

Introduction

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The history of medicine in Ireland has attracted varying degrees of scholarly attention for centuries. As early as 1765, the Limerick-based surgeon and antiquarian Sylvester O'Halloran sounded an optimistic note on the state of the field. Writing to a friend, he announced that 'Enough has already been collected, to demonstrate, that Physic, and Surgery have been here, in a very respectable state, even before the birth of Christ'.¹ A similarly patriotic outlook was offered half a century later by Edward O'Reilly, an apothecary and lexicographer. In the preface to his *Irish-English Dictionary*, he wrote that 'In our medical books it will be found that our physicians had as much knowledge of the human frame, and as much skill in the treatment of disease, as the physicians of any other nation at the same period'.² As the nineteenth century progressed, such high praise for early Irish medicine continued to be voiced in various spheres, not least in collections of folklore.³

Snippets of this distant past were also selectively incorporated into the Irish beginnings of the sort of 'traditional medical history' that was also prominent in other countries: work written by male physicians who sought to commemorate and celebrate prominent predecessors, to inspire their contemporaries, and to trace the histories of important institutions and organisations. Key vehicles for this type of writing were the newly founded medical journals, for example the *Dublin Journal of Medical and Chemical Science* (DJMCS) published from 1832 onwards. The DJMCS carried both general surveys, such as Philip Crampton's 'Outline of the history of medicine from the earliest period to the present time', and pieces focused more directly on Ireland.⁴ A good example of the latter is Dr Aquilla Smith's 'Some account of the origin and early history of the College of Physicians in Ireland', which appeared in 1841.⁵ Articles such as Smith's helped to set the tone for much of the

scholarship published over the following 150 years. These publications were usually written by male doctors and were marked by a pronounced focus on 'great men', individual hospitals and other institutions. For much of the twentieth century, histories of hospitals proved especially popular. The Royal Victoria in Belfast was, for example, the subject of seven books in forty-four years, between 1953 and 1997.⁶

In assessing the merits of such scholarship in the Irish context, it is important to keep in mind the caution voiced by Huisman and Warner against retrospectively reducing traditional medical history to 'flat caricature'.⁷ Many earlier publications remain the first stop for anyone studying this period. They are important and useful for a variety of reasons, not least due to the frequently high standards of scholarship employed and sometimes the subsequent loss of the primary sources utilised.⁸ One essay collection that stands out dates from 1952: *What's Past is Prologue: A Retrospect on Irish Medicine*.⁹ This volume was produced to mark a joint meeting of the British and Irish Medical Associations in Dublin in July of that year. It was certainly aimed at doctors, with almost one-third of its ninety-seven pages being taken up with advertisements for Irish whiskey and stout, cigarettes, cars, hotels, airlines and the odd medical device. It also contained a rarity for Irish medical history at the time: an essay by a woman, the prominent physician Margaret 'Pearl' Dunlevy.¹⁰ It may have been a desire to impress the British visitors that led to the commissioning of essays by an expert on ancient Irish law, Daniel A. Binchy, and another by a Jesuit priest with expertise in medieval Irish manuscripts and the medical curriculum at the southern European universities. At the same time, Binchy's self-deprecation as 'a layman writing for experts' hinted at the enduring assumption that the history of medicine was more properly written both for and by medics.¹¹

This assumption was one of the factors that ensured that the emergence of the social history of medicine in England and elsewhere had little immediate impact on Ireland. This is indicated by, among other writings, Dr John B. Lyons's essay entitled 'Irish medical historiography', published in 1978.¹² Lyons's piece was merely a celebration of a selection of medical men who had written histories of various types over the preceding centuries. The years since the turn of the century have, however, witnessed the appearance of a large number of publications that can be seen as more in tune with wider trends in the history of medicine, in terms both of methodology and subject matter. The appearance of several nuanced and outward-looking summations

of the historiography allow this recent scholarship to be navigated more easily. Most influential has been the brief 'anatomy of Irish medical history' published in 1999 by Greta Jones and Elizabeth Malcolm as their introduction to a collection of innovative essays. Jones and Malcolm stressed the many perceived shortcomings of what had been written up to that point and sounded a clarion call for a social history of Irish medicine. While lamenting the underdeveloped state of their subject, 'a vast sea of darkness', they also sounded a note of cautious optimism about the task of bringing 'Irish medical history fully up to date'.¹³

