Review Essay

Walter Charleton, Physician Extraordinaire

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Walter Charleton was a fellow of the Royal Society from its inception and president of the Royal College of Physicians from 1689 to 1691. In 1643, the same year he received his M.D. from Oxford, he became physician-in-ordinary to Charles I, and later, after the Restoration, physician to Charles II. In spite of having a very successful career within the most prominent scientific institutions of his time, and having had an equally successful medical practice, Charleton died in a bad state, both financially and socially. Until now, history has not been much kinder, for ‘A Subtle and Mysterious Machine’. The Medical World of Walter Charleton (1619–1707) is apparently the first book-length English language treatment he has received.¹

Organized into eight chapters, Emily Booth’s book really has two sections. The first includes a time-line of Charleton’s life. This section offers much exposition of secondary literature, especially on the historiography of the scientific revolution, with the name Steven Shapin featuring prominently. Questions related to the unsettled epistemology of the seventeenth-century, where trust and credibility were of paramount concern, are asked and answered: Who had authority? Whose identity was trustworthy? What were the marks of said identity? Booth returns to the details of Charleton’s life often and there is little one could add to her account. She is always driven by her ‘central hypothesis’, however, that ‘physicians did not demonstrate adherence to the principles of identity and epistemology upon which natural philosophical authority was based’, which, following
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Shapin, Booth takes to be gentlemanly disinterest and experimental evidence (27).

The second section attempts to substantiate Booth’s central hypothesis, and to draw some further implications by examining three works from Charleton’s substantial corpus: the *Natural History* (1659), *Enquiries into Human Nature* (1680), and the *Three Anatomic Lectures* (1683).

Booth chooses these works for several reasons. First, they are medical works and thus have been ignored by historians who think of Charleton predominantly as a natural philosopher. Second, because they are all written in the vernacular they afford greater insight into ‘local contextual influences upon [Charleton’s] professional identity’ (218). Third, in each work Charleton advances different, even opposing, answers to similar questions, indicating his willingness to ignore ‘contradictions between theories he presented’ (184). And fourth, the works represent a sampling from before and after Charleton’s ‘empirical activities’ at the Royal Society, offering an opportunity to measure the impact of his experimental work on his textual production and self-presentation. These are all good reasons.

As her central hypothesis implies, Booth is levelling two charges against Shapin. First, he overestimates the relevance of the experimentalist’s identity because, second, he misrepresents medicine and its practitioners in the seventeenth-century milieu. Using Charleton as her case study Booth shows that the ‘set of determinants’ for the new scientist—integrity, disinterestedness, etc.—were not the marks of credibility that defined Charleton. Instead, Charleton used ‘literary technology’ to show himself to be ‘passive and contemplative’, ‘mentally vulnerable’ and a ‘scholarly’, ‘solitary’, ‘eclectic’ simultaneously ‘reflective, speculative and bookish’. Once she establishes this point, Booth moves on to dismiss those, like Theodore Brown, who place Charleton into the English camp supporting the mechanical philosophy. When Brown originally made this suggestion, he was thinking primarily of the activities of the Royal Society in the 1660s, where physiological and anatomical experimentation were conducted without overt reliance on the mechanical philosophy. What Brown realized was that things began to change by the 1670s. The Royal Society started to follow the lead of Continental physiologists who were committed to the mechanical philosophy. Once physiological research declined at the Royal Society after the 1670s, Brown argued that the impact of the Society’s experimental research, coupled with its endorsement of mechanical philosophy, persisted in English medicine for decades and not least in the work of Walter
Charleton. Booth disagrees with Brown’s conclusion. To support her position she emphasizes Charleton’s eclecticism, which ought to make us circumspect about attributing adherence to a particular doctrine or belief. In fact by Booth’s lights, eclecticism, with its acknowledgment of ‘modern developments’ alongside ‘devotion to the ancients’, is an especially well-suited means of self-promotion through self-presentation; the eclectic leaves no one unsatisfied by virtue of giving credit to everyone.

It is Booth’s aim to refute Shapin and Brown that gives her book its purpose, and a judicious review must consider her charges against these historians in more detail. This is what I will do presently. I imagine, however, that many readers will react as I did to Booth’s project. I found myself in complete agreement that Charleton deserved a book-length treatment and that scholars should be more attentive to medicine and the role of physicians in seventeenth-century science. We need more studies of institutions and encounters with nature guided by medical knowledge and the medical profession. What did not convince me (and I expect will not convince many of Booth’s readers) is her claim that Shapin fails to attend to medicine. Shapin’s more recent discussions of the scientist’s identity appear to separate medicine and the physician’s identity from that of the natural philosopher. Therefore, whatever we make of Shapin’s claims, he might legitimately complain about his treatment at the hands of Booth. And, as for Theodore Brown, in a recent publication he appears to have refined his views since his 1968 dissertation (published in 1981 as The Mechanical Philosophy and the ‘Animal Oeconomy’). Brown’s change is especially clear with respect to the complexity of the mechanical philosophy and what it could mean to serve as one of its proponents. Nowhere does Booth mention these developments in either Shapin’s or Brown’s scholarship.

