‘Pottes of Tryacle’ and ‘Bokes of Phisyke’: The Fifteenth-century Disease Management Practices of Three Gentry Families

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Summary. This paper explores the gentry response to disease and illness in the fifteenth century. It examines the private letter collections of the Paston, the Stonor and the Plumpton families through a comparative methodology. The first section, focusing upon disease terminology in the letters, explores the diagnostic understanding of these families. Analysis of incidences of particular diseases, such as malaria and sciatica, is used to demonstrate their comprehension of illness through symptomatic observation. The second section examines the methods used for treating disease, analysing the various remedies used by the families. Important emphasis is placed upon the choice between using medical professionals and home healing. Finally, the role of female family members is assessed, determining whether it was medicinal matriarchs or male physicians who dominated in the sphere of family medicine. Ultimately this paper will uncover the complex and sophisticated ways gentry families managed and treated disease in this period.

Keywords: disease; fifteenth-century; gentry; medical professionals; home remedies

Introduction and Historiographical Overview

The late medieval period was decidedly disease-ridden, with epidemiological events occurring frequently and concerns over contagion an understandable preoccupation for medieval people. Indeed, Carole Rawcliffe goes so far as to describe the long fifteenth century as a ‘golden age of bacteria’ because of the pervasive impact of disease throughout this period.1 Despite this, the experiences and understanding of lay families with regards to disease and sickness in the fifteenth century have been underexplored. Therefore, this paper will examine several important questions, asking primarily how did selected gentry families perceive and react to the problem of disease in this period, what role did female family members play in curative strategies and to what extent were the experiences of these different families broadly comparable?

Private letter writing was becoming much more common in the fifteenth century and as such the surviving correspondence from three gentry families, the Pastons, the Stonors and the Plumptons, will be used to reconstruct a detailed picture of how these people understood the problem of disease. Many of these letters were between family members, their friends and business associates, yielding insight into how a particular sector of

1Carole Rawcliffe, Urban Bodies: Communal Health in Late Medieval English Towns and Cities (Woodbridge: Boydell Press, 2013), 66.

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society experienced and responded to the often private event of family illness. Indeed, as Katharine Park explains, medieval writing, including personal letters, reveals an undeniable ‘obsession with illness’. However, as with any source, there are limitations, such as the fact that letter collections can contain drafts of epistles, unfinished letters and are in most cases only representative of a selection of the total written correspondence of the author. Perhaps most pertinent to this particular research, is the fact that the chosen source material places unavoidable constraints upon the kinds of insights into disease one can realistically hope to uncover from the letters. Indeed, unlike more formulaic sources for medieval contagion, such as plague treatises and recipes, many of the letters which actually reference illness or disease often do so briefly or by ambiguous implication. For instance, Richard Quatermayns wrote a letter to Thomas Stonor in 1471 in which he discussed local business and news, only mentioning at the end of his epistle that he was composing it ‘half craysed’ (quite ill). This is the only evidence we have that Richard is ill, leaving us with little to go on in attempting to analyse disease in this particular incidence. In relation to this, we usually only have one side of the conversation surviving, potentially generating an incomplete picture. For example, the Paston collection contains a missive sent by Alice Crane to Margaret Paston, enquiring after her health and whether the medicine she sent to Margaret had cured her ‘seknesse’ (sickness). Unfortunately Margaret’s response does not survive, limiting what we can determine both about Margaret’s illness and also whether Alice’s remedy was successful in treating it. Whilst it is therefore unrealistic to expect these letters to neatly outline exactly how these gentry families treated disease, their utility as a source should not be underappreciated. Indeed, scholars have begun to increasingly exploit non-medical evidence for information about disease and curative strategy, owing to the unique insights they provide.

Finally, these letter collections, despite being chronologically and socially comparable, are nevertheless diverse, both in terms of quantity and also content. Numerically speaking, the Paston collection, by far the largest, contains 814 individual letters, whereas the Plumpton and Stonor letter collections are comparatively sparse, containing 249 and 218 letters respectively. Furthermore, collation of the actual numbers of epistles which reference disease or domestic health care in some way produces 86 Paston letters (10.6 per cent of the total), 36 Stonor epistles (16.1 per cent of the total) and 19 Plumpton letters (7.6 per cent of the total) which can be included in this analysis. Although such proportions might initially appear problematic for a paper which seeks to explore disease and curative strategy, it must be acknowledged that medical concerns were not the primary

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6See for example: Hannes Kleineke, ‘The Records of the Common Law as a Source for the Medieval Medical History of England’, *Social History of Medicine*, 2017, 30, 483–99, in which he demonstrates how the records of the common law courts can provide insight into the administration of medical treatments and remedies supplied by physicians.
focus of these letters, with the majority dealing with the day-to-day socio-political manoeuvrings of these genteel families. With this in mind, however, the non-medical focus of these letter collections can actually be exploited to our advantage, as when disease and its management is referenced, it must be of great importance to the letter-writers to warrant such attention.

Historiographically, professional medicine, encompassing the work of physicians, surgeons and apothecaries, typically predominates in analyses of disease and its treatment in the medieval period. However, an awareness of the need to analyse the lay dimension of disease management has resulted in an increasing appreciation of the role played by home healers, usually friends or family members with some level of self-taught knowledge or informal training. For example, Carole Rawcliffe has demonstrated how ideas about illness were becoming more accessible to a wider, and crucially, lay, audience, with vernacular medical treatises circulating among the gentry and merchant classes. This is also noted by Faye M. Getz, who asserts that many of England’s social elite sought ‘pathways to wellbeing’ without resorting to professional medicine. Such a trend has been shown to be particularly discernible within middling to high status households, whereby family health care and the treatment of disease increasingly fell under the purview of its experienced female members. Furthermore this access to, and utilisation of, home remedies and recipes extends beyond the fifteenth century, with scholars noting similar patterns within the early modern sphere, effectively revealing a long established tradition of home healing and health care, particularly on the part of women. As such, particular

9 Carole Rawcliffe, Medicine and Society in Later Medieval England (Stroud: Alan Sutton, 1995), 30, 37. These ideas are further developed in Carole Rawcliffe, Urban Bodies: Communal Health in Late Medieval English Towns and Cities (Woodbridge: Boydell Press, 2013), 233, in which she emphasizes the growing understanding of holism and the importance of a healthy diet and lifestyle, particularly within wealthy households.
11For discussion of the role of women as home healers and their assimilation of medical knowledge see: Margaret Labarge, Women in Medieval Life (London: Hamish Hamilton, 1986), 167; Montserrat Cabrè, ‘Women or healers? Household Practices and the Categories of Health Care in Late Medieval Iberia’, Bulletin of the History of Medicine, 2008, 82, 18–51; also Theresa Tyers, ‘“In the Merry Month of May”: Instructions for Ensuring Fertility in MS British Library, Lansdowne 380’, Social History of Medicine, 2016, 29, 267–89, which outlines the health care and fertility advice intended for practical use by the female owner of a fifteenth-century manuscript.
attention will be directed towards this theme, as these letter collections yield important insights into the role of lay women in this period.

