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Interpreting the King's Touch: Authority and Accessibility in the Reign of Charles II

Audrey Spensley

“‘Tis call’d the evil:/ A most miraculous work in this good king;/ Which often, since my here-remain in England, I have seen him do./ How he solicits heaven,/ Himself best knows: but strangely-visited people, /All swoln and ulcerous, pitiful to the eye, /The mere despair of surgery, he cures,/ Hanging a golden stamp about their necks,/ Put on with holy prayers: and ‘tis spoken, To the succeeding royalty he leaves/ The healing benediction.”¹

The above passage from Shakespeare’s *Macbeth* is typically omitted from readings of the play; it was likely included as a piece of flattery for James I during a performance in his presence.² The ceremony it describes—the ‘King’s Touch’—was an established part of English culture from the reign of Edward the Confessor in the eleventh century to George I in the eighteenth and was particularly prominent under the Stuarts.³ “Strangely-visited people” from throughout the kingdom were indeed afflicted with “swoln,” often painful, sores, which were typically “lodged chiefly in the Neck and Throat.”⁴ Today, these are identified as symptoms of scrofula, or tuberculosis of the neck. At the time, they signaled ‘the King’s Evil,’ so called because the king was thought to be able to heal them. The ill traveled in droves to the king’s court, where they hoped to be cured through a quasi-religious ceremony in which the king issued “contact or imposition of hands” on their necks before a blessing for their cure was read.⁵ Charles II, for instance, performed the healing ceremony for 4,000 sufferers per year on average during the height of his reign.⁶ The highly structured touching ceremonies treated between 20 and 600 patients, and lasted “at least three or four hours,” which the king bore with “majesty and patience.”⁷

Inherent in the ceremony itself was a tension between a strong projection of royal, sacred authority, as the king sat enshrined on his throne, graciously receiving the “poor Mortals” who stumbled towards him, and accessibility, as the sick gained close physical contact to the king, received a commemorative gold piece, and had themselves initiated to the ceremony through a request placed by their local ministers.⁸ The reference to the disease as being “the mere despair of surgery” is also telling: for many petitioners, the King’s powers were viewed as a final effort to cure a particularly ingrained case of the evil.⁹ That is, the King was one particularly powerful method in an arsenal of more humble, homemade treatments. This essay will focus on the intersection between these dual aspects of the king’s touch, authority and accessibility, under the reign of Charles II. Charles’ reign bears further study for two reasons. First, the number of the touched reached record highs under him; and second, the political context following the Interregnum allows us to assess the role of the touch at a time when the authority of the king had drastically shifted only years earlier due to the regicide.¹⁰ This paper argues that, while the royal touch functioned as a symbol to project sacral and religious authority and legitimacy in the Restoration period, the literal process of securing the touch often demonstrated the agency of common people in adapting the monarch’s resources to their needs, as well as Charles II’s own desire to balance his authority with a sense of accessibility.

The authoritative, mystical aspect of the Royal Touch has been well recognized in the historiography on the topic, mainly stemming from Marc Bloch’s seminal 1924 work *The Royal Touch: Monarchy and Miracles in France and England*. Stressing the role of magical beliefs in early modern French and English culture, Bloch argued that the touch was utilized by monarchs in both countries to project authority over their subjects.¹¹ Although Bloch does not focus on the later Stuart period, his argument on the royal touch as a tool of authority directly relates to the political techniques which royalists employed to differentiate Charles II’s sphere of power from Parliament’s. Many contemporary texts emphasize Charles II’s powerful ability to heal a nation damaged by internecine conflict and a weakened monarchy.

During and immediately after the Interregnum, contemporaries asserted that the King’s Touch metaphorically

