The doctor's composite identity in Shakespeare's Macbeth

Donald Stuart Pady
Iowa State University
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by

Donald Stuart Pady

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INTRODUCTION

During the past twenty years, my family's genealogy has provided strong avocational interests. I discovered that little information existed about the life and times of Sir William Paddy, M.D. (1554-1634). His closest medical acquaintance was Dr. Matthew Gwinne, M.D. (1558?-1627), whose biography, like Paddy's, has not yet received adequate treatment. Both men's lives reveal numerous literary and dramatic involvements; they wrote poetry and financially supported the writing and production of several dramas. But the juxtaposition of their artistic interests with the medical and literary events in London between 1597 and 1607 takes on new importance, if, as I will propose, Doctors Paddy and Gwinne were known to William Shakespeare (1564-1616). While previous research has traditionally noted that Shakespeare took more than a casual interest in medical affairs, his acquaintance with the medical knowledge and practice of specific physicians has been assumed; but the possibility of his having modeled the doctor in The Tragedie of Macbeth (1606) after a particular physician or physicians whom he knew has remained unexplored.

In Shakespeare's canon, some of the plays' physicians have long been thought to represent known doctors, surgeons, apothecaries, and midwives. Yet Macbeth's physician has not been identified, despite Shakespeare's continuing interest in contemporary medical affairs. I propose that Shakespeare associated Doctors Paddy and Gwinne with his portrayal of the doctor's attitude toward mental illness in Macbeth.
No correspondence between Shakespeare and King James I, or the College of Physicians, or—especially—Paddy and Gwinne, survives, so this discussion cannot present what we might regard as absolute proofs. But the relationships between these individuals are so numerous that we may justifiably conclude that Shakespeare's dramatic treatment of the play's physician was modeled on the comparable medical practice of Paddy's and Gwinne's contemporary medical practices in London.

Part of what is now known as psychology was known in Shakespeare's time as "psychomachy," the phenomenological conflict of the soul. Research on psychological interpretations of Macbeth notes contemporary medical interest in psychomachy, but little attention has been directed to the medico-psychological issue that Shakespeare presented to King James in dramatic form at Macbeth's first performance at Hampton Court in 1606. Shakespeare modeled the form and substance of Lady Macbeth's psychological breakdown on Paddy's and Gwinne's actual medical and psychological case studies in the court of King James and, especially, in the College of Physicians. Literary historians, however, have underestimated the importance of these contemporary medical and psychological incidents as they were dramatized in the tragedy. In 1950, Henry N. Paul's The Royal Play of Macbeth categorically stated that "the sleep-walking scene tells us nothing of how, when, and why it was written"; yet he later admitted that "it was his [Shakespeare's] inveterate habit to seek for suggestions from other minds on which to build."1 Paul H. Kocher's "Lady Macbeth and the Doctor" pointed out that the sole function of Macbeth's doctor was to "admit the bankruptcy of medical
science under the circumstances." Robin May's *Who's Who in Shakespeare* assigned an English doctor to Act IV, scene iii, and a Scottish physician to Act V, scene i. Frank Adair Dudley's *Relations of Literature and Science: A Selected Bibliography, 1930-1967* referred to broad scientific motifs in Shakespeare's canon. Although Irvin I. Edgar's *Shakespeare, Medicine and Psychiatry: An Historical Study in Criticism and Interpretation* investigates several contemporary cases of "Hysterica Passio", he does not focus Shakespeare's interest in Lady Macbeth's hysteria. Nor does he discuss the intense psychological examinations that both King James and--more notably--the College of Physicians performed on individuals who were thought to be afflicted with madness and demon possession. Bette Greenberg's and Albert Rothenberg's *William Shakespeare (1564-1616); Medico-Psychological and Psychoanalytic Studies on His Life and Works: A Bibliography* offers the most complete bibliographic review of its kind. Yet no citation refers to studies about physicians who undertook medico-psychological treatment as did Paddy and Gwinne.

Basic source studies of a slightly broader nature include Joseph Satin's *Shakespeare and His Sources*, a historical review of Shakespeare's main and subsidiary sources. Satin's treatment of themes analogous to Macbeth considered Raphael Holinshed's *The Chronicles of England, Scotland and Ireland* (1587), George Buchanan's *Rerum Scoticarum Historia* (1582), King James's *Daemonologie* (1597, 1600, 1603), *Basilicon Doron* (1603), *Counter-blaste to Tobacco* (1604), and other minor but important sources. James G. McManaway and Jeanne Addison Roberts surveyed most Shakespearean studies which appeared between 1930 and 1970 in *A Selective Bibliography of Shakespeare: Editions, Textual Studies,*
Commentary, but no study appropriately named a doctor or doctors who may have drawn Shakespeare's attention to contemporary medical personalities in Macbeth. In Narrative and Dramatic Sources of Shakespeare, Geoffrey Bullough cited traditional sources and analogs of Macbeth's historical legend, and he does provide some additional historical matter from Shakespeare's own time which suggests that Macbeth was more topical than had previously been supposed. But he posited no identity for the doctor. Indeed, in recent correspondence, he indicated that he "made no attempt to identify" Macbeth's doctor, but admitted that "Shakespeare may well have been affected by his patron's [King James] interests as well as by his medical ideas found in [Antonio de] Torquemada and Levinius Lemnius."10 Kenneth Muir's Shakespeare's Sources; Comedies and Tragedies, like Bullough's work, assumed that Shakespeare wrote what he knew King James would most appreciate, and

chose the subject of Macbeth because James I was reputed to be descended from Banquo. . . . It is quite possible that Shakespeare had been informed of the King's interest in Matthew Gwinne's entertainment at Oxford on 27 August 1605.11

Muir's almost offhand suggestion, then, is the only one to date which points to some possible connection between Shakespeare and Gwinne. Clearly it is no more than suggestion, for it does not probe that relationship; and it does not mention Paddy.

