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The Plague, the Poor, and the Problem of Medicine

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In 1665, the city of London did not bustle with its usual activity. Streets were uncharacteristically vacant of its citizens, the unholy plague on the minds of all. “But Lord, how empty the streets are, and melancholy,” citizen Samuel Pepys observed.¹ London residents were locked behind hundreds of shut doors, hastily detailing death records or helplessly succumbing to the plague themselves. Some declared that the disease could affect anybody, yet informed readers that it originated in poor regions of the city. Others preached religious calls to action, claiming that sins had caused God to place the plague upon them. It was a time when those destitute sought sanctuary more than ever, depending upon the charity of others in the hope of seeing another day. Early modern London linked the poor to uncleanness, uncleanness to sin, and sin to disease. Government-instituted laws that stemmed from such beliefs worsened poor conditions by failing to properly administer to their problem. This failure left the poor few options for survival, which allowed quacks and swindlers to doubly victimize them. Apothecaries and surgeons, themselves targets of stereotypes and exclusion, were able to challenge the hierarchy of professional medicine by providing what their college-educated counterparts failed to deliver: care. This essay examines the responses of medical practitioners to the plague, and how early modern conceptions of poverty further victimized and socially stratified London’s poor.

Demographic pressures compelled the sixteenth-century Tudor monarchs to institute formal programs of poor relief. London was the second most populous European city by the middle of the seventeenth century, falling only behind Paris, and the growth of population led to an increase of poverty.² These government programs categorized London’s poor into the deserving and the undeserving. Those who had come into economic adversity through no fault of their own could accept charity, but “able-bodied” idle folk were criticized by moral standards

because they simply chose not to work.³ Sloth—or idleness—was presented as one of the Seven Deadly Sins, a “carnal sin” that demonstrated selfishness. England’s poor laws show evidence of distinction between defensible hardship and inexcusable poverty. Poor policies called for punishment of healthy beggars through whippings, while the deserving poor were allowed in almshouses, illustrating the drastic differences in treatment of the poor.⁴

Local parishes acquired more responsibility for systematic poor relief, relying on voluntary contributions.⁵ Parishes localized healthcare by recognizing only the poor in their own jurisdictions as worthy of assistance. In the wake of the plague, wealthy citizens fled to the refuge of estates outside the city and ultimately destabilized the parishes’ relief funds. As economist Sir William Petty observed, “fewness of people is real poverty.”⁶ As his comment suggests, the flight of London’s wealthy had made the destitute more impoverished. Even renowned professional physicians from the London College had fled, leaving only surgeons and apothecaries to attend to the poor and shoulder the heavy responsibility of medical care.

Among them was Dr. Richard Barker, who lived in Barbican, London.⁷ This area was known as a place “Where their vast Courts the Mother-Strumpets keep,” according to contemporary poet Abraham Cowley.⁸ The allusion to prostitution suggests that Barker lived in a region notorious for sin, which may have contributed to the religious tone of his pamphlet. He cautioned his readers, “Let them that flee from the City...not think themselves the safer from the Judgment.”⁹ This advice suggests that Barker felt that the plague could reach anybody because poor *and* rich citizens carried sins. London College physician Francis Herring gave a similar warning. He stated that God had the ability to punish *anybody* with plague; their social standing was apparently of no consequence.¹⁰ Religious overtones are ever-present in medical treatises.

William Boghurst cautioned readers “to avoid...oppression, inhumanity toward poor and afflicted persons.”¹¹

While seventeenth-century medicine held that the plague was not a respecter of social class, it was also held that disease was caused by some sort of imbalance or distortion of the fluids and composition of the human body. Many medical professionals attributed plague to a “corruption of humors”—the human body’s blood, phlegm, yellow bile, and black bile—that disrupted a state of natural equilibrium.¹² As esteemed London physician Gideon Harvey asserted, “Diseases are caused by some innate, or adventitious weakness of the Intraills.”¹³ It was thought that every individual had their own unique humoral balance, which was the basis for the common practices of blood-letting, sweating, and vomiting.¹⁴ Allowing the body to rid itself of excess or tainted fluids was thought to aid in the maintenance of humoral equilibrium. Given the tendency to associate sin with poverty, many doctors felt that the poor were particularly susceptible to disease. Harvey’s discussion of the poor as “fowl bodies” further suggests that poor people were intrinsically distinct from the rich by their physical constitutions.¹⁵ Bodies of poor people were seen as corrupted or inferior, which seemed to explain their purported susceptibility to disease. Concepts of the humors and internal balance contributed to the differentiation in treatments offered to the poor. The connection between humoral condition and personal actions placed a great deal of responsibility onto patients for their own well-being. In the case of the poor, their perceived immoral behavior was reflected in their apparent vulnerability to diseases like the plague.