Malcolm and Jones's essay certainly fitted with the approach traced by Huisman and Warner elsewhere, a polemical manoeuvre designed to propel Irish historians away, belatedly, from 'traditional medical history'.¹⁴ While Malcolm and Jones acknowledged some earlier work to be of value and importance, they decried a situation where the wrong type of publication, 'limited in scope and antiquarian in approach', was 'perhaps too plentiful'.¹⁵ The extent to which a variety of scholars have since responded to such criticisms and worked to transform the character of the history of medicine in Ireland is summed up well in an article published by Catherine Cox in 2013. She outlined how scholars had, with some success, gone about addressing certain of the issues signposted by Jones and Malcolm, for example the history of psychiatry. Significant in this context was the establishment in 2006 of the Centre for the History of Medicine in Ireland at University College Dublin and Ulster University. Yet despite the increased range and intensity of research, Cox rightly acknowledged that 'there remain some very basic lacunae in our knowledge, especially in relation to periods before 1800'.¹⁶ The following collection of chapters addresses some of these lacunae.

One substantial effort to explore aspects of the history of medicine in Early Modern Ireland was the collection of essays edited by James Kelly and Fiona Clark and published in 2010: *Ireland and Medicine in the Seventeenth and Eighteenth Centuries*.¹⁷ The appearance of that volume reflected both a growing interest in the field and a perceived need to redress the pronounced temporal imbalance that was also subsequently noted by Cox: in the rapidly developing historiography of Irish medicine, 'the modern period overwhelms the early modern'.¹⁸ Kelly and Clark sought to open up fresh lines of enquiry and to 'broaden the interpretative context' of their subject.¹⁹ The authors of the essays in that volume achieved those aims while ranging across matters including professionalisation, social mobility, parliamentary legislation, cultural

contexts and gendered medical advice. This major contribution to the historiography is buttressed by a range of other essays and articles that have appeared in various other volumes and in journals in recent decades, of which the most impressive cohort has come from the pen of James Kelly.²⁰ Kelly and Clark stressed 'diversity' as emblematic of Early Modern Irish medicine and pointed out that a great deal of further research is needed before any 'balanced new synthesis' of the subject can be attempted.²¹ In this context, the collective effort encapsulated in the present volume comprises a fresh and important contribution to a continuing enterprise.

This enterprise is, for several reasons, necessarily collaborative. Most academic historians of medicine in Early Modern Ireland pursue this interest as one of several strands within a broader individual research agenda. The extensive expertise and the very considerable linguistic skills needed to pursue enquiry across the spectrum of medicine in Ireland in the period are very real obstacles to individual endeavour beyond specialised areas of interest. Furthermore, a historian who insisted on the plausibility of research-led teaching largely focused on the subject under discussion here may, should they manage to secure an academic post, experience some difficulty in identifying sufficient secondary material to populate a module reading list. Multi-authored essay collections encapsulating at least some of the variety that made up Early Modern Irish medicine thus have an important part to play in fostering the critical mass of ongoing publications needed to underpin and to help define a clear and confident identity for the subject.²² This is key to stimulating further student interest and to preventing, or at least minimising any negative effects of, the continued historiographical overwhelming of the Early Modern by the modern.

As Cox and Luddy have insisted, scholars of the history of medicine in Ireland aim to do more than 'simply "filling-in" the Irish case'.²³ It is necessary and important to pay attention to wider contexts and to pursue meaningful comparative perspectives. This is not merely a question of conforming to academic fashion or of the need to meet the expectations of key funding bodies. An insular approach to medicine in Early Modern Ireland does not make sense because it cannot make proper sense of the subject. As the chapters in this volume remind us, Ireland was a space that people moved in and out of continuously. For medical practitioners, education, patronage and employment were push and pull factors that could propel a person halfway across the world, and sometimes back again.²⁴ Knowledge and ideas likewise crossed

borders and seas; for example, the medical manuscripts surviving from late medieval Ireland demonstrate the widespread reception of theories and practices then in vogue elsewhere in western Europe.²⁵ Outbreaks of disease could also, of course, have a transnational history. One of the more devastating cases was the plague that arrived in Galway in July 1649, allegedly courtesy of a Spanish ship. It is to such large contexts that the title of this collection, *Early Modern Ireland and the world of medicine*, beckons. The point is not to advance exaggerated claims for the importance or exceptionalism, in medical terms, of a small island in the Atlantic Ocean. Rather it is to situate Early Modern Ireland as one site through which the history of medicine more broadly can be explored. Just as some of the contributions to this volume demonstrate a particular willingness to look outwards from Ireland, it is hoped these chapters may also encourage those working elsewhere more readily to look in.