With regards to the actual source material, the historiography of fifteenth-century genre letter collections is diverse but also undeniably uneven. Of the three collections, the Paston letters have received by far the most scholarly attention, likely owing to their comparably voluminous nature, which provide intimate insights into medieval private life. For instance, Colin Richmond’s extensive and immensely detailed analytical narrative of the Pastons expertly reconstructs the family, generation by generation and comprises three separate volumes. Much has been written on the gender component of the Paston letters, due in large part to the unusual level of female penmanship. Examples of such scholarship include N. Davis’ 1949 examination of the text of Margaret Paston’s letters and Joel T. Rosenthal’s analysis of intergenerational relationships between the Paston women. Other themes have also been explored, such as Richard H. Britnell’s reconstruction of the commercial and agricultural activities of the Paston estates.

By comparison the Plumpton and Stonor letters have received far less attention. Christine Carpenter features particularly prominently with regards to the Stonors and her 1995 article explores the family’s inner circle, using the letters to reconstruct the complex web of relationships surrounding the central figures of Thomas Stonor, his son and then his grandson. The Plumpton letters have been even more neglected, with perhaps Ruth Wilcock offering the most detailed analysis through careful reconstruction of the life and career of William Plumpton, the undisputed patriarch of the Plumpton clan.

Some scholars have endeavoured to explore these letter collections from a medical standpoint, as shown in Elaine Whitaker’s 1993 article, which addresses the question of health and medicine, examining the ways the Paston women managed sickness. Whitaker particularly emphasises the pivotal role of Margaret Paston, arguing that she perceived her position as the primary family caregiver as under threat from external and professionally trained physicians. More recently, Ashlee Barwell, in her 2018 article, has investigated the ways in which the Paston women utilised their knowledge of domestic medicine to assist in their family’s pursuit of social advancement. With regards to the other two letter collections, only the Stonors have received relevant scholarly attention. Debora Thorpe has examined incidences of disease terminology in these letters, comparing the uses of terms such as ‘diseased’ and ‘sick’ to theorise upon the resilience of the...
letter-writers and the impact of illness upon their day to day lives. She does not however, examine evidence for treatment or curative strategy in this particular collection. Finally, despite their obvious historical parallels, only one scholar provides a systematic comparison between all three collections. Keith Dockray, in his examination of the reasons for gentry marriage, draws upon all three correspondences, ultimately concluding the Plumpton marriages to be the most impersonal and materialistic, with the Stonors and Pastons sometimes less cold-hearted in their matrimonial arrangements for offspring. It is clear from this historiographical overview, therefore, that there is definite scope to explore the medical dimension of these letters in greater detail, providing an important opportunity to expand the existing work relating to the treatment strategies of the Paston women across all three collections, particularly as the comparative analysis adopted within this article is an almost untouched methodological approach.

Looking for the Letter-writers: A Contextual Overview of the Pastons, Plumptons and Stonors

As this paper explores findings drawn from the letter collections of these three gentry families, a brief biographical overview is contextually important. The Pastons, hailing from the prospering county of Norfolk, were an up-and-coming genteel family, sired by the entrepreneurial farmer Clement Paston, who began the family’s process of land acquisition in the early fifteenth century. Clement had the foresight to ensure that his son William was highly educated, enabling him to become a judge at the Court of Common Pleas by 1429. Not only this, but William was able to further secure the family’s fortunes through an advantageous marriage to a young, local heiress, Agnes Berry. From here the family’s prominence grew, with the couple’s eldest son, John Paston I, marrying Margaret Mautby and together producing at least six Paston children. It is these later Pastons, namely John Paston II and John Paston III, along with their aforementioned parents, with which the majority of the letters engage. The Stonor family, residing at their eponymous estate of Stonor in Oxfordshire, were a rather more firmly established gentry clan, having, in the words of Christine Carpenter, ‘done their rising in the previous century’. The Stonor letters themselves deal principally with two generations of the family, namely Thomas Stonor II, who was married to Jane Stonor and died in 1474, and also their son William who died in 1494. William Stonor’s family was a particularly interesting one, as he first married the older widow of a London merchant, Elizabeth Ryche, acquiring her wealth and also four step-children in the process, before marrying a second widow Agnes Wydeslade in 1480, who held several estates in Devonshire.
Upon her death a mere year or so later, William married for the third and final time to Anne Neville, a cousin of the royal house who eventually bore him a son in 1482.29 Finally, the Plumptons, situated at Plumpton in Yorkshire, were also long-established, although the letters reveal several scandalous events which destabilised the family in later years. Indeed, the letters truly commence with Sir William Plumpton, who, following the death of his last surviving son in 1461, was left to decide the fate of his two young granddaughters.30 After deciding they should inherit his estates as co-heiresses, Sir William then reneged on this agreement, instead declaring that his bastard son, begotten by his long-term mistress, Joan Wintringham, was his lawful heir, asserting they had in fact been secretly married the whole time.31 As such, Sir Robert, the newly legitimised son of Sir William, inherited his father’s estates upon his death in 1480, becoming a prominent figure in the letters in his own right.32

Defining Disease: The Linguistic Awareness of Gentry Families

First and foremost, it is crucial to examine how these particular families recognised and identified different illnesses and ailments. In analysing the letters of these three families, therefore, an extensive vocabulary devoted to disease and medicine is immediately discernible, with the result that close examination of the disease terminology used by each of the three families reveals the ideas and understanding connected to a whole host of medical afflictions, as shown in Table 1.

Although many of the disease events are written about in thoroughly generic terms, as in the case of William Gascoigne’s letter to Robert Plumpton, in which he lamented that the cause of his prolonged absence was due to his being ‘crased and sicke’,33 this is not the case for all. Indeed, certain letters provide much more in the way of descriptive and diagnostic detail when discussing disease. For example, a letter to William Stonor describes the sickness of William Abell, in which particular mention is made of how he was not only ‘visited grete with sekenes’ (seriously ill) but especially afflicted ‘with a palsey’.34 Such a descriptor may well suggest William Abell was suffering from some kind of physical paralysis, possibly from a stroke, an assumption which is entirely plausible given the fact that the letter writer, Robert Bardesey, reported that Abell is not able to ‘laboure for the recovering of his dettis’ (work to repay his debts) due to his ailment.35 Whatever the nature of poor William’s palsey, it is clear that the Stonors understood enough about disease to differentiate between his affliction and other perhaps more routine sicknesses.

