Practical Divinity and Medical Ethics: Lawful versus Unlawful Medicine in the Writings of William Perkins (1558–1602)

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ABSTRACT: This article examines for the first time the theologically based medical ethics of the late sixteenth-century English Calvinist minister William Perkins. Although Perkins did not write a single focused book on the subject of medical ethics, he addressed a variety of moral issues in medicine in his numerous treatises on how laypeople should conduct themselves in their vocations and in all aspects of their daily lives. Perkins wrote on familiar issues such as the qualities of a good physician, the conduct of sick persons, the role of the minister in healing, and obligations in time of pestilence. His most significant contribution was his distinction between “lawful” and “unlawful” medicine, the latter category including both medical astrology and magic. Perkins’s works reached a far greater audience in England and especially New England than did the treatises of contemporary secular medical ethics authors and his writings were influential in guiding the moral thinking of many pious medical practitioners and laypersons. **KEYWORDS:** medical ethics, practical divinity, astrology, magic, witchcraft.

WILLIAM Perkins was the most influential English theologian of the late sixteenth and early seventeenth centuries. He wrote thirty-seven treatises, some published in his lifetime but many issued posthumously as part of a three volume set

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of his collected works. In England, his writings outsold the combined literary output of John Calvin, Theodore Beza, and Heinrich Bullinger. Perkins's many treatises were reissued often and they were translated into several European languages.¹ In New England, particularly the colonies of Plymouth, Massachusetts, Connecticut, and New Haven, no religious author was more read, cited, or held in greater esteem.² Perkins wrote in what was called the "plain style," and his treatises were intellectually accessible to a wide audience. His subject matter was often topical, and he gained fame by rigorously applying the Scriptures to personal conduct and responsibility in daily living—a form of literature which became known as "Practical Divinity." His contribution to this genre includes treatises on the family, vocations, witchcraft, conscience, living and dying well, and governing one's speech.³ Perkins's preoccupation with mapping out what he understood to be the specific duties and obligations of Christians in following "God's Law" led him to address moral issues involving health, illness, and medical care and he

1. For Perkins's stature as a theologian and his publishing history, see *The Work of William Perkins*, intro. and ed. Ian Breward (Abingdon: Sutton Courtney Press, 1970), xi, 3–131, 613–32. Philip Benedict has more recently written, "If contemporary influence be the criterion, Perkins was easily the most preeminent churchman and theologian of his remarkable generation." See Philip Benedict, *Christ's Churches Purely Reformed: A Social History of Calvinism* (New Haven: Yale University Press, 2002), 319. See also Margo Todd, *Christian Humanism and the Puritan Social Order* (Cambridge: Cambridge University Press, 1987). In this article, I will cite Perkins's individually published treatises that I have been able to access as well as treatises from his collected papers. See William Perkins, *The Workes of That Famous and Worthy Minister of Christ in the Universitie of Cambridge, M[ister] W[illiam] Perkins*, 3 vols. (London: John Legatt and James Haviland, 1626–31), henceforth cited as *Workes*.

2. Perry Miller astutely observed, "Anyone who reads the writings of early New Englanders learns that Perkins was indeed a towering figure in Puritan eyes." See Perry Miller, *Errand into the Wilderness* (Cambridge: Harvard University Press, 1956), 57. Samuel Eliot Morison observed, "Your typical Plymouth Colony library comprised a large and small bible, Ainsworth's translation of the Psalms, and the works of William Perkins, a favorite theologian." See Samuel Eliot Morison, *The Intellectual Life of Colonial New England*, 2nd ed. (New York: New York University Press, 1956), 134. For Perkins's particular appeal to the colonists, see Stephen Foster, *The Long Argument: English Puritanism and the Shaping of New England Culture 1570–1700* (Chapel Hill: University of North Carolina Press, 1991), 87.

3. See Louis B. Wright, "William Perkins: Elizabethan Apostle of 'Practical Divinity,'" *Huntington Lib. Q.*, 1940, 3, 171–96. Perkins was one of several Cambridge theologians who contributed to this genre including his friend and likely mentor Richard Greenham. See Kenneth L. Parker and Eric J. Carlson, "Practical Divinity": *The Works and Life of Revd. Richard Greenham* (Brookfield, Vermont: Ashgate, 1998) and John H. Primus, *Richard Greenham: The Portrait of an Elizabethan Pastor* (Macon, Georgia: Mercer University Press, 1998).

embedded several of his treatises with discussions and arguments which, when considered together, constitute a theologically Reformed and deontological-based system of medical ethics. This article examines the breadth of Perkins's writings pertaining to moral issues in medicine, his similarities and differences with Catholic moralists and secular medical writers, and his influence on lay and medical thinking in England and New England.

Little contemporaneous accounting of Perkins's life survives, and what is now known of his biography is minimal. He was born in 1558 to parents of apparently middling means and was raised in the Parish of Bulkington in the County of Warwickshire. At the age of seventeen, he matriculated as a "pensioner" at Christ's College, Cambridge, and earned a B.A. in 1581. Perkins proceeded to his M.A. in 1584 and was elected a Fellow. After his marriage in 1595, he was appointed a preacher at Great St. Andrews Church, across the street from Christ's College, where he remained employed until his death in 1602 due to "a violent fit of the stone."⁴ Though outwardly conforming to the established Church and not taking sides in any of the divisive ecclesiastical debates of the period, Perkins's inward life, as represented through his writings, reveal a religious zeal which allied him with and made him enormously popular among those called "Puritans"—a term he utterly despised. "The due obedience of the morall Law," Perkins wrote, "is nick-named and termed precisenesse and the professours thereof called Puritans and Precisians, for this cause onely, that they make conscience of walking in obedience to Gods law."⁵

Near contemporaries suggest that as a very young man, Perkins led a dissolute life and pursued controversial intellectual

4. Thomas Fuller, *The Holy State, and the Profane State* (London: Printed for Thomas Tegg, 1841), 82. See also Samuel Clark, *The Marrow of Ecclesiastical History* (London: Printed for T.V., 1654), 850–54. The most comprehensive modern biography is found in Breward, ed. *The Work of William Perkins*, 3–131.

5. William Perkins, "An Exposition upon Christs Sermon in the Mount," in *Workes*, III: 195. On page 15 of this treatise, he also notes, "Who are so much branded with vile termes of Puritans and Precisians, as those, that most endeavour to get and keepe the puritie of heart in a good conscience?" Nevertheless, Perkins remained in good standing with the established church. See W. B. Patterson, "William Perkins as Apologist for the Church of England," *J. Eccles. Hist.*, 2006, 57, 252–69. Several scholars classify Perkins as a "moderate Puritan." See Peter Lake, *Moderate Puritans and the Elizabethan Church* (Cambridge: Cambridge University Press, 1982). See also Patrick Collinson, *The Elizabethan Puritan Movement* (Berkeley: University of California Press, 1967).

endeavors.⁶ In what appears to be the sole reference in his writings to his own intellectual history, Perkins admits to an early fascination with astrology. “I have long studied this Art,” he noted, “and was never quiet until I had seene all the secrets of the same: but at the length, it pleased God to lay before me the prophanenesse of it, nay, I dare boldly say, Idolatrie, although it bee covered with faire and golden shewes.”⁷ His considerable reading in this subject and his citation of the works of medical astrologers distinguish him from many clerical colleagues whose critiques of the discipline were based all but exclusively on the Scriptures and their learned interpreters.

Medicine, broadly defined, plays a significant role in several of his treatises. Perkins discusses physical health and disease either as metaphors and similes to make understandable matters of spiritual health and illness or as topics presenting moral problems needing resolution.⁸ In one important volume, Perkins made a notable contribution to Elizabethan psychiatry, differentiating the diagnosis of “melancholy” from “troubles of conscience,” and urging different therapies for each condition. “Imaginations in the braine caused by Melancholy,” he wrote, “may bee cured, taken away, and cut off by meanes of Physicke: but the distresse of Conscience, cannot be cured by any thing in the world but one, and that is the blood of Christ, and the assurance of Gods favor.”⁹ Perkins’s lengthy treatise on the subject of conscience is cited by Robert Burton in his classic *Anatomy of Melancholy*.¹⁰

Perkins read widely in medicine and his theoretical orientation is largely derived from the writings of Galen and his followers.¹¹

6. Thomas Fuller, a seventeenth-century Anglican clergyman, in his short biographical notice of Perkins observed “there goeth an uncontrolled tradition, that Perkins, when a young scholar, was a great studier of magic, occasioned by his skill in mathematics.” Fuller, *Holy State*, 80.