What would they see? It is worth remarking that by the time that Jones and Malcolm issued their plea for an Irish social history of medicine in 1999, that sub-discipline was already seen to be in ill-health by some, by others dead.²⁶ Yet the vibrancy evident in research on Ireland since 2000 seems to dispel any notion of simply playing catch-up with a corpse. The 1990s had also witnessed other competing claims on the general state of the history of medicine: either that it had 'come of age' or that it was 'still in its infancy'.²⁷ Both of these verdicts can be seen as applicable to the Irish case at present, with scholarship on the period after 1800 obviously attaining a greater intensity and maturity. Within the framework supplied by lively international debate on approaches to the history of medicine, the diversity seen to characterise medicine in Ireland before 1800 clearly allows for a wide variety of scholarly lines of enquiry. As this volume demonstrates, Thomas Rütten's recent call for 'many more individual case studies employing thick description and broad contextualization' is one that scholars of Early Modern Ireland are well placed to respond to.²⁸ The relatively underdeveloped historiography is in some ways as much an opportunity as a problem.

At the same time, it is necessary to highlight a key limitation that exists with regard the scope for new research, especially by comparison with what Mary Lindemann has referred to as 'paradigmatic England'.²⁹ For a number of reasons, the source base available to historians of Early Modern Ireland is not as rich as might be expected.³⁰ This can be looked at in two ways. First, there are sources for Early Modern English history that never existed in the Irish context. An obvious case is the material

generated by the administration of the Poor Law, a system which was not introduced into Ireland until as late as 1839. At the level of elite physicians, the Dublin College of Physicians was not established until 1667, 150 years after its London counterpart, and very little relevant archival material has survived for the period before 1692.³¹ Ireland's only university, Trinity College Dublin (TCD), produced few medical graduates in the century following its foundation in 1592.³² The records of the Established Church of Ireland – parish registers, church courts, ecclesiastical licences, and so on – were also limited in scope because the majority of the population was Catholic; what records the technically illegal Catholic Church may have generated were less likely to survive.³³

The second factor of relevance here is that even where records were generated, they were very often destroyed later, on one occasion in particular. Following the establishment of the Public Record Office of Ireland (PROI) in 1867, enormous quantities of material were brought up to Dublin from all corners of the island. The manuscripts were carefully cleaned, rebound and catalogued, before unfortunately being blown up during the Irish Civil War in June 1922. An ongoing project at TCD aims to recreate a virtual PROI to mark the centenary of this disaster, an undertaking that historians of Ireland will follow with interest.³⁴ The catastrophe of 1922 is the reason why, for example, hardly any wills survive from Early Modern Ireland. Surviving indexes of the prerogative and diocesan wills give a sense of the scale of what was lost, but unfortunately these indexes very often lack occupational data. Such gaps in the surviving sources necessarily complicate any effort to locate medical practitioners, to quantify them, or to reconstruct their social networks. Numerous court, corporation and guild records had also been housed in the PROI. It is simply the case that many of the types of sources that can be used to study and to reconstruct thick details of Early Modern society, especially below the elite level, were either never created in Ireland or were subsequently lost. This has obvious implications for the sort of medical history that can be written. The chapters that follow thus carry added value as examples of the types of enquiry that are feasible within the limitations associated with a difficult and deficient archival background.³⁵

This volume contains the findings of new research by early career and established scholars located across Ireland and Britain. It explores some of the many contexts in which Early Modern Ireland intersected

with the world of medicine. The individual historians working in this heterogeneous space cannot be seen as collectively pursuing any single clearly defined research agenda. Moreover, both 'Early Modern Ireland' and the 'world of medicine' appear to be increasingly broad categories of historical analysis. The volume thus encompasses a variety of different approaches and emphases, focused at different points across a period of more than two centuries. The state of the field, both in terms of the existing historiography surveyed above and with regard to the relatively small number of historians with diverse interests active in it, means that collections neatly focused around a central question or issue are not the norm. This volume instead enables important new insights into several key areas that are, for a variety of reasons, currently the focus of scholarly attention. It will undoubtedly provide stimulus for further research in these and other related areas, while also helping to deepen our understanding of the history of medicine in Ireland. Of particular note in the chapters that follow is the extent to which attention is concentrated on the seventeenth century. This allows important new insights into a key phase in the gradual and prolonged transformation of medical practice that took place in the Early Modern period, both in Ireland and elsewhere.