The Pastons also show a clear awareness of the identification of physically debilitating disease, such as sciatica, with two separate examples mentioned. For instance, James Gresham, the Paston’s trusted servant, reported upon the ‘cyetica’ of the Chief Justice of the King’s Bench in a letter to William Paston, explaining that this was what had prevented him from riding ‘a gret while’.36 On another occasion, Margaret Paston, during her first pregnancy in 1441, wrote a rather anxious letter to her husband, stating that the

31Ibid., 8.
32Ibid., 9.
33Ibid., 141.
34Carpenter, *Kingsford’s Stonor Letters and Papers*, 130.
35Ibid., 130.
local midwife, Elizabeth Peverel, had been riddled with ‘the seyetyka’ for 15 or 16 weeks, with the result that when the baby was to be delivered she would have to be carried to Margaret’s bedside in a wheelbarrow (‘sche xuld be crod in a barwe’).\textsuperscript{37} Crucially both these descriptions of the same disease reveal important similarities, such as its debilitating effects, hindering physical mobility and the sufferer’s capacity to travel, suggesting not only that these people could accurately identify and describe certain illnesses, but that such understanding was likely based upon symptomatic observation.

The Paston letters contain other usefully detailed accounts of certain diseases, such as the ‘axez’ (ague) described in a letter of 1459 from John Paston I’s associate, William Jenney. Indeed, Jenney apologised profusely for failing to arrive on time with his cohort,

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|}
\hline
Term & Frequency in letters & & \\
\hline
‘desese’ / ‘diseasid’ / ‘disease’ / ‘diseset’ & 6 & 4 & 1 \\
‘grete dyseste’ & 1 & — & — \\
‘pestelens’ / ‘pestylens’ & 3 & — & — \\
‘grete deth’ & 1 & — & — \\
‘grette myrre’ & 1 & — & — \\
‘plage’ & 1 & — & — \\
‘poxe’ / ‘poxes’ / ‘pokys’ & — & 2 & — \\
‘sore seke’ & — & 4 & — \\
‘sike’ / ‘sicke’ / ‘sick’ / ‘syke’ / ‘seke’ & 20 & 6 & 2 \\
‘sekens’ / ‘sekenesse’ / ‘sekenes’ / ‘sicknes’ / ‘sykness’ & 23 & 4 & 4 \\
‘seytyka’ / ‘cyetica’ & 2 & — & — \\
‘to browke’ (induced vomiting) & 1 & — & — \\
’in cure’ & — & 1 & — \\
‘infirmyte’ / ‘infirmyties’ & 1 & 1 & — \\
‘palsey’ & — & 1 & — \\
‘fevntyng’ & 1 & — & — \\
‘right sickly’ / ‘seekly’ / ‘syklow’ / ‘sekelew’ & 5 & — & 1 \\
‘a swonnyng’ & — & — & 1 \\
‘crased’ / ‘crasyd’ / ‘crasid’ & 2 & 4 & 1 \\
‘fevre’ & 1 & — & — \\
‘hurtyss’ & 1 & — & — \\
‘hevy’ (sad/depressed) & — & — & 1 \\
‘corrupud blode’ & — & 1 & — \\
‘serytyka’ / ‘cyetica’ & 2 & — & — \\
‘sorys’ & 1 & — & — \\
’an axez’ & 1 & — & — \\
\hline
\end{tabular}
\caption{Disease terminology within the letters}
\end{table}


\textsuperscript{37}Davis, Paston Letters and Papers Part I, 217.
explaining that ‘the cause that I and my felaship taryd’ (he and his travelling companions were late) was due to the fact that he had ‘falle seek with an axez’ (fallen sick with an ague). This particular life-threatening sickness manifests itself as periodic fevers, often lasting several days at a time, in a multi-day cycle set by the reproductive system of the malaria-causing bacteria, which bears some resemblance to Jenney’s description of his symptoms. Indeed, Jenney explicitly detailed the fact that he had ‘lay seek at Ippeswych of the axces bothe Sunday and Munday’ (lain sick at Ipswich due to fever on both Sunday and Monday), before recovering enough to travel. Clearly, if this was indeed malarial in nature, Jenney and his associates understood enough to be able to recognise the specifically cyclical symptoms of such a disease. Whatever the diagnosis, Jenney’s illness was nevertheless extremely serious, owing to the fact that he was sufficiently concerned for his health to worry that his ‘enmy shuld be reioysed be the knowlych of my seknesse’ (enemy would rejoice at the knowledge of his sickness), presumably because of its debilitating and potentially fatal effects.

Whilst the Plumptons, perhaps altogether unsurprisingly given their more formally focused correspondence, yield far less in the way of precise disease terminology, it would be entirely erroneous to equate this with a lack of understanding. Indeed, if anything, the Plumptons provide insight into possibly one of the most complex and intangible diseases: mental illness. For example, Robert Plumpton’s sister, the Lady Ward, is described as a ‘hevy gentlewoman’, a descriptor commonly used to refer to deep sadness or even depression. In fact Mrs Ward’s depression is clearly protracted and highly distressing for the family, as it is requested in the letter that Mrs Clare makes arrangements to stay with her and give her ‘companie this yme of Christynmas’ (company at Christmas time). Whilst it is not entirely clear why Robert’s sister is so depressed, her mental instability is evidently recognised by her family as something which needed to be addressed and treated, just as with other, more tangible afflictions. As such it is clear that all three of these gentry families possessed knowledge of various ailments and their symptoms, allowing them to confidently identify and differentiate between the illnesses and diseases afflicting their friends and relatives.

Weighing One’s Options? The Use of Home Remedies and Medical Professionals in the Letters

Having uncovered a clear and sophisticated awareness of disease, the ways in which these gentry families responded and reacted to such afflictions becomes acutely important, posing the question as to what extent these individuals exercised control over their own health care. Even a cursory examination of the evidence of the letters suggests that these families took such treatment very seriously, typically establishing a lay diagnosis and then proceeding to the options available for their friends and loved ones. Indeed,

38 Davis, Paston Letters and Papers Part II, 182.
39 Rawcliffe, Urban Bodies, 63. Rawcliffe outlines the persistent problem with malaria that many waterside settlements faced in this period, with contemporaries describing the disease as ‘ague’.
41 Davis, Paston Letters and Papers Part II, 182.
42 Ibid., 182.
43 Kirby, The Plumpton Letters and Papers, 196.
there are myriad examples of different medicinal substances and home remedies prescribed by family members for treating disease, suggesting such confident curative strategy was borne from extensive experience. Among these, herbs and spices are particularly important, owing to the fact that they formed a major component of medieval medicine either in their unadulterated, natural forms, called ‘simples’, or else mixed together with other ingredients to form various medicinal concoctions.44

Examination of the Table 2, which details some examples of the ingredients utilised medicinally in the three letter collections, shows the use of herbs and spices to be particularly well represented. Indeed, the Paston and Stonor correspondences yield several letters with enclosed shopping lists which often sought such medicinal ingredients for treating disease. For example, in c.1470 Jane Stonor requested from her husband Thomas, currently away in London, an extensive array of goods, including ‘genciayn’ (gentian), ‘ruberbe’ (rhubarb) and ‘tryacyl’ (treacle), items all valued for their general curative properties.45 Indeed, Jane’s request for treacle, a concoction also known as theriac and renowned as an expensive but potent pestilential cure, seems to demonstrate something of her medical intentions.46 Furthermore, other specific requests in Jane’s letter, most notably for a ‘poulty’ (poultice), demonstrate that she was indeed stocking up on medical supplies for the household and potentially suggesting that she treated family illnesses personally.47 Although it should be acknowledged that the various plant-based ingredients listed could well be intended for use in cooking, given that the precise reason for their procurement is not explicitly stated in Jane’s letter, this by no means reduces the interpretation of their medicinal value. Indeed, even if this is the case, food itself was considered wholly therapeutic in this period, particularly through the addition of herbs and spices,48 suggesting Jane Stonor actively sought such ingredients for the betterment of her family’s health.