7. William Perkins, “A Resolution to the Country-man, Proving It Utterly Unlawfull to Buy or Use Our Yearly Prognostications,” in Perkins, *Workes*, III: 653.

8. Perkins’s use of analogies receives brief mention in David N. Harley, “Medical Metaphors in English Moral Theology,” *J. Hist. Med. Allied Sci.*, 1993, 48, 396–435.

9. William Perkins, *The Whole Treatise of the Cases of Conscience* (London: John Legatt, 1619), 114.

10. Robert Burton, *The Anatomy of Melancholy* (London: Printed for Thomas Tegg, 1845), 244. Burton’s classic was first published in 1621. See also Jeremy Schmidt, *Melancholy and the Care of the Soul* (Aldershot: Ashgate, 2007), 50–64.

11. Perkins may well have read several of Galen’s works; however, he specifically cites only two titles. Galen, *De Arte Curativa* (Venetiis: D. Bernardini, 1538) and Galen, *De*

Nevertheless, he rejected as atheistic, Galen's exclusively naturalistic explanations of disease. For example, Perkins argued that "Neither is pestilence caused by the putrifaction of the aire (as Galen writeth;) but contempt of Gods Commandements is the cause . . . Galen saith, that the chiefe remedy to preserve from pestilence, is to purge the body from superfluous humors . . . God saith, nothing preserveth, but the keeping of his commandements."¹² Although he professed the view that God ordinarily worked his will through natural (i.e., secondary) causes, his sovereignty and powers were unlimited, and Perkins believed it was only the sinful pride of physicians to think that they could accomplish a cure without the Almighty's consent.

Well versed in philosophy and ethics, Perkins incorporated elements of classical writings in his treatises, most particularly in his volume on vocations.¹³ But as was true of many clergy—Protestant and Catholic alike—he saw dangers to Christians in their reliance on pagan books. Perkins chastised sixteenth-century contemporaries who lived their lives solely by "the light of naturall reason" and condemned the opinion of those who believed that "it is sufficient to the pleasing of God if they live civilly, that is, doe justice to every man, & live peaceably, hurting none." This ideal, he declared, is "the blinde Divinitie of the world."¹⁴ The other evil, he opined, was Epicureanism, which to him was but a form of atheism "when men contemning Gods commandements, threatenings, promises, care for nothing but meate, drinke, and pleasures."¹⁵ In Perkins's judgment, "Philosophers, heathen, and all meere civill, and naturall men, being

Simplicium Medicamentorum (Lugduni: Apud Gulielmum Gazellum, 1547). Perkins's library was purchased after his death and was soon after destroyed. No comprehensive list of titles in his library has survived. Two other medical authors he specifically cited that are not otherwise mentioned in the narrative of this paper include Johann Lange, *Medicinalium Epistolarum Miscellanea* (Basle, n.p. 1554), and Realdo Columbo, *De Re Anatomica* (Parisiis: Joannis Foucherii junioris, 1562).

12. William Perkins, "A Fruitfull Dialogue Concerning the End of the World, betweene a Christian and a Worlde," in Perkins, *Workes*, III: 476–77.

13. See William Perkins, *A Treatise of the Vocations, or, Callings of Men* (Cambridge: John Legat, 1603).

14. William Perkins, *How to Live, and That Well in All Estates and Times* (London: John Legat, 1611), 54. Perkins advised ministerial students must privately make use of the general arts and philosophy in preparing sermons but should keep this hidden in public exposition. See William Perkins, *The Art of Prophesying* (1607; rpt. Edinburgh: Banner of Truth Trust, 1996), 71.

15. Perkins, *How to Live*, 50.

such as never sowed to the spirit, shall reape nothing but corruption, death, and condemnation, contrary to the opinion of some ancient and moderne writers.”¹⁶

From the time of the early Church Fathers, Catholic theologians sought to harmonize the ethics of Greek, Roman, Jewish, and Arab medical authors with Scripture and wrote on a variety of moral quandaries to be judged in the “Courts of Conscience.”¹⁷ In the mid-sixteenth century, Protestant writers revisited these same issues.¹⁸ Perkins was familiar with earlier authors, cited in particular the early church fathers, and wrote on what by his time had become standard moral questions in medicine: How should the sick conduct themselves during their illness? What are the qualities of a good physician? What are the respective roles of the minister and the physician in healing? Does one need to provide care for one’s enemies? Should diseased persons marry or divorce? Is it permissible for physicians and midwives to work on the Sabbath and if so, can they ask for a fee? What are one’s moral obligations during times of pestilence? On some of these issues, Perkins advanced medical ethics positions resonant with Calvin and Beza’s writings; on others, his resolutions of “cases of conscience” reveal little substantive deviation from a learned Catholic consensus of opinion.¹⁹ Perkins’s most significant contribution was his differentiation between “lawful” and “unlawful” medicine in which he placed medical astrology and magic in the latter category.

As a proponent of John Calvin’s teachings, Perkins embraced the doctrines of providence and predestination; defending the propositions that God plays an active role in the universe, and makes

16. William Perkins, “An Exposition upon the Five First Chapters of the Epistle to the Galatians,” in Perkins, *Workes*, II: 386.

17. See Darrel Amundsen, “Casuistry and Professional Obligations: The Regulation of Physicians by the Court of Conscience in the Late Middle Ages,” *Trans. Stud. Coll. Physicians Phila.*, 1981, 3, 22–29; 93–112.

18. Similarities and differences between Catholic and Protestant theologians on a limited number of specific subjects are considered in Winfried Schleiner, *Medical Ethics in the Renaissance* (Washington, DC: Georgetown University Press, 1995).

19. For the development of a Catholic consensus on moral issues in medicine during the first centuries of Christianity, see Gary Ferngren, *Medicine & Health Care in Early Christianity* (Baltimore: Johns Hopkins University Press, 2009). Though he frequently cites the early church fathers by name, Perkins rarely identified later Catholic theologians. It is unclear, for example, whether he was familiar with Erasmus’s writings on medical ethics. See W. R. Albury and G. M. Weisz, “The Medical Ethics of Erasmus and the Physician–Patient Relationship,” *J. Med. Ethics*, 2001, 27, 35–41.

arbitrary choices including his decision as to which souls get saved before individuals begin their lives. Perkins effectively argued, however, that neither of these cardinal principles of the Reformed movement absolved Christians from taking full responsibility for their conduct or the maintenance of their physical selves. Notwithstanding his quarrel with Galen over God's extraordinary power to produce epidemics, Perkins argued that Christians should, by intention, avoid becoming ill. "We ought to have a moderate care" he wrote, "to preserve our bodily life and health. . . . The sixth commandment saith, 'Thou shalt not kill' wherein the Lord injoineth us by all good meanes to preserve our own and our neighbours life."²⁰ However, health for its own sake was not a virtue. He argued there were only two reasons why Christians should maintain their bodies, "first, that we may doe all the good we can to the Church, Common-wealth, and family whereof we are members" and "secondly, that we may have sufficient time to prepare our selves for heaven."²¹ Perkins's practical advice to Christians on bodily preservation was drawn from both Scripture and Galenic theory. He that would "order his body," he wrote, "must observe perpetuall temperance in food and rayment, taking that which may well suffice nature, but not fulfill the lusts thereof. . . . If this will not serve to subdue the flesh . . . then fasting must be used."²² He also favored "exercises and sports serving to refresh either the body or the mind" but only if these activities did not, such as "mixed dancing," violate God's law.²³

When ill, Perkins declared "the first duty of the sicke man is to send for helpe."²⁴ But as opposed to practitioner-authored texts where the usual advice to laypersons was to summon the physician promptly, Perkins cited James 5:14: "Is any sicke among you, let him call for the Elders of the Church."²⁵ He wrote, "spirituall men, especially the holy men of God, and Ministers of his word, are the

20. William Perkins, "A Godly and Learned Exposition upon Christs Sermon on the Mount," in Perkins, *Workes*, III: 136–37. For the doctrines of predestination and providence, see John Calvin, *Institutes of the Christian Religion*, trans. Henry Beveridge (Peabody, Massachusetts: Hendrickson Publishers, 2008).