My suggested identification of both Paddy and Gwinne as Macbeth's prototypical doctor points directly at the London physicians whose medical practice included medico-psychological interests and treatment of the insane. Shakespeare demonstrated in Macbeth that he knew how and
where to obtain plausible medical information about current medico-psychological diagnoses. Macbeth's physician diagnosed Lady Macbeth's mental condition in the way that Doctors Paddy and Gwinne and, on occasion, King James himself actually studied abnormal medical and psychological cases. This thesis will advance the theory that Shakespeare modeled Macbeth's doctor on the medico-psychological activities of these two London physicians.
SHAKESPEARE'S DRAMATIC TREATMENT OF PHYSICIANS

The practice of medicine during Shakespeare's time relied more upon the doctor's good sense and sharp observation than upon formal training. Official licensing of London's physicians was carried out by the College of Physicians, which gained much power between 1590 to 1620, and Shakespeare's treatment of physicians displays a rather keen awareness of current medical practice licensed by the College. He uses the word "Doctor" fifty-nine times in fifteen plays; "Physician" appears thirty-one times in nineteen plays, and "Surgeon" sixteen times in twelve plays. Shakespeare recognized a number of contemporary doctors, some of whom earned reputations that placed them "at the highest level of intellectual aristocracy." The following identifications show that Shakespeare either knew personally the doctors on whom he modeled his characters, or that he was aware of their reputations.

Dr. Caius, the French doctor in The Merry Wives of Windsor (1599-1600), was apparently modeled after Dr. John Caius (1510-1573), physician to the English king, Edward VI (1537-1553). Although Shakespeare presents him as an eccentric foil for the humorous Welsh parson, Sir Hugh Evans, Dr. Caius possessed a magnificent record in real life. Thomas Fuller's The History of the Worthies of England refers to him as one of the "phenixes" of the English medical profession.

Dr. Roderigo Lopez (?-1594), a Portuguese Jew and the first resident physician appointed to London's St. Bartholomew's Hospital, provided the model for Shylock in The Merchant of Venice (1600). Lopez was
appointed chief physician to Queen Elizabeth in 1586, but was hanged on June 7, 1594 for having conspired with Spain against England.

Dr. Gerard de Narbon does not appear in *All's Well That Ends Well* (ca. 1602-1604), but is spoken of as a noted doctor in Roussillon, France. When Helena, the play's heroine, offered the King of France a prescription for his illness, he refused it. Only when the king recognizes her as the famous physician's daughter does he consent to accept her remedy for his illness.

Dr. Cerimon, in Act III, scene ii of *Pericles* (1609), represents either Edmund, Earl of Derby, who "was famous for his chirurgerie, bone-setting, and hospitalite", or the Marquis of Dorchester, "who in his time was a Fellow of the College of Physicians." Dr. Butts, the court physician of *Henry VIII* (1613), was patterned on Sir William Butts (d. 1545), a favorite physician of King Henry VIII. Admitted to the College of Physicians in 1529, Butts was highly regarded by medical authorities.

Not only did Shakespeare show a keen interest in contemporary medical practice by basing several characters on fairly well-known medical personages, but he also constructed additional medical characters whose models we cannot identify with any reasonable certainty. Among this second group are the following characters. The doctor in *King Lear* (1605-1606) seems to represent an established, private physician. He appeared in Act IV, scene vii, where the old king was overcome by heavy sleep brought on by grief, privation, madness, and physical fatigue. Treated dramatically here is the connection between mental illness,
bodily dysfunction, and intense suffering, a condition which intrigued both King James and the doctors in the College of Physicians, and one which we also find in Macbeth.

Dr. Pinch, the conjurer in Comedy of Errors (1589-1591), was a quack and an exorcist. In Cymbeline (ca. 1609-1610), the court physician Cornelius was wise enough to foresee the queen's murderous intent when she requested poisonous drugs for experimenting on animals.

Only one surgeon appeared in Shakespeare's plays, evidently a rather inferior, but friendly, member of Olivia's household in Twelfth Night (ca. 1600). He pulled teeth, dressed wounds, performed minor operations, and let blood, but was not legally allowed to administer internal remedies. As distinct from physicians, the Company of Barber-Surgeons, which existed from 1540-1745 until replaced by the consolidated Company of Surgeons, "was one of the City of London Livery Companies which came under the control of the Lord Mayor and Aldermen of the City of London." 21

It is more than coincidental that Shakespeare uses as sources contemporary medical and surgical figures to dramatically represent his plays' doctors and surgeon. Many of his medical characters conveyed a striking familiarity with current medical art, and his audience surely recognized some of London's physicians in Shakespeare's characterizations. Clearly Shakespeare's dramatization of medical doctors in other plays lends plausibility to the notion that he would do so again in treating the doctor in Macbeth (1606).
King James had unusually wide interests in current medical activities, and he paid a great deal of attention to the work of London's prestigious College of Physicians. Not only was the College the center of medical activity, but it also had considerable power; e.g., the College's Censors imposed fines and imprisonment for unlicensed medical practice. James's interest in medicine was by no means confined to the College, however. Indeed he sincerely believed that the physical health of his subjects metaphorically represented Britain's national health, and as early as 1604, he shows clearly that he figuratively thought of himself as the nation's royal physician. In his address "To the Reader" in his *Counter-blaste to Tobacco*, he declares, "It is the Kings part (as the proper Physician of his Politicke bodie) to purge it of all those diseases, by Medicines meete for the same." 22