One thread that runs through the collection is a focus on medical practitioners of various kinds. As might be expected, most of the individuals dealt with fall within the traditional tripartite division of regular medical practice: physicians; surgeons; and apothecaries. Among the surviving sources, the physicians are by far the most visible class of practitioner. The study of surgeons and apothecaries, both individually and collectively, becomes more feasible post-1700 due to the richer body of sources that is available. Overall, researching regular male practitioners poses fewer challenges than any attempt to shed light on females and/or so-called irregulars.³⁶ While unorthodox practitioners such as quacks or magical healers receive an occasional mention below, for the most part little detail can be recovered beyond the cases of a few individuals who enjoyed a high profile.

Among the themes that can be traced in the chapters following is the change that took place in the character and organisation of medical practice in Ireland between the sixteenth and eighteenth centuries. The transformation of Irish society and culture more broadly in this period due to conquest, colonisation, Anglicisation and other factors is a prominent organising principle of both the older and more recent historiographies of Early Modern Ireland. The extent to which

medicine was impacted by these processes of change is a question that merits close attention. Áine Sheehan's chapter on 'Locating the Gaelic medical families in Elizabethan Ireland' is of importance in this context because it offers an overview of a substantial cohort of the medical practitioners active in late sixteenth-century Ireland: the hereditary Gaelic physicians and surgeons. Some of the medical manuscripts created and preserved by these medical families have recently begun to attract more sustained scholarly attention.³⁷ As a result, the extent to which learned Gaelic medicine was *au fait* with key Greek and Arabic texts and open to continental influences is now more fully appreciated. This undermines the simplistic assumption evident in some older romantic nationalist accounts of a close correlation between Gaelic medicine on the one hand and folk cures on the other.³⁸ Sheehan's chapter puts some flesh on the bones of this new understanding by paying attention to the numbers, locations and family backgrounds of the Gaelic medics in question, thus helping to bring at least some of them out of the shadows. By paying attention to geography, mobility and patronage networks, she conveys a clear sense of how Gaelic medicine was actually practised in the late sixteenth century. This contribution is all the more significant as it addresses a period when other key hereditary learned pursuits in Gaelic society, such as law and poetry, were facing a battle for survival alongside the institution of Gaelic lordship itself. Sheehan's chapter provides a good basis for further exploration of how Gaelic medical practitioners reacted to the collapse of the old order and the ways in which they adapted to the new.

By the eighteenth century, the transformation already underway in Elizabethan Ireland was largely complete. Ireland's relationship to England was now firmly established and landed society, the Irish parliament and urban corporations were dominated by Protestants, many of whom were descended from seventeenth-century English settlers. To readers with knowledge of the history of medicine in England, the picture traced in Susan Mullaney's chapter on 'The evolution of the medical professions in eighteenth-century Dublin' should accordingly seem much more familiar than the milieu explored by Sheehan. This was a world of guilds and colleges, where MPs concerned themselves with the provision of healthcare and practitioners engaged in pamphlet wars.³⁹ New towns had been founded in the seventeenth century and old population centres such as Dublin had grown rapidly. This development greatly expanded the opportunities that existed to practise medicine in an urban setting. The limitations of the available

sources for the Early Modern period mean that it is not possible to track with any accuracy broad trends in the growth or decline of the numbers of urban and rural-based medics across the island.⁴⁰ But the evidence concerning the city of Dublin is generally more detailed and useful. Mullaney's chapter constitutes a significant reconstruction of key aspects of the medical world of eighteenth-century Dublin. She explores the exponential growth in the numbers of the main categories of practitioners; physicians, apothecaries and surgeons. The shifts in relative status between these groups across the period, and the institutional and other factors underpinning such change, are also carefully addressed. Mullaney pays due attention to wider contexts in a way that brings out the potential that exists for more in-depth comparative study of the place and practice of medicine in Dublin and cities elsewhere in the eighteenth century.

The other chapters that follow here each offer some insight, from the perspective of health and medicine, into the reshaping of Irish society that occurred between the Elizabethan period and the eighteenth century. Military conflict and violence undoubtedly played a key role in that wider process. Just as in Ireland, warfare elsewhere in Europe also posed numerous threats and offered considerable opportunities to medical practitioners.⁴¹ Benjamin Hazard's chapter expertly reconstructs a picture of military and medical migration between Ireland and the territories of Spain.⁴² He examines the origins and careers of a number of practitioners identifiable in a range of Spanish sources. In doing so he enables an improved understanding of the identities of Irish medical men abroad, and of the circumstances in which they found themselves. Hazard's chapter suggests that further transnational study of the movement and practice of Irish medics in wartime would certainly be worthwhile. The same is true for his analysis of 'military hospital systems', where he focuses on Mechelen in Flanders and a Spanish field hospital established at Castlehaven on the south coast of Ireland in 1601. Careful attention to the surviving sources for these institutions has allowed Hazard to recover remarkable details of how they functioned, from the organisation of staff to the treatment of wounds and burns. This makes clear the extent to which the Spanish authorities viewed medical provision as central to underpinning their war effort, both on the continent and further afield. Hazard also argues for the importance of studying medicine on the battlefields, because they stood alongside the universities as key sites of learning and transmission of medical knowledge.⁴³