21. Perkins, "Godly and Learned Exposition," in *Workes*, III: 137.

22. *Ibid.*, 160.

23. William Perkins, "A Discourse of Conscience," in Perkins, *Workes*, I: 539.

24. William Perkins, *A Salve for a Sicke Man* (London: John Legatt, ca. 1638), 104.

25. *Ibid.*, 103.

Lords Surgeons, to bind up the broken, and raise those that are fallen: as also his Physicians, to restore those that are in a spirituall consumption of grace, we ought to make great account of them, and have them in singular love, for their worke sake.”²⁶ Perkins lamented, however, that in practice “the Physician is first sent for and comes at the beginning of the sicknesse, and the Minister comes when a man is half dead, and is then sent for oftentimes when the sicke party lyes drawing on and gasping for breath, as though Ministers of the Gospell in these days were able to worke miracles.”²⁷ Laypersons morally erred when they did not consider in their extremity that disease is rooted in sin and “For till helpe be had for the soule, and sinne which is the root of sicknesse be cured, physicke for the body be nothing.”²⁸ As a cautionary tale, he reminded his readers of the story of Asa (2 Chron. 16:12) who “sought not to the Lord, but to the Physicians, & put his trust in them.”²⁹ Citing Ecclesiastes 38:1, Perkins observed, “For if we must honour the bodily Physitian . . . who cureth but the diseases of the body: how much more ought we to honour spiritual physitians, which cure the spirituall maladies of our soules.”³⁰

Unlike the Catholic priest who was an intermediary between the sick person and God, the principal function of the Reformed minister (or elder or deacon) was that of a counselor or educator, instructing the sick person in how to conceive of the illness and in how to conduct oneself. “So soone as a man shall feelee any maner of sicknes to sease upon his body,” Perkins wrote, “he must consider with himselfe whence it ariseth: and after serious consideration, he shall find that it comes not by chance or fortune, but by the providence of God.”³¹ Perkins, as well as other Calvinist writers, thought the notions of “blind fortune,” “luck,” or “chance” mere paganism and incompatible with their theological notion of God’s immanence and control over all human affairs.

26. Perkins, “Galatians,” in *Workes*, II: 349.

27. Perkins, *Salve*, 106–7.

28. *Ibid.*, 106.

29. *Ibid.*, 135. See also William Perkins, “A Golden Chaine: or, the Description of Theologie,” in Perkins, *Workes*, I: 34–35.

30. Perkins, “Galatians,” in *Workes*, II: 349.

31. Perkins, *Salve*, 95.

Reformed clerics also taught there was a causal connection between sin and illness.³²

Perkins noted that the minister's work was often more difficult than it should be otherwise because many who professed being Protestants were simply ignorant in the main tenets of their faith and had to be schooled when dying. "What a shame is this, that when a man hath spent his life & dayes in the Church for the space of 20 or 30 or 40 Years, hee should at the very end of all and not before, begin to enquire what faith and what repentance is, and how his soule may be saved?"³³ Though Catholic and Reformed clergy provided significantly different answers to questions about salvation, they most certainly shared a common problem—the ignorance of nominal co-religionists.³⁴

Reformed church officers were not the only ones who were obligated to guide the sufferer. In the sixteenth and early seventeenth centuries, a person's illness was often a public event, and the sick bed was a gathering place for members of the community. For Perkins, it was "a generall dutie to visit our neighbours in time of sicknes."³⁵ His ideal interaction between visitors and the ill person was to be found in Thomas Becon's guidebook in which he has laymen gathered at the bedside of a dying friend to offer choice religious wisdom for him to ponder in preparation for death.³⁶ But instead of this imagined pious scene, Perkins too often found visitors who "cannot speake a word of instruction and comfort, but spend the time either in silence, gazing, and looking on; or in uttering words to little or no purpose, saying to the sicke party, that they are sorry to see him in that case, that they would have him be of good comfort" and "they doubt not but that he shall recover his health and live with them still, and be merry as in former time."³⁷ He argued sickness should be a time of serious contemplation about one's physical demise more so than about one's recovery; and

32. See Alexandra Walsham, *Providence in Early Modern England* (Oxford: University of Oxford Press, 1999) and Michael P. Winship, *Seers of God* (Baltimore: Johns Hopkins University Press, 1996).

33. Perkins, *Salve*, 100–1.

34. See Keith Thomas, *Religion and the Decline of Magic* (New York: Charles Scribner's Sons, 1971), 159–66.

35. Perkins, *Vocations*, 117.

36. Thomas Becon, *The Sicke Mans Salve* (London: Printed by John Daye, 1582).

37. Perkins, *Salve*, 104–5.

more about the fate of one's everlasting soul rather than a longing for one's future merriment. Christians had a duty to end their days honorably: "Now to die in obedience," he noted "is when a man is willing, ready, and desirous to goe out of this world, whensoever God shall call him, and that without murmuring and repining; at what time, where, and when it shall please God."³⁸ Perkins's writings concerning "dying well" provided an instructive Reformed counterpoint to the Catholic literary tradition of *Ars Moriendi* with its emphasis upon the rite of "extreme unction" which Calvinists rejected as not sanctioned by Scripture.³⁹

No matter the guidance offered by clergy and others, the sufferer, Perkins noted, had to be spiritually prepared for whatever God decides. He observed that God "has promised his 'special blessings' unto his ill servants and manifests his presence in three ways: the first by 'moderating and lessening the paines & torments of sicknes & death;' the second by 'an inward and unspeakable comfort of the Spirit;' and the third through the 'ministrie of his good-Angels'."⁴⁰ Perkins knew, however, that many illnesses including those resulting in the death of the pious were quite painful, and others who suffered or died did so while mentally compromised. Where then were God's blessings? Were these torments obvious signs of a soul foreordained to Hell? He tried to be reassuring. Such manifestations, he opined, "doth not alwaies argue some extraordinary judgment of God."⁴¹ He even provided a medical explanation noting that "Raving and blasphemings arise of the disease of melancholy and of frenzies, which often happen at the end of burning fevers, the choller shooting up to the braine."⁴² Perkins argued against onlookers rushing to conclusions, noting, "wee must not judge of the estate of any man before God by outward things."⁴³ Nevertheless, a Calvinist minister's reassurance could only be conditional. For the Catholic sufferer, a free confession to a priest of one's sins as well as the good works done during one's lifetime were believed to vouchsafe one's soul into heaven. By contrast, Calvinist

38. *Ibid.*, 169.

39. *Ibid.*, 84–85.

40. *Ibid.*, 120–22.

41. *Ibid.*, 27.

42. *Ibid.*, 26.

43. *Ibid.*, 22.

theology made a belief in one's entry into heaven conceivably more problematic to believers as God's decision was foreordained and not necessarily related to one's behavior.⁴⁴

Perkins told sufferers they must perform three things in sickness. "First, we must make a new examination of our hearts & lives." This was compatible with Catholic practice. "Secondly," he noted, "we must make a new confession to God of our new and particular sins." Perkins argued that the Catholic Church required the sick enumerate all their sins, which he thought served no useful purpose. The third thing, he argued, was "to make new praier, and more earnest than ever before, with sighes and groanes of the spirit & that for pardon of the same sins & for reconciliation with God in Christ."⁴⁵ Perkins believed in prayers that came from the heart, rather than what he saw as the Catholic Church's mechanically expressed "set prayers" written for particular occasions. However, as the English bishops, despite the protestations of more zealous Protestants, retained pre-prepared prayers for the sick, he remained careful not to alienate the bishops and posited a role—though limited—for these formalistic appeals to God.⁴⁶

Prayer, however necessary, was not necessarily sufficient for restoration of the body. Following the Catholic moralists, as well as Martin Luther, Philip Melancthon, and Calvin, Perkins argued that to shun the ordinary remedies that were to be found in nature on the expectation of miraculous healing was but an impious "tempting of God."⁴⁷ Of physic, he noted, "the Spirit of God hath

44. The association between predestination, zealousness, and anxiety was classically enunciated in Burton, *Anatomy of Melancholy*, 660–739. See also John Stachniewski, *The Persecutory Imagination: English Puritanism and the Literature of Religious Despair* (Oxford: Oxford University Press, 1991). Modern scholars have also noted that Calvin's doctrine of predestination could provide a measure of comfort to believers. See Charles Lloyd Cohen, *God's Caress: The Psychology of Puritan Religious Experience* (New York: Oxford University Press, 1986); Winship, *Seers of God*, 9–15.