represents the King's ability to heal the body politic. For example, in a 1662 royal apology for Charles I dedicated to Charles II, Cimlegus Bonde criticized the “seditious men” of Parliament for depriving the nation of both a healer and ruler, connecting the physical disease of scrofula to the moral disease of disloyalty: “Who shall now cure the *Kings evil*? Or who shall cure the evil of the People?”¹² According to Bonde, the monarch was the only figure invested with the authority to correct the nation’s sins; as he argued, “we are all sick of the Kings Evil, therefore nothing but the touch of his Sacred Majesties hands can cure us.”¹³ Even more boldly, the royalist and amateur physicist John Bird penned a treatise directly linking the king’s curing of “Bruises and Putrified Sores of those whom he toucheth” with his ability to cure “the Falseness of Doctrine and Blasphemy of Religion, Injustice, Oppression in the State, and wicked living from all.”¹⁴ Published in 1661, this treatise heralded the return of Charles II to England and identified him as a especially potent royal healer, one who would not only treat but eradicate scrofula.¹⁵ These treatises thus acknowledge Charles’ unique position as he returned to England following the Interregnum, but frame his status in a positive light: as a particularly potent royal healer, Charles II was also imbued with the necessary qualities to heal a traumatized nation.¹⁶

The body politic, an ingrained cultural metaphor in early modern England with roots extending back to the Middle Ages, depicted the nation as a unit, or body, which meant that any fragmentation would provoke immense consequences.¹⁷ Historians summarize the concept succinctly: the “mystical body of the realm could not exist without its royal head,” the king.¹⁸ As historian Jennifer Richards points out, it was sometimes questionable which governmental structure could remedy the sick state—the King and the Parliament were the leading candidates.¹⁹ Kantorowicz argues that the high status given to Parliament within the body politic metaphor was established in England but not in other European nations, giving the power of Parliament a “uniquely concrete meaning.”²⁰ In the English tradition, Parliament was in fact the body politic of the realm itself, the *corpus representans* of the people, since it was a representative body assembled from the broader population.²¹ Yet, “especially in times of parliamentary weakness,” the body politic could come to refer to the king alone, thus taking on

a more traditional and spiritual notion of the king as the head of the personified nation.²² A potential function of the king's touch was, through metaphor, to place the king more squarely as the healer of the body politic. This interpretation is in part borne out by the actions of the court during the Exclusion Crisis, a point at which the king's authority was particularly precarious. For example, government licenser of the press Roger L'Estrange described the court and the Tory's "counter-propaganda campaign" against the Whigs as a "Remedy to the Disease."²³ In 1679, the year following the revelation of the Popish Plot, a religious text by minister Christopher Ness urged parents to seek "Christ's all-healing Touch upon your children (as Parents do the King's touch for their diseased Sons, or Daughters)," utilizing a strong family metaphor to link religious virtue with the physical relief provided by the king. In this context, the medical metaphor of the King's touch was a weapon in the political battle for succession.²⁴

The king's touch did not just represent the intersection of politics and the physical through the body politic; it also dealt with a connection between medicine and religion, portraying Charles II not only as a physical and political healer but also as a religious conduit. Related to the idea of the body politic was the notion that illness physically represented sins. This approach did not lay blame on the afflicted individuals, but viewed them as bearing the burden of the entire nation's misdeeds.²⁵ This was a central aspect of Bird's ambitious argument that Charles II's healing powers were foreshadowing the success of his rule: "there is a similitude and proportion betwixt sins and calamities on the one side, and bodily Diseases on the other," he noted early in the text.²⁶ John Browne, one of Charles II's surgeons, noted, "Sure I am, Sin is as great a procurer of this, as it is of any of the former Disease."²⁷ This statement was placed near the beginning of Browne's comprehensive treatise on the king's evil, *Adenochoiradelogia*, which describes the disease from its causes and symptoms to the ritual healing process. As a royal surgeon, Browne witnessed a massive number of ceremonies and oversaw their administration, so his treatise is likely accurate, even if overly glorifying of the King.²⁸ Furthermore, his treatise appears to be aimed at other medical practitioners seeking information on the royal touch, with a largely practical rather than overtly political agenda.²⁹ Browne's

acknowledgement of the role of sin in the disease, within the context of a medical text, illustrates that the conception of national evil and physical illness as intertwined was not just a metaphor, but an assumptive belief about medicine in the time period. The prominent sores associated with scrofula provided a particularly visible reminder of the nation's sin. The king's ability to heal this sin remained essential for both the nation and the individual.