Hazard's chapter reveals much about the efforts of a large and powerful Early Modern state to use medicine to manage and minimise war casualties among its armies. John Cunningham's chapter, by contrast, deals with the medical context of a very different type of conflict, one where the order and careful organisation of a Mechelen was very much absent. The 1641 rebellion began in Ulster and quickly spread countrywide, unleashing chaotic communal violence between Catholics and Protestants.⁴⁴ The survival of a large number of testimonies collected from witnesses and survivors of the rebellion allows diverse aspects of that infamous episode to be explored in considerable detail.⁴⁵ These documents, known as the 1641 depositions, help to compensate in some respects for the subsequent loss of so much other source material from this period. Cunningham's chapter draws upon the 1641 depositions to explore experiences of sickness, disease and wounds at the individual level, encompassing both male and female, and persons of varying social status. The depositions allow unique insight into how people in 1640s Ireland understood and reported their various ailments. This source also offers a snapshot of the locations and identities of a broad range of medical practitioners, many of whom are otherwise untraceable. Cunningham uses the depositions to trace the wartime experiences of a miscellany of medics, as practitioners, as local leaders, as victims and as survivors. This constitutes both a helpful case study of how the depositions can be employed to study a particular grouping and a worthwhile exploration of how the rebellion impacted on medical practitioners.

The 1641 rebellion is rightly seen as a major point of rupture in Irish history. It was followed by a period of sustained warfare and conquest up to 1652, which paved the way for the far-reaching Cromwellian settlement. The latter process cemented English and Protestant control of land and power in Ireland.⁴⁶ The mid-century upheaval also had some significant consequences for medicine. The war and subsequent settlement saw an influx of practitioners, mostly from England, some of whom would enjoy a high profile in various spheres over the decades following. The best known of these is the virtuoso William Petty, who played a central role in enabling the Cromwellian land settlement.⁴⁷ Like Petty, Dr Abraham Yarner had strong government and army connections, while at TCD the Irish-born Protestant John Stearne was also well-placed to promote the study of medicine. The presence of such men lent a new visibility to Irish medicine, most obviously at the level of university-educated physicians. This was at least partly a result of the

ability and willingness of men such as Petty and Stearne to engage with the Dublin–London governmental axis along which so much power and patronage flowed back and forth. The mid-seventeenth century thus witnessed a strengthening of ties between the state and medicine in Ireland. It also saw a closer engagement, and overlap of personnel, between the worlds of English and Irish medicine more generally. This engagement was not merely due to the migration to Ireland of English Protestant doctors. For example, the Catholic Dr Edmund Meara left Ireland in the 1650s and set up at Bristol. In 1664 he was elected an honorary fellow of the London College of Physicians. A year later the London publication of his critique of Thomas Willis's work raised his profile still further.⁴⁸ Meara's firmly Galenic retort to Willis's writing on fevers was backed up by another doctor of Gaelic origins, Conly Cashin, who published a book on the subject in Dublin in 1667.⁴⁹ In spanning both the confessional divide and the Irish Sea, this controversy in print reflected well the medical setting of Restoration Ireland. Some of the key developments that emerged within this environment are explored in the chapter by Peter Elmer.

John Stearne's gathering of a Fraternity of Physicians in Dublin 1654 has been seen as an important precursor to the eventual establishment of the Dublin College of Physicians in 1667.⁵⁰ In 1664 Stearne intensified his efforts to secure the required royal support. By then the London College of Physicians was also engaged in a parallel political struggle over its new charter.⁵¹ The London College faced opposition too from a new grouping of chemical physicians, in which the Irish courtier and medic Thomas O'Dowde played a leading role. Peter Elmer's contribution to this volume carefully traces the connections that existed between proponents of the 'chemical revolution' and James Butler, duke of Ormond. This approach throws new light on the considerable medical patronage dispensed by Ormond, the most powerful man in Restoration Ireland and a significant figure at the court of Charles II. In assessing the significance of Irish-based medics within the wider movement for medical reform, Elmer also pays close attention to the 1650s background and to the roles played by members and correspondents of the Hartlib circle. The latter is a subject that ought to repay further investigation. Along with revealing more of the close ties that existed between English and Irish medicine in the mid-seventeenth century, he also draws welcome attention to the presence in Ireland of medics with a continental background, most notably the chemist Pierre Belon.⁵² Elmer observes that Belon's efforts