45. Perkins, *Salve*, 97–98.

46. Perkins, "Sermon on the Mount," in *Workes*, III: 120.

47. *Ibid.*, 139, 233. Calvin was chronically sick, used medicines often, and dedicated one of his works to his physician. See Herman J. Selderhuis, *John Calvin: A Pilgrim's Life*, trans. Albert Gootjes (Downers Grove, Illinois: IVP Academic, 2009), 200. See Philip Melancthon, "On the Merit of the Art of Medicine," in *Orations on Philosophy and Education*, ed. Sachiko Kusukawa, trans. Christine Salazar (Cambridge: Cambridge University Press, 1999), 169–74. Martin Luther also used standard medicines for his several chronic ailments. He thought some of his attacks of illness later in life were not "natural diseases." For a short biography of Luther, see Martin E. Marty, *Martin Luther* (New York: Penguin Books, 2004).

given approbation unto it in the Scriptures” and observed “good and wholesome physicke: which though it may be despised of many as a thing unprofitable and needles, yet must it be esteemed as an ordinance and blessing of God.”⁴⁸

“Where the Divine ends,” Perkins wrote, “there the Physician must begin.”⁴⁹ But he also cautioned “there is good cause that sicke men should as well bee carefull to make choice of meete Physicians to whom they might commend the care of their health, as they are carefull to make choice of Lawyers for their worldly suites, and Divines for cases of conscience.”⁵⁰ To guide the layman, he enumerated four criteria of a commendable practitioner.⁵¹ The first — learnedness—is but a recitation of standard arguments put forward by Galenic physicians—including John Securis, an Englishman who authored *A Detection and Querimonie of the Daily Enormities Comitted in Physick* (1566).⁵² Securis applauded the College of Physicians in London who sought to limit the right to practice medicine in the city and its suburbs to those who studied at English and Continental university medical schools, and he drew up a set of model rules he hoped would govern Episcopal licensure of the health professions in his native Salisbury and other parts of England.⁵³ Though Securis did not secure a medical degree, he claimed competence on the basis of having studied two years at the University of Paris. Perkins did not specify any particular length of training for a physician nor did he write of any requirement to attend medical school and his sometimes expansive use of the term “learned” left theoretical room for the lawful practice of medicine by university-trained clerics—which medical ethics writers such as John Cotta sharply opposed.⁵⁴

48. Perkins, *Salve*, 124–25.

49. *Ibid.*, 106–7.

50. *Ibid.*, 131.

51. *Ibid.*, 127.

52. John Securis, *A Detection and Querimonie of the Daily Enormities and Abuses Comitted in Physick* (n.p., 1566).

53. See Harold J. Cook, “Policing the Health of London: The College of Physicians and the Early Stuart Monarchy,” *Soc. Hist. Med.*, 1989, 11, 1–33. For a general institutional history of the College, see George Clark, *A History of the Royal College of Physicians*, 2 vols. (Oxford: Clarendon Press, 1964 and 1966).

54. John Cotta, *A Short Discoverie of the Unobserved Dangers of Several Sorts of Ignorant and Unconsideerate Practisers of Physicke in England* (London: William Jones and Richard Boyle,

The second essential aspect of a commendable practitioner was “experience”; Perkins noted that without it “it is injustice to minister physicke to the bodies of men.”⁵⁵ He agreed with learned physician authors that experience should follow didactic training; that only reading the standard literature and listening to lectures provided the physician-in-training with the right rules in diagnosing problems and determining the appropriate regimens or treatment. Without an understanding of theory, philosophy, and method, experience was only unlettered empiricism—a constant trial and error approach that might occasionally yield good results but too often led to dangerous consequences for the patient.⁵⁶ Experience, Perkins thought, had particular value if events were interpreted according to the rules of logic. He noted, “True experience of the causes of things, is often observing of the effects of the same causes, with this ground that they can proceed from no other thing.” As an example, he observed, “The Physician saith Rhubarb doth purge choler. Well how knoweth he thus? He hath often tried this, and that in old men, young men, children: and hath found, that in the bodies of all men, the cause of purging this humor, could bee ascribed to nothing else. Wherefore he may peremptorily conclude Rhubarb purgeth choler.”⁵⁷ Perkins also agreed with learned physicians who attacked practitioners “that doe think it a small matter to make experiments of their devised medicines upon the bodies of their patients, so that the health which they hoped for, is either hindered, or else much decayed.”⁵⁸

For surgeons, who in Perkins’s day were not expected to be learned, experience in doing procedures was the most essential means of acquiring competence. He noted, “There is great dexterity required in setting a bone, and Chyrurgeons finde it a matter of great difficulty, to set a joint . . . therefore it is not,” said Perkins, “for every

1612). Cotta devoted a chapter to benefited medical practitioners who “now overflow this kingdome with this alienation of their owne proper offices and duties” (on page 86).

55. Perkins, *Vocations*, 97–98.

56. See Cotta, *Short Discoverie*, 10–24.

57. Perkins, “Resolution to the Countrey-man,” in *Workes*, III: 657.

58. Perkins, *Salve*, 129.

horseleach to meddle with the setting of bones; no more is it for unskillful workmen to tamper with men's souls."⁵⁹ He appears to have implicitly accepted the tripartite division of labor and occupational boundaries favored by English physicians between themselves and surgeons and apothecaries, but unlike physician authors, Perkins did not devote any written attention to this issue which by contrast dominates the volumes written by John Securis and John Cotta.

The third criterion was "good religion." Perkins argued that the Reformed physician had a religious as well as a medical role. He wrote that the first obligation of a physician to the sick person was to "put sicke men in mind of their sinnes, it is a dutie specially concerning him, he being a member of Christ. . . ."⁶⁰ Perkins wrote generally about those who live by a "false faith" including in his list "Jews, Turks, and Papists," although he does not specifically attack the medical abilities of physicians adhering to other religions. Still, Perkins recognized that there were instances—such as in war or travel to another land—when the exigency of one's wounds or illness might place a member of the Reformed church in a position where he or she would either have to depend upon the services of a physician or surgeon of a "false" faith or have no treatment at all. Perkins followed other moral casuists—both Catholic and Protestant—who argued that receiving treatment under these circumstances was not sinful and was justified by the biblical story of the Good Samaritan. He noted approvingly, "Albeit there was morall hatred betwixt the Jewes and the Samaritans . . . yet hee seeing his deadly enemy wounded and halfe dead, had compassion upon him, powred wine and byle into his sores, bound up his wounds . . . and made provision for him."⁶¹

The fourth element of a "meete" or commendable physician is a "good conscience." Perkins argued that "conscience is of a divine nature, and is a thing placed of God in the midst betweene him and man, as an arbitratour to give sentence" of things that individuals do.⁶² Good conscience means having the capacity to avoid or rectify the "two damnable sinnes" of idleness and slothfulness whereby

59. Perkins, "Galatians," in *Workes*, II: 347. For English surgery, see Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 210–74.

60. Perkins, *Salve*, 138–39.

61. Perkins, "Galatians," in *Workes*, II: 403; see also Perkins, *Salve*, 124–27.

62. Perkins, "Discourse of Conscience," in *Workes*, I: 517.

his functions be “performed slackly and carelessly.”⁶³ He noted that to carry out an office such as physician or surgeon, God expects one to “do the duties of his calling with diligence.” In addition, godly practitioners needed good judgment to resolve difficult cases of conscience where seemingly conflicting passages of Scripture might not allow for a righteous resolution and here the learned theologian could help. Perkins employed the commonly used example of the apparent conflict between the fourth commandment (No working on the Sabbath) and the sixth commandment (Thou shalt not kill) as it applied to healthcare practitioners. Following the reasoning of Catholic theologians, Perkins believed that an exigent medical necessity took precedence over other moral obligations and “Physitians, upon the Sabbath day, may take a journey to visit the diseased . . . and Midwives may helpe women with childe.”⁶⁴ Practitioners, he argued, should not see this resolution as opposed to the fourth commandment since what they would be doing is not to be classified as “work” but rather as an act of “charity.” As such, he cautioned, they could not lawfully take a fee for their rendered services.