Medical practitioners formulated new concepts about mental and physical disease in the seventeenth century, but popular superstitions continued to influence common medico-psychological views on spiritual possession, witchcraft, and exorcisms. 23 Among the more popular books dealing with contemporary theories of witchcraft were Reginald Scot's *Discoverie of Witchcraft* 24 and Samuel Harsnett's *Discovery of the Fraudulent Practices of John Darrel*. 25 One such interest of King James, by now well-known to us, was witchcraft. Because he firmly believed that ghosts could visit the living, he lived in perpetual terror of witchcraft. 26 He was proud of his skill in detecting frauds and imposters
among supposed witches, and his * Daemonologie* warned readers about the dangers of magic spells. It was James's practice to condone execution of witches only if they had brought death to a victim of their spell. But if suspected witches or their victims were examined, tried, and found to be merely hysterical or insane, the king dismissed the legal charges against them. He felt uncertain about diagnosing and treating the mentally incompetent, however, and he expressed great concern about deciding the difference between spiritual possession and mental deficiency. One such incident in 1603 illustrates both his interest and his uncertainty in this area.

James paid much attention to the alleged spell of witchcraft cast upon a victim named Mary Glover. When her trial produced conflicting judgments about her from the Chief Justice of the Court of Common Pleas and from the Bishop of London, King James specially assigned Dr. Edward Jorden, M.D. (1569-1632) to investigate the case. A Fellow of the College of Physicians, Jorden specialized in the diagnosis and treatment of hysteria, and James was anxious to get his medical opinion about her perplexing condition. Jorden found that Mary Glover was not possessed by witches but was, instead, a victim of "the mother"--the vulgar name of a uterine condition which stimulated various hysterical reactions. Glover's "fits of the mother" were found by Jorden to have produced the hysterical condition, and the result of his medico-psychological examination won Jorden wide acclaim. Surely the king's assigning Jorden to the case underscores James's reliance upon the College of Physicians for medical knowledge, and the king no doubt took unusual interest in
this particular diagnosis of hysteria because his medical interests were influenced by his own sometimes painful, personal medical problems.

The king suffered from several physical deficiencies, which inhibited his walking and excretory functions. James's medical record, indeed, chronicles such various and intense medical problems that we can confidently assume that he sought frequent if not continual medical advice from the College of Physicians. He had porphyria, identified during the twentieth century as an inherited condition that produces many physical abnormalities and mental lapses. He suffered

from repeated attacks of abdominal colic with nausea, vomiting, and diarrhoea, fast and at times irregular pulse, painful weakness and spasms of his limbs which left him with a footdrop . . . and fits of unconsciousness, accompanied by a passage of "bloody" urine.²⁸

This ailment has now been traced as far back through England's royal family as James's mother, Mary Queen of Scots. She was troubled by "continual lack of sleep for 10 or 12 days" and often had "vehement fittes of the mother."²⁹ The hysterical effect produced by porphyria also caused James to have unbearable pain followed by fits of unconsciousness, and it surely provoked his interest in related sicknesses which produced delusions.

Because King James and his mother suffered both mentally and physically from porphyria, especially the characteristic fits of unconsciousness and lack of sleep, we should not be surprised to find that James exhibited an intense interest in sleepwalking. Jacobean believed that the Devil caused bad dreams and sleepwalking, which revealed "symptoms of a grave perturbation of spirit, and ill directed imagination
outside the control of reason." The Devil caused "the terrible fancies of sinners upon the devil's activities in the mind." As Torquemada notes, the Devil makes us "drea me lascivious Dreames," yet influences those dreams which provoke sleepers "to commit follies i.e., sleepwalking, whereby we may lose both body and mind at once." Such topics about the relationship between mind and body had for several decades before James's accession attracted English medical thought. Timothy Bright (1551?-1615) was one of the first English physicians to recognize psychosomatic disorders, and wrote in *A Treatise of Melancholy:*

> Here no medicine, no purgation, cordiall, no tryacle or balme are able to assure the afflicted soule and trembling heart, now fainting under the terrors of God. These ideas were well-established throughout James's reign, and as late as 1658, Levinus Lemnius urged his readers "not to call night-walkers by their proper name . . . wherefore you must let them go as they will, and retire again at pleasure." Medical authors between Bright and Lemnius frequently refer to sleepwalking as a manifestation of a diseased mind. The College of Physicians also had good reason to study somnambulism because some of its members thought that the mental disease of sleepwalking was caused by the Devil. One reason for the College's abiding interest in psychosomatic disorders was King James's supposed ability to heal his people by his mind's power. The royal custom of "touching for the King's Evil" went as far back as King Edward the Confessor (1042-1066), and James thought that he had inherited the healing power to cure this
peculiar swelling of the neck. James had no formal medical training or experience, of course, but his practice of "touching for the Evil" no doubt intrigued some of the College's members because such acts were at variance with the Galenic principles on which the College was founded.