to promote a spa at Chapelizod near Dublin can be related to medical developments elsewhere in Europe at the same time. This point reflects the fact that by the 1670s Irish medicine had seemingly begun to enjoy greater connectivity to the continent. This key development was due partly to increased outward migration for educational purposes.⁵³ Also of significance here was the trend highlighted by Elmer whereby French Huguenot medics and other foreign practitioners were drawn to Ireland in greater numbers.

While a variety of medics become easier to trace in the post-1660 context discussed by Elmer, it unfortunately remains difficult to recover much information concerning one particular category of practitioners: the midwives. Archival references to female midwives tend to be brief and passing, and quite often do not include the name of the woman being referred to. This relative paucity of source material mitigates against the pursuit of detailed case studies focused on particular places or within short timeframes.⁵⁴ Philomena Gorey's chapter thus necessarily spans much of the Early Modern period, and is all the more valuable for providing insight into the obscure world of Irish midwives. Gorey deftly situates the midwife's practice in the contested space between the Church of Ireland and the Catholic Church, thus providing a useful insight into the interconnectedness of medicine and religion in Ireland. She sets out the limited evidence that exists for ecclesiastical licensing and explores the Dublin College of Physicians's tentative early engagement with the regulation of midwifery. With the emergence of the man-midwife in eighteenth-century Dublin the practice assumed a higher profile, and Gorey also assesses the significance of this key development.

Scholars of midwifery and many other aspects of medicine and society in Early Modern Ireland are keenly aware of the source limitations that impact on their work. Against that background, Clodagh Tait's chapter demonstrates the exciting research possibilities that exist in certain cases where clusters of detailed archival material have in fact survived. Her chapter provides a fascinating insight into everyday life and death in the town of Youghal, Co. Cork, in the decades after 1660.⁵⁵ Parish registers from seventeenth-century Ireland are relatively few in number, but Tait makes a compelling case for meticulous analysis of what has survived. While recognising the limitations of the available sources, Tait rightly insists that 'even an impressionistic picture is better than nothing at all'.⁵⁶ Apart from briefly outlining some details of medical practice in seventeenth-century Youghal, this groundbreaking chapter reveals much of interest relating to mortality trends in

an Irish port town. The frequent traffic that existed between Youghal and other ports underpins Tait's effort to relate deaths in Ireland to contemporaneous outbreaks of disease in England and further afield. This compensates to some extent for the fact that Irish sources for epidemics are less plentiful. Finally, Tait's short case study of the Hayman family, exploring births and deaths among the sixteen children of that household, reinforces her call for the greater use of parish registers by Irish historians, not least as a means for detailed investigation of aspects of health and medicine.

The content of the chapters that follow Tait's valuable study of Youghal reflect the further opening up of Ireland to the wider world of medicine and learning after 1660. They offer an exciting range of local, national and global perspectives, with a particular emphasis on networks of communication and collecting among medical practitioners and their associates. Alice Marples demonstrates how the participation in such networks helped to offset some of the disadvantages felt by those practitioners in Ireland who were located at a distance from scholarly resources and communities. Indeed, their relative isolation had the potential to render their input all the more distinct and valuable. In this context, the Irish-born physician Sir Hans Sloane, based in London, played a vital role as a point of contact. The survival of Sloane's extensive archive allows historians a significant route into this world of corresponding and information sharing, including its Irish dimension.⁵⁷ Marples argues that such networks helped doctors to negotiate their way through and make sense of a crowded marketplace, one where successful individuals such as Sloane were well placed to collate and assess the merits of diverse findings relating to medicine and natural history. Her exploration of the manner in which Irish physicians contributed to wider efforts to systematise knowledge in the decades either side of 1700 deepens our understanding of the place of Ireland in an increasingly densely networked world of medicine.⁵⁸

