

Medical Practice in Early Modern Wrexham and Cardiff.¹

Abstract:

Little is yet known about either the numbers or structure of early modern Welsh medical practitioners, or their broader place within urban life. Through case studies of seventeenth-century Cardiff and Wrexham, this article explores the nature of medical practice in Welsh towns. It argues that even small towns sustained a range of medical occupations and businesses. There were strong links between towns and hinterlands. Despite the lack of medical guilds and companies, training was available through apprenticeship. Welsh practitioners were part of trading networks both within and outside Wales and active in office-holding and urban governance.

In recent years, renewed historical attention has been paid to Welsh towns and in particular towards questions of urbanization in medieval and early modern Wales. While Welsh towns were undoubtedly smaller than their English counterparts, new research has recovered not only the function of Welsh towns and their important relationship with rural hinterlands but also the nascent urban identities forming amongst townspeople within them.² The traditional view of Welsh towns had long been one of deficiency. Philip Jenkins argued that ‘to speak of any ‘urban’ history in Wales prior to the nineteenth century is perhaps to misuse the term’.³ For Jenkins ‘regional capitals’ – Bristol for South Wales, Chester for the North and Oswestry and Shrewsbury for Mid Wales and

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² See for examples, Peter Borsay, Louise Miskell and Owen Roberts, ‘Introduction: Wales, a new agenda for urban history’, *Urban History*, 32:1 (2005), 5-16; Nia Powell, ‘Do numbers count?: Towns in early-modern Wales’, *Urban History*, 32:1 (2005), 46-67; Nia Powell, ‘Urban Population in Early-Modern Wales Revisited’, *Welsh History Review*, 23:3 (2007), 1-43; Helen Fulton, (ed.), *Urban Culture in Medieval Wales* (Cardiff: 2012).

³ Philip Jenkins, *A History of Modern Wales, 1536-1990* (London and New York, 1992). 35.

the Marches – were far more important than any town on Welsh soil.⁴ As Llinos Smith has argued, however, factors such as the topography and physical presence of small Welsh towns in the landscape, together with urban infrastructure and, most importantly, the identification of distinctly urban characteristics amongst townspeople all support the existence of a Welsh medieval urban identity.⁵

Relatively little attention has yet been paid, however, to occupations in Welsh towns. Discussions are frequently framed around groups with discernible collective identities, or with an infrastructure such as a craft guild.⁶ One occupational group whose position within the nexus of urban or civic identities and socio-economic relationships is rarely considered is medical practitioners.

Interest in Welsh medicine has certainly grown over the past decade.⁷ As I have argued elsewhere, themes of folklore and industrialisation had previously been predominant in Welsh medical history, serving to create an unbalanced picture of a country where medical provision was at best inadequate, and at worst

⁴ Ibid. 4-5; Philip Jenkins, 'Wales' in P. Clark (ed.), *The Cambridge Urban History of Britain*, vol. II: 1540-1840 (Cambridge: 2000), 133.

⁵ Llinos B. Smith, 'In Search of an Urban Identity: Aspects of Urban Society in Late Medieval Wales' in Fulton (ed.), *Urban Culture*, 28-31.

⁶ For example, E. D. Jones, 'The register of the corvisers of Ruthin, 1570-1671', *National Library of Wales Journal*, 7:3 (1952), 239-45; Pamela Redwood, 'Early seventeenth-century mercers in Brecon', *Brycheiniog* 32 (2000), 71-84; For a useful exception see E. G. Parry, 'Brecon: occupations and society, 1500-1800', *Brycheiniog*, 19 (1980/1), 60-8.

⁷ For the early modern period see Alun Withey, *Physick and the Family: Health, medicine and care in Wales c. 1600-1750* (Manchester: Manchester University Press, 2011); Anne Borsay (ed.), *Medicine in Wales c. 1800-2000: Public Service or Private Commodity* (Cardiff: 2003); Pamela Michael and Steve Thompson (eds.), *Public Health in Wales, 1800-1912: A Brief History* (Cardiff: National Assembly of Wales, 2012). Renewed attention has also focused on medicine in the coalfield. See for example Ben Curtis and Steve Thompson, 'A Plentiful Crop of Cripples Made By All This Progress': Disability, Artificial Limbs and Working-Class Mutualism in the South Wales Coalfield, 1890-1948', *Social History of Medicine*, 27:4 (2014), 708-27. Steve Thompson, 'Paying the Piper and Calling the Tune? Complaints against doctors in workers' medical schemes in the South Wales coalfield' in Jonathan Reinartz and Rebecca Wynter (eds.), *Complaints, Controversies and Grievances in Medicine: Historical and Social Science Perspectives* (London: 2015), 93-108;

inept.⁸ This emphasis upon practice in rural areas (often implicit in studies of folkloric medicine) had the effect of shifting attention away from towns, obscuring their importance as medical centres, and downplaying the role of practitioners as active agents within the urban landscape. More recently a far more nuanced picture has emerged. Wales was in fact part of a much broader economy of medical knowledge than was previously thought. Medical ideas circulated into and around Wales, both in Welsh and English, and through manuscript, print and oral culture. Welsh patients and practitioners had access to the latest medical ideas from England and beyond. My brief study of practitioners in *Physick and the Family* noted the presence and structure of a wide variety of practitioners in early modern Wales, their availability across all levels of society, the medical networks through which they moved and corresponded, and their apparent eschewal of medical licensing.⁹ More recent work by Lisa Tallis and others has also done much to highlight the important social, religious and cultural (as well as medical) meanings of cunning folk in Wales, and their place in narratives of treatment and cure.¹⁰

Even so, Welsh practice and practitioners have still attracted relatively little attention in recent years, reflecting a broader absence of Celtic countries in

⁸ Alun Withey, 'Unhealthy neglect?: The medicine and medical historiography of early-modern Wales', *Social History of Medicine*, 21:1 (2008), 163-174. For a notable exception see John Cule, *Wales and Medicine: A source-list for printed books and papers showing the history of medicine in relation to Wales and Welshmen* (Aberystwyth: 1980).

⁹ Withey, *Physick and the Family*, 151-62.

¹⁰ Lisa Tallis, 'The Conjuror, The Fairy, The Devil and The Preacher: Witchcraft, popular magic and religion in Wales, c. 1700-1905' (Swansea University, Unpublished Thesis, 2007); Lisa Tallis, 'Literacy, Magic and Superstition in Nineteenth-Century Wales', *Welsh History Review*, 26:3 (2013), 389-422; Lisa Tallis, 'The 'Doctor Faustus' of Cwrt-y-Cadno: A perspective on John Harries and popular medicine in Wales', *Welsh History Review*, 24:3 (2009), 1-28; Amongst Davies' many publications on the subject, see Owen Davies, 'Charmers and Charming in England and Wales from the Eighteenth to the Twentieth Century', *Folklore*, 109 (1988), 41-52; see also Richard Allen, 'Wizards or Charlatans, Doctors or Herbalists? An appraisal of the cunning men of Cwrt-y-Cadno', *North American Journal of Welsh Studies*, 1:2 (2001), 69-85.

practitioner studies. Ireland offers a welcome exception with a growing recent interest in the medical history of the country in recent years.¹¹ The history of medicine in early modern Scotland is growing but, like Wales, has suffered from an over-concentration upon institutions, and on folkloric practice. The general lack of attention paid to Welsh practitioners before 1800 perhaps reflects an older view that there is little to study, either in terms of practitioner numbers or source material – a point made by John Cule in the introduction to his landmark 1975 study of Welsh medicine.¹² There are certainly reasons to support this assumption. Wales was unique amongst the constituent countries of the British Isles in possessing no universities or institutions to offer medical training, no colleges or official medical bodies. Those seeking formal qualifications in medicine thus had no alternative but to leave Wales. Also, unlike Ireland, there were no dynastic families of Welsh medical practitioners by the early modern period.¹³ Indeed, such background conditions in Wales might appear inimical to anything other than irregular practice.