But because James allegedly healed by touching, the College understandably tried to learn if and how such "touching" healed bodily swelling. Doctors William Paddy and Matthew Gwinne, two of the more widely-known Fellows of the College, were particularly interested in psychosomatic healing—especially as King James understood it. The following account describes these physicians and shows how they pandered to James's medical interests. Because they had special opportunities to influence James in medical affairs, it is illuminating to observe how Paddy and Gwinne addressed the king's medical interests, and how these interests were treated in Shakespeare's Macbeth.
SIR WILLIAM PADDY'S AND MATTHEW GWINNE'S CONTRIBUTIONS
TO THE KING'S MEDICAL INTERESTS AND DRAMATIC TASTES

The early experiences of Doctors William Paddy and Matthew Gwinne in London and Oxford marked similar paths toward successful medical practices. Both were graduated from London's Merchant Taylors' School in 1571 and 1574 respectively, and earned B.A. degrees in 1573 and 1578 from St. John's College, Oxford. Gwinne remained at Oxford until 1593 to obtain M.A., M.B., and M.D. degrees, and to teach music. Paddy went to Holland and entered medical school at Leyden University, which conferred the M.D. degree upon him in 1589. He then returned to London to attend the medical needs of Robert Cecil's household—a post he held until around 1602. Paddy was admitted to the College of Physicians as a Licentiate on May 5, 1590; as a Fellow September 25, 1591; and was elected to the College's Presidency in 1609-11, and again in 1618. Gwinne was admitted to the College as a Licentiate September 30, 1600, and was elevated to Fellow December 22, 1605.

Both men steadily expanded their medical practices. Paddy's medical reputation not only rose quickly in Cecil's household when the statesman became Elizabeth's secretary of state in 1596, but the teaching demonstrations of both Paddy and Gwinne increased in frequency between 1596 and 1609 as they dissected human cadavers on London streets for the benefit of interested persons. Open-air forums for the instruction of human physiology were sponsored by the College of Physicians, which allowed up to four demonstrations per year, and public attention could
well have been focused on Paddy's and Gwinne's instructional skill.  

Gwinne traveled to Paris in 1595 as doctor to the English ambassador, Sir Henry Unton. When he returned to London in 1597, Oxford University appointed him the first professor of physic at London's newly-established Gresham College—a prestigious post he retained until 1607. Oxford also appointed Gwinne physician to the Tower of London in 1605.

When James VI of Scotland became James I of England, Paddy's work in Cecil's service was recognized: James knighted Paddy on July 9, 1603, and appointed him chief physician. Other royal favors enabled Paddy to obtain a seat in James's first Parliament (1604/11), where he represented Thetford, Norfolk, in the House of Commons. Paddy's activity in Parliament occasionally showed his medical interests and training, and he also met in a Privy Council committee meeting on May 26, 1604, to argue "against conjuration, witchcraft, and dealing with evil and wicked spirits."  

Paddy and Gwinne shared a close friendship; Gwinne did not marry until 1607, and both men found great pleasure in their literary interests. The earliest poetry which both published together appeared as early as 1588 in the commendatory verses to John Case's Sphaera Civitatis. They later composed several Latin poems that appeared in two Oxford University imprints dedicated to the memory of Queen Elizabeth and congratulatory verses to the accession of James I. These verses announced the doctors' places among a small group of poet-physicians. Gwinne also wrote Nero (1603), a tragedy in Latin verse acted
at St. John's College. He contributed commendatory sonnets to the works of John Florio (1553?–1625) under the pseudonym of "Il Candido," and both Dr. Gwinne and Samuel Daniel helped Florio to translate Montaigne's Essayes (1603), which greatly interested King James.

Oxford had in 1592 appointed Gwinne to direct future dramatic activities of the University at Christ Church College; Oxford also called upon Gwinne to prepare the dramatic entertainment for James's forthcoming visit to Oxford between August 27 to August 30, 1605. Plays, discussions, and debates were to center around the king's interests in medicine, jurisprudence, and theology during these planned activities. Gwinne contributed two plays entitled Tres Sibyllae and Vertumnus sive Annum Recurrens. Tres Sibyllae was a playlet performed by three St. John's students at St. John's Gate. Vertumnus was performed by St. John's students before the royal audience at Christ Church College on Thursday evening, August 29, 1605. Paddy provided a dedicatory poem for Vertumnus, entitled "Ad Eruditissimum Collegam Doct. Guinne. In Detractores Poeseous."

During these festivities, Gwinne debated against Paddy: "Whether the manners and dispositions of the Nurse is taken by the infant in sucking her milke?" and "Whether the often taking of tobacco bee wholesome for such as are sound and in health?" King James believed that it was better to feed infants from a bottle rather to depend on a wet-nurse of doubtful morals, who might transmit unhealthy spiritual values to the baby. An Oxford debate committee chose Paddy to argue against tobacco and Gwinne to offer affirmative arguments. But these debated
"sides" represented opposite practices in the daily lives of both men; Paddy smoked heavily and Gwinne did not. Thus this argument became a dramatic debate in which masks of opposite personalities were assigned to Paddy and Gwinne. Although Gwinne presented the affirmative argument, he later was careful to state his true belief about the matter. As William Munk indicates,

The king's inveterate dislike to tobacco is well known, and Dr. Gwinne was politic enough to express his sentiments fully upon that subject, when the trial of skill was over.  

In the afternoon of the same day, James listened to a debate held at St. Mary's College on natural philosophy, which asked "Whether Imagination may produce real effects?" Anthony Nixon reports that the king "gave great heede, and many times interposed his opinions of the Arguments, which were proposed very learnedlye and Philosophically." The king's apparent fascination with this topic and the other plays and debates presented during his Oxford visit surely might have caused someone to capitalize upon their dramatic possibilities. If the subjects of the Oxford entertainments had later become known to Shakespeare, his intent to transform some of the dramatic and debate topics into a play specifically designed for King James is plausible.

