

Protecting England and its Church: Lady Anne and the Death of Charles Stuart

Abstract

In 1666 the English physician Thomas Sydenham determined that patients with smallpox could remain contagious for forty-one days, that apparent health was no indicator of contagiousness, and that children were the most susceptible of contracting the disease. Yet in 1677 when twelve-year-old Lady Anne Stuart (later Queen Anne) contracted smallpox, only twenty-one days had passed when she was introduced to her one-month old stepbrother, Charles Stuart, heir to the throne and likely Catholic king. Charles Stuart subsequently contracted smallpox from Anne, and the infant died of the disease at a time of heightened paranoia regarding the succession of a Catholic heir. This paper assesses the motives, means, and opportunity that may have led to Anne's meeting with her stepbrother. The intention is not to suggest or prove that a deliberate attempt was made to remove the Catholic heir, rather, the purpose is to explore the reasons, implications, and possibilities that such an act may have occurred. In a period that resounded with conspiracies and threats to the Protestant succession, Charles Stuart's death, regardless of whether the infection was, or was not, caused with intent, demonstrates a reversal of common fears where the Catholic line was extinguished to the advantage of the Protestant succession. This paper examines Charles's death and its implications against a background of contemporary medical knowledge, and while it does not suggest that there is unequivocal proof linking Anne as an unwitting agent in a conspiracy, the paper nonetheless assesses the body of evidence that links Anne to Charles Stuart's death.

On 3 December 1677 Lady Anne Stuart, James, Duke of York's 12-year-old daughter who later became Queen Anne, visited her one-month-old stepbrother, Charles Stuart. The encounter between Anne and her new sibling was the first time the pair had met as Anne had been in quarantine since contracting smallpox twenty-one days earlier.¹ Despite Anne's apparent health, she was still contagious when she visited her stepbrother and passed smallpox onto him; Charles subsequently died from the disease on 12 December 1677.² The palace staff and the kingdom's subjects did not question Charles's death as suspicious, smallpox was a disease that did not discriminate by social standing with numerous European royals dying from the disease before and after Charles's death.³ With no suspicion surrounding the infant's short life, Charles Stuart has made little impact on English history; to date he does not feature in the *Oxford Dictionary of National Biography*; a collection of almost 60,000 biographies of men and women deemed relevant to British history and culture. Nonetheless, when Charles died, doctors in London with connections to the Tory Party and Church of England had known for more than a decade that patients with smallpox could remain contagious for almost six weeks, that young children were particularly at risk, and that apparent health was not an indicator of a patient's freedom from contagiousness.⁴

This article offers an historical analysis of the potential implications of the politics of religion coming up against the history of medicine and science as Lady Anne was prospectively introduced to her stepbrother due to the instructions of people who knew she was likely still contagious with smallpox, and that the disease would potentially prove fatal to a one-month-old child. As many assumed Charles Stuart would begin a new Catholic dynasty that would follow the Duke of York's example, the security the infant's death brought to the Church and English political landscape gives purpose to the evidence that must be assessed, and questions asked, concerning his death.⁵ The article's intent is not to hypothesise rash theories. Rather, the work summarises current research to demonstrate that the events

surrounding Charles Stuart's death merit consideration due to the evidence that connects his death with Lady Anne, and those with influence over her movements, so as to fully expose the rare scenario when harm came to a Catholic heir at a time of Protestant paranoia.

This work makes an important contribution to early modern scholarship as the examination of a potentially new English response to Catholicism's threat provides an innovative perspective on historical issues that are solidly founded in the landmark studies of the latter-half of the seventeenth century.⁶ Similarly, the notion of using an individual infected with a contagious disease to intentionally remove a threat or enemy is not new.⁷ However, this article adds original perspectives to the current scholarly perceptions of medical, political, ecclesiastical, monarchical, and warfare history as it examines an heir's apparent death against a background of religious politics and medical knowledge.

Charles II, James the Duke of York, and Catholic suspicions

That much of England's population with access to information suspected Charles II and James, Duke of York, of being faithful to the Catholic Church by the late-1670s is a well documented element of English history, but a noteworthy point in discussing any scenario concerning Charles Stuart's death. If one considers the reasons the infant was potentially purposefully infected with smallpox, it is essential to establish that this action would have occurred as a response to Charles II and James's past actions and foreseeable future decisions regarding their favour of Catholicism. Thus, it is significant to note that anyone who sought Charles Stuart's death was not acting in response to the infant. The child's death would have been orchestrated as a reaction to the danger Charles II's, though particularly James's, potential reintroduction of Catholicism represented to those who favoured the Church of England, and England governing itself without Roman or Popish influence.

