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Cosmopolitanism and Heterodoxy: British and Swiss Itinerant Scholars and British Medical Reformations, 1580-1630

In the late sixteenth and early seventeenth centuries, a number of states enacted legislation to create or reform *collegia medica* and medical faculties in an attempt to contend with new trends in medical practices across the continent. Some of these moves were explicitly designed to counteract developments that established medical practitioners viewed as dangerously experimental and untested, such as chemical and Paracelsian ideas. Other trends presented opportunities for medical reform of best practices and innovative approaches to healthcare, which were introduced via institutional reform, such as the establishment of chairs of anatomy and botany and the creation of anatomy theatres within universities. Travelling academics and scholars were at the forefront of these activities. Their collective knowledge was shaped at regional centres where various national and confessional cultures could co-exist. The activities of those working at, and moving between, locations of heterodox knowledge reveal the extent to which scholars from non-conforming and ambiguous political backgrounds were the main drivers of reform and innovation in medical practice in this period. This article discusses the significance in this regard of British and Swiss medical reformers who worked and were educated at such locations.

Keywords: Medicine; education; reform; institutions; heterodoxy

In her work on the nature of early modern universities in 1996, Hilde De Ridder-Symoens drew attention to an interesting pattern of cultural development at certain medical centres of learning in the late sixteenth and early seventeenth centuries. She wrote that it was remarkable that certain places, which had distanced themselves from region-specific orthodoxy, “accepting and even protecting students of other religious or political persuasions [...] should have shown themselves tolerant in other matters” (De

Ridder-Symoens, *History of the University in Europe* 430). The other matters in this particular case were the locally and confessionally charged witch hunts, which doctors trained at these university centres abhorred. De Ridder-Symoens highlighted that this was especially true for medical faculties in Paris, Padua, Leiden, Montpellier, and Basel (430–431). In her 2010 essay on the effects of medical student migration in Europe in early modernity, she highlighted some broader local political and confessional pressures that resulted from the transconfessional knowledge exchanges of these itinerant physicians and medical students (“Mobility of Medical Students” 57–61). In 1990, Hugh Trevor-Roper noted that the royal court in England, through their patronage of cosmopolitan innovators in medical practice—specifically those receptive to Paracelsian ideas—transformed its practice there (Trevor-Roper, “The Court Physician” 90–92). Following Trevor-Roper’s lead, Frances Dawbarn highlighted the role that these court-patronised “foreigners” played in nurturing a culture of engagement with a multiplicity of non-doctrinaire medical hypotheses and circumventing the established medical elites in England (a phenomenon repeatedly characterised as “heterodox” medicine). This article will add a further layer of nuance and definition to the discussion of medical heterodoxy developed in Trevor-Roper’s and Dawbarn’s work on its influence at the British court. It will explore evidence of medical reformation that the fusion of itinerancy and courtly reception produced at a time when old certainties in practice and theory were called into question (Stolberg “Training Future Practitioners”). The individuals identified by Trevor-Roper and Dawbarn were either British or Swiss and were educated in the late sixteenth and early seventeenth centuries at Basel and Montpellier—where a high proportion of British and Swiss scholars worked and studied (Germain 287). The transnational and transconfessional peregrinations of British and Swiss scholars at this time provide evidence of very specific reforms across the centres they attended. That evidence highlights both the importance of receptivity to ideas provided by certain pluralist political environments and their centrality as locations for heterodox knowledge gestation (see De Ridder-Symoens, “Mobility of Medical Students” 57–58), which undermined key aspects of national and confessional orthodoxies within local communities.

To bring some definitions to this picture, this article will develop the above-mentioned scholarly accounts on the relevance and significance of itinerant British and Swiss scholars to present an enhanced understanding of their interconnected contributions to developments in medicine in this period rooted in their shared heterodoxy. It will highlight how related

their activities were across the various centres in which they worked and lived. Examining their extant writings and related primary materials, the article will highlight the epistemic and personal connections of the disciplinary reforms and ideas to which they contributed. In sum, this essay represents an overview of the important role that heterodoxy and an interconnected cosmopolitan network of Swiss and British scholars played in medical reform at this time of significant political and philosophical change.