All of these activities during James's visit indicate again just how keenly he was interested in medical and psychological topics; and the nominal participation in the festivities of both Paddy and Gwinne, by then well-established members of the College, would surely have been widely reported. We may even assume, without difficulty, that Shakespeare would have been aware of these particular interests of James;
and the opportunity to please the monarch by treating such interests dramatically was not one that Shakespeare would have been likely to overlook.
DOCTORS PADDY AND GWINNE AS PROTOTYPE OF MACBETH'S PHYSICIAN

Shakespeare lived in London during Oxford's pageantry for King James, in August, 1605. We do not know whether he attended these entertainments or remained in London, but at the least he probably talked later with some who had been there. He would no doubt have learned about the important parts undertaken by Doctors Paddy and Gwinne, and he would have naturally assumed that James's demonstrated interests in witches, medicine, and abnormal psychology had prompted the treatment of these topics. It is also likely that James commissioned Shakespeare during the autumn of 1605 to write and present a play honoring the forthcoming visit of James's brother-in-law, King Christian IV of Denmark—who later stayed in London from July 16 to August 11, 1606. Ultimately we can only speculate on Shakespeare's knowledge of James's specific medical interests and tastes. Of one thing, however, we can be certain: in Macbeth Shakespeare chose to treat the particular medical and psychological subjects in which James had expressed great interest, especially from the time of the Mary Glover episode in 1603 to the Oxford debates of 1605. These were subjects which Paddy and Gwinne, as members of the College of Physicians, had also actively studied and which they surely brought to King James's attention. This would have been especially true in the case of Paddy who served as James's personal physician, and it seems only slightly less probable that Shakespeare would have used the well-known figures of Paddy and Gwinne as a basis for drawing the character of Macbeth's physician.
Macbeth was privately presented before King James, King Christian, and the royal families and guests in Hampton Court Palace during the evening of August 7, 1606, and Shakespeare was of course careful not to offend James. Indeed, in order to please his royal audience, he referred to James's medical interests and the kinds of medical and psychological practice then being carried on by Doctors Paddy and Gwinne. The doctor in Macbeth concerned himself with several such medical and psychological matters: the three witches, false imagination, "touching" for the "King's Evil," sleepwalking, and watercasting. There are other medical words in the play which adequately suggest that Macbeth's medical terminology was taken from London medical episodes in which King James, Paddy, and Gwinne had common interests. By including dramatic adaptations of their current medical practices and interests in his portrayal of Macbeth's physician, Shakespeare knew that James would appreciatively recognize his own kingly role as the "Physician of the Commonwealth."

Two contemporary authors specifically refer to Paddy's and Gwinne's earlier participation in the Oxford debates and plays, and record James's reactions to the events. Sir Isaac Wake (1580?-1632) welcomed James to Oxford with an eloquent oration, and later published Rex Platonicus—a detailed account of the festivities in which he mentions the prophecy of the three sibyls, who acted as fortune tellers or sorceresses in Gwinne's street play Tres Sibyllae. In Oxford's Triumph, Anthony Nixon also describes Gwinne's three young actors dressed like ivy-covered witches. James's observed skepticism of witches reflected
the same attitude that the king had often expressed when he dealt with alleged cases of witchcraft. Gwinne's actors in *Tres Sibyllae* caused the king "to very much applaud," and Shakespeare's subsequent adaptation of this supernatural device surely reminded James of the pleasure he had received from Gwinne's play at Oxford.

Shakespeare undoubtedly knew that James was interested in the supernatural aspects of witchcraft, because James had often revealed great concern about "mental states often ascribed to supernatural agencies, and . . . other symptoms of abnormal psychology." William Jaggar observes that in *Rex Platonicus* "mention is made of an interlude embracing the story of Macbeth . . . , said to have led Shakespeare to write his play on the subject." E. K. Chambers also suggests that "it is likely enough that a hint for the witches came from Matthew Gwinne's show." But unlike Gwinne's witches, who foretold King James's successful reign, Macbeth's witches foretell of a psychosomatic condition when they chant "faire is foule, and foule is faire/ Hover through the fogge and filthie ayre" (I.i.9-10). These witches forecast the dilemma of good versus evil, health versus sickness. The imaginations of Macbeth and Lady Macbeth were stimulated by prophecies given by the three witches, and their fears brought apparitions, which caused Macbeth to see first the air-drawn dagger and later the ghost of Banquo. Contemporary belief assumed that devils could work upon humans whose thoughts might then be ensnared. Here the witch-like sisters were able to influence Macbeth quickly and powerfully because his mind was predisposed to
their unnatural promptings. His senses and imagination were also affected because his mind perceived illusions of fantastic devils—which were then believed to take visible forms, as spectres of ghostly visions. When Banquo notes that the Weird Sisters had disappeared into the air, he quizzically asked, "Are ye fantastical, or that indeed/Which outwardly ye shew?" (I.iii.53-54) And Banquo's question shows that Shakespeare was willing to include such material if he thought that it would please James by addressing his particular interests.

Shakespeare blatantly praises James's ability to "cure" the minds and bodies of his subjects. In Act IV, when Malcolm asks if the king approaches, the doctor mistakenly reports his entrance:

I Sir: there are a crew of wretched Soules
That stay his Cure: their malady convinces
The great assay of Art. But at his touch,
Such sanctity hath Heaven given his hand,
They presently amend. (IV.iii.141-45)

Macduff hears the physician's response, and asks Malcolm what disease the Doctor meant. Malcolm answers:

'Tis called the Evill.
A most myraculous worke in this good King,
Which often since my heere remaine in England,
I have seene him do: but strangely visited people
All swole and Vicerous, pittiful to the eye,
The meere dispaire of Surgery, he cures,
Hanging a golden stampe about their neckes,
Put on with holy Prayers, and 'tis spoken
To the succeeding Royalty he leaves
The healing Benediction. With this strange vertue,
He hath a heavenly guift of Prophecie,
And sundry Blessings hang about his Throne,
That speake him full of Grace. (IV.iii.147-59)

Shakespeare took Holinshed's account of King Edward I's healing power over the "Evil," and expanded the topic into a dramatic segment
to please King James. But "touching" for the "King's Evil" is irrele-
vant to the play's action. All contemporary physicians diagnosed and
treated this disease called the "Evil" whether or not James ceremoniously
performed the act. Paddy and Gwinne surely treated cases of the "Evil"
long before James became king. Knowledge of what to do for this malady
was "very necessary for all young practizers of chyrurgery," and
Shakespeare would surely have known that Paddy served as the king's
chief physician, and would sometimes have witnessed James's attempts
to cure this sickness by "touching."