The Science of Smallpox to the Later-Seventeenth Century

The tension created by the conversions of the royal brothers to Catholicism is one element of the background to Anne's visit to her stepbrother, but so too is the scientific history of smallpox. Smallpox is not a Common Era disease, with some suggesting it was prevalent in human populations more than 10,000 years ago.⁸ However, while Thucydides the Athenian general and historian in 430 B.C.E., and Galen, the Greek physician and surgeon, in 165-180 C.E., both described a disease with symptoms that indicate smallpox, no one had ascertained the illness's causes or consequences during the ancient period.⁹ In 865 Abu Bakr Muhammad Ibn Zakariya, or alRazi or Rhazes, proposed his "innate seed theory", which suggested that within humans there were "seeds", that had the potential to germinate and turn into smallpox, or any other illness, if conditions allowed.¹⁰ Though Rhazes's conclusions represent a growing global knowledge of the disease, his findings are not readily discussed in early modern works.

Medical understandings of smallpox during the sixteenth and seventeenth centuries indicate the medical status quo in 1677. One work that possibly made an impact is the Italian physician, Girolamo Fracastoro's 1546 book *De Contagione et Contagiosis Morbis*.¹¹ In relation to the potential links between Anne and her stepbrother's death, Fracastoro's work includes numerous significant pieces of evidence that merit consideration. Fracastoro determined that smallpox could be spread via person-to-person contact and his research ensured that there was little credibility left to the notion that smallpox infection was a sporadic occurrence.¹² Fracastoro also established that smallpox could spread through the air without any person-to-person or item-to-item contact, that smallpox was primarily a disease that affected children, and that there was a relationship between low ages and the smallest levels of immunity.¹³ Thus, in 1546, Fracastoro theoretically outlined the manner in which one person could infect another by only sharing the same air, and he established that if

someone entered a room and was still contagious, the youngest person, such as a one-month-old child, was the most likely to both contract and die from the disease. Additionally, throughout the sixteenth and seventeenth centuries Fracastoro's works, including *De Contagione et Contagiosis Morbis*, were available in England and reprinted in London. Fracastoro's texts were also published in Latin and in English translation; testament to the importance some likely saw in his research and findings, and subsequently so increases the probability that his work was familiar with London's medical community in the years leading up to 1677.¹⁴

The final shift regarding medical understandings of smallpox came in 1666 after the English physician Thomas Sydenham published his treatise, *Methodus Curandi Febres*.¹⁵ Sydenham came to similar conclusions as his predecessors.¹⁶ However, where Sydenham gained substantial ground on earlier physicians' understanding of smallpox is that he determined such issues as who most likely contracts the disease in each demographic, what the contagiousness process involved, and he printed methods for fighting the disease once caught.¹⁷ Sydenham paid great attention to the onset of symptoms, and determined that the first pox marks were the only clear indicator that a patient's illness was in fact smallpox. Sydenham also recorded that the time from the decline in health to the first sign of pox marks as being a minimum of four days, with the time increasing depending on the individual's immune system.¹⁸ Sydenham noted that the first pox marks are less than the size of a pinhead, and it was not until the eighth to tenth day following the disease's contraction that the pustules form, and the pox began to dry and fall off in broad flakes after approximately twenty or more days.¹⁹ Crucially, Sydenham was also aware that apparent health was not significant of a person's recovery and ordered that a patient be in perfect health for more than a week before viewing them as being non-contagious.²⁰

What is imperative to note concerning Sydenham's conclusions is that the time periods

he outlined are congruent with the World Health Organisation's (W.H.O.) current findings.²¹ Thus, Sydenham's predicted timeframes of when a patient may be contagious are correct by modern medical understandings, and he correctly predicted that the beginning of the illness to the last likely time of contagiousness, was a period of thirty-one to forty-one days (see Table 1).²²

Knowledge of Sydenham's findings in English society

While Sydenham made correct conclusions regarding smallpox's contraction and contagious nature, attention must also be paid to how his conclusions potentially came into contact with those close to Lady Anne; such a discussion makes Sydenham's social standing a relevant consideration. Sydenham came from Dorset's landed gentry. His brother, Colonel William Sydenham, fought for the Parliamentary Army, as did Thomas during the English Civil Wars.²³ Thomas Sydenham gained his bachelor of medicine in 1648 from the University of Oxford, but did not become a medical doctor until 1676 after he graduated from Pembroke College, Cambridge; and posthumously Sydenham has been called "the father of English medicine", or "the English Hippocrates".²⁴