As such many questions remain unaddressed. We know but little, for example, about the spread, density or even numbers of medical practitioners in early modern Wales, reflecting a wider lack of attention paid to medical practice in rural or non-metropolitan contexts. What, for example, was the structure of practice in Welsh towns? Who practised medicine, where were they based, and what can evidence reveal about not just their medical occupations, but the social

¹¹ For example see the various essays in James Kelly and Fiona Clark, *Ireland and Medicine in the Seventeenth and Eighteenth Centuries* (London: Routledge, 2010), and John Cunningham (ed.), *The Medical World of Early Modern Ireland, c. 1550-1800* (Manchester: forthcoming 2018).

¹² John Cule, *Wales and Medicine* (Llandysul:1975), ix.

¹³ For the importance of Gaelic patronage in Irish medicine see Charlie Dillon, 'Medical practice and Gaelic Ireland' in Kelly and Clark (eds.), *Ireland and Medicine*, 39-52.

and professional positions they occupied? What can be learned about practitioners as traders and businessmen, as well as healers?

To begin to address these questions, and access the nature of medical practice in early modern Wales, this article will compare two very different Welsh towns: in the north, Wrexham (the largest early modern Welsh town) and, in the south, the relatively small port of Cardiff. This approach has several benefits. First it allows us to access conditions at opposite ends of the country, their similarities and divergences. Secondly, comparing medical practice in two economically, as well as geographically, distinct locations allows an insight into the ways in which, for example, issues such as status, office-holding, guild membership, as well as more prosaic questions such as numbers and types of practitioner, operated in different urban spaces. Finally, a detailed study of the form and function of medical practitioners within the early modern urban space offers a new perspective on the medical environment of the early-modern provincial town. In line with terminology adopted by Margaret Pelling and Charles Webster, the term 'practitioner' here denotes 'any individual whose occupation is basically concerned with the care of the sick'.¹⁴ This inclusive definition encompasses the totality of medical provision, including retail, and also allows for the artificial and mutable boundaries between practitioner types to be bypassed.

The article will also explore the role of medical practitioners and retailers in the broader context of early-modern urban life, and particularly questions of how, and indeed whether, medical networks operated in rural and provincial towns.

¹⁴ Margaret Pelling and Charles Webster, 'Medical practitioners' in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge: 1979), 166.

As will be shown, even in small market towns, medical practitioners seldom operated in isolation and were often closely linked to others in the same or similar trades. Practitioners, and especially apothecaries, often held local office and could be influential figures in town administration. Likewise, the close relationship between practitioners both within and around towns does much to dispel myths that the Welsh medical practitioner was an inferior simulacrum of their metropolitan counterparts.

Before proceeding, it is necessary to make a brief point about source material. Unlike many of the larger English towns, Welsh towns lack many types of source materials in the numbers that would allow a systematic, quantitative analysis. Parish registers, for example, are patchy in survival, whilst probates and, in particular, probate accounts, are often sparse. To access Welsh practice, then, requires a different approach, but one that offers opportunities. Quantitative studies tend to concentrate on large towns with good records. By adopting prosopographical techniques, based on building individual biographies through accumulated data, and through different types of sources materials (including probate records, town and borough records, personal correspondence, parish records and household accounts) it is possible to begin to assess and discuss individual practitioners within a townscape in greater detail. This will be the approach adopted here.

A Tale of Two Towns: Early Modern Cardiff and Wrexham

Although still relatively small in comparison to many English towns, Wrexham was almost certainly the largest Welsh town, rivalled only by Carmarthen and

Haverfordwest in terms of the Welsh urban hierarchy, and one of the most developed in its infrastructure. The town grew in population from the early seventeenth century and, by 1650, its town centre was thriving, with a large weekly market, a number of central streets and substantial houses, as well as inns and shops, and a grammar school.¹⁵ The economy of Wrexham was based on pastoral farming, and particularly the rearing of cattle and sheep, meaning that the town sustained a wide variety of related occupations, including tanners, skimmers and curriers, as well as producers of leather goods, such as breeches.¹⁶ Somewhat strangely, however, given the size and occupational diversity of the town, there was no guild structure in Wrexham. This is particularly puzzling when smaller, neighbouring towns like Ruthin had a cordwainers' guild, and Denbigh had companies of mercers, blacksmiths and hammermen, glovers, shoemakers, cordwainers, weavers and taylors.¹⁷

Population estimates for Wrexham vary depending on what sources are used, and how multipliers are applied. Leonard Owen's study of Welsh towns estimated a population of 3225 in 1670, based on multipliers used with hearth tax records.¹⁸ More recently, Nia Powell has suggested a figure of 3007 in 1670, rising to 3774 by 1676, derived from hearth tax records and the 'Compton Census'.¹⁹ If, as Powell suggests, deficiencies in both the Compton census and

¹⁵ A. H. Dodd, *A History of Wrexham* (Wrexham: 1989), 45.

¹⁶ A. N. Palmer, *History of the Town of Wrexham: Its houses, streets, fields and old families* (Wrexham: 1893), 9.

¹⁷ John Williams, *Ancient and Modern Denbigh: A Descriptive History of the Castle, Borough and Liberties* (Denbigh: 1856), 126-32. For a useful list of provincial English, Welsh and Irish guilds and companies see Tom Hoffman, 'Guilds and related organizations in Great Britain and Ireland: A Bibliography, part 2', available online at <http://www.bbk.ac.uk/lib/elib/databases/tom-hoffman/GUILDS%20Vol%202%20-%20BBK%20Revised%207%20Oct%202011.pdf>, accessed on 12 May 2017

¹⁸ Leonard Owen, 'The population of Wales in the sixteenth and seventeenth Centuries', *Transactions of the Honorable Society of Cymmrodorion* (1959), 109.

¹⁹ Powell, 'Do numbers count?', 50.

hearth tax records are allowed for, it is possible that the true population may have been between 4500 and 5600, making Wrexham the commercial powerhouse of north east Wales.²⁰

Cardiff in the mid to late seventeenth century, by contrast, was a comparatively small but geographically important port. Its coastal location meant that the town was ideally placed to exploit coastal trade. The city of Bristol, a major commercial centre for both South West England and the southern counties of Wales, exerted a centripetal pull upon Cardiff and its hinterlands. By 1666, boats such as the *Speedwell*, *Lyon* and *Mayflower* were regularly transporting large numbers of goods from Bristol, from barley, oats and wheat, to livestock and consumer goods.²¹ Taking advantage of the nascent wool industry in the surrounding hinterlands, exports of clothing, especially stockings, increased in the later seventeenth century, accounting for over half of the exports from Cardiff to Bristol in 1666. Milk and butter from Glamorgan were transported to Devon and Cornwall through Cardiff and many of the small port inlets nearby, whilst tanned leather was another important export.²² The tanning industry in Cardiff's surrounding parishes influenced city occupations with a number of wealthy tanner merchants residing in the town.²³ Although much smaller than Wrexham, Cardiff had a nucleated town centre, with a defined high street and shopping area, some large housing and, like Wrexham, a weekly market. John Speed's map of 1610 shows a cluster of house-lined streets to the east of the

²⁰ Ibid., 60.