This particular treatment relied upon the king's touch in order to
induce what was thought to be a psychosomatic cure in the patient. From
twentieth-century viewpoints, this medico-psychological nostrum was pure
quackery; but no one knew during the seventeenth century that the "Evil"
was caused by bacterial infection of the neck glands—probably produced
in most cases by unpasteurized milk. But this isolated episode in
Macbeth surely would have made James smile as it dramatically alluded
to his own "medical" strength, which he frequently demonstrated by
"relieving" thousands of sufferers from this affliction. Because James
had cautiously caused to have investigated some medical and psychological
deviants like Mary Glover, he understandably showed even greater con-
cern about whether mental or physical susceptibility to the "King's
Evil" was caused by witches or other demonic influences.

The dramatic treatment of the "Evil" implicitly identifies the
doctor as Macbeth's personal physician because his demonstrated function
was to represent officially all of Macbeth's medical concerns. This
dramatic responsibility of the physician corresponds with Paddy's medici-

cal responsibility to King James. As the king's personal physician,
Paddy would have been especially knowledgeable of all of James's medi-
cal interests and his own medical condition, and surely observed his
specialty of "touching." Paddy, like Shakespeare, surely catered to
James's enormous pride in his own "medical" ability, and, like the
dramatic doctor, was "sufficiently polite, not to doubt . . . the pos-
session of our king of this miraculous therapeutic power." 56

The witches' claim that "faire is foule, and foule is faire" refers
to another medical problem in which James and Paddy had taken a special
interest. In Act V, scene i, the play's doctor notes the symptoms of
Lady Macbeth's sleepwalking episode and asks her lady-in-waiting:

A great perturbation in Nature, to receyve at once the
benefit of sleep, and do the effects of watching.
In this slumbry agitation, besides her walking, and other
actuall performances, what (at any time) have you heard
her say? (V.i.9-13)

The Gentlewoman replies that Lady Macbeth had all the appearances of
sleep, but acted as though she were awake. Moreover, the Gentlewoman
will not answer the doctor's question because she has no witness to
verify what she heard Lady Macbeth say when no physician was present.
Then the doctor and the Gentlewoman exchange observations of Lady
Macbeth when she appears before them with a lighted candle:

Doct. How came she by that light?

Gent. Why it stood by her: she ha's light by her continually,
'tis her command.

Doct. You see her eyes are open.

Gent. I but their senses are shut.
Doct. What is it she do's now?
Looke how she rubbes her hands.

Gent. It is an accustom'd action with her, to seeme thus
washing her hands: I have knowne her continue in
this a quarter of an houre. (V.i.20-29)

The doctor and the Gentlewoman guess the cause of Lady Macbeth's "pertur-
bation," but neither one dares to utter whatever suspicions they might
have about the role of guilt in causing this "perturbation." Yet Lady
Macbeth's mind "saw" what her eyes did not perceive, and the Doctor's
fear of her troubled condition creates apprehension of inhuman powers
which torment her mind. The Doctor's comments implied that the cause
of her mental disorder was the repression of emotional experiences and
the reappearance of those experiences in sleepwalking. The physician
thinks that nothing can be prescribed for her mental and physical im-
balance, and he foreshadows her death by fearing that nothing can be
done for her. Her temperament was caused, as contemporary physicians
would have believed, by the predominance of the sanguine humor shown
visibly by the hot and moist blood which she continually tries to wash
from her hands during the sleepwalking scene.

Dr. Paddy and King James, like the dramatic physician, were ex-
tremely concerned about the kind of abnormality that produced this medico-
psychological disease which so strangely affected Lady Macbeth. Sir
William Paddy apparently thought himself able to treat patients who
consulted him about this problem; at any rate, he possessed several
treatises on the subject. Book titles in his home library reveal some
of his available reading about sleep and dreams. Girolamo Cardano's
Somniorum Synesiorium (1562), Bernardino Telesio's De Natura iuxta Propia Principia (1565), and Joannes Argentarius' De Somno (1556) treat sleep-related disorders. These books generally describe somnambulism as a form of melancholy or a great agitation of the brain. And each of these authors understood sleepwalking as a serious disorder. These and other medical books list sleepwalking symptoms that reveal sensations of severe oppression about the pericardium and a heavy weight upon the chest, the latter a symptom mentioned by Macbeth when he refers to Lady Macbeth's illness in Act V.

Shakespeare's dramatic physician knows about this subject very well, and recognizes the medical and psychological symptoms of both sleepwalking and of what was then thought to quickly follow sleepwalking—catalepsy and sudden death. Macbeth orders the doctor to treat the effect of the heavy weight on Lady Macbeth's heart when he says, "Cleanse the stufft bosome, of that perillous stuffe/ Which weighs upon the heart" (V.iii.44-45). The play also categorizes "the rooted sorrow" (V.iii.41), and "a minde diseas'd" among the symptoms of psychological disorders, symptoms not found in Holinshed, Shakespeare's primary source. Once again, then, we see Shakespeare turning to contemporary medical practice in which Paddy and Gwinne were predominantly involved, and in which Shakespeare knew that James had shown a keen interest. Because bad dreams and hallucinations were medically and psychologically considered both unnatural bodily functions and disorders of the mind, Lady Macbeth's hysterical somnambulism was attributed to her guilty conscience.