In similar fashion, various Paston women relied upon a male family member’s London connections to provide medicinal ingredients. For instance, in a letter dated to 1436, William Paston I was reminded by his servant of his wife Agnes Paston’s desire for ‘grene gynger’ and ‘almondes’, ingredients evidently intended for curative purposes given the accompanying explanation that Agnes’ ‘seknes encreseth dayly’ (sickness increases daily).49 Later generations of Paston women continued this trend, with Margaret Paston regularly requesting exotic herbs and spices, such as in November 1471, when she called upon her son John III to source pepper, cloves, mace, ginger, cinnamon, saffron and


45Carpenter, Kingsford’s Stonor Letters and Papers, 110; similar items are also discernible in the stocks of contemporary apothecaries, see for example: G. E. Trease and J. H. Hodson, ‘The Inventory of John Hexham, a Fifteenth-Century Apothecary’, Medical History, 1965, 9, 1, 78–9, whose medicinal wares included gentian root and rhubarb when inventoried in April 1415.


47Carpenter, Kingsford’s Stonor Letters and Papers, 110.


49Davis, Paston Letters and Papers Part II, 5; green ginger is discernible as a medicinal ingredient in other contemporary medical manuscripts, often to treat digestive problems, see: Dirk Schultze, ‘Hippocras Bag, Oil of Exeter and Manus Christi: Recipes in BL Harley 1706’, Anglia, 2008, 126, 452.
Although some of these ingredients were likely destined for use in food as well as in specific remedies, Margaret’s medicinal intentions are made clear in her accompanying letter. Indeed, she lamented how many of her neighbours had succumbed to disease, including her own cousin, the wives of several local men and also the town baker, a man named ‘Pycard’, concluding that as a result she now lived ‘in fere’ of illness. Clearly Margaret intended to use these ingredients as a preventative measure, hoping to shield herself and her family from contagion.

Whilst the use of ingredients with distinctly curative properties was evidently popular with the Stonor and Paston families, the Plumpton letters conspicuously lack such a trend, with no mention of any medicinal ingredients whatsoever. Perhaps such divergence could well be explained by source variation or limitations, owing to the Plumptons’ more formal, business-focused correspondence which might not therefore readily lend itself to discussion of the intimate details of family illness. However, in this particular instance an alternate explanation needs to be acknowledged. Indeed, in scouring the Plumpton letters for any medicinal references, a singular epistle comes to the fore, in which Master Anthony, evidently a physician given his title, sought Robert Plumpton’s assistance in preventing ‘a man of Spofforth’, whose wife Anthony had been treating for some time, from pursuing him for misappropriation of funds. Clearly Margaret intended to use these ingredients as a preventative measure, hoping to shield herself and her family from contagion.

Table 2. Number of ingredients within the letters

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Pastons</th>
<th>Stonors</th>
<th>Plumptons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ginger</td>
<td>2</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Galangal</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cinnamon</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Rhubarb</td>
<td>—</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Mace</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cloves</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Pepper</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Gentian</td>
<td>—</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Saffron</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Thyme</td>
<td>—</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Nutmeg</td>
<td>—</td>
<td>—</td>
<td>1</td>
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</tbody>
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Galangal. Although some of these ingredients were likely destined for use in food as well as in specific remedies, Margaret’s medicinal intentions are made clear in her accompanying letter. Indeed, she lamented how many of her neighbours had succumbed to disease, including her own cousin, the wives of several local men and also the town baker, a man named ‘Pycard’, concluding that as a result she now lived ‘in fere’ of illness. Clearly Margaret intended to use these ingredients as a preventative measure, hoping to shield herself and her family from contagion.

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explained that he had ‘receved xs & xxd’ (received 10 shillings and 20 pennies), presumably as part of a pre-agreed contract with his clients to cover the costs of procuring and administering medicines.\(^{53}\) However some kind of disagreement had ensued between the physician and his patient’s husband over costs, as Anthony lamented that the man in question ‘will arrest me’, in spite of the fact that he had ‘spent xs of medcins’ (spent 10 shillings on medicines) to treat her.\(^{54}\) Despite emerging in the context of a case of alleged medical malpractice, this rather generalised reference to unspecified medicines, coming from a trained physician no less, suggests that the Plumptons were at the least connected with, and may well have favoured the use of, medical professionals over home remedies, potentially going some way to explain their apparent disregard for humbler remedies and ingredients.

Indeed, when this theme is analysed in greater detail and references to the use of medical professionals and home remedies are collated for all three collections, an intriguing pattern emerges. Considering the vast number of letters in the Paston correspondence, it is initially rather surprising that the family resorted to seeking the help of physicians so infrequently, recording a mere two incidences (Table 3). A particularly illustrative example of when the Paston letters record the use of a medical professional occurred in 1452, when Margaret reported upon her Uncle Philip’s sickness, noting that his health had deteriorated to such an extent that he was unlikely to survive without ‘redy help’ and so he was travelling to Suffolk as there was ‘a good fesician’ (a good physician) there.\(^{55}\) Already there is a hint of reluctance, given that Philip only seemed to be seeking out a professional as a last resort, and even then elected to travel in order to see a physician he trusted. This caution in using medical practitioners is shown to be a pervasive theme within the Paston family, with Margaret in particular, demonstrating distrust, and on occasion even loathing, of physicians. Indeed, the subsequent death of her Uncle Philip from his sickness, and presumably the failure of his hired physicians, had a profound effect upon Margaret, effectively justifying her, and by extension, her family’s negative opinion of professional medicine. For instance, in 1464, over ten years after the death of Philip, Margaret wrote a letter to her husband John, warning him not to be tempted by

| Table 3. Use of medical professional and home remedies in the letters |
|---------------------------------|-----------------|-----------------|-----------------|
|                                | Pastons | Plumtons | Stonors |
| Used a physician               | 2       | 1       | 7       |
| Used a surgeon                 | 1       | —       | —       |
| Used an apothecary             | 4       | —       | 2       |
| Home remedies                  | 9       | —       | 2       |


\(^{53}\)Ibid., 59.