²¹ Moelwyn Williams, 'A further contribution to the commercial history of Glamorgan', *National Library of Wales Journal*, 12:4 (1962), 367-9.

²² Moelwyn Williams, 'The economic and social history of Glamorgan, 1660-1760' in Glanmor Williams (ed.), *Glamorgan County History Volume IV: Early-Modern Glamorgan* (Cardiff: 1974), 356-8.

²³ Ibid, 342, 344-5.

river Taff, and to the south of the castle, which also incorporated the town's shire hall. The demographer Harold Carter categorised Cardiff as a Grade 2A town, the same level as Wrexham, signifying a thriving centre for trade and commerce, supporting a moderately wealthy mercantile class, and a number of significant trades.²⁴

Nonetheless, the population of Cardiff was much smaller than Wrexham.

Leonard Owen estimated the population of Cardiff in 1671 to be 1771, with Moelwyn Williams suggesting broadly similar figures of between 1436 and 1659, based on different criteria.²⁵ Nia Powell, however, suggests the lower figure of 1371 in 1670.²⁶ Elizabeth Parkinson's recent study of the Compton Census in Glamorgan has also dismissed a seemingly anomalous leap in Cardiff's population in 1676 (from 1371 to 2428) as being unreliable.²⁷ Powell's figures will be used for the purposes of this article.

Numbers and Types of Practitioner

Identifying medical practitioners is itself not always an easy process given the vagaries of early-modern medical nomenclature. With no reliable classificatory system in place during this period, medical practitioners were identified variously and interchangeably. Far from regulatory control, practitioners were essentially free to identify themselves as they chose. On one level, assuming a 'formal' medical title was a simple way of claiming legitimacy and skill, implying

²⁴ Quoted in Powell, 'Do numbers count?', 52; Moelwyn I. Williams, 'Cardiff: Its People and Its Trade, 1660-1720', *Morgannwg*, 7 (1963), 74-5.

²⁵ Owen, 'The Population of Wales', 105, 110; Williams, 'Economic and social history', 356-8.

²⁶ Powell, 'Do numbers count?', 50.

²⁷ Elizabeth Parkinson, 'Interpreting the Compton census returns of 1676 for the diocese of Llandaff', *Local Population Studies*, 60 (1998), 52.

a level of training or status. Equally, however, a medical title might reflect the way an individual was referred to by others, and recorded in sources. To further complicate matters, it cannot be safely assumed that a medical title necessarily even infers that medicine was an individual's primary occupation. As Margaret Pelling has stressed, occupational diversity was the norm amongst medical practitioners.²⁸ Especially in smaller towns and rural areas it is doubtful whether medicine generated enough income to be a full-time occupation. Medical trades were combined with other types of business, and often concurrently. Apothecaries, for example, combined medical retail with the sale of other goods, such as mercery or grocery. By the middle of the eighteenth century surgeons increasingly carried on medical retail businesses (as surgeon-apothecaries). It is also common to find individuals referred to by various (medical and non-medical) occupational titles, where they occur across different source materials. Much depended on how others referred to them, or regarded their primary occupation. Thus a medical practitioner might be found in one source as a barber or apothecary, but recorded in their will as 'gentleman' or 'yeoman', and so on.

The figures in the following discussion derive from a database of medical practitioners in England and Wales between 1550 and 1740, currently under construction through a project at the University of Exeter. The database includes information on any individual recorded as being involved in the practice of medicine between these dates and, where possible, across multiple sources. A comprehensive search for early modern Welsh medical practitioners is now largely complete, albeit with the caveat that the limitations of Welsh source

²⁸ Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London and New York: 1998), 31-2.

materials for early modern medical practice mean that the figures presented here must be regarded as minima.

In Wrexham, between 1649 and 1739, a total of 75 individuals can be identified as being involved in medical practice, across a range of medical titles. Standard medical titles like apothecary, surgeon, barber, barber-surgeon and physician were commonplace, but rarely consistently.²⁹ Elias Preston was referred to variously as a surgeon and a 'barber-chirurgion', although, in his will, he was described as a 'surgeon, barber and periwig maker'.³⁰ Edward Hanmer was described in sources both as apothecary and 'apothecary/gent'. Rossindale Lloyd was a 'doctor in Physick', while Edward Hanmer was an apothecary...also doubling up as postmaster.³¹ In general, though, the range of medical occupational titles was relatively narrow; only one practitioner, a bonesetter, stood outside these more formal categories.

As a raw statistic, however, this number reveals little about the actual density of practitioners at any given point, over how long they practised, or how the situation changed over time. In many instances individuals appear in only one source, making it difficult to assess the length of time over which they practised. Numbers could easily change from year to year, as individuals arrived, relocated or died. It is possible, however, to make informed estimates by comparing

²⁹ It should be noted that barbers are included as medical practitioners, even if they were not referred to as barber-surgeon. The medical functions of the barber, including routine medical and paramedical tasks such as bloodletting, attendance to cuts and lesions and even shaving, are sufficiently well known to make any distinction unreliable.

³⁰ See, for example, W. M. Myddelton, *Castle Accounts, A.D. 1666-1753* (Manchester: 1931), 255; National Library of Wales (hereafter NLW), MS SA/1694/210, will of Elias Preston of Wrexham, 1st December 1680.

³¹ NLW MS SA/1734/139, will of Rossindale Lloyd, 18th June 1734; Myddelton, *Chirk Castle, Vol: 2*, 253.

known career spans in the same area, and applying a reasonable multiplier for those who only appear in one source. In the majority of cases in this sample (52), the career span is not known. Where that information is available, however, 12 practitioners had careers of at least 10 years, and 5 of more than 20 years, giving a rough benchmark. Estimates have therefore been given for the likelihood of practitioners being active within 10, and 20 years of their appearance in the sources. Whilst there are obvious problems with this approach, and it cannot be considered definitive, it does allow for reasonable estimations of a best, worst and median numbers of practitioners in a given location at a given point in time. Table 1 below shows a breakdown of practitioner numbers in both individual years and decades of the 17th and early eighteenth centuries. Because of the sparse references before the mid seventeenth century, especially in Cardiff, and to enable a direct comparison between both towns, the table covers the period from 1660-1720. The bracketed figures represent approximate practitioner/patient ratios, based on Nia Powell's population estimates.

<INSERT TABLE 1>

Overall, as the table indicates, the numbers of practitioners in Wrexham doubled between 1670 and 1700, probably reflecting the growing population and commercial status of the town. Between 1660 and 1680 there were at least 15 individuals practising or retailing medicine in Wrexham, with a further six likely to have been active during that period, and a total of 25 possible. By 1700 this had risen to at least 17 individuals definitely practising in the town, with as many as 37 possible that year.