The dramatic doctor could not, however, comprehend the mind of Lady
Macbeth, because her sickness was "beyond my practice" (V.i.59). He could have prescribed drugs to calm her turbulent mind and thus soften the agonies of her overburdened and guilty memory, but the doctor stops short of prescribing even the most harmless remedy. He clearly distinguishes between melancholy and the guilt of her conscience, and rightly diagnoses her medical and psychological illness when he says, "Looke after her,/ Remove from her the meanes of all annoyance./ And still keepe eyes upon her" (V.iii.75-77). Because the doctor claims "More needs she the Divine, then the Physitian" (V.i.74), he differentiates the effects of melancholia and conscience--and recommends religious absolution.

Such a medical diagnosis and the subsequent lack of treatment seems today to be professionally incompetent. Yet today we know that catalepsy is an end result of the metabolic ailment which causes porphyria. Paddy could have brought James's urinary ailment of porphyria to Shakespeare's attention, but even if Paddy had done so, Shakespeare would not have offended James's sensitivities about his urinary discoloration through direct reference to it in Macbeth. Nor would Shakespeare have dared to insult the memory of James's mother, Queen Mary, whose "fits of the mother" similarly brought upon her the involuntary seizures of unconsciousness--dramatically portrayed by Lady Macbeth's sleepwalking scene.

Instead, Shakespeare refers to urinary examination as a national diagnosis of Britain's corporate health. By using the medical practice of "casting water," Shakespeare flatters the king's self-image as
the true physician of the Commonwealth. When Macbeth says to the Doctor:

If thou could'st Doctor, cast
The Water of my Land, finde her Disease,
And purge it to a sound and pristine Health
(V.iii.50-52),

"casting water" refers metaphorically to the visible and continuing "illness" of Scotland and England until James united them in 1603. But "casting water" specifically refers to the visual examination of urine for different colors representing various diseases and conditions; and Paddy, like all contemporary doctors, examined urine to determine a patient's health. This diagnostic technique points indirectly to James's urinary discoloration, and the king would surely have asked his chief physician to treat and, if possible, to find a medical cure for his porphyria and its occasional cataleptic fits which produced unconsciousness. But since neither Paddy nor the College of Physicians could cure James's red urine or subsequent seizures, Shakespeare's dramatic reference to the "Water of my Land" posed an insoluble dilemma to Macbeth—as the dramatic king asks his personal physician to cast.

James's medical and psychological interests were well-represented by Shakespeare's dramatic doctor. The medical and psychological terminology reveals some of the ailments, which in real life brought pain and suffering to King James and his people. The play's doctor deferentially accepts Macbeth's medical ideas, and this attitude displays the professional bearing of the experienced court physician—or, indeed, any other physician whose advice was sought by the monarch—who must courteously listen to the king's medical views, yet hopefully draw upon
his own medical training and professional judgments in making decisions. The inclusion of these medical problems and concerns in *Macbeth* points directly to Paddy, and to a lesser degree, Gwinne. The prominence of their medical practice, and their strong friendship, which was surely widely known throughout London, suggests that no other London physicians would have had, or indeed, could have had, the qualifications and the reputations which attracted Shakespeare's attention when he wrote *Macbeth*. The conclusion reasonably assumes that Paddy and Gwinne represented a dramatic doctor whose images and actions were not only acceptable and complimentary to James, but were recognizable to a segment of the general audience who watched the first performance of *Macbeth*. 
Shakespeare uses several sources to furnish the historical framework of Macbeth's setting in eleventh-century Scotland. Holinshed's Chronicle and Buchanan's Rerum Scoticarum Historia contain historical accounts of Scotland, which Shakespeare interpreted for his dramatic purpose. Buchanan had tutored James in Scotland and the dramatic references to Scottish history surely brought many of Buchanan's teachings to mind when James watched the play. Even the elements of witchcraft and superstition in Macbeth resemble the episodes of the three witches in Holinshed's Chronicle and, more recently, Gwinne's Tres Sibyllae, which James certainly would have remembered well. Of all the sources and analogs, however, none identify with certainty the physician.

Shakespeare surely wished to please James by treating his interest in medico-psychology because the dramatic physician deals with those medical and psychological problems of specific interest to the king, namely: the three witches, false imagination, "touching" for the "King's Evil," sleepwalking, and watercasting. Each medical and psychological matter which Shakespeare introduces, moreover, had received attention from various members of the College of Physicians--especially from the time of James's accession 1603. These medico-psychological problems notably involved Sir William Paddy, who served as the king's chief physician and to a lesser degree, his close friend and colleague, Matthew Gwinne. Shakespeare could indeed have referred to Macbeth's dramatic doctor by his real name, as he did with Dr. John Caius in
The Merry Wives of Windsor or with Sir William Butts in Henry VIII.

But instead of identifying the real name of the physician in Macbeth, Shakespeare indirectly points out a composite doctor who signifies two of London's best-known physicians.

The play's doctor appears as a mature, experienced physician whose reputation and judgment are valued by those around him. Never once is he ridiculed as incompetent; regardless of the tragic outcome of Macbeth and Lady Macbeth, the doctor's judgment remains sound and resolute. Shakespeare's delineation of the doctor implies that the play's physician could well have represented the activities and personalities of contemporary London physicians. The most prominent members of London's medical community were Sir William Paddy and Matthew Gwinne. They were 52 and 48 years old in 1606, and had earned much personal and professional respect from Oxford University, the City of London, the College of Physicians, and the royal family. Doctors Paddy and Gwinne were well-established as London physicians by the time that King James ascended the English throne in 1603. The two operated as a medical team—traveling together, demonstrating dissection techniques together in public anatomy lessons, and writing medical books, dramatic plays, and poems. They were so well-known by London's medical doctors, then about forty in number, and by that literate London population, that no other candidates serve as well to build a plausible case for the identity of Macbeth's doctor.