On a different issue of conscience—whether it was lawful on some occasions for practitioners to deceive patients for the intended purpose of doing them good (beneficence) and avoiding harm (nonmaleficence)—Catholic theologians and physician authors were divided amongst themselves.⁶⁵ Perkins sided with the unambiguous views of Calvin, repeating his analysis—though without attribution—of the behavior of the midwives of Egypt who protected the Israelites’ infants by lying.⁶⁶ Asking the rhetorical question, “Whether may not a man lie, if it be for the procuring of some great good to our neighbour, or to the whole countrey where we are?” Perkins answered that “lying is forbidden . . . [and] he which lyeth, in so doing conformeth himself to the devil?”⁶⁷ Still, Perkins needed to address the ethical issue of nonmaleficence at the bedside. “The concealing of truth,” he wrote, “is either in whole, or in part.

63. Perkins, *Vocations*, 11–12.

64. Perkins, “Golden Chaine,” in *Workes*, I: 47–48.

65. See Schleiner, *Medical Ethics in the Renaissance*, 5–48.

66. John Calvin, *The Four Last Books of Moses*, trans. Charles William Bingham (Grand Rapids, Michigan: William B. Eerdmann, 1950), 35–36.

67. William Perkins, “A Direction for the Government of the Tongue,” in *Workes*, I: 443.

In whole, when the speaking of the least word is hurt full. As for example, the father and sonne are both sicke at once; the sonne dieth first, the father asketh whether his sonne bee dead or not; if it be said, no, an untruth is told; if yea, then the fathers grieve is increased, and his death hastened.”⁶⁸ His moral solution was not to respond to the father’s question at all, which might well be argued provided the dying man with neither the whole truth nor mental comfort. However, in another treatise in which he discussed whether to tell a patient the gravity of his illness, Perkins was far more direct, noting that it was the duty of the physician “when he sees manifest signes of death . . . not to depart concealing them, but first to certifie the patient thereof. There may be, and is too much nicenesse in such concealements and the very plaine truth in this case knowne, is very profitable.” He saw a spiritual good in doing so: “For when the partie is certaine of his end, it doth bereave him of his trust in earthly things, and maketh him put all his assiance in the meere mercy of God.”⁶⁹

Numerous contemporary theologians and medical writers grappled with another problem of conscience—whether fleeing one’s home and community during pestilential disease was morally justified and, if justified, who was free to leave and who was obligated to stay to provide for those infected.⁷⁰ Perkins argued that any sound moral resolution had to address what God expected of man in abiding by the sixth commandment. He noted that it was an obligation to visit one’s neighbor in time of ordinary sickness, but allowed that in plague or other such dangerous epidemics “there may be and is a lawful vacation from this dutie, and that

68. *Ibid.*, 450.

69. Perkins, *Salve*, 125.

70. For the general duty to care for those infected by the plague, see Darrel W. Amundsen, “Medical Deontology and Pestilential Disease in the Late Middle Ages,” *J. Hist. Med. Allied Sci.*, 1977, 32, 403–21. Perkins was likely familiar with Theodore Beza, *A Shorte and Pithie Treatize on the Plague* trans. John Stockwood (London: Thomas Dawson, 1580). For the dilemma and decision-making of medical practitioners, see Patrick Wallis, “Plagues, Morality and the Place of Medicine in Early Modern England,” *Eng. Hist. Rev.*, 2006, 121, 1–24; Ole Peter Grell, “Conflicting Duties: Plague and the Obligations of Early Modern Physicians Toward Patients and the Commonwealth in England and the Netherlands,” in *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, ed. Andrew Wear, Johanna Geyer-Kordesch, and Roger French (Amsterdam: Rodopi, 1993), 131–52; Wear, *Knowledge & Practice*, 275–349.

with good conscious for some time, and upon some occasion.”⁷¹ However, Perkins believed that one could only “vacate” if this did not cause harm to the sick, observing “it is lawful to maintaine our owne lives” but only “without the hurt or hindrance of the lives of other men.” As a solution, he declared that potential harms could be addressed by civic authorities who had an affirmative responsibility to provide “sufficient helps” to the sick “both for their bodies and soules.” He reasoned that only if these conditions are met then “to flie is not to forsake.” Once supplied with what they need, the pestilential sick now had a moral obligation “not to desire the presence of their neighbours.”⁷²

Perkins also expected laypersons to exercise good conscience in resolving disease-centered moral problems pertaining to marriage. Calvin and Beza had worked extensively to transform the theology governing family relations as well as implementing such precepts in the secular law in Geneva.⁷³ Perkins closely followed these doctrinal and legal changes, including the moral reasoning as to whether it was lawful for diseased persons to marry and whether divorce was ever justified by one party in the marriage having a debilitating or loathsome illness. In his treatise on household government, Perkins defined a marriageable person as one who is “free from diseases incurably contagious” such as “the leprosie” or the “French pox.” He drew on Beza in his reasoning and wrote “there cannot bee any matrimoniall use of them that are tainted with such contagious diseases, without apparent danger of infecting each other, and those also which have society with them, and others; yea and by this meanes the issue of their bodies, growing of a corrupted seed, are even borne to perpetuall miserie.”⁷⁴ Perkins noted that if a party to the marriage contract was struck by an incurable contagious disease or an incurable madness after the contract was entered into but before the ceremony, both parties, in equity, should withdraw from the agreement.⁷⁵ If, however, such diseases or other conditions such

71. Perkins, *Vocations*, 117.

72. *Ibid.*, 118.

73. See John Witte, Jr. and Robert M. Kingdon, *Sex, Marriage and Family Life in John Calvin's Geneva: Courtship, Engagement and Marriage* (Grand Rapids, Michigan: William B. Eerdsman, 2005), 262–309.

74. William Perkins, “Oeconomie: or Household-Government,” in *Workes*, III: 679. For Beza, see Witte and Kingdon, *Sex, Marriage*, 294–95.

75. *Ibid.*, 682–83.

as barrenness or palsy arise after the wedding, he argued that the marriage should continue, but in the case of contagious disease, the parties ought not in “good conscience to desire conjunction” with one another.⁷⁶

The most significant element of Perkins’s medical ethics is the lawfulness or unlawfulness of “the meanes, and the right use of the meanes” in diagnosis and treatment—a subject he discusses in several of his treatises.⁷⁷ He wrote that man must only “use the means which God hath appointed.”⁷⁸ Perkins first criterion of lawfulness was if the “means” was mentioned favorably in the Bible. Citing 2 Kings 20:7, he rehearses the story of King Ezechias who was healed when dry figs were laid upon his boil. “Indeed this cure was in some sort miraculous, because he was made whole in 2 or 3 days and the third day he went up to the temple.” But then Perkins introduces a second criterion, observing that “the bunch of figs was a naturall or ordinary medicine or plaister serving to soften and ripen tumours or swellings in the flesh.”⁷⁹ In other words, the figs were “lawful” because they had inherent natural properties which recommended their use. He stressed that any “means” must pass the test of conforming to “right reason,” i.e., there be a logical rationale between the use of a drug or a procedure and the patient’s particular condition. Here, his arguments closely follow learned medical authors.

Perkins championed Galenic remedies as “lawful” but he was also cognizant of recently introduced chemical drugs championed by Theophrastus Bombastus von Hohenheim (Paracelsus). He cites one of Paracelsus’s treatises—*De Tartaro*—which Perkins may have found bound in a collection of his works.⁸⁰ Learned medical authors had vehemently attacked Paracelsus as well as his remedies, but Perkins, by comparison, is more circumspect in his criticism. He

76. Ibid., 687.

77. Perkins, *Salve*, 124.

78. William Perkins, “An Exposition of the Symbole or Creede of the Apostles,” in *Workes*, I: 142.

79. Perkins, *Salve*, 125; Perkins, *Symbole or Creede*, 141–42.

80. Paracelsus, “De Tartaro Libri Septem Perquam Utiles,” in *Medicorum et Philosophorum Summi* (Basileae: Per Petrum Pernam, 1570). For the early history of Paracelsian medicine in England, see Paul H. Kocher, “Paracelsan Medicine in England: The First Thirty Years (ca. 1570–1600),” *J. Hist. Med. Allied Sci.*, 1947, 2, 451–80; Allen G. Debus, *The English Paracelsians* (New York: F. Watts, 1966).

disagrees with Paracelsus on the role of “the imagination” in medicine and acidly notes that the “Philosophers Stone is but a conceit.”⁸¹ However, he is completely silent on the subject of the Paracelsian pharmacopeia. Either Perkins determined these chemical remedies were lawful and did not want to alienate his learned medical friends or, more likely, he withheld judgment until he was satisfied as to whether these drugs produced beneficial effects, and if so, whether it was because of their inherent natural properties.