The association of poverty with disease is evident in the medical treatise written by Dr. Richard Barker. He informed readers that there had been a “daily encrease of the sickness, even in the city itself as well as in the suburbs.”¹⁶ As Gideon Harvey wrote in *Discourse of the*

Plague, certain areas are more apt for the plague because it is “nastier, and more putrid than others, by being environed with ditches, stinking gutters, and sinks.”¹⁷ Apothecary William Boghurst kept a shop in St. Giles-in-the-Fields, which had become one of the most extensively diseased in London due to its dense population.¹⁸ The city-commissioned 1665 Bills of Mortality figures show the death rate as about fifty-seven times higher than in the decade preceding it.¹⁹ From this perspective, it is easy to see how Boghurst concluded that plague began “commonly in the little low poore houses.”²⁰ In his manual *Loimographia*, Boghurst also associates certain types of poor people with the disease, noting that prostitutes, drunks, and other “common” folk typically succumbed to plague.²¹ While he ardently attempted to debunk the idea that the plague threatened only the poor—warning that “all sorts of people dyed...young and old, rich and poore, healthy and unhealthy, strong and weak, men and women, of all tempers and complexions, of all professions and places, of all religions, of all conditions good and bad”—he still perpetuated many of the common prejudices of his day.²²

Poverty and immorality were clearly inextricably linked to the plague in popular medical and social discourse. Some pamphlets specifically targeted the poor, offering treatments that considered their physical, economic, and moral distinctions. Roger Dixon was also an apothecary, taking up residence by the Customs House and the notoriously polluted Thames River on Water Lane.²³ His pamphlet, *Advice for the Poor, By Way of Cure and Caution*, based on the advice of London’s Dr. Thomas Cocke, is specifically aimed at London’s poor. Stating that it is “design’d and contrived for the poorest and meanest persons and capacities,” he also noted that his cure was “for all persons,” illustrating the existence of separate medical treatments for the poor but ironically noting that it can be used by anybody.²⁴ Dr. Francis Herring similarly demonstrated this paradoxical trend of practitioners who spoke of the universal potential of the

plague, yet made specific distinctions about the poor. In his publication *Preservatives Against the Plague*, he warned, “Let not gentlemen and rich citizens...think to escape scotfree.”²⁵ This indicates that Herring recognized that the plague could afflict more people than just the poor. Even so, the very subtitle of his text is “With certain Instructions for the poorer sort of people when they shall be visited,” suggesting that the poor need abide by different procedures than the rich.²⁶

Gideon Harvey, a city physician with university training, was more transparent in his highlighting of the differences in treating the poor. His *Discourse of the Plague* specifically told his readers to avoid “nasty folks, as beggars and others...whence those houses happen to be soonest infected, that are crouded with multiplicity of lodgers and nasty families.”²⁷ This explicitly links plague to poverty by recommending readers to avoid poor people altogether. Harvey took care to separate his sections Distinction XIV from Distinction XV—the former is subtitled “Preservatives for the Rich...full of blood,” while the latter is called “Preservatives for the Poor...fowl bodies of the vulgar.”²⁸ Harvey advised the rich to maintain good flow by sweating and letting blood, but directed the poor to the more basic solutions of smoking and vomiting.²⁹ This suggests that the poor not only lacked the economic means to employ medical professionals, but that they were also more rudimentary in biology, as they simply needed to purge the disease from their bodies. Harvey highlighted class differences by creating separate sections intended for different types of people, and further emphasized this by dedicating five pages to rich cures and only one and a half pages for the poor.