1. Courtly Culture and Heterodoxy in Britain

There have been several studies of varying depth and size on individuals from the group of itinerant scholars who are at the heart of this study (McOmish; Trevor-Roper, “The Court Physician” and *Europe’s Physician*; Dawbarn; Cummings). In these studies, confessional disposition, doctrinal adherence, disciplinary inclinations, and national politics have often provided bespoke interpretative lenses to understand the relative significance of each subject. In his contribution to the publication *Medicine at the Courts of Europe* mentioned above, Trevor-Roper singles out three individuals to underscore the political aspect of the development of chemical medicine in England in the late Tudor, early Stuart period: the Basel-educated “Anglo-Scottish” doctor Thomas Moffat, one “Thomas Craig” and the Genevan doctor Theodore de Mayerne. Moffat, “a precursor” to both Mayerne and Craig, was of “cosmopolitan tastes,” educated at Basel under Felix Platter, sympathetic to chemical medical practices outside of the Galenic tradition, and energetic at the Royal College of Physicians of London in promoting Paracelsian and chemical medicine through a new college publication, a *Pharmacopoeia* (Trevor-Roper, *Europe’s Physician* 211). As Trevor-Roper notes, this failed because Moffat had the misfortune that “his attempt was made in the reign of Queen Elizabeth—and in the last, most conservative years of her reign” (Trevor-Roper *Europe’s Physician* 212). In 1998, Frances Dawbarn sought to develop Trevor-Roper’s argument concerning the facilitating role that court and patronage played in promoting non-traditional practitioners. Dawbarn identified the two key figures mentioned by Trevor-Roper and argued that they should be thought of as part of a wider non-traditional patronage network: “the King’s favourite Scottish physician, Thomas Craig, was joined by others who shared not only his Paracelsian natural philosophy, but also his membership of a significant European network of like-

mindedly heterodox physicians. The most illustrious was Theodore Mayerne, who arrived in England in 1610 to take up his post as physician to King James” (5).

In this article, Dawbarn draws attention to the activities of these individuals to demonstrate that physicians not associated with the Galenic medical establishment within England used patronage to circumvent the inhibiting power of the main national centre in England, the Royal College of Physicians of London. Dawbarn develops Trevor-Roper’s broad, Europe-facing discussion of the court’s role in enabling specifically Paracelsian medicine and added a degree of definition to it by subsuming it into the category of “heterodox” knowledge (Dawbarn 1–3, 5, 18). Both Dawbarn’s and Trevor-Roper’s studies focus upon a few generic European-educated, non-conformist doctors. The background of the doctors and the networks of which they are part were not their primary concern. One of the central figures mentioned in both accounts is misidentified. Trevor-Roper confuses King James’ physician John Craig with his jurist brother Thomas Craig, and the mistake is replicated by Dawbarn (Trevor-Roper, “The Court Physician” 91; Dawbarn 1-2). This lack of concern in both studies for the personal details of the individuals translates into their treatment of the broader network of these key reformers in England. Yet it is a more detailed picture of the broader network that brings to life the dynamic tension that Trevor-Roper and Dawbarn argue existed between courtly knowledge contexts and the medical establishment in England. For in it are contained the same dynamics that also played out across other centres in which Craig and Mayerne operated. Although not Swiss, Craig was educated and gained his doctorate in medicine at Basel in 1580 with a thesis entitled *Diexodus Medica De Hepatis Dispositionibus in Publicam Collationem*. As we shall see, a significant driving force behind the introduction of transformative medical reformism in Britain was not just courtly receptivity to “foreigners,” but receptivity to the type of heterodox knowledge that itinerant Swiss and British scholars encountered in other pluralist places like Basel, Montpellier, and Paris. The evidence from this particular constellation of British and Swiss itinerant scholars demonstrates that a fusion of itinerancy, pluralism, and a resultant heterodoxy gave shape to significant developments in British medical practices.