Sydenham's birth into the landed gentry ensured he associated with society and the medical profession's upper echelons; this resulted in him intermingling, and discussing medicine, with England's social and political elite.²⁵ Sydenham's closest medical contemporaries can be seen from the names within his 1666 treatise; the work was dedicated to his scientific colleague Robert Boyle, just one of the prominent scientific minds that Sydenham associated with alongside John Mapletoft, David Thomas, and John Locke. The group met regularly as part of a small medical discussion club at Locke's rooms at Exeter House; it was also Locke who translated Sydenham's treatise on smallpox into English in 1669.²⁶ There is also evidence that suggests Sydenham and John Mapletoft had a close

medical relationship outside of the regular meetings at Exeter House. Sydenham 1676's work *Observationes Medicae* was both dedicated to, and Latinised by, John Mapletoft; thus the two were in regular contact at least one year before Lady Anne contracted smallpox.²⁷ Mapletoft also translated Sydenham's 1679 and 1683 works into Latin which prospectively further emphasises the familiar nature of their relationship and regularity of contact.²⁸ Subsequently, Sydenham's knowledge and findings were likely well known, and potentially a topic of discussion, between him and Mapletoft. Mapletoft was also the physician to Algernon Percy, 10th Earl of Northumberland, a member of Charles II's privy council and a strong Clarendon Code supporter. The Code comprised the parliamentary acts partly designed to retain the Church of England's prominence in society and politics; any servant of the state was a member of the Church as the Code was designed to protect against Catholicism.²⁹

Another of Sydenham's colleagues who had strong political connections was John Locke, who received the patronage of, and was the physician to, Anthony Ashley Cooper, 1st Earl of Shaftesbury. Cooper was not a royalist, he was a Whig party founder, however he was dedicated to Protestant England and favoured the Exclusion Act being passed, which would have prohibited James from inheriting the throne due to his Catholicism.³⁰ Like Percy, Cooper was opposed to Catholicism returning to a position of influence in England, and both men were likely aware of Sydenham's findings. John Mapletoft also spent several years travelling with Arthur Capel, 1st Earl of Essex, and was his physician at the Danish embassy. Capel was a man of some religious tolerance where dissenters were concerned, though he aided in trying to see the Exclusion Bill passed.³¹

This brief assessment of Sydenham's social circle demonstrates that his findings had numerous opportunities to spread from his closest medical peers, to their patrons and employers, and finally being accessible to a substantially anti-Catholic cohort. Nonetheless, it should be noted that the connections listed are only a sample of long-term relationships

between physicians, politicians, nobility, peers, and clergy that frequently began in high society, grew further at Oxford and Cambridge, and were later fostered through military service or the halls of Parliament. Thus, while Sydenham, Boyle, Locke, Mapletoft, and the earls of Essex, Northumberland, and Shaftesbury represent only seven men's connectedness, within this small group dedicated to medicine and preserving England, its parliament, and the Church from Catholicism, lies the basis for a significant network in which information potentially regularly passed.

Lady Anne, smallpox, and the events of 1677

It was in Anne's bedchamber as she fell ill, and was later confirmed as having smallpox, where the politics of religion and history of science converge with each other. Much of what is known from inside Anne's bedchamber comes from Dr Edward Lake's diary. Lake was Anne's chaplain and sub-preceptor under Bishop Henry Compton, the man primarily responsible for Anne's religious education.³² Lake's diary can be dissected to create a relatively precise timeline of the events that occurred while Anne survived her bout of smallpox.

Lake recorded that Anne attended her sister, Lady Mary's, wedding to William of Orange on 4 November 1677, and it was the day after the wedding that Anne fell ill.³³ Though Anne was forced to rest over the next few days, there were no signs in the first three days that her illness was smallpox.³⁴ However, as she lay in her bedchamber on 7 November, Lake recorded that Mary Beatrice had given birth to Charles Stuart; he wrote "the Duchese of York was safely delivered of a son, to the great joy of the whole court (but the Clarendon party)".³⁵ While Lake recorded that Henry Hyde, 2nd Earl of Clarendon and Anne's maternal uncle, and his colleagues, were not pleased with Charles Stuart's birth, Lake does not provide details on why Hyde and his followers were displeased.³⁶ Yet, one may deduce what threat

the birth of a son to James in 1677 represented to many English politicians, those loyal to the Church of England, and Hyde's personal connections.