In spite of this, readers should persevere. In Charleton, Booth has found a perfect example of someone who looks to fit the bill of Shapin’s virtuoso, but does not. This is an important insight which pays dividends well beyond a critical engagement with Shapin. Moreover, Charleton serves as a reminder that examining what someone practised and what they preached are not always the same; reflection on this fact is also worthwhile. This is especially true when the person in question wrote for different audiences, sought patrons with their own agendas or, to put it simply, was a human being touched by many interests and anxieties. Booth admirably succeeds where other historians sometimes fail, namely, in making her subject look very human.
What no one disputes is that Walter Charleton was a physician by profession. The question no one seems to have asked, which Booth presses with tenacity, is whether Charleton was so much the physician—and so little the natural philosopher—that historians have seriously misrepresented him. The answer depends on how distinct physicians and virtuoso natural philosophers really were in seventeenth-century England and whether there was a clear disciplinary divide between them. In Booth’s estimation natural philosophers were as Shapin depicts them, but physicians could and did remain their own men: This is surely right, to a point. England possessed an extremely complex tradition of institutional licensing, which Booth refers to repeatedly. She reminds us that a natural philosopher like Boyle, who did not even have to work within the confines of a university, also did not have to deal with any institutional niceties (though he was cautious about publicly disagreeing with learned physicians).

In highlighting the difference between Boyle and Charleton, who needed recognition from the College of Physicians to practice in London, Booth’s real purpose is to convince us that physicians endeavoured to sell themselves in a competitive marketplace against not only other physicians, but also against so-called ‘empirics’ and ‘unlearned practitioners’. The idea that a marketplace best describes the professional activity of an early modern physician is not new, but Booth adds to it the thought, championed by Harold Cook, that English physicians saw the Royal Society’s experimental natural philosophers as opening the door to ‘empirics’ and ‘unlearned practitioners’. Experimental natural philosophers were not the physician’s friends, in other words, and Booth believes that the pressures on Charleton, in particular, to sell himself as a physician and to distance himself from experimental natural philosophers, ‘have not previously been recognized’ (218).

In making this argument, Booth presumes that there was stability in what it meant to be a physician in England in the seventeenth-century and about this I think there can be some doubt. Prior to the Restoration, it was not absolutely essential for a physician practicing in London to be affiliated with an English university. Nor was it essential to have an established role within the College of Physicians beyond being licensed, as testified to by Charleton himself, who only became an admitted candidate to the College in 1650 and was not an honorary fellow until 1664. Furthermore, whatever the College’s procedures that restricted
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access to professional standing as a physician, and however stable these were after the Restoration, it is hardly obvious that these procedures placed limits on what one could do once he became a physician. There were, of course, extreme cases where practicing physicians were censored or legal action was taken, but they were rare.

The extent to which the Royal Society and the College of Physicians shared members would also be difficult to explain if the experimental empiricism that identified Royal Society virtuosi was antithetical to those qualities valued by the College of Physicians. Yet, it was not. Recall that an English physician’s education began in the Arts faculty, where skills in logic and dialectics were emphasized along with the study of astronomy and geometry. Students were then exposed to three years of philosophy, including natural philosophy, on their way to receiving an MA. Their subsequent education in the Medical faculty included training in the medical sciences of anatomy, botany, and chemistry, even though in Charleton’s time at Oxford there were no anatomical or botanical teaching facilities (things would change quite dramatically starting in the 1650s). The point is that the training physicians received in natural philosophy and natural history accounts for why so many natural philosophers and natural historians were physicians, and it further explains why the early membership of the Royal Society included more than its share of physicians who were also affiliated with the College of Physicians.6

This is not to say Booth wrongly challenges idealized and narrow minded views of professional identity and credibility in the seventeenth-century. In fact, she does this quite well with respect to the experimentalist’s identity. ‘The physician’, however, a phrase Booth consistently uses to refer to Charleton as though he embodies what it is to be a physician, creates problems; it is not so much an informative category as a misleading ideal itself. There were, of course, challenges to the learned physician’s credibility in Charleton’s lifetime, such as the founding of a laboratory by the Society of Apothecaries in 1671. There were also norms to be followed in resolving conflicts among physicians, as is evident from a complaint Charleton filed against one Dr. Cassell who had publically belittled Charleton’s care. But, it does not follow that English physicians were self-consciously negotiating conformity to an ideal. Booth’s recommendation that we insist on the stable coherence of the physician’s identity lends itself to the same historical blindness and commits the same anachronism she accuses Shapin of committing, but viewed now from the other side of an exaggerated disciplinary divide. The right strategy, which is truly underutilized by historians, and
employed by Booth only enough to make her readers wish she had used more of it, is to allow that medicine and natural philosophy did not share well-defined boundaries at every turn. In other words, we should resist the temptation to oversimplify by extracting the idealized physician or experimental physicist from a reality that was a far messier and more interesting milieu of overlapping interests and shifting subject matter.