2. Vested Interests: Regionalism versus Cosmopolitanism

The rise of practical alternatives to traditional Galenic and Hippocratic medicine at the end of the sixteenth century contributed to the diffusion of heterodoxy in medicine in specific pluralist institutions (Stolberg, “Training Future Practitioners” 126). At several centres in this period of wavering doctrinal authority, various groups (including local authorities and specialists) enacted reforms to establish colleges and/or support established faculties of medicine. In 2002, Michael Hammond suggested that a “peak” of Paracelsian influence was reached in medical practice in Europe in the late sixteenth century. He attributed it in large part to the agency of itinerant medical healers and university-trained doctors who had access to the texts published on Paracelsus in these periods across Europe (Hammond 23–24). Free imperial cities like Basel and Augsburg are the focus of his study, in which he notes that “as in many other cities, in the 1580s and 1590s, Augsburg’s medical elite founded a College of Medicine that tried to control the marketplace for goods and services’ and that “the College appealed to the city government to stop travelling Paracelsians from treating clients” (Hammond 21). Yet of necessity in the mediating political context of the post Schmalkaldic-war period in Augsburg (where sensitivity to both catholic and protestant interests in this mixed confessional city were required to keep the peace), a more ambiguous attitude was generally taken by authorities, which informed the way in which the *collegium medicum* approached Paracelsian ideas in practice. One of the early deans of the collegium in Augsburg was Padua-educated Carl Wideman. He was an avowed Paracelsian advocate and part of a network of itinerant Paracelsians also present at court in Prague. It is therefore unsurprising in such circumstances that the collegium “ruled in favor of sick citizens who believed unorthodox healers held out the best (or the only) hope for a cure. The College of Medicine and the ordinance reforms [...] did not enable Galenic doctors to stop Paracelsians from practising in the city” (Hammond 25). A studied toleration in this instance informed medical practice in this free imperial city.

In the late sixteenth and early seventeenth century, Jean Riolan senior and his son Jean Riolan junior, two influential Galenic doctors at the Medical Faculty of the University of Paris, launched and successfully executed a plan to excise the “foreign influence” of chemical and Paracelsian medicine and protect “religiously sanctioned” medicine (Debus 88). The “foreign” element that the Paris faculty had in mind was medicine practiced and taught in Montpellier. Its faculty’s doctrines were

embodied by two Swiss doctors who studied and taught at Montpellier and against whom the ire of the Parisian establishment was directed. It was the works of these doctors, Basel doctor Joseph Duchesne and [Genevan] Theodore Turquet de Mayerne, which “were answered by the Jean Riolans, father and son” (Debus 99). In Paris at this time, their particular medical approach was disapprovingly associated with cosmopolitanism and heterodoxy: “The southern faculty had long welcomed non-Catholics. Heretics in religion and in medicine, these Montpellierians were unworthy practitioners of religiously sanctified medicine, according to the Parisians” (Solomon 166). The Swiss doctors in this case were itinerant doctors advocating heterodox ideas in the capital’s central medical institution contrary to the conventions of a national establishment. Undoubtedly, as Michael Stolberg has highlighted, the contemporary political rhetoric in these debates led subsequent scholars to paint too stark a division between Galenists and Paracelsians (*Gelehrte Medizin* 355–356). Yet the stark dividing line between the conservatives who saw Paracelsianism as a dangerous innovation and the Paracelsians who perceived their work as exploratory and innovative is justified. Theodore De Mayerne himself recognised it when he refused to dismiss all Paracelsian approaches: “e stercore Ennii legit aurum Virgilius” [Virgil plucked gold from the faeces of Ennius] (Mayerne 28). In Mayerne’s view as seen here, a new medical epic could be afforded by a mind open to reshaping the corpus in innovative ways even if the national establishments thought them debased.

3. Heterodox Knowledge in Ambiguous Spaces: Cosmopolitan Doctors in Edinburgh

3.1. The Church

From the evidence for the development of medical practice in Edinburgh at this time, we see similar struggles between heterodoxy and orthodoxy in religion and medicine. The Calvinist Church of Scotland attempted to take control of the authorisation of medical practitioners within the country in a remarkable ordinance from its general assembly in 1616. The statement was recorded in the minutes of the general assembly of the church where a series of measures designed to limit the movement and general influence of Jesuits at the time were proposed: “Item, Becaus Jesuits and preests, pretending to be apothecars and doctors of physicke,

and under colour of that pretendit profession, subvert the youth and the commone people; therefore, it is ordeaned, that none be suffered to exerce that office, unlesse they have approbation of the soundnesse of their religion from the bishop of the diode, and of the universitie where they learned, for their sufficiencie” (Calderwood 225–226). To establish “soundness” in this context, each practicing doctor and apothecary was required to have the “approbation” of the bishop and of the “universitie where they learned.” Although the ordinance lacks detail, this sufficiency test implies the active role of qualified theologians and university-trained doctors. Although no specific university-trained doctors are named in the ordinance, an account of the elections to the council of elders five years later in 1621 mentions that four specific individuals, namely, “Doctor Jollie, Doctor Arnote, Doctor Kinkede, Doctor Sibbet” were lately demitted from their role on the council (Calderwood 518). No evidence survives after this of further attempts to assert ecclesiastical authority in this realm and the church’s mission to create a religiously sanctified medicine in 1616 seems to have ended with the demission of these four doctors.