In the early years of Charles II's reign, as the nation generally sought normalcy and a return to the monarchial power structure, royalist sources also stressed Charles' historical, hereditary royal prerogative to heal by emphasizing his connection with Edward the Confessor. Edward, an extremely pious early king, was canonized in 1161.³⁰ This association invokes piety and otherworldly character, and reiterates the historical weight of kingly succession. In an instructional legal text published in London in 1677, Zachary Babbington argued that Edward was granted "power from above to cure many Diseases, amongst others the swelling of the Throat," a power which "continueth hereditary to his successors, Kings of *England*, to this day."³¹ The touch could function as undeniable proof of a kingly power inaccessible to Parliamentary leaders. In his comprehensive "church-history of Britain," Thomas Fuller traced Charles II's healing ability to Edward, arguing that through his history of "personall Miracles" Edward developed the ability to bestow "an hereditary Virtue on his Successours the Kings of *England*"; namely, an ability to cure the "Struma," or King's Evil.³² Fuller noted that this hereditary ability was contingent on the monarchs staying "constant in Christianity," reinforcing the Protestant view that the King was not the ultimate healer of scrofula, but an effective conduit for God's healing power.³³ The concept of the royal prerogative was both an essential and contentious part of explaining the religious facet of the healing power, as a dictionary definition for the King's Evil in Thomas Blount's *Glossographia* reveals. This brief definition referred to the holy power of Edward the Confessor and described the touch as "A Prerogative that continues, as some think, hereditary to his Successors of *England*."³⁴ The phrase "as some think" suggests that the confident assertions of royalists like Babbington and Fuller were indeed political tactics aimed at integrating Charles II back into the line of kings after the interruption of the Interregnum.

Thus, many aspects of Bloch's work on the royal touch are applicable to Charles II. Royalists could draw on the king's touch as an emblem of his quasi-divine power, differentiating him from Parliamentary leaders in his unique ability to heal the body politic and rid the nation of its sin. The touch also offered a route by which royalists could connect Charles to earlier monarchs, emphasizing the importance of continuity and tradition for good governance. However, recent scholars have criticized Bloch's work for its neglect of the popular support for the phenomenon in the early modern period. While agreeing with Bloch's central thesis—that the royal touch was a form of projecting monarchial authority—Steven Brogan notes that as Bloch's narrative approached 'modernity,' "the more difficult it was for him to explain the persistence of the royal touch, let alone its increasing popularity."³⁵ Historian Matthew Jenkinson termed Bloch's approach a "surface interpretation," arguing that belief in the ceremony was not as unquestioning as Bloch had assumed.³⁶ In accordance with these critiques, this paper will now turn to examine the view of the diseased seeking the touch, alongside a discussion of the touch not only as a mark of authority, but also one of accessibility.

Charles II was well suited to serve as an accessible monarch. During his period of exile, he had lived as a commoner himself while fleeing from the Battle of Worcester.³⁷ Popular literature describing Charles' escape depicted him as "close to the common man," creating a sense of *communitas*, or connection, in a nation torn over the collective trauma of regicide.³⁸ Charles' openness at the beginning of his reign was symbolized by the Act of Indemnity and Oblivion, signaling to the nation his desire to forgive.³⁹ Even before his official return to England, he was demonstrating his desire to assist his subjects through the royal touch. Babbington stated that Charles II touched "very many thousands" during his return journey.⁴⁰ Once installed on the throne, the touch was necessarily ceremonial; but the very architectural layout of Whitehall, where Charles conducted the majority of touching ceremonies, invoked accessibility and "encouraged informal meetings."⁴¹ The number of people Charles touched, and his openness to people of all class and nationality, is also indicative of Charles' desire to be accessible. According to Browne, the ceremony was extremely open, as "Men, Women or Children, rich or poor," were all viable subjects for a cure

from “the Sacred Hand.”⁴² Beyond class boundaries, the cure was not only limited to English subjects, since “Diseased People come from all parts of the World.”⁴³ Such a purview extended the thaumaturgic power of the King to healing even those who did not live within his established domain—those who he did not have technical authority over. This indicates that his accessibility could at times extend beyond his authority.