Principally, Charles Stuart's birth cost Hyde the possible opportunity of being the maternal uncle to one or two queens in Mary and Anne; in 1677 they were second and third in line to the throne.³⁷ Henry Hyde was also a successful politician and statesman who had remained close to the pinnacle of power for many years. He was Catherine of Braganza's (Charles II's queen) private secretary from 1662, was made her lord chamberlain in 1665, and was also the MP for Wiltshire for more than a decade until 1674.³⁸ He also married Theodosia Capel, sister of Arthur Capel, 1st Earl of Essex. As Arthur Capel was an acquaintance of Thomas Sydenham's medical colleague, John Mapletoft, Hyde's marriage puts him in the direct line of Sydenham and Mapletoft's medical knowledge, Capel's political and religious influence, and represents another avenue for Sydenham's medical findings to feasibly reach those with control over Anne's movements.³⁹ Hyde was also devoted to the Church of England and had started writing *The History and Antiquities of the Cathedral Church of Winchester*, certainly Edward Lake believed Hyde to be a Church and Tory supporter when he chose to make the special mention that all but the "Clarendon party", were pleased with Charles Stuart's birth.⁴⁰ Hyde's noteworthy displeasure demonstrates that he neither supported Catholicism, nor wished to see it reintroduced as England's primary religion. Thus, while Charles Stuart "t'was christened (. . .) by (Nathaniel Crew) the Bishop of Durham", neither Clarendon nor his supporters held any credence in the act and instead assumed the infant's Catholic devotion would become clear as time progressed.⁴¹

As displeasure swept over the anti-Catholic portion of the court and Parliament, Lake suspected that Anne had contracted smallpox by 10 November, recording that "her highnesse the Lady Anne (whom God preserve!)... appear'd to have the smallpox".⁴² Two days later Lake's suspicions were confirmed when "they (the pox marks) appear'd very many, and her

highnesse somewhat giddy and very disordered”.⁴³ Lake’s diary also lists a number of, in his view, unusual circumstances as Anne’s suspected case of smallpox was confirmed. On 10 November, Lake wrote of the nurse assigned to take care of Anne as being a “very busy, zealous Roman Catholick, and would probably discompose her (Anne) if shee had an opportunity”.⁴⁴ Lake assumed James had arranged the nurse, which is a reasonable conclusion as by 1677 his conversion to Catholicism was public knowledge.⁴⁵ It is also viable to suggest that by Anne’s twelfth birthday, James believed his daughter was old enough to make her own religious choices away from the Villiers’, Compton’s, or Lake’s influence. Prospectively, several weeks in quarantine with a “zealous Roman Catholick”, was, in Lake’s view, an opportune time for Anne’s religious perceptions to be altered.⁴⁶

Lake’s suspicions of the Catholic nurse and fear of Anne’s religious conversion increased substantially when he was “commanded not to go into her (Anne’s) chamber and read prayers”.⁴⁷ It has been presumed by Edward Gregg that the command for Lake to cease meeting with Anne came from James; though Lake does not specify who gave the direction.⁴⁸ The placement of the Catholic nurse and instruction not to visit Anne troubled Lake and on 11 November he raised his concerns with Anne’s governess, Lady Frances Villiers. Villiers suggested to Lake that he “do as I thought fitt”, though she elected not to take part in any further action he might take. Lake next conferred with Bishop Henry Compton, who as his superior “commanded (Lake) to wait constantly on her highnesse”.⁴⁹ That Compton could successfully challenge internal matters concerning James’s children is testament to the authority Compton held over Anne, particularly if James had orchestrated the placement of the Catholic nurse, and demonstrates how easily Anne’s movements could be arranged by a select few. According to Lake’s diary, Anne was grateful for his persistence and “her highnesse requested mee not leave her, but come often to her”.⁵⁰

Anne’s illness also came with other complications; without warning on 23 November

