‘Medling Fops’ with their ‘Gagling Goose-quils’:\n
The Competition

Every one striveth to be a phisitian in the Country, no sooner can any
one be pricked with a pin, or stung with a Bee, but every one gives
his counsel and presenteth himself to be a phisitian for the patient.\n
Dr. J.D. Alspop

In spite of the advantages that sermons yielded to physicians in their ef-
fort to be viewed as professionals, they still faced a series of hurdles if
they were to establish themselves as expert authorities whose services
were routinely employed. One of the most pressing problems was competi-
tion from other medical practitioners who treated the vast majority of in-
dividuals who fell ill, especially outside of the Royal College of Physicians’
seven-mile radius of jurisdiction.\n
Making matters worse, the lay public had
their own ideas about health, illness, and medicine.\n
Physicians faced the diffi-
cult task of convincing the public that they offered a unique service that jus-
tified the expense. This service consisted of advice tailored to each patient’s
individual lifestyle and constitution, a practice grounded in their university
education and the sound judgment it imparted.\n
Medicine was one of the three learned professions surviving from the
middle ages, along with the Church and law.\n
However, unlike lawyers and
clerics, physicians faced challenges from competitors that were unique to the
field of medicine, particularly by those who practiced medicine on a part-
time basis and those who offered medical services gratis to the poor.\n
Margaret Pelling has argued against even referring to medicine as a profession,
opting instead for the term ‘medical occupations,’ as early modern medi-
cine was a combination of craft and trade.\n
Her description stems from the
fact that although large numbers of practitioners existed, many, if not most,
engaged in other activities of economic significance. In rural areas, where multiple means of employment and seasonal working were the rule rather than the exception, medicine was equally likely to be a part-time occupation. Pelling has therefore concluded that the economic framework of medicine as an occupation during this period makes it inappropriate to conceive of the modern ideal of the full-time dedicated member of the professional classes. However, within the varied medical occupations, as early as the sixteenth century physicians began evolving an ideology closely related to modern professional ideals.

Harold Cook has argued that among all the number and variety of medical practitioners in early modern England, one small group self-consciously considered itself professional: physicians. Physicians purposely used the word ‘profession’ with regard to themselves and to no other medical practitioners, clearly identifying their profession as something other than a mere occupation. Cook has maintained that physicians’ struggle to define themselves as a profession has been a crucial test case for various definitions of what a profession is or was. Because of the challenges posed by their varied and numerous competitors, studying how physicians garnered authority within the medical ambit and eventually secured a monopoly in terms of licensing can help shed light on how professions form. One key component was the development of a clear sense of what it meant to be a physician. This chapter will argue that this development evolved as physicians defined themselves in contrast to what they were not: uneducated or part-time practitioners.

Physicians distinguished themselves in part through their education and the sense of morality and wisdom that such an education wrought. They claimed a professional authority based on two key concepts: judgment and advice, in similar fashion to lawyers and clerics. Sound judgment and advice were considered to be related to sound morality at least as much as to knowledge and were attributed to a university education, which shaped their characters as much as their minds.

Physicians attempted to differentiate themselves from other healers, calling attention to the shortcomings of their competitors while highlighting their own virtues. Indeed, the very forming of the occupation as we would characterize it today began in the seventeenth century when physicians defined themselves as a profession, separate and superior to other types of healers, at least in their opinion. The way in which physicians struggled to remain differentiated in the public’s mind from their competition would set the tone for their approach to medicine and public health and would have