Although the touch was typically exercised in Charles’ regulated context, it was still sought beyond the typical, ceremonial confines, indicating that subjects were interested in unconventional ways to access the king’s healing powers. The pursuit of relics was a natural avenue by which to access the touch outside of such a context. George Bate, Charles’ personal physician, noted that Charles I corpse’s blood and hair, as well as the chopping block where he was executed, were sold; while some sought “dear Pledges and Relicks,” others were motivated by a more practical desire, “that they might never want a Cure for the Kings Evil.”⁴⁴ In the eyes of at least some Londoners, the King’s body thus retained its healing power apart from the context of the healing ceremony. While Bate’s clear royalist bias may have led him to exaggerate the eagerness with which Londoners clamored for these relics, Brogan notes that a market developed for them after Charles II’s exile.⁴⁵ Even blood-soaked rags were occasionally used as a cure.⁴⁶ Part of the motivation for this usage stemmed from devotion to Charles I; but part of it seems to reflect a practical desire for access to a healing technique. “[W]ith [Charles] expired the Honour and Soul of *Great Britain*,” Bate noted, emphasizing this point that the King was linked to the spiritual health of the nation.⁴⁷ There appears a disconnect here: if the commoners who gripped Charles’ relics had completely agreed that the king’s soul was responsible for the cure, the market would likely not have been as extensive, as the handkerchiefs offered only his blood, disconnected from his religious function. Some Protestants were criticized for potential ‘popery’ due to the use of these relics; an explanation for their actions is that they viewed the relics more in a medical light than a religious one.⁴⁸

It should also be stressed that the petitioners, not Charles, were the agents in the process, and that they decided whether to pursue the king’s touch in the context of other available options.

Given the time and expense incurred in traveling to the monarch, the ill may have sought out the various advice books and doctors' pamphlets offering cures for the disease. A 1675 advice book by Hannah Woolley, for example, includes brief instructions on treating the King's Evil along with 109 other illnesses. She recommended only fasting and "the Water of Broom-flowers Distilled."⁴⁹ Woolley's books largely catered to the dual audience of wealthy young women and maidwomen, indicating that both of these social groups could utilize these resources in countering the disease.⁵⁰ These authors, however, tempered expectations for their purely medical cures; one promised that "Flesh of the Serpent...hinders the Approach and Increase of the Kings Evil," but made no mention of a full cure.⁵¹ Browne, as the royal surgeon-in-ordinary, incorporated these treatments into his defense of the King's powers. "To give Health to *Struma's*...may not seem strange to a knowing Physician," he acknowledged; yet, "to banish Diseases from poor Mortals without the help of Medicine; and this done immediatly, this ought not to come much beneath a Miracle."⁵² The fact that other cures were sought before the touch is emphasized by the presence of one medical peddler near the castle, testifying to the fact that distance and physical inaccessibility were not the only factors limiting participation in the ceremony.⁵³ While the king's touch was viewed as more powerful due to its religious connotations, practical medicine was still considered an effective enough treatment.

The pragmatic nature of the cure—that parishioners viewed the king as a curative method in a medical light—is further embodied by the ritual's ability to transcend religious and political divisions. The Tudor and early Stuart monarchs were careful to define the touch ceremony as Protestant by, for example, removing the sign of the cross from the ceremony.⁵⁴ However, contemporaneous author and Protestant churchman Thomas Fuller gives an example of a "stiffe *Roman Catholick*" who was afflicted with the Evil while imprisoned under Elizabeth.⁵⁵ He consulted various "Physitians", "with great Pain and Expence, but no Successe."⁵⁶ Ultimately, he requested access to the touching ceremony, after which "he was compleatly cured."⁵⁷ It is uncertain whether this case can be trusted given Fuller's aim of expounding the religious virtues of the Protestant monarchs. But the fact that the

prisoner requested the touch is telling: if the cure was perceived as stemming purely from religious means, then he may have considered it ineffective. Given his dire circumstances, however, he acquiesced to receive the touch, demonstrating how medical needs could certainly take precedence over religious beliefs, especially in the context of a ceremony that was as centrally medical as it was clearly religious. One sermon delivered by a Quaker condemned those who “consenteth to be Baptized only to heal the Kings evil, or to save his life, [he] is not to be Baptized nor taken for a Christian,” as the Baptismal request was viewed as means to security, not as salvation in its own right.⁵⁸ This metaphor functioned because, in the face of disease, subjects were willing to participate in a religious ceremony they might otherwise object to. In this manner, the subjects viewed Charles II as a source for a cure at the very least, and not necessarily as a powerful religious emblem.