The differential treatment suggested to the rich and poor stressed that the poor were not only socially distinct, but also *biologically* different. Though applying a plaster and sweating out a fever were both suggested for the poor as well as the rich, vomiting was recommended much

more often for the poor, the solution noted by Harvey for “its cheapness.”³⁰ The mixture he advised the rich to ingest was designed to “gently expell and work out all [contagion],” in contrast to the regularity—once a month—with which he instructs the poor to induce their bodies to vomit.³¹ This reveals that rich citizens had material medicine, treatments they could physically ingest that would rid them of plague in a mild manner. Such treatment differs greatly from the harsh nature of vomiting that was advised to the poor.

Though medical practitioners shared similarities in their view toward the poor, they differed noticeably in practice and political power. As the only practitioners to have university education, the London College of Physicians held a medical “monopoly” over any medical practice within a seven-mile radius of London, legally preventing apothecaries and surgeons from practicing in the city.³² A 1602 declaration by the king’s justice proclaimed that no medical practitioner without a London College license was allowed to practice. Anyone caught disobeying this law could be punished through imprisonment *by* members of the College, whose duty it became to reprimand violators.³³ Only the College members were referred to as physicians and professionals—any other medical practitioner was simply a non-physician. Among these “others” included surgeons, apothecaries, magical conjurers, astrologers, and women.³⁴ Northampton physician John Cotta once denounced non-physicians for their lack of morals, while fellow professional Eleazar Dunk similarly dismissed them as “ignorant.”³⁵ College members and other practitioners differed in more than merely name.

College-educated physicians and “non-physicians” differed in practice by what they offered their patients. Physicians provided advice about health proper care and guidance in appropriate living.³⁶ This practice indicated their university education, which placed importance on classical texts and debate, rather than empirical studies.³⁷ The non-physician medical

practitioners, on the other hand, relied solely upon their hands-on experience. Apothecaries and surgeons were trained in the study of the human condition through experience and practice with disease. They argued that this made them better suited to actually treat patients than their College counterparts.³⁸ Doctors considered manuals and pamphlets to be the best contribution they could offer, rather than their actual attendance to the sick.³⁹ The opposite was true of empirical practitioners like Boghurst and Dixon, who made their physical presence known in their pamphlets and manuals: Dixon even included his address in his publication so that citizens could obtain any necessary medicines.⁴⁰

When professional physicians fled during the outbreak, unlicensed practitioners were the often only ones left to tend to the sick in poor neighborhoods. William Boghurst disdained the flight of professional physicians, writing that “able persons might have saved mee this labour...if they had not been timorous, and, like Foxes in a storme, run to the next borough.”⁴¹ Among those prominent physicians who fled were Dr. Goddard of Gresham, Dr. Terne of St. Bartholomew, and Dr. Sydenham—known as “the English Hippocrates.”⁴² Despite criticism about flight, all practitioners utilized the plague as an opportunity to outperform their competitors. The College physicians publically criticized their unlicensed counterparts, and “non-physicians” made clear their empirical superiority. The plague gave all of them a chance to prove their competence as practitioners, and as more capable than their professional rivals; it was “the ultimate challenge.”⁴³ Boghurst was not shy in reiterating that it was he and the empirical practitioners who truly had helped the poor during the plague, unlike the physicians, who were “too afraid of plague to come close to their patients.”⁴⁴ The dearth of professional practitioners during this time of pestilence exacerbated the destitution of the poor, who were lacking resources as it was.⁴⁵

However, the medical community shared a particular concern. Those peddling elixirs and miraculous remedies were collectively dismissed as “quacks” by the medical establishment, and had been utilizing epidemics to peddle their wares since the Middle Ages.⁴⁶ Dr. Hodges of London deemed these quacks “traitors.” Boghurst declared that some elixirs could even worsen health conditions. Author Walter George Bell agreed, asserting that such miracle cures “hastened the end” of patients. One such cure was designed to induce sweating. It was comprised of opium and hellebore, a flower of a species that was notorious for its poison, which Boghurst asserted “choked” its users.⁴⁷ An unfortunate rumor was attributed to these impostors, which held that contracting venereal disease would provide plague immunity. The resulting impact was that any who attempted this remedy likely came into even closer contact to the plague, greatly worsening chance of survival and aggravating any trace of the plague they did have.⁴⁸ In this way, quacks and suppliers of false goods exacerbated the wanting conditions of the poor, providing them with materials that did them little to no good and taking their scant pocket change.