It is possible to go into more detail by analysing a single year more closely, and here 1670 makes a useful sample in terms of reasonable population estimates. The number of practitioners who can firmly be located within the town in that year is eight. These are the apothecaries Eustace Crue, James Goodin (Goodwyn) and Richard Hampton, the barbers Arthur Colefaxe, Paul Provo and Charles Provo, the barber-surgeons James and Elias Preston, and the physician John Mostyn. As Ian Mortimer has pointed out, the application of ratios can be misleading, given the mobility of early modern practitioners and the areas they covered, along with the often-close relationship between town and outlying parishes. Mortimer suggests that the populations of surrounding parishes should ideally be factored in. Given the relatively sparse rural populations surrounding Wrexham however, and the lack of reliable data from which to estimate their population sizes, it is not possible to accurately quantify the potential numbers of patients in the town hinterlands. An estimate based on the town population is thus safer with the caveat that the figures must be treated as minima.

The ratio of eight practitioners to 3007 people gives a baseline ratio of 1:334. On a like-for-like basis with the figures for Canterbury (i.e. not adjusted for outlying parishes) of 1:159 it would appear that the population of Wrexham was substantially less well-served than the English town. It is also worth noting however that a further thirteen Wrexham practitioners were potentially also active in 1670. A fleeting reference in a letter also places the physician John Lloyd in Wrexham in 1664 which, if added to the total, gives a ratio of 1 practitioner per 300 people.³² A further seven individuals were buried within 20

³² NLW MS 12402E, Letter from John Lloyd of Wigfair relating to the King's Evil, exact date unknown, 1664

years after 1670. If, as a best-case scenario, it is tentatively assumed that a career of 20 years prior to this date is feasible, and these individuals are added to the figure, then the ratio of practitioner to population could potentially be as high as 1:176. The true figure clearly lies somewhere in-between.

How, then, did Cardiff compare? The relative lack of source material for medical practitioners in Cardiff defies deep quantitative analysis. With a population of only around a third of that of Wrexham there is less evidence to bring to bear with relation to individual shop premises and also, frustratingly, no surviving probates of Cardiff medical practitioners. Even despite these limitations, however, it is still possible to capture something of the structure of medical practice in the town.

In the mid seventeenth century the numbers of recorded practitioners were very low. Between 1630 and 1650 there were only four recorded, those being an apothecary, a physician and two barber-surgeons who were father and son. In 1650 there were two apothecaries and a physician, and one surgeon. With such low numbers it is very difficult to generalise or identify any patterns. It is also likely that the true number was higher; the absence of barbers seems particularly suspect, and likely represents deficient sources rather than a genuine absence.

If we apply the same criteria and assumptions regarding length of practice, however, it is possible to give a like-for-like comparison with Wrexham.

<INSERT TABLE 2>

In general, the numbers of medical practitioners grew slightly over the last quarter of the seventeenth century although not as much as for Wrexham, and also rising from a very low base. Although Cardiff was growing, it did not begin to achieve prominence as a commercial centre until later in the eighteenth century. Again taking 1670 as a useful year for comparison, and using Nia Powell's estimates of population, it is interesting to note that the raw numbers of medics are not dissimilar, despite the size of the town. The five Cardiff practitioners definitely practising that year comprised of one apothecary, one physician and three barbers, with a further barber and surgeon also highly likely to have been present. In fact, the best-case scenario in Cardiff matches the number definitely active in Wrexham. Perhaps surprisingly, the tentative town patient/practitioner ratio also suggests that people in Cardiff had proportionally better access to a medical practitioner than in Wrexham, although this is clearly more achievable in locations where population was smaller.

As Mortimer has noted, the relationship between towns and hinterlands was extremely important. As we shall see later, the mobility of early modern medical practitioners routinely saw them operate in radii of several miles from their town base. But whether practitioners actually located themselves in outlying parishes is also interesting. Much depended on the distance between towns. Within roughly 20 miles of Wrexham were the towns of Denbigh and Ruthin, both of which had numbers of practitioners. Cardiff, by contrast, was more isolated, with perhaps a bigger rural hinterland. Thus it is more common to find medical practitioners active in rural and coastal towns and villages in

Glamorgan, including small villages such as Llanblethian, Llangynwyd and Ogmore, all of which were more than 20 miles from Cardiff.

Location and Mobility

The well-defined commercial centre of Wrexham offered good trading opportunities for medical retail. In large towns, it was not uncommon for medical trades to cluster in particular areas. In London, for example, Cheapside was a popular location for apothecaries.³³ Whilst clearly not on the same scale, it is possible to discern some patterns in the location of Wrexham practitioners. It is noticeable that medical practitioners in Wrexham were centrally located in the town. Around 1700, four apothecaries (Eustace Crewe, Edward Hanmer, Elias Preston and George Myddelton) had their businesses in the main high street. Wrexham High Street in the seventeenth century was a busy thoroughfare containing a range of retail businesses, including butchers, mercers and ironmongers. Another apothecary, James Goodwyn, was located in Beastmarket Street, just off the main high street.³⁴ The close proximity of several apothecaries in a relatively short space suggests that demand was sufficient to sustain several businesses. It is very likely, given the nature of their trade, that barbers were similarly clustered in busy areas. Frustratingly, however, the location of only one barber – Arthur Colefax – is known. On the baptism of his daughter, Colefax was recorded as living in Hope Street, another main thoroughfare running off the

³³ See Patrick Wallis, 'Consumption, retailing and medicine in early modern London', *Economic History Review* 61:1 (2008), 31.

³⁴ Alfred Neobald Palmer, *History of the Nonconformity of Wrexham and its Neighbourhood* (Wrexham: 1888), 132.

high street, and near to the parish church.³⁵ We can also only locate a single surgeon, Richard Powell, in Chester Street, off High Street, a location known for its substantial and impressive buildings belonging to the prominent Meredith family.³⁶

In several cases, wills and inventories survive for Wrexham practitioners, allowing a greater insight into their premises and work. The barber-surgeon Elias Preston occupied a house of seven rooms, including his business. Inside the shop when it was appraised were several chairs and tables, a cupboard, looking glasses, razors and lancets, and 33 periwigs, alone valued at £10– the stock in trade of a busy barber's shop. The total value of Elias Preston's inventory was £79.³⁷ Barber-surgeon James Preston's shop (likely a relation of Elias) was similarly part of a multi-roomed house and was well-stocked when he died in 1681. Amongst the shop furniture and various accoutrements for bleeding and shaving, were several musical instruments, highlighting the function of the barbershop as a social space, as well as a business.³⁸ The apothecary John Bell's business contained much evidence of his medical retail, but also of the combining of medical functions. Unusually (since medicines were effectively perishable, transient goods and therefore not listed) his 1665 inventory contained a raft of entries for specific medical preparations, including oils, conserves and ointments, and many entries for chemical medicines - popular in the post-Civil war period. However, the list also included a box of surgical instruments and lancets, suggesting that Bell undertook minor surgical procedures and

³⁵ Palmer, *History of the Town*, 51.

³⁶ *Ibid.*, 268.

³⁷ NLW MS SA/1694/210, Elias Preston.