\(^{54}\)Ibid., 59.

the ‘medesynys’ (medicines) of the physicians of London, explaining that she will ‘never trust would hem because of myn onkyl’ (my uncle).\textsuperscript{56}

One other letter is worthy of mention, if only to emphasize the Pastons’ perhaps unusual distaste for the professional, given that many of their contemporaries seem to have favoured physicians. Thomas Gnatyshale, a servant of one of Margaret’s female friends, wrote to her, recommending in favourable terms ‘a doctor of fesyk’ (medicine) whom his lady had used, describing him as ‘ryght a konnyng man and a gentyll’ (a cunning man and a gentleman) and asking if Margaret would be interested in his services.\textsuperscript{57}

Unfortunately Margaret’s response does not survive, but given her stance with regards to physicians, she was unlikely to have acquiesced to such a suggestion. Clearly, Margaret’s distrust of trained practitioners ran deep, undoubtedly going some way to explain why the Pastons relied so heavily upon more traditional medicines, which could be grown or concocted at home, with an impressive nine letters referring to such home remedies (Table 3). In fact, many of these were advocated by Margaret herself, especially when her cousin Berney, the son of the abovementioned Philip, fell seriously ill in 1473. Occurring some 20 or so years after the evidently traumatic event of her uncle’s demise, Margaret’s response to her cousin’s sickness was noticeably different, with her swiftly writing to advise the use of ‘any of my wateris’, mentioning in particular that ‘water of mynte [mint] or water of millefole’ (yarrow) would be good for him to drink.\textsuperscript{58}

Moreover, Margaret’s recommendations are grounded in experience and an understanding of how to treat this kind of illness as she quite clearly stated that these mixtures were to ‘make hym to browke’, meaning to induce vomiting, presumably to eject from his body whatever was perceived to be causing his illness. As such, Margaret’s increased competency and confidence in her own ability to concoct efficacious curatives is evident and demonstrates not only a desire to ensure her family never again suffered because of the negligence of physicians, but also the sophisticated understanding of disease and its treatment which certain, more experienced family members could possess.

By contrast the Stonors record a significant number of letters which attest to the use of physicians, recording seven such occurrences. On one such occasion, Thomas Betson, business partner of William Stonor and eventual husband to his step-daughter Anne, fell gravely ill in 1479, necessitating the medical care of a physician. Indeed, as remarked upon in a letter from Stonor’s servant, the chosen physician, Master Brinkley, applied ‘plasters to his hede, to his stomake and to his bely’, in an effort to cure Betson of his potentially fatal illness.\textsuperscript{59}

An especially illuminative example was the serious illness of Agnes Stonor (née Wydeslade), William Stonor’s second wife. Agnes, in complete contrast to Margaret Paston, seems to have relied heavily upon the advice and care of physicians during her infirmity, with no less than three separate letters describing her protracted, and presumably expensive, professional care. For instance, in early 1480 Agnes writes to William Stonor sounding remarkably upbeat and positive despite her continued poor health, explaining that the ‘ffesisicion’ (physician) will do ‘his cunnyng uppon me’ (will

\textsuperscript{56}Ibid., 291.

\textsuperscript{57}Davis, Paston Letters and Papers Part II, 338.

\textsuperscript{58}Davis, Paston Letters and Papers Part I, 370–1.

\textsuperscript{59}Carpenter, Kingsford’s Stonor Letters and Papers, 344; similar plasters for the stomach are found in the medicines prescribed to Katherine, Duchess of Norfolk, see: Kleineke, ‘The Medicines of Katherine, Duchess of Norfolk, 1463–71’, 517, 520.
treat her) and that he will be attending her for three months. However by September 1480, when Agnes again wrote to William, it is evident her sickness showed no sign of abating and as a result she had ‘sente here water’ to Master Derwothe so that he could determine ‘whedir she be in wey of mending’ (whether she would recover), evidently hoping a urine sample would yield a clearer prognosis. Agnes’ dogged determination to fight her illness must be acknowledged and she continued to cling to life, with a letter from April 1481 revealing that she had since changed doctors, now relying upon the leach craft of Master Drew. However, unfortunately for poor Agnes, her affliction, whatever it was, seems to have ultimately been beyond the abilities of her various physicians and she eventually succumbed to her sickness later that year. Nevertheless, these letters reveal that the Stonor family clearly trusted learned medicine, demonstrating an almost completely inverse trend to the Pastons, often favouring the professional over the popular and as a result perhaps holding more in common with the Plumptons.

Initially such a pattern might seem to suggest that the Stonors held far less confidence in their own curative abilities, preferring to employ the services of those trained in medical science when life-threatening disease struck. However, whilst it might be tempting to equate this trend with a lack of knowledge and understanding, such an explanation arguably does not align with the rest of the letter evidence, as the Stonors did use apothecaries and home remedies on occasion. Indeed, Elizabeth Stonor, Agnes’ matriarchal predecessor, proved herself particularly adept at concocting medicinal mixtures to ward off illness, such as when she sent a ‘bladyr with powdyr’ (bag of powder) to William when disease was rife in 1476, explaining that it was ‘to drynke when ye go to bede, ffor hit is holsome ffor you’ (to drink before bed because it is wholesome for you). Similarly, two years later William’s health seems to have been in jeopardy once again, as Elizabeth sent him a letter that, despite its lamentably fragmented condition, clearly urged him to take a ‘sponefull ... half a nottemegge in powder’ (a spoonful ... half of powdered nutmeg), presumably for some kind of medical ailment, as she assured him it would give him ‘greate ease’. Clearly the Stonors made a conscious choice to use physicians, just as the Pastons chose home remedies, suggesting the explanation for their differences was rooted in personal preference, rather than necessity borne from a lack of knowledge.

It seems therefore that individual families tended to prefer either to patronise learned professionals or rely on home healing, depending upon their particular experiences of disease. However, when we examine the letters which describe the use of apothecaries, it is clear that this divide, which initially seemed relatively straightforward, was more complex, as both the Pastons and Stonors, despite their previously discussed differences, both made use of apothecaries. Indeed, apothecaries straddled an uneasy middle-ground between professional medicine and home healing, supplying both physicians and laymen alike with medicinal ingredients. The Stonor letters yield a prime example of this, as in June 1480, during the protracted illness of Agnes Stonor, William Goldwyn wrote to John Bykell, described in the endorsement as a ‘poticary’ (apothecary), on her behalf.