3.2. *The Crown*

However, the contribution of these doctors to national-level medical reform in Britain did not end there. King James, the first “British” monarch, rewarded the same four doctors with an unspecified special distinction at a public ceremony in 1617, soon after the church’s attempts to assert its authority on medical matters. Contained in a printed *Consilia Medicialia*, written by Paduan graduate John Dunbar in 1620, is an account of an in-presence meeting between the four doctors and the King:

Ideoque sacrae Theologiae merito affinitate juncta, cognata, et omnium maxime vicina dicitur. Eam autem exercent hodie magna cum laude Edinburghi doctissimi Doctores Arnotus, Gellius, Sibbetus, Kinkedius, mellifluus ille Henimannus, Lindesius, alique istic in preclaro hoc Regno Scotiae singulare Medicorum decus qui apud Serenissimum Jacobum Sextum magnae Britanniae etc Regem (quem Deus coelesti benedictione sua custodiat) tanto in honore habiti, ut insignem laudem cum abhinc triennio hic in Scotia esset, iis tribuere dignatus sit.

(Therefore, medicine is rightly said to be related, connected by affinity, and closest of all to sacred Theology. Indeed it is practiced today with great distinction by the most learned doctors of Edinburgh, Arnot, Gellius, Sibbet, Kinkedius, that mellifluous Henimann, Lindesius, and others here

in this famous Kingdom of Scotland. They are the glory of the Physicians who were received with such great honour in the presence of the Most Serene James the Sixth King of Great Britain et cetera (whom God watches over with his heavenly blessing), that he deigned to bestow upon them an extraordinary commendation when he was here in Scotland three years ago.) (Aparisiis 1–2).

3.3. *The “Foreign” Doctors*

The four individuals listed can be identified as the doctors David Arnot, Alexander Kincaid, John Jolie, and George Sibbald. Contemporary Parish records of baptisms in Edinburgh reveal that the doctors were godparents to each other’s children between 1624 and 1628. All four were present at the baptism of John Jolie’s daughter Anna in 1626: “Maister John Jolie, Doctor in Physic, Lylias Seatoun, a d[laughter], Anna, w[itnnesses—that is, godparents] Mr. David Arnot, Mr. George Sibbald, and Mr. Alexr. Kincaid, Doctors in Physick” (Old Parish Registers Births, Edinburgh, 1626, 685/130, 171). The designation of all four as “maister” and the added title of doctor of physic shows that they were graduates of universities. Records from the universities of Paris, Padua, Montpellier, and Basel, combined with epistolary and miscellaneous biographical material, show that they attended those institutions. John Jolie’s thesis for his doctorate from Basel survives. Faculty of Medicine archives from Montpellier show that both Alexander Kincaid and George Sibbald studied and were registered there between 1608 and 1613, with Sibbald also studying medicine at Paris from 1609–1610 during Theodore de Mayerne’s time as chief royal physician in the city (Durkan, “The French Connection” 39–40). Epistolary and poetic evidence show that Sibbald gained his overall doctorate from the university of Padua in 1617 where he was taught by Benedetto Selvatico and the Swiss doctor Jean Prevost (Durkan, “David Colville” 142–143; George Sibbald MS, fol. 60r, fol. 62v). Evidence for Arnot’s place of study is more circumstantial. He was an intimate of Michael Balfour, Lord Burleigh and his family and friends. He was cousin by marriage to Mary Balfour, Lord Balfour’s sister, and doctor to his granddaughter Anna Balfour (Arnott 221–222). Balfour and his cousin doctor David Beaton lived and studied in Venice and Padua in the early seventeenth century (Balfour MS; Monk 197–198). Arnot had a particularly close vocational relationship with both George Sibbald and David Beaton’s nephew James Beaton, another Paduan graduate, with all working for the Lord of Argyle as doctors in the early seventeenth century

(Arnott 222). Moreover, a small poem written to Arnot circa 1615 by Sibbald from Padua attests that Arnot was a connoisseur of Parmesan cheese produced near the banks of the Po, which he had sampled a long time ago (*Eridani prope littus amoeni*: George Sibbald fol. 75v). The University of Padua, therefore, may be where Arnot also obtained his degree. In any case, the evidence shows that all four doctors were educated at centres where medical heterodoxy and cross-confessional mobility was at its most pronounced.