³⁸ NLW MS SA/1681.216, Will and Inventory of James Preston, 12 January 1681.

bloodletting.³⁹ Arthur Colefax's inventory suggests more modest premises, with no separate entries for individual rooms, equipped with a few razors and hones, a powder box and 'an ould periwig'.⁴⁰ The probate inventory of one physician also survives – that of the physician Thomas Littleton. Here there was no shop, and Littleton's premises appear to have been relatively small. The only clues to his medical function are a single entry for 'potts, drugs, glass bottles and earthen wares', valued at ten shillings. Whilst a related bond identified Littleton as a physician, his inventory referred to him as a 'Gent' – a common appellation for physicians in major towns, reflecting, like lawyers, their social pretensions.⁴¹

Although more limited, the evidence from Cardiff suggests a similar picture in terms of central location. In the 1670 hearth tax assessments, the town of Cardiff was laid out around four distinct areas – High Street, "East Streetwarde", West Street and South Street.⁴² Of these, there are strong suggestions of clustering in one particular area – that of West Street. This was the 'principal westward thoroughfare' through the town, containing the second-largest contingent of houses with two or more hearths, as well as the lowest number of paupers.⁴³ Two medical practitioners were definitely located there. One was the ejected former Wenvoe minister, turned physician, John French. His house was clearly fairly substantial as he was taxed for four hearths in the 1670 return.⁴⁴ The other was William Robotham, listed as a barber in the parish register entries for two sons in 1669 and 1675, but also possibly a barber surgeon. His house was taxed

³⁹ NLW MS SA/1665/157, Will and Inventory of John Bell, 23 February 1665.

⁴⁰ NLW MS SA/1684/277, Will and Inventory of Arthur Colefax, 20 June 1684.

⁴¹ NLW MS SA/1668/227, Will and Inventory of Thomas Littleton, 27 May 1668.

⁴² Williams, 'Cardiff', 77.

⁴³ Ibid, 80.

⁴⁴ Elizabeth Parkinson, *The Glamorgan Hearth Tax Return of 1670* (Cardiff: 1994), 122.

for two hearths.⁴⁵ It is possible that one further individual in the West Street list, William Jones, was the Cardiff apothecary of that name, but the frequency of this name in Welsh sources makes it difficult to be sure. The status of other traders in the West Street hearth tax list is suggestive of a fairly affluent trading area.

Nicholas Kidnor, taxed for six hearths in 1670, was a merchant working a lucrative trade in wool and a range of other goods, between Cardiff and Bristol.⁴⁶ Samuel Bawdrey was a wealthy yeoman, taxed for four hearths, who left property and goods amounting to £291 upon his decease in 1680.⁴⁷

Another reference is even more revealing of the potential affluence that medical practice could bestow. On 16th December 1661 a 99-year lease was granted upon a mansion house near the cross, or corn market, lately in occ[upation] of Edward Want, barber chirurgion of Cardiff.⁴⁸ Aside from the size of the property suggested by its name, the location of the house in Saint Mary's located it in the southern end of the main thoroughfare, near the river and quay.⁴⁹ In the Cardiff town survey of 1666, Edward Want was charged six pence for half a burgage plot. Given the relative affluence of his main dwelling, the small size of that plot suggests the use, or perhaps even the shared use- of a single building which in turn hints at a business address. But there is no evidence of any other actual shops or businesses of medical practitioners. Elsewhere in Britain there are certainly suggestions that medical practitioners could become wealthy and were

⁴⁵ Ibid. Also see Glamorgan Archives, Parish Registers of Cardiff St. John's, baptism of Jonathan Rowbotham, 9th December 1669, and baptism of Godfrey Rowbotham, 12th January 1675/6

⁴⁶ See the entries for Kidnor in the transcription of the Cardiff Port Books in Williams, 'A further contribution', 367-9.

⁴⁷ Williams, 'Cardiff', 89.

⁴⁸ Glamorgan Archives MSS DD/127/1,2; 128, Misc. land lease, release and conveyance documents relating to properties in Cardiff, St. Mary's.

⁴⁹ John Hobson Matthews, *Records of the County Borough of Cardiff, Volume V* (London: 1905), 414.

not slow to invest in showy property. In large towns like Bury St Edmunds and Warwick in the seventeenth century Peter Borsay has noted the elaborately decorated and spacious dwellings of well-to-do practitioners, which included ornate cornices, cupolas and modish sash windows.⁵⁰ Whilst there is no evidence to allow direct comparisons, the strong suggestion is that Cardiff practitioners could occupy a privileged position within the townscape.

As well as their location within the urban structure, it is important to consider the mobility of early modern practitioners, and their role within town hinterlands. Limitations of source material inhibit systematic analysis along the lines of that achieved by Ian Mortimer in his study of southeast England. Using data from probate accounts, showing the locations of patients owing monies to practitioners on their death, Mortimer argued that licensed medical practitioners increasingly located themselves in rural areas as the seventeenth century progressed.⁵¹ Also, urban doctors in East Kent often operated at up to a six-mile radius from their town base, serving a potentially large number of patients from rural hinterlands.⁵² The suggestion, therefore, was of a symbiotic relationship between town and countryside in terms of medical provision. The total number of probate accounts for Wales numbers in the tens, rather than the thousands that Mortimer was able to analyse. The lack of any such records for Cardiff practitioners unfortunately renders comparison of this nature impossible.

⁵⁰ Peter Borsay, *The English Urban Renaissance: Culture and Society in the Provincial Town, 1660-1760* (Oxford: 1991 edition), 207.

⁵¹ Ian Mortimer, *The Dying and the Doctors: The Medical Revolution of Seventeenth-Century England* (Woodbridge: 2009), 65.

⁵² *Ibid*, 36-7.

There is, however, circumstantial evidence to show the relative mobility of practitioners in Wrexham, and the distances they could travel to see patients. In his testimony against his suspected involvement in a plot to take control of the town of Shrewsbury, Elias Preston stated that he had visited the house of Sir Thomas Harris at Boreatton, Shropshire, a suspected fellow plotter, to cure a servant's leg.⁵³ The house was around 20 miles from Wrexham. The records of Chirk Castle in Denbighshire, some 10 miles from Wrexham, show not only that inhabitants of the castle both sent to, and visited the town, but that Wrexham practitioners also attended the family there. An entry in the castle accounts in November 1651 shows payments to Eustace Crew for 'baggs of physicke' costing over two pounds. In January the following year the Wrexham apothecary '[John] Bell was here', apparently a frequent visitor, along with Benjamin Cupper, a bookseller from whom the family purchased a copy of 'Physicall rarities' and 'Lillie's Almanack'.⁵⁴ Other practitioners mentioned in the accounts include the physician John Lloyd of Marchwiell, Wrexham, who seems to have been the doctor of choice when family members were ill.

It is also worth noting that a number of entries in the Chirk Castle accounts refer to what might loosely be termed 'unorthodox' practitioners in the Wrexham area. In November 1662, for example, a payment was made to 'Mr Tymothy to pay the woman who cured his sore arme at Bers'. In 1684 'the bonesetter of llewennie' was also paid a pound to cure one of the servants in the house.⁵⁵ The presence of these ephemeral healers added to the economy of medicine in the

⁵³ State Papers, 1655: April (1 of 6)', in A Collection of the State Papers of John Thurloe, Volume 3, December 1654 - August 1655, ed. Thomas Birch (London, 1742), 332-348. <http://www.british-history.ac.uk/thurloe-papers/vol3/pp332-348> [accessed 26 September 2016].