Sometimes, Perkins noted, a drug or a procedure was in itself “lawful” but used “unlawfully.” Such, he thought, was the case with urinoscopy. For centuries, urinoscopy had proven its value as an important tool in humoral medicine. Learned physicians evaluated the state of the patient by the smell and color of the urine and distinguished various kinds of sediment by its general and specific appearance. The clouds and condensations in urine were classified by their position in the vessel, and physicians linked what they could see in the flask to pathology in the bladder, kidneys, and other organs in the body. However, in the sixteenth century, a number of physicians wrote on how urinoscopy was being abused.⁸² Perkins read and admired Petrus Forresterus’s book *De Incerto Fallaci Urinarum Judicio*,⁸³ and he echoed Forresterus’s condemnation of those physicians who diagnosed and treated the sick solely on the basis of “the bare inspection of the urine, which by the best learned is judged to be insufficient, and often deceitful.”⁸⁴

Perkins reserved some of his most sustained and withering criticism for medical astrologers.⁸⁵ Astrology, particularly judicial astrology which predicted future social, political, and health-related events, was condemned repeatedly in the Old Testament (see Deut. 17:2–5, 18:10–12; Jer. 8:2, 19:13, 27:9, 29:8; 2 Chron. 33:6; Isa. 19:3–4; Dan. 2:10, 5:7–8; 2 Kings 23:5; Mic. 5:12). Not surprisingly,

81. Perkins, *Vocations*, 68.

82. Michael Stolberg, “The Decline of Uroscopy in Early Modern Learned Medicine (1500–1650),” *Early Sci. Med.*, 2007, 12, 313–36.

83. Pieter van Foreest, *De Incerto, Fallaci Urinarum Judicio* (Lugduni Batavorum: Ex Officina Plantiniana, apud Franciscum Raphelengium, 1589).

84. Perkins, *Vocations*, 97–98.

85. For a recent general historical treatment of astrology, see Nicholas Campion, *A History of Western Astrology*, 2 vols. (London: Continuum, 2009). For early modern England, see Thomas, *Religion and the Decline of Magic*, 283–385; Louise Hill Curth, *English Almanacs, Astrology and Popular Medicine, 1550–1700*.

he followed a long succession of Catholic and Reformed theologians who took up their pens against these practitioners, and some of his general arguments are based on the writings of Augustine, Calvin, and Fulke.⁸⁶ Nevertheless, Perkins went beyond Scripture and its interpreters to become knowledgeable in the technical literature written by the exponents of astrology, including Johannes Regiomontanus and Cyprianus Leovitius.⁸⁷ He also familiarized himself with the astronomical tables prepared by Erasmus Reinhold and Johannes Stadius; his broad reading prepared him to construct a line of argument grounded in natural philosophy as well as theology.⁸⁸

The practice of astrology was commonplace in sixteenth-century England. Some of its most prominent exponents were medical writers including the aforementioned John Securis and the best-selling author Andrew Boorde.⁸⁹ Some astrologers built flourishing medical practices, including the well-known London practitioner Simon Forman.⁹⁰ In one of his writings, Perkins specifically targeted a recent Cambridge graduate, the physician Richard Harvey, whose book, *Astrological Discourse*, warned of terrible social and political events as a consequence of the 1583 planetary conjunction of Jupiter and Saturn.⁹¹ Perkins argued that Harvey was in gross error not so much for what proved to be his inaccurate predictions

86. See *The Confessions of Saint Augustine*, trans. John K. Ryan (New York: Random House, 1960), 54–56, 74–77, 125–28; John Calvin, *Commentaries on the Book of the Prophet Jeremiah and the Lamentations*, 2 vols. (Edinburgh: printed for the Calvin Translation Society, 1851), II: 5–12; [William Fulke], *Antiprogностicon* (London: Henry Sutton, 1560).

87. See Johannes Regiomontanus, *Tabulae Directionum Perfectionumque* (Augsburg: Erhard Ratdolt, 1490); Cyprianus Leovitius, *De Conjunctionibus Magnis Insignioribus Superiorum Planetarum* (London: T. Vantrouillierij, 1573).

88. See Erasmus Reinhold, *Prutenicae Tabulae Coelestium Motuum* (Turbingae: Per Ulricium Morhardium, 1554); Johannes Stadius, *Ephemerides Novae at Auctae* (Cologne: Arnold Birckmann, 1554).

89. Securis published an annual “Prognostication” from 1561 until about 1580. He only briefly mentions the role of the stars in his book on the abuses of physic. See Norman Moore, “John Securis,” *Dict. Nat. Biog.*, 1897, 51, 174. In addition to publishing two best-selling and often reprinted works: *The Breviary of Helthe* and *Compendyous Regyment or a Dyetary of Helth*, Andrew Boorde was the author of *The Pryncples of Astronamy the Whiche Diligently Perscrutyd is in Maners Prognosticacyon to the Worlde End* (London: Robert Copland [1547?]).

90. For Forman, see Barbara Howard Traister, *The Notorious Astrological Physician of London: Works and Days of Simon Forman* (Chicago: University of Chicago Press, 2001) and Lauren Kassell, *Medicine and Magic in Elizabethan London. Simon Forman: Astrologer, Alchemist and Physician* (Oxford: Oxford University Press, 2005).

91. Richard Harvey, *An Astrological Discourse upon the Great and Notable Conjunction of the Two Superiour Planets, Saturne & Jupiter: Which Shall Happen the 28 Day of April, 1583* (London: Henrie Bynneman, 1583).

of chaos but more importantly because of his violation of God's law by engaging in judicial astrology at all. "The Prognosticator, if he be asked whether he confesse the providence of God, he will with all his heart confesse it: but by his deeds hee doth deny it, for all the things whatsoever, which can happen in a whole yeare, he attributeth them to the Starres."⁹²

Medical astrologers argued, by contrast, that their field of endeavor was not impious and was based on reason. They posited that the moon, the sun, the planets, and the stars have certain specific qualities and exerted demonstrable physical effects on the earth and its inhabitants. As the sun's rays were essential to sustaining life and as the moon affected the tides of the sea, the positions of all the planets in the starry heavens impacted health, and planetary positions at the time of birth or upon first becoming ill, provided vital information to those physicians who knew the characteristics, qualities, and influences of these celestial bodies. Perkins had read Johannes Ganimet's influential learned text *Amicus Medicorum* which appeared in multiple Latin editions spanning the breadth of the sixteenth century.⁹³ Ganimet explained the structure of the universe, the significance of the zodiac, the causes for epidemics and sicknesses, and the tools and methods by which one could cast an accurate medical horoscope and gave instructions on how to determine the propitious time to give medicines or draw blood. He also provided illustrative cases where he used the position of the heavenly bodies to correctly predict the outcomes of illness.

Perkins's critique of Ganimet and others went to the infrastructure of astrological theory—the supposed relationship between the zodiac and the parts of man's body—an "opinion in itselfe fantastical and vaine, not grounded in nature."⁹⁴ The zodiac, Perkins noted, was "an imaginarie sphere" and the twelve signs, "Aries, Taurus, Gemini, and the rest, which they imagine to have power over the twelve parts of man's bodie: as Aries the head and face, Taurus, necke and throat, &c . . . are onely twelve imaginarie signs:

92. Perkins, "Resolution to the Country-man," in *Workes*, III: 654.

93. Joannis Ganimeti, *Amicus Medicorum* (Francoforti: Nicolae Hoffinani, 1514). For Ganimet's importance, see Lynn Thorndyke, *History of Magic and Experimental Science*, 8 vols. (New York, Columbia University, 1923–58), IV: 134.