Alternative figures who claimed healing powers have largely been interpreted as threats to monarchial authority. These figures, however, can also be viewed through the lens of pragmatic petitioners. Petitioners sought many possible cures to their disease, as has been demonstrated, and this extended the scope of acceptable administrators of the King’s Touch to include other members of the royal family. In 1684, Thomas Allen published a pamphlet lamenting that “divers persons” had “become great Undertakers, promising by their manual Touch, the perfect Cure of those Swellings, commonly called by the name of the *Kings Evil*.⁵⁹ One of these figures in particular posed a problem for the crown: the Duke of Monmouth, Charles’ illegitimate son, healed several people while touring on a “quasi-regal” procession through England.⁶⁰ This was a clear breach of conduct: Monmouth, attempting to lay claim to powers reserved for the King, was making a stab at legitimacy. Royalists were scandalized: one critic published a treatise purporting to be Monmouth’s half-sister exercising the healing power in the same manner as Monmouth had, thus mocking the idea that Monmouth might have some semblance of hereditary royal power.⁶¹

But how did Monmouth’s recipients view his touching ability? One account described his treatment of an afflicted girl in “miserable, hopeless condition.”⁶² It is noted that the afflicted girl’s family had previously attempted to secure the royal touch, but had

failed “being not of ability to send her to London... being miserable Poor having many small Children, and this Girl not being able to work.”⁶³ The family’s circumstances must have been particularly severe; most could apply for parish funding in light of the significant costs of traveling to London, securing lodging, and looking “smart” in the presence of the King.⁶⁴ For an impoverished family with a severely ill daughter, any connection to the royal touch, or a cure in general, must have been appealing. The girl herself pursued the touch without her family’s awareness or consent, as she “with many of her Neighbours went to the said Park” where Monmouth was visiting.⁶⁵ Thus, it appears she was motivated more out of an understandably strong pragmatic desire for a cure, though the political implications of Monmouth’s touching were not present in the account. Perhaps to mitigate these instances, Charles himself took a meandering trip through the countryside on at least one occasion, where he stopped to touch.⁶⁶ Petitioners, then, did not necessarily seek to dispute the king’s authority in the process of receiving the touch from other persons.

Thus, the king’s touch played multiple roles beyond projecting royal authority. Charles II utilized the ceremony to increase the appearance of accessibility even while traveling outside the castle. The enormous numbers that Charles touched, and the amount of time which he spent on the ceremonies—he touched over 96,000 people by the end of his reign in 1985⁶⁷—indicates his desire to be seen as forgiving and open as well as imposing and God-like. For the subjects who sought the touch, the draw of a particularly powerful cure for their painful disease was a powerful factor beyond the imposing power of the king, and one which should be considered within the context of widespread homemade solutions. This desire for a cure of any sort was particularly evidenced by those who opposed Charles religiously but still sought the touch, as well as those who requested the royal touch from non-royals.

Although it is important to acknowledge the active role that king’s touch recipients played in the healing process, such an argument should not be overstated. The ceremony was still, as Anna Keay argues, “public in both the literal and figurative” sense; in general, subjects were only gaining access to their king in a strictly regulated manner.⁶⁸ Charles also had to balance his accessibility with concerns that proximity would decrease his detached

“majesty.”⁶⁹ While the commanding, six-foot-two Charles “had a remarkable ability to awe and to inspire those who came into contact with him,” a contemporary belief was that distance would increase awe for the monarch.⁷⁰ This was particularly true for the notoriously hedonistic Charles. Comparisons to Edward, literally a saint of the Church, would seem increasingly laughable with greater access into Charles’ presence and life. Indeed, Weiser identifies four criteria of access to the king: physical proximity, ability to interact, the nature of the conduits between the king and his subject, and the bias upon which access is granted.⁷¹ In terms of the king’s touch ceremonies, the only characteristic definitively met was physical proximity; the subjects could not interact with Charles beyond the scripted ceremony, and they were granted access on the condition of illness, not any type of political power. However, this essay has attempted to balance Bloch and Keay’s conceptions of the ceremony as, on the one hand, an unequivocal assertion of power and, on the other, a public, democratic process by which the laypeople utilized a passive king.