⁵⁴ V. H. Myddelton Gunyon, *Chirk Castle Accounts, Volume 1, 1605-1666* (St Albans: 1908), 34-5.

⁵⁵ Gunyon, *Chirk Castle, Vol. 1*, 131, 226.

area, and offered a further choice for both townspeople and those in outlying parishes. It is clear from the accounts that various different types of practitioner were used according to need.

Perhaps the best source for assessing the hinterland within which practitioners operated is that of James Preston. Preston's probate documents are unique in giving a list of the monies owed to him by patients for cures along with, in some cases, their locations. Some of the patients were clearly local. One entry noted a dressing for the leg of 'Hugh Roberts of ye Swann' – a Wrexham Inn. Others, though, were further afield. Edward Jones resided in Hafod Y Bwch, part of the parish of Esclusham, around 4 miles from Wrexham. Treating the local gentleman and justice of the peace Owen Thelwall at Llwyn y Knottie meant a similar journey. Attending John Parrey in Rhiwabon meant six miles riding each way. Although Preston was based in Wrexham, his sphere of influence extended well beyond the confines of the town. Equally, he was prepared to travel to see patients. Obviously this was more likely if the patient was a wealthy elite, but it cannot be straightforwardly assumed that poorer patients were not visited in their homes. Indeed, the variations amongst the list of debts suggest that patients were charged according to their means. Clearly such a small sample cannot be taken as representative, although the references here certainly seem to bear out Mortimer's arguments for the mobility of early modern practitioners and their patients.

Guild Membership, Status and Professional Networks

Guild records can provide useful evidence of a range of important factors including social and professional networks, trade regulations and rules, training and apprenticeship. Individual membership of guilds or companies might also, with caution, be assumed as representing a desire (if not a necessity) to trade 'legitimately'. fraternities But towns large enough to sustain large corporate structures or guilds were the exception rather than the rule. Also, structures of town governance, and therefore the offices available, were not consistent. Across early modern Britain, the actual arrangements for office holding differed markedly from place to place, according to the specifics of the original charters granted to a particular town. Where no charter was issued, and no borough status followed, towns were relatively free to pursue their own arrangements, free from outside interference.

Indeed, in line with perhaps the majority of England and Wales, neither Wrexham nor Cardiff had any medical trade guilds or companies. Wrexham, in fact, had no trade guilds or companies whatsoever. Whilst this appears anomalous in such a large, thriving commercial centre as Wrexham, it was not actually a borough, and did not achieve its charter until 1857, making it more difficult for guilds to form. As such it had no borough infrastructure or administrative positions, such as alderman or mayor, for practitioners to hold in the early modern period, although it did have individual parishes, which offered some opportunity for local positions.⁵⁶ Despite this, no medical Wrexham practitioners appeared to have held parish positions either. None, for example were recorded as churchwardens across the period in question here.⁵⁷ The only

⁵⁶ A. H. Dodd (ed.), *A History of Wrexham* (Clwyd: 1989), 329.

⁵⁷ See list in A. N. Palmer, *History of the Parish Church of Wrexham* (Wrexham: 1886), 81-122.

apparent record of office holding by a Wrexham practitioner is that of Elias Preston, who was a burgess in the town of Ruthin in 1676, some 18 miles from Wrexham.⁵⁸

Several Wrexham practitioners, however, clearly had strong family and commercial connections, which put them in contact with powerful local figures. The apothecary George Myddelton was part of a wealthy and prominent Wrexham family, who also married well within other families to increase their wealth and standing. On his death, his son took over the obviously thriving business, and was able to move to the up and coming Henblas area of the parish, where several gentry families were located.⁵⁹ The surgeon John Dannald was connected to the prominent Davies family of Wrexham, and was also presumably the same barber-surgeon who was a freeman of Chester in 1720.⁶⁰ Given their contacts, it is perhaps unsurprising that the political activity of some Wrexham practitioners, occasionally landed them in trouble. Catholic apothecary Eustace Crew's papist leanings led him, along with the barber John Prince, to be presented by the Grand Jury in 1663. The apothecary James Goodwyn (Goodin) was, according to Alfred Palmer's study of Wrexham, another known papist.⁶¹ Elias Preston also fell foul of the law in 1655, suspected of being involved in a recent plot to take the town of Shrewsbury, along with 600 other men, and was held prisoner there for a time. It was alleged by Captain Francis Pickering of Holt,

⁵⁸ Gunyon, *Chirk Castle*, Vol. 1, 137, fn. 354.

⁵⁹ Palmer, *History of the Town*, 27.

⁶⁰ J. H. E. Bennett, *City Rolls of the Freemen of Chester, Part 2, 1706-1805* (Chester: 1908), 245.

⁶¹ Palmer, *History of the Town*, 131-2.

Denbighshire, that Preston would 'surprise Shrewsbury Castle and that he would act as surgeon to the insurgent's party'.⁶²

In Cardiff, however, there is some evidence of guild membership amongst the only surviving medieval guild in Cardiff - the Company of Cordwainers and Glovers. Cardiff was a borough town, becoming a free borough in 1542, before being granted a royal charter by Elizabeth I in 1581. Despite the apparent occupational disjuncture it was in fact relatively common for apothecaries and other medical traders to join the guilds of other, often unrelated, trades if no medical guilds or companies were available. In her study of the commercial life of English apothecaries, Juanita Burnby found medical practitioners within the trading guilds of haberdashers, leather-sellers and drapers.⁶³ Several Cardiff practitioners, including William Jones, William Cornish and Robert Thomas, can be found listed in the company, all of whom were apothecaries, seemingly confirming Burnby's findings. Another was Henry Meredith the younger, son of an earlier apothecary. Meredith was nominally a barber-surgeon. He was identified as such in the parish records of the birth of his children in 1705 and 1716, and also in the apprenticeship documents relating to his son Milo.⁶⁴ According to the company records, Meredith was admitted in 1703, and became a master in 1705.⁶⁵ Why a barber-surgeon might join such a guild is difficult to

⁶² 'State Papers, 1655: July (6 of 6)', in A Collection of the State Papers of John Thurloe, Volume 3, December 1654 - August 1655, ed. Thomas Birch (London, 1742), 261-76, 332-48, 674-689. <http://www.british-history.ac.uk/thurloe-papers/vol3/pp674-689> [accessed 26 September 2016].

⁶³ Juanita Burnby, 'A Study of the English Apothecary from 1660-1760', *Medical History Supplement*, 3 (1983), 14-15.

⁶⁴ For the baptism of William Meredith, 4th December 1704 and Jane, 25th March 1716 see Glamorgan Archives, MS P122CW, Parish records of Cardiff St John; for apprenticeship of Milo Meredith to Benjamin Darby of Bristol, 25th April 1722, see Bristol Record Office, Bristol Apprentice books.

⁶⁵ John Hobson Matthews, *Records of the County Borough of Cardiff Volume III* (Cardiff: 1901), 402.

say, but it is likely that joining any guild was preferable to none at all. It is possible that allied business interests played a part, and also, equally, that medicine was a part-time occupation for Meredith, carried out as an adjunct to a textile-related trade. Guild membership conferred favourable status and occasional benefits, as well as the fraternal network implied by inclusion. These sorts of advantages were desirable whatever the trade.