94. William Perkins, *A Discourse of the Damned Art of Witchcraft* (Cambridge: Cantrill Legge, 1608), 89.

for in the heavens there is no such matter as a ramme, a bull &c.” He asked “how can it stand with reason, that . . . a forged signe, which indeede is nothing, should have any power or operation in the bodies of men?”⁹⁵ Perkins acknowledges that the positions of specific stars in the sky could be useful signs in activities such as planting and harvesting and marking the changes of the season but not in determining health and disease for whole countries or for particular persons.⁹⁶ He conceded that the physical objects in the heavens—especially the sun and moon—can have some effect on man through their light and heat, but the effects of each of these objects are a “mixture thereof in their operation, no man is able to say by observation, that this is the vertue of this starre, and this of that.”⁹⁷ But elsewhere in his writings, Perkins questioned whether the stars could have any discernible effect at all given “they have no light, or very small light perceived” and notes that astrologers, in order to make these distant objects have significance, had to postulate a fictional secret influence for them.⁹⁸

He also attacked “the barren and uncertain rules” of the astrologers” who associated particular diseases with specific planets “as in the plague, the putrifaction of humours is attributed unto Jupiter, the sharpe fever unto Mars, the madnesse which followeth unto Mercurie.”⁹⁹ As with the stars, the astrologers postulated putative qualities and attributes to these planets thus, for Perkins, it was “deceit” and “folly” to forecast the prevalence of specific illnesses in the country based upon the positioning of these objects. In his *Resolution to the Countrey-men*, he noted that one astrological prognosticator the previous year confidently predicted among the diseases which should afflict men’s bodies, were coughs, colds, swelling of the throat, sore eyes, deafness, the stone, gout, dropsy, green-sickness, madness, and quartan fever—diseases that occurred during this season of the year irrespective of specific planetary positions. Mocking such prognostications, Perkins wittily “predicted” that for the year 1585, “Old Men Will Die”; “Sundry Diseases are like to

95. *Ibid.*, 89–90.

96. Perkins, “Resolution to the Countrey-men,” in *Workes*, III: 655.

97. Perkins, *Witchcraft*, 85.

98. Perkins, “Resolution to the Countrey-men,” in *Workes*, III: 661.

99. *Ibid.*, 664.

reigne amongst many which will sweepe many away;" and "This yeare artificers must take heed of too much straining their backs."¹⁰⁰

Perkins devoted little space to the subject of forecasting either on the basis of one's nativity or from the beginning of an illness since to him the whole theory of medical astrology was invalid. Nevertheless, he saw real harm committed by those physicians "which minister no physick at any time or use phlebotomy without the direction of judiciall Astrology." He charged that those practitioners who "follow this course alwaies, they must needs kill many a man."¹⁰¹ As an example he presented a hypothetical case of a man taken with pleurisy at the time the moon is in Leo. The learned physician would say "hee must presently bee let blood: but by Astrologie a stay must be made till the moone be removed from Leo to the house of the Sun." The consequence of such a delay Perkins argued would be "by that time the impostume wil be so much increased by the gathering together of the humours, that it can neither be dissolved nor ripened: and by this meanes the sicke partie wanting helpe in time, shal dye either by inflammation, or by consumption of the lungs." To prescribe on the basis of the stars was unreasonable "whereas it is a farre better course to consider the matter of the disease, with the disposition and ripening of it, as also the courses and symptomes and crises thereof."¹⁰² Though he did not cite specific authors, he noted some learned physicians found upon experience that there is no danger in ignoring astrological signs such as in letting of blood but acknowledged it was difficult to argue this to many unlettered persons. Perkins warned those who followed the art that it was not only "meere superstition" but an unlawful practice "for which cause in Scripture Astrologers are justly numbered among Sorcerers."¹⁰³ As one fascinated by Astrology as a young man, he issued an admonition to "all Students, that they have care to spend their time and wits better then in the studie of Judicial Astrologie; and rather imploy themselves in the searching out of

100. Ibid., 664–67.

101. Perkins, *Salve*, 129.

102. Ibid., 130–31.

103. Perkins, *Witchcraft*, 87.

such things, as may most serve for the glorie of God, and the good of his Church.”¹⁰⁴

If medical astrology was a sinful activity in which some learned practitioners engaged, folk healing practices were the main province of the less educated or illiterate who Perkins believed were in constant jeopardy of falling in league with Satan.¹⁰⁵ In this category of healing modalities, Perkins included “all charmes or spels, of what words soever they consist: characters and figures either in paper, wood or waxe: all amulets and ligatures, which serve to hang about the necke, or other parts of the body.”¹⁰⁶ As with Astrology, Perkins could choose from among several Biblical injunctions against magic and witchcraft to make his case that these means were “unlawful” (Exod. 22:18; Deut. 18:9–14; 1 Sam. 23; 2 Chron. 33:6; Isa. 2:6; Gal. 5:19–21; Acts 19:19). But unlike his handling of astrology, Perkins does not cite specific learned sources. However, by his line of argument, he was clearly familiar with Reginald Scot’s *Discoverie of Witchcraft* (1583), a thoroughgoing attack on such practices written from a secular rather than a religious viewpoint. Scot was dismissive of charms, counter-magic, and other such practices, declaring that they had no efficacy. He portrayed their exponents as deluded rather than evil—a judgment which Perkins vigorously rejected and combatted.¹⁰⁷

“Charming,” Perkins claimed, “is in as great request as Physicke, and Charmers more sought unto then Physicians in time of neede. There be charmes for all conditions and ages of men . . . yea for every disease; as for head-ach, tooth-ach, stitches, and such like.”¹⁰⁸ Charms usually consisted of a Biblical passage which users believed had a mechanical efficacy to preserve or restore the body. Not only were these charms proscribed by Scripture, Perkins observed, but they did not stand the test of reason. He noted that words or

104. Ibid., 87.

105. Ibid., 170–71.

106. Perkins, *Salve*, 132.

107. Reginald Scot, *The Discoverie of Witchcraft* (London: Imprinted by William Brome, 1584). It is possible that Perkins was also familiar with Johann Weyer, *De Praestigiis Daemonum* (Basilae: Balthasarum, 1577). See Thomas, *Religion and the Decline of Magic*, 57–83, for a discussion of the witchcraft skeptics. See also Alan McFarlane, *Witchcraft in Tudor and Stuart England*, 2nd ed. (London, Routledge, 1999) and James Sharpe, *Instruments of Darkness: Witchcraft in Early Modern England* (Philadelphia: University of Pennsylvania Press, 1997).

108. Perkins, *Witchcraft*, 153.

phrases taken from the Bible or elsewhere and written down on paper had no inherent natural power to command an action. As such, these charms could be easily distinguished from “white peony hung about the necke” in falling sickness or “wolf dung tied to the body” which Galen recommended because they operated “not by any enchantment, but by inward vertue.”¹⁰⁹ He declared that practitioners who employed charms were “inchanters, and sorcerers, which indeed are but witches and wizzards, though they are commonly called cunning or wise men and women.”¹¹⁰ Perkins closely linked these practices with “superstitious” ceremonies and elements of the Catholic Church—the use of Latin prayers, holy water, holy candles, the sign of the cross, and the “unlawful” rite of exorcism.¹¹¹

Many laypersons, he lamented, saw no difference between physician’s “lawful” medicine and the “unlawful” remedies of charmers or “cunning” folk. Posing a hypothetical question as if asked by a layman, he noted: “we goe to the Physician for counsell, we take his Recipe, but we know not what it meaneth, yet we use it, and finde benefit; if this be lawfull why may we not as well take benefit by the Wiseman, whose courses we be ignorant of?” Perkins argued in response to his own question: “The Physicians receipt being a composition and mixture of naturall things, though a man knowes it not, yet he takes it into his stomake, or applies it to his bodie, and sensibly perceives the vertue and efficacie thereof in the working.” The cunning man’s charm on the other hand, he explained, worked by an “insensible” operation and “wrought above ordinarie meanes by the work of Satan.”¹¹² Not surprisingly, however, Perkins did not follow his argument on “insensible” operations to its logical conclusion. He was utterly silent on magical or miraculous practices endorsed by his own Church, particularly the use of the “King’s touch” for people suffering from scrofula or the distribution of gold amulets to be worn by those so treated. But not even Scot dared

109. Perkins, *Salve*, 132.

110. *Ibid.*, 133.

111. Perkins, *Witchcraft*, 237–46. See also William Perkins, “A Warning against the Idolatry of the Last Times,” in *Workes*, I: 671–97.