Lady Francis Villiers died of the disease.⁵¹ Subsequently on 25 November, Villiers' replacement as Anne's governess was confirmed as Lady Henrietta Hyde. She was the wife of Laurence Hyde, a Tory politician who feared France's power, and who was also Lady Anne's maternal uncle as he was Henry Hyde's brother.⁵² Lady Hyde was known as a "great adversary of the Catholics", who was well qualified to guard Anne against Catholic influences, and Lake declared that "seldom comes a better" woman than Hyde.⁵³ Lady Hyde's appointment meant those who held the most control over Anne's daily routine were Hyde and Compton; two people who supported the Church of England, the Tory political movement, and likely wished for Anne, and Mary, to not lose their crown to Charles Stuart. Henry Hyde prospectively had a significant interest in Anne's upbringing as her uncle, but with a direct connection to her governess, he now had multiple avenues to ensure the best outcomes for Anne. The ultimate conclusion Hyde likely pictured for Anne was her becoming queen as that is the only way she stood to improve England's, the Church's, and the Tories' positions. Though, Henry Hyde assisting in seeing his nieces become queen would also be quite advantageous for his own, as well as Laurence Hyde's, social standing and career prospects.

Lady Hyde's appointment was the last occurrence before the most pivotal event relevant to this work occurred. Lake's diary records that on 3 December Lady Anne visited Mary Beatrice and Charles Stuart at Mary's lodgings.⁵⁴ Lake provides no details concerning the orchestration of the visit, he only reports that the meeting took place, however, it must be noted that this visit likely occurred under the instruction of, or at least with the approval of, her adult staff and supervisors. Questions regarding the nature of Anne's visit are complicated further as reliable records of the frequency of her visits are non-existent. While Lake did not detail the circumstances regarding the organisation of Anne's visit, he recorded that once she arrived "the servants (were) all rejoicing to see her highnesse so perfectly

recover'd".⁵⁵ Crucially, on 3 December, Anne had fallen ill with what became smallpox twenty-eight days earlier on 5 November, and had only been confirmed as having contracted the disease on 12 November, twenty-one days before she was introduced to the infant. As Thomas Sydenham predicted in 1666, and the W.H.O. confirms, the period from the initial illness to the end of the contagious period could be as long as forty-one days. Thus, as Anne visited Charles Stuart twenty-eight days after initially falling ill, she came into contact with her stepbrother almost two weeks before she would definitely be no longer contagious, as determined by Sydenham's research.⁵⁶

Furthermore, despite Lake recording that Anne appeared recovered on 3 December, he later wrote that it was not until 16 December that she returned to regular chapel attendance and "appear'd thoroughly recover'd".⁵⁷ Significantly, 16 December represents forty-one days between Anne falling ill and returning to her regular schedule, and is precisely the timeframe Sydenham predicted that a patient may remain contagious with smallpox (see Table 2). That Anne returned to her pre-smallpox routine forty-one days after falling ill is not proof that Sydenham, or his research, played a role in Anne's movements, however, it is a point that merits noting, along with the other evidence outlaid in this article, considering the outcome of Anne's visit with Charles.⁵⁸ That Anne visited Mary Beatrice on 3 December and remained contagious despite appearing "perfectly recover'd", also gives credence to Sydenham's, and the W.H.O.'s, determination that apparent health has no bearing on the patient's potential contagiousness.⁵⁹

When James's Catholic heir lived

One aspect that must be considered throughout this discussion is that a decade later in 1688, James and Mary Beatrice produced another male heir, James Francis, and Francis's birth fundamentally represented the same threat to England as Charles Stuart's birth had signified a

decade earlier.⁶⁰ James Francis superseded Mary and Anne's claims to the throne, as did Charles Stuart's place in the line of succession. For England, this meant the sisters would likely never gain the throne considering Francis was twenty-three years younger than Anne, and twenty-six years younger than Mary.⁶¹ Subsequently, Francis would almost certainly wear the crown, as Charles Stuart would have if he had lived; and Francis would also likely be raised Catholic, as many assumed Charles Stuart would be.⁶²

However, Charles's death removed the threat he represented; and Lake's record that the Clarendon party was displeased by Charles's birth is evidence that at least a small group of influential politicians and clergy viewed him as a threat to government and Church while he was alive.⁶³ Conversely, Francis lived longer than one month, and his birth and survival was a contributing factor that led the so-called Immortal Seven, a group that included Anne's preceptor, Henry Compton, Bishop of London, to send their invitation to William of Orange to invade England.⁶⁴ Though James II's rule had been far from agreeable, in 1688 England had already experienced his sovereignty for three years and using regicide or civil war to remove him was surely an unpopular option when following James's death his two daughters, both dedicated to the Church of England, would gain the crown.⁶⁵ However, Francis's birth ensured that William was invited to invade England as the Immortal Seven, and those they represented, deemed it a worthwhile risk if it spared England from a new Catholic dynasty forming.⁶⁶