Some quacks even found a way to fool the government. Claiming he had successfully prevented the spread of plague in France, James Angier managed to gain the trust of the Privy Council and England’s Secretary of State. His treatment included fumigation of houses by burning a combination of brimstone, amber, and “saltpetre.”⁴⁹ Witnesses informed several parish justices that no residents of the house Angier had sterilized, located in St-Giles-in-the-Fields, contracted plague after his treatment. This impressed the Privy Council, and even King Charles II himself.⁵⁰ City officials were told to pay Angier for his time. But the burning of brimstone did not get rid of plague; rather, it discouraged rats and other rodents from inhabiting houses. Angier’s claim that his special fumigation actually cured the plague was false. The London government, tricked by a French quack, revealed its inefficiency; not only had the crown allowed

poor residents to become victims, but its lack of adequate judgment let a fraud take advantage of the government itself! Even with the money they could obtain from poor Londoners, quacks themselves did not always escape scot-free. Harvey recalled a report of a swindler who had claimed to possess a cure and preservative for plague, and actually died of the disease himself.⁵¹ The legal responses on the part of the government had left the poor so few options that many grabbed at any opportunity for a chance of survival. A corresponding lack of success in Parliament had likely driven the government to accept the seemingly magical remedies of Angier, and thus allow London as a whole to become a victim of fraud.

John Evelyn, appointed as a commissioner to the king, was a quiet critic of the crown: “I know none amongst our court great-ones who do naturally care for our state. For all seek their owne,” he wrote in 1665.⁵² Post-pestilence attempts to improve the plague orders remained delayed and flawed because the Houses of Parliament did not agree on policy. Public opinion on physicians also sharply declined after the plague. Author Daniel Defoe recalled “the reproach thrown on those physicians who left their patients...they were called deserters.”⁵³ In 1695, thirty years after the Great Pestilence, the House of Lords declared that apothecaries would share the same rights as members of the College. Greater value was now placed on the empirical treatments by apothecaries and surgeons, who had employed physical remedies to combat disease during the plague, in contrast to the College physicians who had fled and offered little more to the poor than pamphlets.⁵⁴ The tendency for apothecaries and surgeons to practice outside the bounds of the College had allowed them to prove themselves as competent medical professionals, and eventually gain status equal to their counterparts who had pushed them to the fringes of the medical profession.

London's 1665 plague had affected the entire city. It had taken "husbands from wives, the parent from the child," and illustrated the existence of "two 'Londons'—one of the rich and one of the poor."⁵⁵ After the plague subsided, it was clear that no sources of relief had adequately provided for the poverty-stricken. Charlatans were able to capitalize on the lack of options left to the poor. Affluent Londoners fled the disease, as did the licensed medical professionals. The marginalization of "non-physicians," not unlike the stratification of the poor, did not bind them to the strict conventions of the College of Physicians and allowed them to eventually gain status equal to the College. Unfortunately, the same success did not befall London's poor. Essentially, the plague was attributed to the living conditions, sinful behavior, and corrupted constitutions of the poor; the Crown of London had blamed the victims for their own troubles. The issues of early modern poverty remain relevant to universal concerns about the struggle of underprivileged populations to survive in an increasingly connected, yet still somewhat detached, world. Poor citizens continue to be citizens, but endure life as "the others." As Daniel Defoe, a young child during the plague, reflected:

"A dreadful plague in London was
In the year sixty-five,
Which swept...one hundred thousand souls Away—
yet I alive!"⁵⁶