112. Perkins, *Witchcraft*, 155–56. See Owen Davies, *Popular Magic: Cunning Folk in English History* (London: Hambledon Continuum, 2003).

venture far on this issue, lest he be perceived as challenging the authority and the legitimacy of the Queen and her bishops.¹¹³

Perkins was frustrated by the widespread public perception that there was an obvious distinction between maleficent persons who employed magical means to cause disease and those popular healers whose expressed desire was simply to help people. The “good witch,” he wrote, is summoned and “prescribeth either Charmes . . . or other such counterfeit meanes . . . the means are received, applied and used, the sicke party accordingly recoveth, and the conclusion of all is, the usual acclamation; Oh happie is the day, that ever I met with such a man or woman to helpe me!”¹¹⁴ He strenuously argued that both types of healers used similar methods and both worked their magic only by consorting with the Devil. Indeed, though both types of healers “be evil, yet of the two,” Perkins wrote, “the more horrible & detestable Monster is the good Witch.”¹¹⁵ He noted that in the case of the maleficent witch, he or she hurts the innocent victim’s body, but the victim is not a willing partner. In the case of the healing witch, however, he or she gets the sick person to agree to his or her ministrations which for Perkins constitutes an implied contract. This contract was tantamount to a contract with Satan himself. Thus, the “healing witch” has fooled the patient in the name of the devil who “left the bodie in good plight, yet he hath laid fast hold on the soule and by curing the body, hath killed that.”¹¹⁶ Perkins told his readers that charming worked, not, as Scot argued, through the imagination, but through Satan’s intervention. Sick persons therefore had to ask themselves at what cost are they willing to enjoy physical health? For Perkins the choice was clear. It was “better for a man to die of his sicknesse, then to seeke recovery by such wicked persons.”¹¹⁷

The pious sick, Perkins argued, had a duty to avoid superstitious remedies; the church had a responsibility to excommunicate cunning folk who offered such remedies; and the state had an obligation to prosecute practitioners who compacted with Satan to work their wills. For most formally educated medical practitioners

113. Thomas, *Religion and the Decline of Magic*, 192–204.

114. Perkins, *Witchcraft*, 175.

115. *Ibid.*, 174.

116. *Ibid.*, 176.

117. Perkins, *Salve*, 133.

or learned secular writers like Reginald Scot, their complaint against cunning folk was centered on their gross ignorance, their adherence to superstition, and their meddling in physic. Though orthodox physicians and lay critics acknowledged cunning folk as undermining sound religion, their main argument against these healers was their potential for causing harm to the public. This consisted of prescribing worthless remedies and delaying people from obtaining competent medical help. As a theologian Perkins went far beyond labeling cunning folk as simply “unorthodox” healers. The significant point was that they were “rebells to God, Idolaters, and seducers.”

Laws against quackery, even if effectively employed, were insufficient. Citing Scripture (Exod. 22:18), Perkins held to the theological position that those who worked either malificence or healing with the cooperation of the Devil shall “not to be suffered to live.”¹¹⁸ In both England and in New England, clerics read Perkins’s writings on witchcraft and its punishment approvingly, but neither the general public nor secular authorities actively pursued those falling under the label of “white witches.”¹¹⁹ Still, Perkins and other English Calvinist ministers put cunning folk on notice and, as these healers sometimes discovered, their safety was conditional and based on the vagaries of public opinion. Such practitioners, whose patients developed strange symptoms during the course of their treatment or had bad outcomes using superstitious means, might well find themselves accused and prosecuted for engaging in diabolical activity—irrespective of their avowed good intent.¹²⁰

William Perkins put forward a Reformed vision of the duties and obligations of health practitioners, clerics, patients, and their family and friends. Using Scripture, his wide reading in theology, philosophy, and medicine, and applying the principles of logic and “right reason” in addressing moral issues, Perkins instructed his audience on what they should do when sickness arises, how illness should be perceived, how they must conduct themselves in strict conformity

118. Perkins, *Witchcraft*, 251.

119. See Thomas, *Religion*, 435–68.

120. In England, the risks posed to these healers are examined in Davies, *Popular Magic*, viii–161. For New England, see Richard Godbeer, *The Devil’s Dominion: Magic and Religion in Early New England* (Cambridge: Cambridge University Press, 1992) and David D. Hall, *Worlds of Wonder, Days of Judgment* (Cambridge: Harvard University Press, 1989).

to God's law, and how they could differentiate "lawful" from "unlawful" medicine. Perkins was an excellent writer and his talent lay in effectively integrating the ideas of Calvin, Beza, and others of different traditions into a coherent system of medical ethics. Although Perkins was sharply critical of the precepts of Catholicism, several of his resolutions of cases of conscience bear the imprint of Catholic moral reasoning, and though he decried "pagan" ethics, he frequently came to conclusions consistent with the teachings of Galen, Foreest, and other learned medical authors. Perkins may not have been a particularly original thinker on medical matters, but he was a significant intellectual force and his writings are important primary source documents for understanding moral reasoning about health, illness, and medical care in early modern England. In examining the works of physician writers such as John Securis and John Cotta, historians have sought to identify the ethical positions and status aspirations of a nascent medical profession. These early modern medical authors, however, only addressed a narrow range of issues and were particularly fixated on establishing and maintaining occupational boundaries. They also reached few contemporary readers.¹²¹ In contrast, William Perkins wrote on a wide variety of health-related moral issues and presented his arguments to a vast audience of devout English practitioners and laypersons.

It is likely that Perkins's overall impact within New England may have been even more significant. His individual treatises and the three volume set of his collected works are often found in inventoried libraries—particularly those of first- and second-generation ministers.¹²² Unlike in England, Puritan clerics held a near monopoly of the pulpit in most of New England through the seventeenth century and beyond. Ministers were the acknowledged moral

121. See Andrew Wear, "Medical Ethics in Early Modern England," in *Doctors and Ethics*, 98–130.

122. Miller, *Errand into the Wilderness*, 57. For the presence of Perkins's works in New England libraries, see David McKitterick, *A History of Cambridge University Press*, 3 vols. (Cambridge: Cambridge University Press, 1992–98), I: 231–33. See also, Morison, *Intellectual Life*, 134. William Haller noted of Perkins's influence in England and New England "No books, it is fair to say, were more often to be found on the shelves of succeeding generations of preachers and the name of no preacher recurs more often in Puritan literature." William Haller, *The Rise of Puritanism* (New York: Harper and Brothers, 1957), 65.

leaders of and teachers in most New England communities, and it is well documented that they played a significant role in guiding members of their flocks in many aspects of the problems of daily living.¹²³ Early New England clergymen readily mined Perkins's books for sermon material as well as for their private pastoral counsel. In the pulpit, in the public press, and in the sick room—where a small but significant number of them practiced medicine—New England clerics believed, with Perkins, that it was the minister's responsibility to instill in others the religious meaning of illness and to identify what “means” could and could not be used.¹²⁴ A thorough examination of the role William Perkins's moral writings on medicine played in New England falls outside the scope of this present paper, but clearly, his acknowledged privileged status by early settlers should make it requisite that any future history of health and healing beliefs in early New England consider the relative influence of this sixteenth-century Calvinist theologian, even though he died well before the establishment of its first permanent settlement.

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123. For the history of the ministry in New England, see David D. Hall, *The Faithful Shepherd: A History of the New England Ministry in the Seventeenth Century* (Chapel Hill: University of North Carolina Press, 1972) and Harry S. Stout, *The New England Soul* (New York: Oxford University Press, 1986).

124. The classic exposition of the intersection of divinity and medicine by a seventeenth and early eighteenth-century New England minister is found in Cotton Mather, *The Angel of Bethesda*, ed. & intro. Gordon W. Jones (Barre, Massachusetts: American Antiquarian Society, 1972). For Mather's contribution to medical theory, see Margaret Humphreys Warner, “Vindicating the Minister's Medical Role: Cotton Mather's Concept of the Nishmath-Chajim and the Spiritualization of Medicine,” *J. Hist. Med. Allied Sci.*, 1981, 36, 278–95. For the role of ministers in medicine, see Patricia Watson, *The Angelical Conjunction: The Preacher-Physicians of Colonial New England* (Knoxville: University of Tennessee Press, 1991).