4. The Foreign Doctors and the Royal Colleges of Physicians of Edinburgh and London

Although the 1620 account does not specify what the particular distinction was that the King bestowed upon these four doctors, it is possible to infer what it was, thanks to contemporary records from 1621, the year in which all four doctors were demitted from the council of elders in the Church of Scotland. In the late seventeenth century, Robert Sibbald, the nephew of George Sibbald, composed an account of the attempts to form the Royal College of Physicians in Edinburgh, which survives in manuscript form (printed in Robert Sibbald). He had at hand his uncle's papers, among which were his own articles setting out the scope and shape of the college, and a decree from King James to the Scottish parliament explaining the reasons for the establishment of the college (Robert Sibbald 115–118). It is clear that one part of the King's reward to Sibbald, Jolie, Arnot, and Kincaid was his authorisation of a College of Physicians. As the King laid out in his royal decree, the college would have primary authority not just in Edinburgh, but “within the rest of the parts of our said Kingdom [of Scotland],” and he further stated it would be like that in “this our Kingdome of England and other Foreigne Nationes” (Robert Sibbald 115, 117).

The influence of the Royal College of Physicians of London—the primary authority in his “Kingdome of England”—and three of the heterodox colleges of “foreigne nationes” (Basel, Montpellier, Padua) mentioned above were indeed crucial and direct in establishing the college in Edinburgh. The King's decree retrospectively gave royal approbation to several doctors honoured in his presence in 1617. There was a specific ceremony where the meeting between the King and George Sibbald and his colleagues may have taken place: On 27th of June 1617, in the forecourt of the Scottish Parliament, the King held a banquet to celebrate his

birthday (Watson). In attendance at this event—entitled in the official account “King James VI banquet”—were doctors John Craig and Theodore de Mayerne (Watson 125, 339). Both were made burgesses and guild-brothers of the city and both were described as his majesty’s physicians. Yet Mayerne and Craig were not merely two random court doctors. As mentioned earlier, they have been posited as the key drivers of heterodoxy within England. Their influence at the Royal College of Physicians in London was key to changes in that body (from toleration of Paracelsianism to European approaches to plague prevention) described by Dawbarn and Trevor-Roper in their studies. In 1617, John Craig was made Consilarius of the Royal College of Physicians in London (Monk 117). On June 26th 1616, a year before, the Royal College of Physicians in London changed their policy of not admitting foreigners as fellows. The move was “clearly intended” for the benefit of Theodore de Mayerne, who “was promptly and unanimously elected on 26th of June” (Trevor-Roper, *Europe’s Physician* 215). Basel-educated “foreigner” Craig’s admittance over ten years before had been made possible because he became a naturalised Englishman (Dawbarn 1–2). This public ceremony, then, where the city of Edinburgh honoured the King’s “English” doctors at this specific moment, actually represents the point at which a group of Swiss and British doctors (who were educated in Basel, Montpellier, Padua, and Paris) were engaged in reforming the British medical establishment. More fundamentally, it presents an example of an interconnected group of cosmopolitan scholars with heterodox views being enabled by a receptive power structure to effect reform in both England and Scotland at a time of significant intellectual change.

5. Cosmopolitan Scholars, Heterodox Knowledge, and the Institutionalisation of the New Sciences

The above proposition seems all the more compelling when considering that a similar scenario unfolded exactly three weeks later on the 18th of July 1617 at Stirling Castle. There, the King, with his English court in attendance, specifically his nobles and “learned men,” invited the lecturers and regents from the University of Edinburgh to give a series of academic performances in their presence. Led by the future principal of the university, Patrick Sands, the regents (lecturers) disputed on several philosophical subjects before the court (Adamson 222). As a contemporary account reveals, the King was so pleased with this performance that

he decided to rename the college “King James His Colledge” in his honour and to become its patron (Craufurd 85). The significance of this particular meeting and the consequent reforms of education begun at Edinburgh have been the subject of several revisionist studies. The student notebooks, lecturer notes and published student disputations all show that a group which included doctor John Jolie, helped to bring some of the most heterodox views on astronomy, mathematics, and cosmology to the university at this point (Craufurd 101; McOmish). Again, the group was educated across all of the centres that have been identified as important for understanding medical heterodoxy: Padua, Paris, Basel, and Montpellier.

