelmingly members of the Church of Ireland, opted to travel to Leiden in the Dutch Republic, where, during the 38 years that Herman Boerhaave taught there (1700–38), they received a medical training of exceptional quality. A total of 236 Irish students registered at Leiden over a period of three centuries, 122 during 'the Boerhaavian period' alone. Their number declined appreciably following Boerhaave's death (only 87 Irishmen matriculated between 1739 and 1817), but by then Trinity College had a functioning medical school, while Oxford and Cambridge also attracted some

²¹ Kirkpatrick, *History of the medical teaching in Trinity College Dublin*, pp. 25–6.

²² For an assessment of the influence of Leiden see Peter Froggatt, 'Irish students at Leiden', 124–32.

²³ See Patrick Fagan, *Catholics in a Protestant country: the papist constituency in eighteenth-century Dublin* (Dublin: FCP, 1999), chapter three.

Irish students.²⁴ Presbyterians, meanwhile, were strongly drawn to Scotland, and the development at Glasgow and Edinburgh of vigorous medical schools proved an attractive option, to which many had recourse. Much work needs to be done on the registers and records of these institutions, but based on the fact that ‘no less than 354’ Irish men graduated MD from Edinburgh University between 1794 and 1816, it is apparent that the medical school there must be placed alongside Reims, Leiden, and Trinity College as the most formative influences on the manner in which medicine was practised in Ireland during the period covered by this book.²⁵ There were other institutional influences, of course, not least the British military, as Laurence Brockliss also highlights. The British army and navy proved an attractive source of employment for many Irish medical practitioners during the late eighteenth and early nineteenth centuries, and though many of these never returned to practise in Ireland, others contributed in a direct and impressive manner to the rise in numbers and in medical expertise available to the population of Ireland in the early nineteenth century.²⁶

One of the most striking implications of the work of Innes Smith, Underwood, Froggatt and Brockliss on the education of Irish physicians, besides their impressive number and confessional diversity, is its international character. This means that any account of Irish medicine during the seventeenth, eighteenth and early nineteenth centuries must also note the fact that not only did the careers of most Irish doctors possess an international dimension, but also that many chose to live their lives entirely abroad and to use their medical knowledge in a manner that would serve to advance humanity rather than their own careers. This is manifest from two essays in the collection – those by Liam Chambers on Bernard Connor (Chapter 3), and by Fiona Clark on Daniel O’Sullivan (Chapter 9). Both Connor and O’Sullivan were exceptional men, and their interests extended beyond the formal practice of medicine to engage with the broader implications for society of developments in the realm of medicine, as well as with the increasingly scientific approach to knowledge and understanding that was intrinsic to the so-called scientific revolution. This is most apparent in the case of Bernard Connor, who not only practised medicine in Poland and London, but also engaged actively with the major intellectual challenges posed by medical discovery and intellectual enquiry in the early Enlightenment to the traditional, intrinsically religious conception of mankind and its place in the world. Focusing in particular on one of Connor’s works, *Evangelium Medici* (1697), which he locates within the contemporary discourse on miracles, Chambers’ account of Connor is revealing of how medical training shaped attitudes on a wider intellectual plain as the ancients and moderns battled for intellectual pre-eminence. Connor’s career also exemplifies the personal,

²⁴ Froggatt, ‘Irish students at Leiden’, 127–9.

²⁵ Froggatt, ‘Irish students at Leiden’, 125.

²⁶ As well as his chapter in this volume, see Brockliss, et al., *Advancing with the army: medicine, the professions and social mobility in the British Isles, 1790–1850* (Oxford: OUP, 2007).

intellectual and, one can conjecture, professional difficulties some Irish medical practitioners experienced in an era in which traditional medical knowledge and understanding encountered new ideas, new discoveries and new thinking that challenged long-cherished assumptions, and that encouraged new approaches to illness. Significantly, though Connor was both familiar with and largely convinced by the arguments of the moderns in a variety of fields, he was unwilling simply to discard the knowledge and learning of the ancients. Just as his medical theory combined aspects of the Galenic approach, Paracelsian and iatrochemical thinking, and the mechanical approach favoured in the late seventeenth century, so his treatise on miracles, *Evangelium Medici*, contrived to reconcile miracles with human reason. Though this was a matter about which he had long pondered prior to his entry into print in 1697, possibly in response to the publication of John Toland's notorious deistical manifesto, *Christianity not Mysterious* (1695), Connor's career is at once an illustration of the practical challenges of negotiating a way through the shoals and eddies of contemporary intellectual discourse, and of the particular difficulties confronting an individual from an Irish Catholic background with a medical qualification from a French university, who sought to establish a successful medical practice in Protestant London.

By contrast, within the context of the Iberian-Atlantic world, Daniel O'Sullivan's Catholic background did not constitute an insuperable barrier to his advancement, but he was to encounter still more forbidding obstacles in the shape of vested interests, which reflexively joined forces to resist the criticisms and ideas of the outsider. An Irish physician, trained in France, O'Sullivan entered the Spanish colonial service and was posted to Mexico. It was a difficult location, which for an aspiring physician demanded considerable diplomatic skills as well as medical knowledge, as Clark makes clear (Chapter 9). O'Sullivan possessed the latter but not the former, with the result that his efforts to assist in the identification of a cure for venereal disease succumbed to the infighting and petty jealousies at play within the medical ranks of late colonial Mexico. His experience illustrates how individuals in positions of authority could use and manipulate the authority that came from their position to frustrate both the ideas and ambitions of those around them and, as in this instance, is revealing of how medical ideas were received, rejected and reconfigured. Late colonial Mexico was particularly complex, but the problems O'Sullivan encountered were illustrative of the intricate and varied nature of the web of tightly woven social, scientific and political relationships that many Irish-born but foreign-trained physicians must have experienced. It thus highlights the need for more in-depth examination of the various means of advancement adopted by these individuals, such as rhetorical or discursive practices and practical networking, as they negotiated varied structures and demands of empire, whether in late seventeenth-century London, eighteenth-century Mexico or in the nineteenth-century British military.

Of course, they could simply have returned to Ireland, where their services were much needed. Indeed, the shortage of medical practitioners was a crucial factor, Kelly argues (Chapter 5), in sustaining a vibrant practice of domestic