Office holding is perhaps a better signifier of commercial and civic participation. Margaret Pelling's pioneering work on large towns such as Norwich has begun to locate medical practitioners within urban and civic life. As Pelling has noted, medical practitioners, and especially apothecaries, often formed part of the upper echelons of commercial society in towns.⁶⁶ It is instructive to explore evidence for such participation Welsh towns, without a recognisable civic structure, to see whether this situation was replicated in Wales.

In larger Welsh and marcher towns there is certainly evidence of the role of apothecaries in local office. In Denbigh the apothecary Ffoulk Davies was a town burgess in 1666, a churchwarden and alderman in the 1670s and 80s.⁶⁷ The Shrewsbury apothecary Collins Woolrich served as the mayor of the town in 1683 and was an affluent trader.⁶⁸ Evidence from Cardiff practitioners also appears to display a similar pattern. Several individuals from Cardiff are recorded as bearing civic office. The barber-surgeon Henry Meredith, discussed above, was recorded as a 'gent. and alderman' in his will dated 1721, as was

⁶⁶ Margaret Pelling, 'Politics, medicine and masculinity: Physicians and office-bearing in early modern England' in Margaret Pelling and Scott Mandelbrote (eds.), *The Practice of Reform in Health, Medicine and Science, 1500-2000* (Aldershot: 2005), 89.

⁶⁷ A. H. Myddelton, *Chirk Castle Accounts, 1666-1753* (Manchester: 1931), 118, fn. 651.

⁶⁸ *Ibid.* 101, fn. 544.

William Jones 'apothecary and alderman'.⁶⁹ Edward Want, a 'barber-chirugion' was referred to in a property document as being an alderman of Cardiff.⁷⁰

Emmanuel Jones, a Cardiff apothecary, was elected a town burgess in October 1689, and was also identified as an alderman in his will of September 1701.⁷¹

Aldermen and burgesses were, as the 1608 town charter granted to Cardiff put it, 'one body corporate and politic'.⁷² As such they were important figures within the town hierarchy. Burgesses were owners of burgage property and commonly had favourable rights such as freedom from tolls. Aldermen were elected from the burgesses and were part of the town council. Both had power over property and legal transactions, certain legal powers, including local statute, byelaw and ordinances and other regulatory authority, including the election of further officials. No Cardiff practitioners can be found in the offices of mayor, JPs or magistrates. Nonetheless, their presence at this level of town hierarchy is perhaps suggestive of their position as members of a fairly affluent middling sort.

It is also clear, however that, in line with their commercial position within the town, medical practitioners, along with many other types of traders, were enmeshed in complex and overlapping networks of business and trade. One type of source useful in shedding light on individual networks is property deeds and titles. By tracking the names in property documents it is possible to recover something of the socio-economic relationships implicit within them. Caution must be taken in evaluating the nature of such relationships, since names might

⁶⁹ National Library of Wales, Will of Henry Meredith of Cardiff, NLW MS LL/1721/36; Hobson Matthews, *Cardiff Records Volume III*, 414.

⁷⁰ Glamorgan Archives MSS DD/127/1,2; 128, December 1661, Property fines, lease and release relating to lands in Cardiff St Mary's.

⁷¹ John Hobson Matthews, *Cardiff Records Vol. II* (London: 1900), 128.

⁷² John Hobson Matthews, *Cardiff Records, Vol. I* (London: 1898), 62.

simply be linked through mutual convenience or business need, rather than indicating a personal relationship or friendship. Nonetheless the type and frequency of these linkages in some cases at least suggests a basic connection or relationship. William Jones of Cardiff makes a useful case for analysis. Jones was an apothecary and one of two men of the same name – possibly father and son – who carried on that trade in the town. The first reference to this William Jones occurs on the first of June 1701, with the baptism of his daughter Anne.⁷³ In August of the same year William Jones appears in an inheritance document, allowing us some insight into his potential social and business networks. The document is an assignment of a term of years to wait for an inheritance – a legal paper signifying agreement between all the named parties. In this case the parties were David Thomas of Lantwitt Fardre, Glamorgan, William Jones of Cardiff, apothecary, William Thomas, Joseph Hoare, mercer, and Jonathan Greenfield, all of Cardiff. David Thomas is difficult to firmly identify given the commonality of his name. William Thomas, however, is likely to be the Cardiff apothecary of the same name, buried in January 1748.⁷⁴ The third man, Joseph Hoare, was a Cardiff mercer, while Jonathan Greenfield was a prominent figure who was, between 1689 and 1712, first the deputy searcher and then comptroller of the port of Cardiff.⁷⁵ Clearly it is possible that each man was simply an individual legatee of the anonymous inheritance, and that no physical relationship existed between them. Nonetheless, within this one network was a fellow practitioner, members of two other retail trades and a prominent customs official.

⁷³ Glamorgan Archives, MS P122CW , Parish Register of Cardiff St John, baptism of Anne Jones, 1st June 1701.

⁷⁴ Glamorgan Archives, MS P122CW , Parish Register of Cardiff St John, burial of William Thomas of Cardiff, apothecary, 11th January 1748.

⁷⁵ Matthews, *Cardiff Records Volume II*, 368.

It is also clear from surviving networks that medical practitioners were closely linked through social networks. Indeed, given the close proximity in which they clearly worked, some level of cooperation was inevitable. Elias Preston's shop debts, for example, show evidence of accounts held both locally and nationally. He owed three pounds to 'Mr Crew for Physick' – very likely the Wrexham apothecary Eustace Crue. He had also employed another Wrexham barber, John Rice, to work in the shop, and had purchased supplies of hair from a local supplier.⁷⁶ There were, however, also entries for accounts in Chester and London, including money owed to 'Mr Steel of London for Pills'.⁷⁷ The role of medical practitioners in appraising the goods of deceased colleagues is well recorded, and Wrexham records certainly show strong evidence of this. Amongst the appraisers of John Bell's inventory were the apothecary Richard Hampton, while the apothecary Eustace Crue was a signatory to the will of James Preston, as well as appraising his goods, along with the barber Arthur Colefax. The apothecary Richard Jones also signed the will of his colleague Robert Lloyd in 1680.⁷⁸

Neither did the town walls delimit business or personal relationships; there was in fact a much broader skein of contacts that stretched out into both near and remote parishes. It is clear, for example, that some Cardiff practitioners were involved in the supply of medical goods and services to households some distance away from the town walls. The surgeon Christopher Matthew is likely to be the father of the barber-surgeon of the same name noted above, paid one

⁷⁶ NLW MS SA/1694/210, Elias Preston.

⁷⁷ Ibid.