Endnotes

- 1: Watson Nicholson, *The Historical Sources of Defoe's Journal of the Plague Year*, 45.
- 2: A. Lloyd Moote and Dorothy C. Moote, *The Great Plague: the Story of London's Most Deadly Year* (Baltimore: Johns Hopkins University Press, 2004), 26; Jacob Selwood, *Diversity and Difference in Early Modern London* (Surrey: Ashgate Publishing Limited, 2010), 58.
- 3: Moote and Moote, *Great Plague*, 42.
- 4: *ibid*; Morgan Kelly and Cormac Ó Gráda, "The Poor Law of Old England: Institutional Innovation and Demographic Regimes," *Journal of Interdisciplinary History* 41 (2011), 343.
- 5: Kelly and Ó Gráda, "Poor Law," 339; Moote and Moote, *Great Plague*, 41.
- 6: Paul Slack, *From Reformation to Improvement: Public Welfare in Early Modern England* (New York: Oxford University Press, 1999), 96.
- 7: Dr. Richard Barker, *Consilium Anti-Pestilentielle: or Seasonable Advice, Concerning Sure, Safe, Specifick, and Experimented Medicines Both for the Preservation From, and Cure of, this Present Plague* (London: 1665), vii & 7.
- 8: James Grantham Turner, *Libertines and Radicals in Early Modern London: Sexuality, Politics and Literary Culture, 1630-1685* (Cambridge: University of Cambridge Press, 2002), 135.
- 9: Barker, *Seasonable Advice*, vi.
- 10: Dr. Francis Herring, *Preservatives Against the Plague* (London: 1665), 2.
- 11: William Boghurst, *Loimographia: An Account of the Great Plague of London in the Year 1665*, edited by Joseph Frank Payne (London: Shaw and Sons, Fetter Lane, 1979), 56.
- 12: Dr. Gideon Harvey, *Discourse of the Plague* (London: 1665), 22.
- 13: *ibid*, 4.
- 14: Moote and Moote, *Great Plague*, 97.
- 15: Harvey, *Discourse*, 21.
- 16: Barker, *Seasonable Advice*, 3.
- 17: Harvey, *Discourse*, 9.
- 18: Moote and Moote, *Great Plague*, 118.
- 19: J.A.I. Champion, *London's Dreaded Visitation: the Social Geography of the Great Plague in 1665* (London: the Author and Centre for Metropolitan History, 1995), 42 & 106.
- 20: Boghurst, *Loimographia*, 99.

- 21: *ibid*, 96.
- 22: *ibid*, 26.
- 23: Moote and Moote, *Great Plague*, 98; Dixon, *Advice*, 8.
- 24: Dixon, *Advice*, 3.
- 25: Herring, *Preservatives*, 2.
- 26: *ibid*, 14.
- 27: Harvey, *Discourse*, 15-16.
- 28: *ibid*, 16 & 20.
- 29: *ibid*, 16-17.
- 30: *ibid*, 21.
- 31: *ibid*, 17 & 22.
- 32: Wallis, "Plagues, Mortality and the Place of Medicine in Early Modern England," *English Historical Review* 121 (2006), 13.
- 33: Harold J. Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physician," *Journal of British Studies* 33 (1994), 9.
- 34: *ibid*, 4 & 18.
- 35: *ibid*, 19.
- 36: *ibid*, 14.
- 37: *ibid*, 12.
- 38: *ibid*, 25.
- 39: Wallis, "Plagues," 10.
- 40: Dixon, *Advice*, 8.
- 41: Boghurst, *Loimographia*, 1.
- 42: Moote and Moote, *Great Plague*, 148.
- 43: Andrew Wear, *Knowledge & Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 277.
- 44: Moote and Moote, *Great Plague*, 63.

45: Wallis, "Plagues," 11.

46: Moote and Moote, *Great Plague*, 95; Herbert Silvette, *The Doctor on the Stage: Medicine and Medical Men in Seventeenth-Century England*, edited by Francelia Butler (Knoxville: University of Tennessee Press, 1967), 19.

47: Walter George Bell, *Great Plague in London*, 98.

48: *ibid*, 99.

49: *ibid*, 85.

50: *ibid*, 86.

51: Dr. Gideon Harvey, *The Remembrancer: Being Historical Narratives for the Great Plague at London, 1665; Great Fire, 1666; and Great Storm, 1703*, edited by W. Nicholl (London: St. Paul's Churchyard, 1769), 434-435.

52: Moote and Moote, *Great Plague*, 208.

53: Defoe, *The Plague in London* (New York, Maynard, Merrill, & Co., 1895), 104.

54: Cook, "Good Advice," 25.

55: George Wither, *A Memorandum to London* (London: published "[on the occasion of] the pestilence there begun this present year MDCLXV;" 1665) 11.

56: Defoe, *The Plague*, 109.

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