Booth undoubtedly works extremely hard to make the real Walter Charleton stand up. What she presents, most remarkably, is a Charleton whose vernacular medical works are ‘characterized by . . . [the] absence of experimental evidence’ (121). The suggestion that Charleton wrote in this way fits well with Booth’s claim that physicians, needing to secure a market share, dismissed or otherwise diminished the significance of the experimental empiricism found at the Royal Society, which they saw as threatening their livelihood. The reason Booth gives for pursuing this suggestion emerges in a candid declaration in which she suggests that her approach to finding the real Charleton is the only option:

As we have limited textual information about . . . [the College’s] practices. . . . I argue that our most important (and indeed our only) means of understanding the import of what the College did, is to consider what men like Charleton said about it. . . . Thus I make a distinction between their activities (which are poorly recorded), and their professional identities as constructed in their published works (and that which they encouraged their members to adopt). For the purposes of my discussion the actual extent of experimental innovation at the College is less significant than the extent to which members emphasized it as part of their identities (113; original emphasis).

No one really knows what happened at the College and so, if we attend exclusively to what Charleton did at the College, we are not well served. This is Booth’s key point, but that we must restrict our focus to the remaining evidence does not imply we should move to accept the kind of discussion Booth pursues.

More to this point, are we really supposed to believe that the experimental activities of the College’s members were not part of an active and rather broad research programme in medicine? Take, for example, some facts about two of the College’s better known Presidents, Francis Glisson and George Ent. Like Charleton, both Glisson and Ent were original fellows of the Royal Society. In his lifetime Glisson was recognized as one of England’s greatest anatomists. His work on muscular irritability in the 1650s included reference to a simple experiment in which a muscle was flexed underwater and the water volume was reported not to rise.
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What this showed, according to Glisson, was that no fluid rushed into the muscle, a view with antecedents in ancient medicine and natural philosophy. For Ent’s part, though not an anatomist of Glisson’s quality, his *Apologia pro circulatione sanguinis* (1641) not only supported William Harvey’s discovery, it countered the anti-Harveian Emilio Parigiano by specifically emphasizing the importance of Harvey’s experiments as a guide to truth. Furthermore, Ent’s later collaborations with Robert Hooke in the study of respiration indicate that Ent sought a mutually supportive and not a contentious exchange with a leading experimentalist at the Royal Society. The point is simply this: Booth’s efforts to talk about how physicians like Charleton used vernacular texts to present themselves is worthwhile, as is the absence of excessive reliance on experimental evidence in his and other vernacular texts, but this cannot be made the whole story for England’s physicians.

To add to the worry that Booth misrepresents physicians’ activities and even how they thought of themselves, she points out that Charleton was thrice charged with giving the Latin Harveian Oration. Booth does not mention (except for a single sentence in the appendix) that with his bequest for the feast Harvey charged: “there may be an Oration in Latin made to the whole College... wherein the whole society may be exhorted to mutual Love and affection, and to the search of the Nature and properties of things by way of experiment.” Experiment was thus more than just permitted at the College of Physicians; it was expected, even demanded, and it was highlighted at what was meant to be an annual feast. All of Charleton’s Harveian Orations were published, and had Booth chosen to emphasize these Latin works, she might have given us a different picture of Charleton the physician. It is also hard to believe that experimental evidence was not prized by a College that had gained so much from the discoveries and career of their benefactor, Harvey. That nearly every medical practitioner in England by the 1660s had been educated after Harvey’s early work on circulation and cardiac motion and that many, if not all physicians, wished to emulate his procedures and his success, only reinforces this point.

II

Charleton knew Harvey well and benefited from his association with Harvey immediately upon having received his M.D. from Oxford in 1643.
In spite of their friendship, and in spite of having worked to convey the chymical ideas of Jan Baptiste von Helmont to the English-speaking world, Booth correctly points out that Charleton is frequently characterized as a Gassendist or as a mechanical philosopher by historians. What Booth shows in detail is that Charleton was an eclectic. But given that Charleton drew on so many conflicting sources, should we infer that he did not believe any of what he wrote? Or, should we believe he did not think his views cohered somehow? Booth seems to imply one of these conclusions, it is not clear which, when she insists above all else that the ‘eclectic mode benefited [Charleton] as a physician . . . reaffirming . . . his professional authority’ (14, but see also 43). Charleton was engaged in identity-politics, seventeenth-century style, and that meant finding practical utility in presenting a ‘range of epistemologies’ with consistency and commitment beside the point (30). This portrayal is a narrow view of what eclecticism had to offer. In fact, it had advantages that had nothing to do with its practical utility; indeed, not every eclectic had something to sell.