Elizabethanne Boran's chapter on Edward Worth expertly reconstructs another Irish aspect of this well-connected world, namely medical book collecting. As with Sloane's enormous collections, the fortunate survival of Worth's library and fifty-seven related book sale catalogues offers scholars a rich resource for new research.⁵⁹ The Edward Worth Library is the most important medical collection extant from Early Modern Ireland, and Boran is the leading expert on its contents and history. Her chapter provides a detailed breakdown of the 1,012 items that made up Worth's medical collection. It enables a clear

and concise picture of the types of books collected by a physician who enjoyed prominence in Dublin medical circles from the 1710s up to his death in 1733. Boran draws attention to and seeks to explain some key trends evident in the library, for example the prominence of works that drew on Newtonian concepts, and the emphasis on plague literature. In connection with the latter, Boran argues that the outbreak at Marseilles in 1720 piqued Worth's curiosity. The comparisons that she draws out between the makeup of Worth's library on the one hand and that of an anonymous 'eminent physician' on the other adds a further layer of interest, offering as it does a wider perspective on medical book ownership in eighteenth-century Ireland. Boran's chapter serves to open up Worth's library to a wider scholarly audience, while also pointing to some of the important ways in which that valuable collection might be profitably subjected to further detailed study.

Lisa Wynne Smith's contribution ties this transnational medical collecting milieu to the unlikely setting of rural Co. Tyrone in the 1720s and 1730s. Hans Sloane again features, as the recipient of letters that shed some light on the curious case of Mrs McKinna and her stone baby. Smith draws upon a blend of scholarly approaches to pursue an innovative microhistorical investigation of McKinna's case and its contemporary meanings. The transmission of medical knowledge and the practices of individual medics could often successfully bridge the cleavages of a divided society, as was the case in Early Modern Ireland.⁶⁰ Yet Smith brings out the ways in which different observers could at the same time attach widely disparate meanings to the same events. Alongside the outsider's perspective offered by the Protestant clergyman John Copping, she seeks to recreate possible local Catholic understandings, informed by religious tradition, folklore and the experience of famine and poverty. While Smith's criss-crossing of the 'permeable border between history and imagination' may not appeal to all readers, it does suggest one possible strategy that historians of Early Modern Ireland could employ in meeting the frustrating challenges posed by an archival base that is often all too shallow. More pointedly, Smith's chapter makes a strong case for creative engagement with the obscure and incomplete stories that can be recovered relating to groups and individuals whose voices and experiences are poorly represented in the written archive.⁶¹

In general, male physicians are the practitioners best represented and most visible in the archive. In the Irish context, those men who moved beyond the island and also made an impact beyond medical practice often achieved the greatest contemporary prominence, with

Hans Sloane serving as a very good example. Marc Caball's chapter assesses the career of a man who in some respects followed in Sloane's footsteps. In 1756, three decades after the appearance of Sloane's account of several Caribbean islands, Patrick Browne published his own *Civil and Natural History of Jamaica*.⁶² Browne was a Catholic, born in Co. Mayo around 1720. Caball assesses Browne's significance as a botanist and seeks to situate him within the overlapping medical and scientific worlds of England, France, Irish-speaking Connacht and the West Indies. This is a timely reminder of the need to look west as well as east when exploring Irish connections to Early Modern medicine. While Browne's education in France, and his MD from Reims, reflects a common trend among Irish Catholic medical students of the era, his wider career suggests possibilities for further research into trans-atlantic networks of Irish medicine. In some respects, Caball's chapter on Browne brings us full circle, back to the Gaelic medics discussed by Áine Sheehan. The common thread here is Gaelic manuscript publication, and Caball stresses that this insular tradition had a severely limiting effect on the reach and wider impact of Gaelic intellectual life. Sheehan and Caball both make significant contributions to the ongoing scholarly recovery of key aspects of this Gaelic culture. Overall the chapters that follow offer a range of important insights into a complex and diverse Irish medical world that extended from the butcher in the peasant household to the royal physician in the palace, encompassing Mrs McKinna, Sir Hans Sloane and a great deal in between.

Notes

- 1 Quoted in J. Lyons, 'Irish medical historiography', in E. O'Brien (ed.), *Essays in Honour of J. D. H. Widdess* (Dublin, 1978), p. 90.
- 2 E. O'Reilly, *Sanas Gaoidhilge-Sagsbhearla: An Irish-English Dictionary* (Dublin, 1817), preface. O'Reilly was referring to late medieval and Early Modern medical manuscripts written in the Irish language, of which many survive. See chapter 1 by Sheehan in this volume.
- 3 J. Wilde, *Ancient Cures, Charms and Usages of Ireland* (London, 1890), pp. 4–9.
- 4 P. Crampton, 'An outline of the history of medicine from the earliest period to the present time', *DJMCS*, 14 (1839), pp. 504–33.
- 5 A. Smith 'Some account of the origin and early history of the College of Physicians in Ireland', *DJMCS*, 19 (Mar. 1841), pp. 81–96; E. Kennedy, 'Introductory address, delivered at the first meeting [of the Dublin Obstetrical Society] in the Rotunda, Nov. 14 1838', *DJMCS*, 15 (1839), pp. 160–77.