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61Ibid., 367.
62Ibid., 374.
63Ibid., 15.
64Ibid., 301.
Rather unusually, the letter contained a Latinate shopping list for specific medicines, including ‘sirroporum rosarum’ (rose syrup) and ‘olorum rosarum, masticis, absinthii’ (oil of rose, mastic and wormwood), with the end of the epistle clearly revealing that these concoctions were to treat Agnes’ illness, as Goldwyn stated that they were for a ‘specyall Mastres of myn’ (a special Mistress of mine). The use of Latin demonstrates not only the medicinal education of the apothecary, but also gives the strong impression that Goldwyn himself possessed some level of medical training and was not merely a humble servant, especially as we know Agnes relied heavily upon the advice of physicians during her sickness. Indeed, Rawcliffe’s analysis of fifteenth-century physicians demonstrates that William Goldwyn was actually university-trained, having studied medicine at Oxford. Despite this evident connection between professional medicine and the use of apothecaries, the Pastons are also revealed to be somewhat reliant upon their medicinal wares. In fact, there are four letters which explicitly reference the use of an apothecary, several of which describe strikingly similar circumstances. For instance, during the particularly devastating plague outbreak of 1479, John III wrote to his brother in London, requesting he send him two ‘pottys of tryacle of Jenne’ (pots of treacle from Genoa) as quickly as possible because of the plague in Norwich. This is evidently a plea for theriac, an expensive plague preventative, which was often imported from Italy and sold by apothecaries. Moreover this seems to have been a fairly routine response for the Pastons when faced with epidemic disease, as early that same year John II sent to his mother three ‘triacle pottes off Geane’ (treacle pots from Genoa) as advised by his ‘potecarie’ (apothecary). Whilst this suggests that the Pastons’ preference for home remedies perhaps applied only to non-pestilential illnesses, as they willingly sourced theriac from the medieval equivalent of a pharmacy, closer examination of John II’s accompanying letter reveals that their scepticism of professional medicine nevertheless persisted. John clearly stated that one of the pots of theriac was marked with an ‘M P.’ on the base, as of the three this was the one he had ‘best truste’ in and so was intended for his mother to use. He supplemented this judgement by explaining that one of the pots had a ‘krotte’ (cross) on top as this was the sample he ‘mystruste moost’ (mistrusts most). Clearly such vigilance on John’s part was yet another manifestation of the Pastons’ wariness of learned medicine, as even when the necessity of plague drove them to seek more

65Ibid., 108.
66Ibid., 108; such concoctions are discernible in the inventories of other contemporary apothecaries:
68Davis, Paston Letters and Papers Part I, 616; theriac appears regularly in other contemporary treatises against pestilential disease. See for example: Margaret Connolly, ‘Evidence for the Continued Use of Medieval Medical Prescriptions in the Sixteenth-Century: A Fifteenth-Century Remedy Book and its Later Owner’, Medical History, 2016, 60, 150, in which Thomas Roberts, the owner of a fifteenth-century medical handbook, suggests a recipe for a plague curative involving theriac and vinegar; Kleineke, ‘The Medicines of Katherine, Duchess of Norfolk, 1463–71’, 517, in which the ingredients supplied to the Duchess of Norfolk included two types of theriac; also the list of medicines used by the contemporary physician Richard Trewythian, in his treatment of a skinner, Nicholas of Ely, which included theriac ‘to eliminate poison’, see: Carole Rawcliffe, Leprosy in Medieval England (Woodbridge: Boydell Press, 2006), 206.
70Davis, Paston Letters and Papers Part I, 512.
71Ibid., 512.
professional treatments, they acted cautiously, deciding for themselves how far to trust the curatives of others.

Thus far this analysis of response has shown how these three families, despite their shared social classification, often tackled disease very differently, with the choice between home healing and patronage of medical professionals emerging as the most obvious point of difference. Indeed, this divide is easily discernible within the wider context, as the traditional Latinate medical manuals, linguistically accessible only to learned physicians, were beginning to face competition from the rapid emergence of vernacular writings on disease, illness and curative method in the late medieval period. These Middle English medical manuscripts and herbals circulated particularly strongly amongst the literate gentry and merchant classes, often incorporating a blend of learned and popular medicine and removing any prior necessity for a physician’s involvement. In fact Rossell Hope Robbins, in his analysis of English medical manuscripts, notes that many included recipes and cures based upon folk medicine, suggesting they were indeed aimed at a lay readership and even speculating that they could easily be used by ‘the mistress of a large household to take care of common illnesses’. With this in mind, one would expect the Pastons in particular, given that they have already demonstrated their inherent mistrust of physicians, to regularly rely upon such vernacular manuscripts. Indeed, several intriguing examples are discernible from their letters, such as Margaret’s request for a recipe book to tackle pestilential illness in 1452. Whilst this does reveal the Pastons’ use of vernacular writings on disease, Margaret’s letter suffers from a lamentable paucity of identifying detail, failing to specify which book she is referring to and preventing further analysis into its contents. Nevertheless, the Paston letters contain one other tantalising incidence, in which John Paston II received a letter in 1468 from William Ebesham, a scribe he had recently employed. Included in this rather innocuous looking letter was a bill for Ebesham’s work, a section of which cited a price of ‘xxd’ (20 pennies) for the ‘wrytyng of the litill boke of phisyke’ (little book of medicine) which John had evidently commissioned. Although the letter itself still fails to provide a title or other textually defining features for this book of ‘phisyke’ (medicine), identification is still possible. Anthony Doyle’s extensive work into the diverse scribal activity of William Ebesham, involving close, letter by letter examination, has enabled him to identify Ebesham’s distinctive hand in other manuscripts ‘made at different times, with different materials and embracing different matter’. Indeed, Doyle describes Ebesham’s writing as a ‘small, splayed set hand developed from an earlier court-hand bastard and showing several features of the latter’, clearly demonstrating his familiarity with the scribe’s individual style. As a result Doyle has been able to confidently pinpoint a copy of the Middle English ‘Practica Urinarum’

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74 Davis, Paston Letters and Papers Part I, 247.
76 Davis, Paston Letters and Papers Part I, 387.
78 Ibid., 322.
with its accompanying treatise on plague as the medical manuscript in question. As such it is possible to compare the advice for the management of disease and sickness in this particular ‘boke of phisyke’ with the letter evidence to assess how far the Pastons’ response to disease was being shaped by a new literate lay culture.

Indeed, John Paston’s handbook provides various recommendations for preventing and treating disease, advice which is sometimes immediately discernible within the letters, demonstrating that the family actively consulted this manuscript. Perhaps the most illustrative example is the instruction that people afflicted by serious disease should be given ‘white wyn’ (wine) to drink in order to ease their symptoms, something clearly mirrored in Margaret Paston’s advice for the treatment of her cousin Berney, as she too recommended this particular remedy. Other medical prescriptions are also apparent within the letters, such as the manual’s advice that one of the best ways to combat disease was to avoid ‘excesse in mete & drynk’, suggesting that diet was considered of crucial importance. Margaret Paston is revealed to have held almost identical beliefs, advising her husband John to ensure that he is ‘wel dyetyd of mete and dryngke’ (well dieted of food and drink) in order to aid his recovery after serious illness. Her son, John Paston III, also demonstrated an awareness of the role of diet, lamenting that his sickness had caused him to ‘not ete half j-nough when I have most hungyr’ (not eat enough even when hungry) despite the fact that he was ‘so well dyettyd’ (so well dieted). It is evident therefore that a balanced diet was perceived as crucial in managing one’s recovery from illness, suggesting that the Pastons favoured a strongly holistic approach in tackling disease. Whilst these more overt parallels are clearly detectable, other less tangible notions described by the handbook are harder to pinpoint within the letters, such as the curious advice to refrain from anger or arguments with others, as this could apparently make an individual more susceptible to disease. Despite this rather vague recommendation, one of Margaret Paston’s letters yields a potential correlation, as she urged her son John not to sue James Gresham, a servant of the family, explaining that he was quite seriously ill and such an action would ‘make an hend of hym’ (make an end of him). Clearly Margaret was well aware of the importance of a positive mental outlook in resisting disease, leading her to shield her manservant from undue stress, linking with the suggestions of the manual. Although it is ultimately impossible and altogether unrealistic to argue that the Pastons turned to this one particular manuscript for all their medical needs, the similarities uncovered in this analysis nevertheless reveal the existence of a growing literate lay culture, whereby access to written medical advice, previously the exclusive domain of physicians and trained professionals, was becoming more widely available, effectively blurring the intellectual divide between popular and learned medicine.