William of Orange's arrival in England, and seizure of the crown without conflict, involves an element of good fortune. When the Immortal Seven invited William they likely assumed invasion would end in violence, and William had planned accordingly when he landed at Brixham with 15,000 soldiers.⁶⁷ Thus, in 1688, the Immortal Seven and their supporters were satisfied that civil conflict and the potential deaths of thousands of soldiers, remembering that 85,000 died in the English Civil Wars of the 1640s, was a worthwhile

expense if it spared England from Catholic heirs.⁶⁸ Conversely, a decade earlier twelve-year-old Lady Anne, regardless of whether it be with intent or not, infected Charles Stuart with smallpox and subsequently she achieved the same result as the Glorious Revolution with a death toll of one. Subsequently, Anne's actions resulted in a minor sacrifice considering the potential for violence that existed if Charles Stuart had lived and represented the same Catholic threat as James Francis.

Summary

This article has outlined the ample circumstantial evidence, not offered unequivocal proof, that surrounds Charles Stuart's death and the potential circumstance that Lady Anne was used as a weapon against her stepbrother. The reasons that connect her to the notion that she was used as a biological weapon are clear. The suspicions surrounding Charles II and James's devotion to the Catholic Church were clear by the 1670s. Therefore, the Church of England's and Parliament's supporters had significant reason to believe that any male child born to James would be raised Catholic and continue any attempt James made to return Catholicism to England. Charles Stuart's birth in 1677 brought this fear to fruition as the infant represented a new Catholic dynasty forming that would diminish the Church's security under Mary and Anne, while Parliament would also lose significant control to Rome and the Pope.

By 1677, Thomas Sydenham's treatise on smallpox had for more than a decade outlined the disease's symptoms and how patients remained contagious throughout the illness. Sydenham's findings were discussed amongst his medical colleagues, which in turn likely brought knowledge of the disease's contagious nature to a group of devoted Tories and Church supporters who had close contact with Anne's governesses and preceptor. Edward Lake's diary also clearly details Anne's illness and when compared to Sydenham's findings it is evident that Anne visited Charles Stuart while she would viably still be contagious for a

period of up to two weeks. Additionally, Anne did not return to her usual routine or “appear’d thoroughly recover’d”, until forty-one days after she initially fell ill – the precise time Sydenham outlined as the period a smallpox patient would remain contagious.

What remains clear throughout this article’s examination is that though solid evidence is not likely to surface regarding Charles Stuart’s death, the circumstances concerning the infant’s passing can no longer be treated as unquestionably accidental, and nor can his life continue to be an omission or footnote of scholarly publications. When numerous avenues of research suggest that pre-existing knowledge may have prospectively led a select group of people to use Lady Anne as a biological weapon to eliminate a threat to Parliament and the Church, these possibilities must be considered due to their potential ramifications to the history of the early modern period.

Notes

¹ Charles Stuart is often referred to as the Duke of Cambridge; & Dr Edward Lake recorded on 12 November 1677 that Anne’s existing illness was smallpox after the first pox marks “appear’d very many, and her highnesse somewhat giddy and very much disordered”, see: Percy, *Diary of Dr Edward Lake*, 7.

² Charles Stuart contracting smallpox from Anne and/or him dying of the disease is listed in works including: Gregg, *Queen Anne*, 18; Panton, *Dictionary of British Monarchy*, 455; Strickland & Strickland, *Lives of the Queens*, 75; & Weir, *Britain's Royal Families*, 261.

³ For an overview of smallpox’s nature to not discriminate see: Hays, *Epidemics and Pandemics*, 151; & for details concerning the death of Mary II see: Van der Kiste, *William and Mary*, 179-180.

⁴ Dewhurst, “Sydenham’s Original Treatise”, 278-302.

⁵ By 1677 James had publicly embraced Catholicism and there was little doubt the he would reintroduce Catholicism as the primary religion of the kingdom if he became monarch, see: Miller, *James II*, 69-71; & impact of James’s marriage with Mary Beatrice see: Waller, *Ungrateful Daughters*, 16-17. For expectation that Charles Stuart would not be raised as a devotee of the Church of England historians including James Panton have stated that Charles Stuart “caused much concern in England and Scotland because both James and Mary were Roman Catholics, and the majority of citizens wanted a Protestant monarchy”, see: Panton, *Dictionary of British Monarchy*, 455.