Weiser argues that there were two idealized types of religious, deeply historical images which monarchs could seek to emulate. Where *imago dei*, invoking God, entailed “splendor, transcendence, aloofness, strict justice,”⁷² *imago Christi*, invoking Christ, signified “accessible, merciful and forgiving” characteristics.⁷³ The King’s Touch represented an effort to achieve both. Thus, the touch for Charles II represented a much larger issue in his reign: managing his projections of authority and access in order to wield political power. Beyond the grand political implications of the ceremony for Charles, his subjects understood his cure as a pragmatic solution for a very real illness, bringing the meaning of the ceremony down to the level of their daily lives. These two conceptions of the king’s touch during Charles II’s reign are not in competition, and instead complement one another, granting modern readers a fuller picture of the ceremony and its meaning.

Notes

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- ³ Keay, Anna. "The Magnificent Monarch : Charles II and the Ceremonies of Power," 7.
- ⁴ Shakespeare's Macbeth: *An insight into politics, religion, and the King's Touch*; J. Browne, *Adenochoiradelogia, Book III: Charisma basilicon*. London 1684, 79, 197–20. *Early English Books Online*. CHAP. II. *What the Kings-Evil-Swelling is, with its just Name and Nature*, 10.
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- ¹³ Ibid, unnumbered.
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- ¹⁶ Ibid.
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- ¹⁸ Ibid, 277.
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²² Kantorowicz, Ernst. *The King's Two Bodies: A Study in Medieval Political Theology*, 448.

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- ⁵⁸ Baxter, Richard. “*A treatise of episcopacy confuting by Scripture, reason, and the churches testimony that sort of diocesan churches, prelacy and government....*” 1680. Early English Books Online, 145.
- ⁵⁹ Allen, Thomas “*Cheirexokâe [sic] the excellency or handy-vvork of the royal hand.* London, 1665. Early English Books Online, 1.
- ⁶⁰ Brogan, Stephen. *The Royal Touch in Early Modern England: Politics, Medicine and Sin*, 102.
- ⁶¹ *A true and wonderful account of a cure of the kings-evil, by Mrs Fanshaw, sister to ... the duke of Monmouth* London, 1681. Early English Books Online, unnumbered.
- ⁶² Clark, Henry. *His grace the Duke of Monmouth honoured in his progress in the west of England in an account of a most extraordinary cure of the kings evil given in a letter from Crookhorn in the county of Somerset from the minister of the parish and many others.* London, 1680. Early English Book Online, unnumbered.
- ⁶³ Ibid.

⁶⁴Brogan, Stephen. *The Royal Touch in Early Modern England: Politics, Medicine and Sin*, 130.

⁶⁵ Clark, Henry. *His grace the Duke of Monmouth honoured in his progress in the west of England in an account of a most extraordinary cure of the kings evil given in a letter from Crookhorn in the county of Somerset from the minister of the parish and many others*, unnumbered.

⁶⁶ Jenkinson, Matthew. *Culture and Politics at the Court of Charles II, 1660-1685*. Study in Early Modern Cultural, Political and Social History. Woodbridge: Boydell Press, 2010.

⁶⁷ Brogan, Stephen. *The Royal Touch in Early Modern England: Politics, Medicine and Sin*, 99.

⁶⁸ Keay, Anna. *The Magnificent Monarch : Charles II and the Ceremonies of Power*, 12.

⁶⁹ Ibid.; Weiser, Brian. *Charles II and the Politics of Access*, 174.

⁷⁰ Stuart, De Krey Gary. *Restoration and Revolution in Britain: A Political History of the Era of Charles II and the Glorious Revolution*. Houndsills: Palgrave Macmillan, 2007, 17. Interestingly, Fuller identifies the power of suggestion as one critique of the royal touch: “Others impute it to the power^c of Fancie, and an exalted Imagination. For when the poor Patient (who perchance seldome heard of, and never saw a King before) shall behold his Royall Hand... Fancie, summoning his spirits to assist Nature with their ut|most Might, to encounter the Disease with greater Advantage” (145).

⁷¹ Weiser, Brian. *Charles II and the Politics of Access*, 15.

⁷²Ibid., 16.

⁷³ Ibid.