80 Davis, Paston Letters and Papers Part I, 370. This advice can be found elsewhere, as in the fifteenth-century manuscript potentially owned by Elizabeth de Kngstone, the wife of Sir William, a courtier to Henry VIII, which also advises the use of white wine, along with spices, to treat serious illness, Tyers, ‘In the Merry Month of May’, 278.
83 Ibid., 596.
85 Davis, Paston Letters and Papers Part I, 360.
Medicinal Matriarchs: Exploring the Role of Gentlewomen in Home Healing

So far the Pastons have differed noticeably from the Stonors and Plumptons with regards to how these families responded to the problem of disease. As much of this seems to stem from the Pastons’ distaste for medical professionals, Elaine Whitaker’s analysis of the Paston letters as a medical source, in which she uncovers the medicinal dominance of Margaret Paston, becomes especially relevant. Building upon this therefore, examination of the extent to which these particular gentry women engaged and provided practical home care will be explored in greater, comparative detail. Indeed, when all three collections are analysed simultaneously, this distinctly gendered dominance emphasized by Whitaker initially appears to have indeed been largely unique to the Pastons, as medical advice and treatment is more routinely given by men in the Plumpton and Stonor letters (Table 4).

This is altogether unsurprising given that physicians were male, reinforcing the idea that different gentry families often favoured either professional medicine or home healing. The explanation for the Paston’s preference for more traditional remedies likely links to Margaret’s personal distaste of physicians, whereby the family’s own remedies were still trusted above professional medicine, with the result that lay women, like Margaret, naturally came to the fore as home healers. Indeed, if we utilise the letters statistically, Margaret’s prominence is thrown into sharper relief, potentially to the extent that table could be comfortably labelled a ‘medicinal matriarch’ (Table 5).

Table 4. Advice/treatment given by men and women within the letters

<table>
<thead>
<tr>
<th>Advice/treatment given by men</th>
<th>Paston letters</th>
<th>Stonor letters</th>
<th>Plumpton letters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice/treatment given by women</td>
<td>10</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>


Table 5. Number of relevant letters written and received by the Pastons

<table>
<thead>
<tr>
<th>Name</th>
<th>Relevant letters written</th>
<th>% of Total letters per person</th>
<th>Relevant letters received</th>
<th>% of total letters per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Paston</td>
<td>23</td>
<td>22.0</td>
<td>16</td>
<td>19.7</td>
</tr>
<tr>
<td>John Paston II</td>
<td>13</td>
<td>18.5</td>
<td>15</td>
<td>13.8</td>
</tr>
<tr>
<td>John Paston III</td>
<td>13</td>
<td>18.8</td>
<td>22</td>
<td>15.6</td>
</tr>
<tr>
<td>John Paston I</td>
<td>4</td>
<td>14.8</td>
<td>25</td>
<td>6.8</td>
</tr>
</tbody>
</table>


Medicinal Matriarchs: Exploring the Role of Gentlewomen in Home Healing

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Whitaker, ‘Reading the Paston Letters Medically’, 19.
These epistolary statistics, drawn from the number of medically relevant letters written and received by an individual, clearly demonstrate Margaret’s centrality. Not only did she physically write the most letters with medical content, usually to advise family members upon issues related to illness, but she also received the highest percentage of treatment-centric letters, suggesting her medical prowess was well-known and actively sought out. One such example comes from a letter written to Margaret from her son John II in 1474, in which he referred to the last time he was at home with his mother and how it made him ‘perffyghtly hooll’ (perfectly whole), revealing that it was her care and treatment which had allowed him to be ‘recoveryd off my syknesse’ (recovered of my sickness).87 Perhaps the most illuminative demonstration of Margaret’s pivotal position with regards to disease management comes in April 1471, when her younger son, John III, wrote to her from London, begging his mother to send him some of her ‘almesse as hasty as is possybyll’ (alms as quickly as possible), admitting that he could no longer afford the ‘leche crafte and fesyk’ (the leech craft and medicine) he had been paying for in the capital.88 Given Margaret’s opinion of London physicians, she no doubt had some satisfaction in reading her son’s desperate plea, comfortable in the knowledge that ultimately when it truly mattered, it was she upon whom her family relied.

However, despite the fact that the Stonor and Plumpton letters do indeed reveal a tendency to adhere to the medicinal recommendations of male physicians, it would be entirely erroneous to ignore the fact that women are nevertheless still shown to provide advice and treatment on occasion, just not to the same degree as in the Paston correspondence. Indeed, if we reproduce the previous statistical analysis used to examine the letters of Margaret Paston and actually examine the individual actors involved, the data yield women who could potentially be viewed as Margaret’s curative counterparts, uncovering the women perhaps obscured by the masculinised nature of medieval letter writing. Most notably, Elizabeth Stonor appears as the undisputed medicinal matriarch for the Stonors, despite the family’s previously examined preference for professional physicians. As such there is clearly scope to revisit and expand Whitaker’s hypothesis for female management of family medicine beyond just the Paston family through careful statistical analysis, something which was not initially apparent from the more generalised data.

Whilst Elizabeth Stonor is by no means as prolific a letter writer as Margaret, she nevertheless composed the highest number of medically relevant epistles, with a total of seven, making up just over half of her total written correspondence (Table 6). Moreover, Elizabeth’s true prominence as a respected health care giver is revealed in the number of relevant letters she received. Although a somewhat paltry figure of six initially seems to pale in comparison to the 27 letters her husband received, her importance is shown in the fact that every single letter she received was concerned with disease and treatment (Table 7). Indeed, when examined more closely, Elizabeth’s husband William, despite seeming to dominate the family’s management of disease, is in fact revealed to simply be receiving updates and information concerning the health and well-being of family members, with none of the letters actually seeking advice or treatment from him specifically. For instance, a letter from his sickly second wife, Agnes, perfectly demonstrates this

87Davis, Paston Letters and Papers Part I, 475. 88Ibid., 565.
rather passive medical role played by William, as her epistle of early 1480, despite describing her continuing illness, rather conspicuously lacks any kind of descriptive or potentially useful diagnostic detail, instead merely informing her husband that she intends to see a physician. Moreover, considering her decidedly short tenure as Stonor matriarch, lasting only four years from her marriage in 1475 until her death in 1479 and contrasting heavily with Margaret Paston’s comparatively mammoth 43 year reign, Elizabeth showed herself to be remarkably active in responding to the ever present problem of family disease. As such the Stonors, when examined in greater detail, seem to have occupied something of a middle-ground, relying upon the home remedies of their womenfolk as well as professional curative methods, suggesting that the lay response to disease was highly diverse and, at least for some families, drew upon a blend of professional medicine and home healing in combating the ills of loved ones.