It is not possible in such a short article to go over the disciplinary significance of the various reforms envisaged by Sibbald and his heterodox circle. A larger study is underway that looks at the publications of the group and the influence of those works published and unpublished in the classroom of Edinburgh University through classroom notes (McOmish). Preliminary results taken from datasets of student medical notes in Edinburgh (McOmish 102) show that the lectures were based upon the work of professors of medicine in Basel, namely Caspar Bauhin (*theatrum anatomicum* and *botanicum*) and in Montpellier and Paris, primarily Andre Du Laurens. So the group had infiltrated teaching at the University of Edinburgh and shaped the small part of the four year arts curriculum devoted to medicine to reflect their experiences and impart to students the picture beyond the Galenic tradition. A more comprehensive envisaged programme of study can be glimpsed in surviving manuscripts. Several manuscripts written by George Sibbald survive in Edinburgh and were clearly designed to be medical lecture notes (George Sibbald, *Methodus Medendi Generalis*, Adv.MS 23.6.16, 1610). George Sibbald’s surviving papers on the proposed college in Edinburgh also state that the group wished that the “Facultie of Medicine,” as they named it, take control of all aspects of medicine including issuing degrees. The Parisian medical faculty had done this (and to a lesser extent the Augsburg collegium had tried) when confronted by its “heretical” group of Swiss doctors from Basel and Montpellier. According to George Sibbald’s articles, all drugs made in the “haill kingdom” would be subject to their college, as well as surgical practice. Through their contacts with anatomists and other chemical doctors in Basel and Montpellier and through their shared experiences in Paris during the Paracelsian disputes, these doctors sought to take advantage of the receptivity the court provided to shape the nature of

medical practice above and beyond local, confessionally-determined lines—as had happened across the centres where they studied.

Yet just as in Paris, where a combination of religion and the medical establishment sought to exert its authority in “religiously sanctified” medicine and inhibit the influence of heterodox medicine there, Edinburgh’s cosmopolitan doctors encountered setbacks in their bid. The Royal College of Physicians would not be founded by George Sibbald, but by his nephew Robert later in the seventeenth century. A contemporary physician noted in retrospect that it was objection from the church that ultimately prevented this group from fully establishing in Scotland what had been created by the various network members in other places like London, where Mayerne was instrumental in setting up at this exact time the Worshipful Society of Apothecaries. In the Scottish Parliament where the royal decree was sent for consideration, a powerful group of church figures in the legislature were unhappy at the ambiguous, non-orthodox confessional disposition of the key drivers in the legislation. Sibbald, Jolie, Kincaid, and Arnot were not named, but as the key figures in the move, they must have been the focus of the objections. A physician writing in the seventeenth century reflected that the initial proposal was subject to delaying tactics by the church figures with the intention of preventing its implementation:

His Majesty (James VI) referring to the consideration thereof to his Council whereof in these times the Bishops were come to make up a great part, and were become in that Consistory so powerful that they did indeed sway all,—they finding the petitioners [the doctors] most of them inconform to the innovations in worship they were then about establishing, did in this withdraw their favour so from them, that though they were ashamed to be found professed owners of such horrid impiety, to stop or deny openly and absolutely notions and desires so liquidly just, yet became obdured to own so much of it as to work the equivalent, by even proroguing from day to day the honest intenders, till they got them at last wearied out (W. S. Craig 42).

6. Conclusion

The activities of the group at Edinburgh highlight the variable outcomes that could arise in adopting and adapting ideas they encountered in different centres. Edinburgh had a university but no central medical faculty nor a college of physicians to regulate the implementation of the new medical

practices. From Edinburgh, the group attempted to reform existing medical practice comprehensively and throughout the entire country. This extended to anatomical and surgical practice, and the control of the apothecary trade, all of which were to be regulated by the establishment of a specific medical faculty, which would also issue degrees. These reforming doctors attempted to establish the best practices from “famous” universities at which they had studied, which in this case, at this moment meant Padua, Montpellier, and Basel. In certain university centres, including Montpellier, and Basel, anatomy theatres were established in emulation of Padua. Other centres like Paris saw the reform of medical faculty to regulate the medical and apothecary trade. The attempts at Edinburgh underscore the significance of the role played by British and Swiss cosmopolitan scholars embedded in these politically-determined, ambiguous contexts. Ultimately, it proved to be too difficult to become established in Edinburgh. The circumstances of the rejection highlight some of the specific contemporary political and social pressures in Edinburgh that were also factors in other centres. Yet, in time, the mission of these heterodox doctors to replicate in Edinburgh what they saw and enacted elsewhere (in London and Paris), would bear fruit.

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