⁷⁸ NLW MS SA/1680/31, Will and Inventory of Robert Lloyd, 10 January 1680.

pound in the household accounts of Sir Thomas Aubrey of Llantrithyd (some 10 miles from Cardiff) in March 1632.⁷⁹

Training

Without direct evidence of apprenticeships, and with no records of medical guilds or companies in Wrexham itself, it is difficult to provide a systematic study of medical training. Nonetheless, enough evidence exists to suggest that, as elsewhere, apprenticeships formed the mainstay of training, especially for barbers. Informal apprenticeships were likely a strong source of medical training but, of course, are difficult to track in the historical record. Here again, the lack of medical guilds, and therefore of formalised medical apprenticeships, in Wales, hinders assessment of the size and breadth of such arrangements. More formal apprenticeships were often taken away from the town. The relative proximity of Wrexham to the large English town of Chester offered an opportunity to gain freedom from the Company of Barber Surgeons. Some parents took the opportunity, perhaps taking advantage of family or business connections, to apprentice their children to Chester surgeons. The standard length of apprenticeship in the Chester Company was 7 years, but occasionally there could be longer terms of up to 10 years. Within the apprenticeship a boy would learn the 'craft and myserie' of the barber surgeon, starting as virtually a servant and progressing gradually. On completion of the term they would undergo an oral examination by a group of company members. If successful they were made free of the company and, on payment of a fee, able to trade on their own account, and

⁷⁹ Lloyd Bowen, (ed.), *Family and Society in Early Stuart Glamorgan: The Household Accounts of Sir Thomas Aubrey of Llantrithyd, c. 1565-1641* (Cardiff: 2006), 95.

take on their own apprentices. In fact, it was not uncommon for newly free members to take on their own apprentices almost immediately – sometimes within days. In January 1677, for example, Paul Platt was apprenticed to Richard Francis of Chester, later returning to practice in Wrexham on his own account.⁸⁰ In 1719 Edward Lewis joined Henry Gill, an apothecary, for his apprenticeship, whilst Benjamin Jones of Wrexham was apprenticed to the Chester periwig maker John French.⁸¹ Other entries in the Chester register suggest that children from Denbighshire were regularly put out to masters in Chester to learn their trade.

The situation regarding medical training in Cardiff is similar. There are no surviving records indicating Cardiff practitioners taking on their own apprentices, or having served as apprentices for others in the town. The proximity of Cardiff to the prosperous mercantile city of Bristol, however, offered strong opportunities for parents wishing to send their children to gain experience of metropolitan life. In 1629 the Cardiff barber-surgeon Thomas Benson sent his son George to be apprenticed to Thomas Hyatt, a barber-surgeon in Bristol.⁸² George was later made free and returned to Cardiff to practice. The apothecary Emanuel Jones had connections with Bristol practitioners. According to the Bristol Apprentice Books 'Jonathan son of Emanuel Jones Cardiff apothecary' was apprenticed to Henry Foxe barber surgeon, of Bristol in August 1642. His other son Theodoricke was apprenticed to another Bristol practitioner, Christopher Alford, in November 1651. Milo, son of Henry Meredith, was

⁸⁰ Chester Archives, MS Z/G2/1, 'Written Book of the Society and Company of Barbour Surgeons, Waxe and Tallow Chandlers of the City of Chester', 1606, (apprenticeship entries in date order).

⁸¹ Ibid.

⁸² Bristol Record Office, Apprenticeship Books, 1629.

apprenticed to the Bristol surgeon Benjamin Darby in 1722.⁸³ Evidence from nearby also indicates that medical practitioners from South Wales had metropolitan contacts. The 1712 will of Jenkin Thomas of Coity, near Bridgend, some 20 miles from Cardiff, indicated a debt due to a London apothecary, Roger Willey of Fish Street Hill, for goods ordered. In the case of apprenticeships it is possible that reputation, rather than personal connection was responsible for the choice of master. It is also highly likely that family, business and family connections also played an important part in the selection of potential masters.

Conclusion

As this article has sought to demonstrate, close analysis of medical practice in individual early modern Welsh towns can offer an alternative, and more complex, picture than has previously been portrayed. Even without the numbers needed for large-scale quantitative analysis, a prosopographical approach can still reveal much about the numbers, location, status and medical careers of Welsh practitioners. Even from the relatively small practitioner populations in Wrexham and Cardiff, a number of important conclusions can be drawn.

First, shifting the focus away from the countryside and towards the town reveals that both small and large Welsh towns sustained a variety of categories of medical practitioner, and across the social scale. In Wrexham, for example, medical businesses ranged from small, basic shops to larger, multi-roomed premises, likely aimed at wealthier consumers. In both towns medical retailers,

⁸³ Bristol Record Office, Apprentice Books 1651 and 1722.

both apothecaries and barber-surgeons/barbers, clustered together, vying for favourable trading positions on the main shopping streets. It is also clear that practitioners worked within a skein of both formal and informal trading networks. In some cases they purchased from, or supplied, other practitioners. In others they provided support, for example in assessing the goods of deceased colleagues as part of the probate process.

Secondly, where guilds and companies existed locally or within a reasonable distance, there are strong indications that some Welsh practitioners looked to join them. With no Welsh medical companies, they either joined related trade guilds – such as the company of cordwainers and glovers in Cardiff – or looked to the nearest possible medical company. In Wrexham the closest company was Chester, although the extent to which proximity was the deciding factor in the choices of practitioners to join is a matter for question. Further work on medical companies along the Marches will reveal whether this pattern was repeated elsewhere in Wales. The question of why there were no such Welsh medical companies is indeed pertinent, although the extent to which this was unique to Wales is debatable, since many English towns of similar size also had none. The simplest reason is that there simply were not enough barber-surgeons or apothecaries for such an institution to be needed. In smaller towns there was also less competition, and also perhaps less need for regulation.

Certainly, where evidence is extant, it is clear that Welsh practitioners followed similar patterns of apprenticeship, even where it was not necessarily possible for the arrangement to be locally formalised. It is likely that informal apprenticeship was a common practice where guild or borough structures were not available

nearby. Alternatively, as with membership, evidence again suggests the importance of English regional centres as sources of training for Welsh practitioners. In the cases of both Chester and Bristol apprenticeship records suggest both that Welsh practitioners trained there, and that such choices were likely governed as much by social and professional networks, as much as by the reputation and size of English medical towns.

Thirdly, as the evidence from Cardiff in particular shows, medical practitioners, even in small towns, were active in some form of office holding and urban governance. Whilst it is difficult to generalise from such a small sample, this does support Margaret Pelling's arguments that, rather than being of relatively low status, medical practitioners could feature amongst the most prominent figures in the urban environment. In Cardiff medical practitioners were clearly part of the commercial life of the town, not only in their capacity as providers of medical care, but as retailers and traders more broadly. In some ways this should not be surprising. In a relatively small town it is entirely conceivable that networks of association could overlap. With only a small number of trades it is also equally likely that those engaged in the same trades at the same time would be at least aware of each other. It does, however, serve to expand awareness of what practitioners did outside their medical function. Whilst the lack of similar evidence in Wrexham is frustrating, it is also corroborated by examples of medical practitioners holding office in other parts of Wales.

Finally, there is clear evidence of the importance of hinterlands and the interdependence of towns and their environs. Evidence from Wrexham suggests that some practitioners operated within a radius of more than 10 miles from the

town, sometimes, but not exclusively, to cater for the needs of county gentry.

Cardiff surgeons are recorded as travelling roughly the same distance to visit the Aubrey family in Llantrithyd. In Cardiff, with its fairly rural but coastal location, it is likely that the town drew in sick people from the surrounding parishes, whilst practitioners might sally forth to treat those who could not make the journey.

A new article based on a broader, quantitative study of medical practitioners across the whole of Wales is currently in preparation, but even this small-scale case study of two very different Welsh towns offers an new perspective on the landscape of medical practice in the Principality. Welsh practitioners were not, as older studies implied, necessarily backward-looking and isolated, but in many cases, were members of a vibrant, commercially-aware and increasingly metropolitan culture of Welsh medical practice.

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