⁶ Turner, *James II*; Speck, *James II*; Hutton, *Charles II*; & Miller, *Charles II*.

⁷ This article adds to such publications concerning the use of infection and disease as warfare and treatment as: Domingo, “Smallpox: the triumph”, 635–42; Littman & Littman, “Galen and the Plague”, 243–255; & Wilson, “On the Matter of Smallpox”, 64–69.

⁸ Domingo, "Smallpox: the triumph", 635–42.

⁹ Littman & Littman, "Galen and the Plague", 243–255.

¹⁰ Wilson, “The Matter of Smallpox”, 64–69.

¹¹ An English translation of *De Contagione et Contagiosis Morbis* is available from: Wright, *Hieronymi Fracastorii*; & for assessment of Fracastoro’s work see: Fenner et al., *Smallpox and Its Eradication*, 214–229.

¹² Fenner, *Smallpox*, 214–229.

¹³ *Ibid*, 214–229.

¹⁴ The Bodleian holds over eighty works From Fracastoro, in relation to *De Contagione et Contagiosis Morbis*, these range from his original 1554 Latin text, to a 1930 English translation: Girolamo Fracastoro, *De Contagione & Contagiosis Morbis*; & Wright, *Hieronymi Fracastorii*.

¹⁵ A full reproduction of Sydenham’s treatise appears in: Dewhurst, “Sydenham’s Original Treatise”, 278–302.

¹⁶ Kotar & Gessler, *Smallpox: A History*, 35.

¹⁷ Dewhurst, “Sydenham’s Original Treatise”, 284–300.

¹⁸ *Ibid*, 291.

¹⁹ *Ibid*, 292.

²⁰ *Ibid*, 296.

²¹ Dewhurst, “Sydenham’s Original Treatise”, 296; & World Health Organisation, “Smallpox Disease Overview”, & “Global Alert & Response”.

²² *Ibid*.

²³ For details of Sydenham’s early years see: Cook, “Sydenham, Thomas”, ODNB.

²⁴ Sydenham is frequently referred to as “the father of English medicine”, or “the English Hippocrates”, in texts including: Greenwood, *Antimicrobial Drugs*, 33; Kotar & Gessler, *Cholera: A Worldwide History*, 14; & Artenstein, *The Blink of an Eye*, 19.

²⁵ Cook, "Sydenham, Thomas", ODNB.

²⁶ For details of Sydenham’s original treatise see: Sydenham, *Methodus Curandi Febres*; the letters of Robert Boyle confirm the listed relationships, see: Birch & Boyle, *The Works of Boyle*, 567; & Dewhurst, “Sydenham’s Original Treatise”, 280–281.

²⁷ ‘Acknowledgements’, in: Thomas Sydenham, *Observationes Medicæ Circa Morborum Acutorum Historiam et Curationem*.

²⁸ G. G. Meynell, *Materials for a biography of Dr Thomas Sydenham*, 41.

²⁹ An overview of Mapletoft’s life and social connections can be seen in: Wallis, “Mapletoft, John (1631–1721)”, ODNB; Algernon Percy’s position in society and relationship with Charles II is discussed in: Drake, “Percy, Algernon (1602–1668)”, ODNB); & the function of the Clarendon Code is discussed in: Andervont, *Background of the Clarendon Code*; & Coward, *The Stuart Age*, 300.

³⁰ John Locke’s relationship with Cooper is discussed in: Faiella, *John Locke*, 27–29; & Cooper’s role in the Exclusion Crisis is assessed in: Glassey, “Shaftesbury and the Exclusion Crisis”, 207–232.

³¹ For Mapletoft’s connection to Capel see Mapletoft’s ODNB entry, & Capel’s role in the Exclusion Crisis is evident from his own letters, see: Capel, *Letters by Arthur Capel*, 7.

³² The appointment of Compton as Anne’s preceptor in 1675 was in issue James directly addressed as Compton was an “enemy to the Papists”. James also attempted to block

Compton's appointment to the position as "it was against his will that his daughters went to church and were bred Protestants", see: Stainer Clarke, *Life of James II*, 502-503.