Although both the Paston and the Stonor letters reveal the involvement of female family members in disease management, suggesting a certain level of reliance upon home remedies, the Plumptons differ completely, as has been the trend throughout much of this paper. In collating the relevant letters received and written within the Plumpton correspondence, rather surprisingly no women are to be found in either analysis (Tables 8 and 9).

Indeed, even when we isolate the most prominent Plumpton matriarch, Dame Isabel Plumpton, who wrote only one surviving letter but received an above average total of ten letters, she fails to overtly occupy the same position as either Margaret or Elizabeth.

Table 6. Number of relevant letters written by the Stonors

<table>
<thead>
<tr>
<th>Name</th>
<th>Relevant letters written</th>
<th>% of Total letters per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Betson</td>
<td>3</td>
<td>27.0</td>
</tr>
<tr>
<td>Thomas Henham</td>
<td>3</td>
<td>75.0</td>
</tr>
<tr>
<td>Elizabeth Stonor</td>
<td>7</td>
<td>58.0</td>
</tr>
<tr>
<td>Richard Page</td>
<td>3</td>
<td>33.0</td>
</tr>
</tbody>
</table>


Table 7. Number of relevant letters received by the Stonors

<table>
<thead>
<tr>
<th>Name</th>
<th>Relevant letters received</th>
<th>% of total letters per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Stonor II</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>William Stonor</td>
<td>27</td>
<td>19.0</td>
</tr>
<tr>
<td>Elizabeth Stonor</td>
<td>6</td>
<td>100.0</td>
</tr>
</tbody>
</table>


89Carpenter, Kingsford’s Stonor Letters and Papers, 356.
In fact, Isabel can boast only one relevant letter to her name, when she received a missive from William Woodruffe in which he described his own sickness, bemoaning that he has ‘not had iij dayes of health’.90 Unfortunately it is rather ambiguous as to whether William was actively seeking Isabel’s medical advice in this instance or else merely lamenting his condition to a sympathetic ear, owing to the fact that Isabel’s response does not survive. However, considering that he also referred to his wife’s apparently troubled pregnancy, stating that she was ‘at hir wits end’ because she ‘hath not laid her belly’ (given birth), it seems likely that Isabel may well have been expected to offer some kind of guidance, particularly with regards to this decidedly feminine problem. Nevertheless, it is evident that Isabel Plumpton, at least as far as evidenced by the letters, cannot be considered a medicinal matriarch, not only suggesting that Whitaker’s hypothesis for female dominance in the management of family illness was by no means universal, but also that the lay response to disease was far from clear cut. Whilst such overt divergence is perhaps explainable by the Plumpton’s preference for professional physicians, it is unlikely to be the sole cause. Indeed, a contextual appreciation of the Plumptons as a family unit reveals their distinctly masculine make-up, not in a purely patriarchal sense, but simply by the fact that many of the Plumpton men were widowed multiple times, suggesting that their spouses simply not may have been around long enough to make their medicinal mark within the letters. For example, Sir William Plumpton, the major figure within the collection, was married twice, once in 1430 to Elizabeth Stapleton and long before the letters truly proliferate numerically, and then again rather scandalously in 1472 after a long, but apparently un-celibate bachelorhood, when he married his mistress Joan Wintringham.91

<table>
<thead>
<tr>
<th>Name</th>
<th>Relevant letters <em>written</em></th>
<th>% of total letters per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Plumpton</td>
<td>2</td>
<td>9.0</td>
</tr>
<tr>
<td>Sir Henry Savile</td>
<td>2</td>
<td>33.0</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Name</th>
<th>Relevant letters <em>received</em></th>
<th>% of total letters per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sir Robert Plumpton</td>
<td>12</td>
<td>7.2</td>
</tr>
<tr>
<td>William Plumpton</td>
<td>2</td>
<td>9.0</td>
</tr>
</tbody>
</table>


As such when expanded and examined comparatively, Whitaker’s hypothesis not only reflects the somewhat unique dominance of the Paston women in family medicine, but also represents the complexity which characterised the gentry experience of sickness, as demonstrated by the diverse familial factors which affected their response to disease.

**Conclusion**

This analysis of the response and treatment of disease in this period has demonstrated the diversity which existed between these gentry families, as these individuals adopted a broad range of curative and preventative strategies when combating illness. Indeed, lay response is shown to be affected by a whole host of contributory factors, including familial proclivities, personal preferences and gender. These differences are most easily discernible when assessing the divide between employing medical professionals and relying on home healing, as these three families tended to prefer one over the other. The Pastons are easily the most distrustful of academic medicine, showing overt hostility to learned physicians and typically opting to administer treatments themselves, a preference clearly reflected in their use of vernacular recipes and medical manuals. Indeed, if the varying socio-economic backgrounds of these families are considered, there is a potential, albeit highly suppositional, explanation for this. It must be acknowledged that the Pastons were by far the most recently ennobled of the families, with John Paston I’s grandfather, the entrepreneurial Clement Paston, classed as a humble farmer.92 Indeed their gentility was only publicly confirmed in 1466, when Edward VI acknowledged that, as far as he was concerned, the Pastons had held bondmen ‘sithen the time that no minde is to the contrary’ (since the time that no mind is to the contrary).93 One could argue therefore that part of the Pastons’ reluctance to rely solely upon professional medicine was perhaps related to their peasant roots, a folk heritage which potentially loomed much larger for this particular family than it did for their counterparts at Stonor and Plumpton, who had comfortably held gentry status for at least a century and a half.

Indeed, by contrast both the Stonors and the Plumptons appear far more open to professional medicine, often actively patronising trained practitioners, something perhaps linking with their increased wealth and much longer-established gentility. However, when the input of female individuals is analysed, in a scholarly nod to Whitaker’s hypothesis concerning the Paston women, the inherent complexity of this divide is thrown into sharp relief. Indeed, although Margaret Paston’s medicinal dominance is undeniable, Elizabeth Stonor is also shown to have held curative sway within her family, despite their apparent predilection for professional medicine. As such this analysis of response and treatment methodology has revealed much familial and individual diversity, strongly suggesting that the gentry response to disease cannot be seen as homogenous, despite their shared status label.

To conclude, therefore, the gentry response to the problem of disease in this period was far from straightforward. Indeed, these letters demonstrate an intimate and often sophisticated understanding of disease management in this period, influenced by a

whole host of familial and personal factors. Perhaps most importantly, it is evident that these individuals thought and behaved in a remarkably pragmatic manner, actively treating illnesses and caring for family members. Clearly, there is much scholarly re-evaluation to be done when analysing the gentry and disease as the private correspondence of these families has demonstrated, ultimately uncovering a sensitive and deeply human relationship with contagion.