Both men demonstrated medical and psychological specialties that seem to have interested Shakespeare enough to include such medical
treatment in *Macbeth*. Dr. Paddy undoubtedly watched and possibly was asked to assist the king in performing the ceremonial duty of "touching" for "King's Evil." Both Paddy and Gwinne had surely diagnosed and prescribed "touching" for the "King's Evil" in their private practices, as well. Shakespeare's inclusion of the royal art of "touching" for the "King's Evil" in *Macbeth* surely recognized--and flattered--James's "medical" feats.

Lady Macbeth's sleepwalking also reminded King James about the difficulties of determining the causes of so many medical or psychological illnesses. When James took unusual interest in the strange case of Mary Glover in 1603, he asked Dr. Edward Jorden to diagnose her hysteria. Jorden concluded that she had a hysterical case of "fits of the mother," caused by the same condition which James had inherited from his mother. Such hysterical reaction found its dramatic outlet in Lady Macbeth, for whom the question about the real effects of the imagination was confirmed because her subconscious mental activity caused her to act out her guilt. Paddy's own books on the subjects of sleep and dreams may have helped him to treat his patients' related disorders, including somnambulism and catalepsy. He surely gave advice to James about the king's affliction of porphyria and fits of cataleptic unconsciousness. The study of urine was perhaps the most frequent of all preliminary medical examinations, and King James's red-colored urine ideally suited Shakespeare's treatment of this medico-psychological theme.

Watercasting was practiced by all medical doctors because they thought that the urine's condition accurately diagnosed health or
sickness. Instead of directly intimating that James was sick because his urine was red, Shakespeare used watercasting to specially correlate the questionable health of the British Empire with James's anticipated leadership. This metaphorical comparison of Britain's health and the personal health of the king and his people reveals Shakespeare's treatment of the king and the doctor in Macbeth.

Although Paddy and Gwinne worked together long after Shakespeare's death in 1616, the zenith of their medical and literary career was reached between 1609 to 1611. Both assumed larger medical responsibilities, and, at the same time, wrote more medical and literary works. Paddy soon became the highest medical authority in England. His election to President of the College of Physicians—complemented by his continuing responsibility as King James's chief physician until 1611—marks the period of his highest influence and achievement. He appointed Gwinne in 1609 as one of four Censors of the College of Physicians. This empowered Gwinne to fine and imprison other doctors and unlicensed practitioners found guilty of working in London without the College's permission. Both men's responsibilities as officers of the College were considerable, and we can safely assume that neither would have risen to such prestigious posts unless they had been highly respected over a long time. Their literary and dramatic interests continued to flourish through the financing of stage productions, licensing of medical books, and the composition of poetry. They acted, as it were, like two people with one composite personality, and Shakespeare could not have helped but notice, or at the least hear of, their professional and literary
performances. The contention that they served as the source for Shakespeare's dramatic physician in Macbeth cannot be proven conclusively, but a substantial body of evidence makes that contention a plausible one.
NOTES

INTRODUCTION


SHAKESPEARE'S DRAMATIC TREATMENT OF PHYSICIANS


KING JAMES'S INTERESTS IN SHAKESPEARE AND THE COLLEGE OF PHYSICIANS

22 Counter-blaste to Tobacco (London, 1604), sig. A3v, STC 14363.

23 For an excellent treatment of this subject, see Basil Clarke, Mental Disorders in Earlier Britain; Exploratory Studies (Cardiff: University of Wales Press, 1975).


32. *The Spanish Mandeville of Miracles, or, the Garden of Curious Flowers* (London, 1600) sig. Aa1r, *STC* 24135.


**SIR WILLIAM PADDY'S AND MATTHEW GWINNE'S CONTRIBUTIONS TO THE KING'S MEDICAL INTERESTS AND DRAMATIC TASTES**

35. For biographical accounts see *Dictionary of National Biography*, Vol. 23, pp. 399-400 (Gwinne) and Vol. 43, pp. 35-36 (Paddy).


38 John Case, Sphaera Civitatis . . . (Oxford, 1588), sigs. 2m 6r and 2m 6v, STC 4761.


40 Ibid., p. 45.

41 Michel Eyguem de Montaigne (1533-1592), The Essays; or, Morall, Politike and Militarie Discourses, trans. by John Florio (London, 1603).


43 Ibid., sig. C1r.

44 Anthony Nixon, Oxfords Triumph: In the Royall Entertainment of His Excellent Malestie; the Queene, and the Prince; the 27. of August last, 1605 (London, 1605), sigs. C2r to C3v.

45 William Munk, op. cit., I, 119.

46 Nixon, op. cit., sig. C4r.

DOCTORS PADDY AND GWINNE AS PROTOTYPE OF MACBETH’S PHYSICIAN

47 Henry Roberts, The Most Royall and Honourable Entertainment of the Most Famous and Renowned King Christian the Fourth, King of Denmark . . . (London, 1606). STC 21085. Although no extant document authorizes James’s commission of Shakespeare to write a play for this royal visit, most critics agree that the King’s Men were probably asked to provide dramatic entertainment at this time.

48 Paul, op. cit., p. 329.
CONCLUSIONS


60 Charles Goodall, The Royal College of Physicians (London: M. Flesher for W. Kettlaby, 1684, p. 379.)
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