- 6 G. Jones and E. Malcolm, 'Introduction: an anatomy of Irish medical history', in G. Jones and E. Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650–1940* (Cork, 1999), pp. 1–17.
- 7 F. Huisman and J. H. Warner, 'Medical histories', in F. Huisman and J. H. Warner (eds), *Locating Medical History: The Stories and their Meanings* (Baltimore, MD, 2004), p. 2.
- 8 For example, the books published by T. P. C. Kirkpatrick in the early twentieth century, including his *History of Doctor Steevens' Hospital, 1720–1920* (Dublin, 1924).
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- 40 One book offering a good example of the much more detailed research that is possible for England is I. Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge, 2009). See also P. Wallis and T. Pirohakul, 'Medical revolutions? The growth of medicine in England, 1660–1800', *Journal of Social History*, 49 (2016), pp. 510–31.

- 41 Early Modern military medicine has been attracting some more attention of late. See, for example, S. Pranghofer, 'The early modern medical-military complex: the wider context of the relationship between military, medicine, and the state', *Canadian Journal of History*, 51 (2016), pp. 451–72, and also the several other relevant articles in that issue.
- 42 Hazard's essay can be situated within the growing scholarly engagement with the subject of the Irish in Europe. Substantial outputs include the essays collected in T. O'Connor (ed.), *The Irish in Europe, 1580–1815* (Dublin, 2001).
- 43 For insight into a later period, focused on naval medicine, see C. Convertito, 'Mending the sick and wounded: the development of naval hospitals in the West Indies', *Canadian Journal of History*, 51 (2016), pp. 500–33. On military hospitals in late seventeenth-century Ireland, see E. G. von Arni, *Hospital Care and the British Standing Army, 1660–1714* (Aldershot, 2006), chapter 3.
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- 48 P. Logan, 'Dermot and Edmund O'Meara, father and son', *Journal of the Irish Medical Association*, 43 (1958), pp. 312–17; Edmund O'Meara, *Examen Diatribae Thomae Willisii ... de Febribus* (London, 1665).
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- 52 On Belon, see also J. Kelly, '"Drinking the waters": balneotherapeutic medicine in Ireland, 1660–1850', *Studia Hibernica*, 35 (2008–9), pp. 99–146.
- 53 L. Brockliss, 'Medicine, religion and social mobility in eighteenth- and early nineteenth-century Ireland', in Kelly and Clark (eds), *Ireland and Medicine*, pp. 73–108.
- 54 One institution that has inspired numerous publications and some important work on midwifery is the Dublin Lying-In Hospital, or Rotunda, founded in 1745. See, for example, I. Campbell Ross (ed.), *Public Virtue, Public Love: The Early Years of the Dublin Lying-In Hospital, the Rotunda* (Dublin, 1986).

- 55 Tait's essay is an example of the results of a growing interest in Irish urban history, for which see Ryan and Tait (eds), *Religion and Politics in Urban Ireland*.
- 56 For the much richer possibilities that exist for research in England, see the work of the Cambridge Group for the History of Population and Social Structure. A helpful overview is available at www.campop.geog.cam.ac.uk (accessed 24 Oct. 2017).
- 57 The Sloane Manuscripts are held at the British Library. Sloane's archive is gradually being made more accessible thanks to the Sloane Letters Project. See www.sloaneletters.com (accessed 24 Oct. 2017).
- 58 An important earlier study is K. T. Hoppen, *The Common Scientist in the Seventeenth Century: A Study of the Dublin Philosophical Society, 1683–1708* (London, 1970).
- 59 See <http://edwardworthlibrary.ie/our-catalogue> (accessed 24 Oct. 2017).
- 60 Lyons, 'The limits of Old English liberty', pp. 70–88.
- 61 For the reconstruction of another interesting case from Early Modern Ulster, see Sneddon, 'Medicine, belief, witchcraft and demonic possession', pp. 81–6.
- 62 Sloane's account was published as *A Voyage to the Islands Madera, Barbados, Nieves, St. Christophers, and Jamaica, with the Natural History of the Herbs and Trees, Four-Footed Beasts, Fishes, Birds, Insects, Reptiles of the Last of those Islands* (2 vols, London, 1707–25).