Though Booth misses a large part of what is so interesting about eclecticism, she nevertheless demonstrates how versatile Charleton was in his ability to popularize a wide variety of foreign views for the English reading public. The most successful outcome of Booth’s work may, in fact, be her claim that Charleton cannot be called a mechanical philosopher without serious qualification because of his role in disseminating an eclectic range of works. The idea that Charleton, the eclectic physician, settled on experimental evidence and the mechanical philosophy is something Booth rejects, and as I have said, there is something to this. Whereas Theodore Brown saw the Three Anatomic Lectures as an endorsement of Borelli’s De Motu Animalium and the mechanical philosophy, Booth finds just another example of Charleton exploring an explanation without treating that explanation as ‘monolithic’ (139). Had she simply stuck to the eclectic character of Charleton’s publications she would be on firm ground, but she rests part of her case on Charleton’s failure to cite his own experimental work. To her this implies that Charleton’s time at the Royal Society and his experimental activities had little or no effect on his identity as a physician. As Booth explains her disagreement with Brown, it ‘is not over whether or not the physician did these experiments, or how many he performed, but with Brown’s assumptions about what they tell us about who Charleton was’. Brown ‘overstates the link between activities and . . . public presentations’, effectively ‘plac[ing] [Charleton’s] activities above his self-description’ (117). Look at his
vernacular publications, insists Booth. While there is nothing wrong in emphasizing how physicians used vernacular texts to present themselves, this does not represent the entirety of who they were. Simply put, to find out who Charleton was Booth wants to look at what he preached in three books and not at what he practiced over the course of a lifetime.

III

It is my understanding that we will not see any more scholarship from Emily Booth, who has left the profession for greener pastures. This is a loss. The focus of *A Subtle and Mysterious Machine. The Medical World of Walter Charleton (1619–1707)* on medical knowledge and the medical profession in the early modern period is precisely where it should be. Booth reminds us that early modern physicians deserve to have their medical publications included in the historical canon, and on their own terms. Henceforth, no one has an excuse to remember Charleton simply as the English popularizer of Pierre Gassendi or Jan Baptiste von Helmont, or even of Giovanni Alfonso Borelli or Rene Descartes. Charleton was an eclectic physician, and that is the message readers should take home.

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REFERENCES

1. Every notable study prior to Booth’s is included in her bibliography and mentioned in the text itself, including Sabina Fleitmann’s *Walter Charleton (1620–1707), ‘Virtuoso’: Leben und Werke* (Frankfurt, 1985).
2. In light of her focus on self-presentation, one might expect Booth to have discussed the autobiographical tradition in medicine that had been resurrected in the sixteenth century by editions of Galen’s work and extended in different ways by the likes of Girolamo Cardano, Ambrose Paré, and Jan Baptiste Van Helmont. Had she discussed it, Booth might have realized that while Charleton and many of his colleagues chose to present themselves as modest, modesty is neither required of a physician nor even an effective strategy
of self-promotion when it comes to distancing oneself from the unlearned practitioner.


5. ‘The challenge of the empirical science promoted by members of the Royal Society and others could not be entirely co-opted by the learned physicians if they wished to stress a knowledge of the academic medical traditions as being important to physic. They could not control a scientific medicine; such a medical program allowed empirics to claim that experimentalism was better than the education of the learned physicians. . . . [By] the later 1660s, it had become clear to some that the new science might undermine the status of learned men as often as it might better it’: Harold Cook, The decline of the old medical regime in Stuart London (Ithaca, 1986), 181.


7. Quoted from a document signed March 15, 1652, four years before the College’s official ‘Harvey Trust Deed’ which is dated June 21, 1656. To view the cited document, visit: http://www.rain.org/~karpeles/harfrm.html (accessed January 2010).

8. Harvey’s influence and the distinctive research programme he introduced might be cited in support of the notion of the ideal physician whom others tried to emulate. Note, however, that Harvey was an experimenter who prioritized experimental evidence.

9. This phrase also appears on pages 141, 146 and 158, but the thought behind it is ever present. In referring to ‘epistemologies’ Booth does not always mean ‘theories of knowledge’ which, at least to the philosophers who originated the term, involve self-conscious understanding of what counts as knowledge and how beliefs get justified. Like many other historians, Booth uses ‘epistemologies’, so far as I can tell, to refer to a set of beliefs at a given time. The trouble with ‘epistemology’ can present is discussed in Don Bates, ‘Scholarly ways of knowing: an introduction’ in Don Bates (ed.), Knowledge and the scholarly medical traditions (Cambridge, 1995), 1–22.