³³ Lake did not record Anne as falling ill on 5 November 1677, rather he recorded on 10 November that she had been "five days sick", see: Lake, *Diary of Edward Lake*, 7.

³⁴ 5 November 1677: Lake, *Diary*, 7.

³⁵ 7 November 1677: Lake, *Diary*, 6-7.

³⁶ The context of Henry Hyde's beliefs are examined in: Speck, "Hyde, Henry (1638–1709)", ODNB.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Though Hyde began writing the manuscript, it was not complete upon his death and was completed by Samuel Gale, see: Hyde & Gale, *Antiquities of Winchester Cathedral*; & 7 November 1677: Lake, *Diary*, 6-7.

⁴¹ 7 November 1677: Lake, *Diary*, 6-7.

⁴² 10 November 1677: Lake, *Diary*, 7.

⁴³ 12 November 1677: Lake, *Diary*, 9.

⁴⁴ 10 November 1677: Lake, *Diary*, 7.

⁴⁵ James's public conversion to Catholicism by 1677 is evident most notably due to his decision to not take the Test Act in 1673, and subsequent decision to vacate the position of Lord High Admiral, see: Tanner, *Samuel Pepys*, 18.

⁴⁶ 10 November 1677: Lake, *Diary*, 7.

⁴⁷ 10 November 1677: Lake, *Diary*, 7.

⁴⁸ Edward Gregg suggests the order likely came from James in: Gregg, *Queen Anne*, 17.

⁴⁹ 11 November 1677: Lake, *Diary*, 7.

⁵⁰ 12 November 1677: Lake, *Diary*, 9.

⁵¹ 23 November 1677: Lake, *Diary*, 10.

⁵² For details of Lady Hyde's appointment see: 25 November 1677: Lake, *Diary*, 10; & for an overview of Laurence Hyde's political beliefs concerning Toryism and objections to Catholicism and France's power see: Tapsell, *Hyde and Politics of Religion*, 1414-1448.

⁵³ di Cavelli, *Les Derniers Stuarts*, 376; & 25 November 1677: Lake, *Diary*, 10.

⁵⁴ 3 December 1677: Lake, *Diary*, 12.

⁵⁵ Ibid.

⁵⁶ The estimates of the first pox appearing to the return to health of the patient taking 27-34 days is evident from Table 1 of this work.

⁵⁷ 16 November 1677: Lake, *Diary*, 15.

⁵⁸ Table I.

⁵⁹ Dewhurst, "Sydenham's Original Treatise", 296.

⁶⁰ James Francis's birth was of such significance to the King and those who favoured the Catholic Church that depositions were taken and printed by James II in an attempt to legitimise his son's birth, see: *Depositions before the Privy-Council*.

⁶¹ James Francis was born in 1688, while Mary was born in 1662 and Anne in 1665.

⁶² 7 November 1677: Lake, *Diary*, 6-7.

⁶³ Ibid.

⁶⁴ An overview of how Francis Stuart's birth proved a motivating factor in the invitation to William of Orange to invade England is discussed in: Gregg, *Queen Anne*, 57-60.

⁶⁵ Anne's own letters express the displeasure she believed those in favour of the Church of England felt regarding James II's rule and integration of Catholicism, see examples including: British Library Manuscript Collection, Blenheim Collection of Papers (Blenheim)

E 18, Anne to Sarah, 19 July 1686; & British Library, Althorp Papers, Spencer Manuscripts (Spencer MSS), Section II, *Letters from Princess Anne to Mary of Orange*, Anne to Mary, 31 January 1687.

⁶⁶ Gregg, *Queen Anne*, 57-60.

⁶⁷ That violence was predicted is evident from John Churchill preparing his will and setting his affairs in order specifically due to the coming Revolution of 1688, see: Allthorp, Marlborough MSS, Box III. In Sarah Churchill's will of 18 August 1690, she refers to her previous will as being formed on 27 July 1688; & for details of William's military preparation see: Van der Kiste, *William and Mary*, 102-105.

⁶⁸ Carlton, *British Civil Wars*, 211.

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Appendices.

Table 1.

Stage of Illness	Min Estimate (Days)	Max Estimate (Days)
Initial Sickness	4	7
Pox Increase/Decrease	20	27
End of Pox to Return of Health	7	7
TOTAL	31	41

Table 2.

Anne's Illness	Thomas Sydenham's Predictions
Day 1 Fell ill (5 November)	Day 1 Initial Sickness.
Day 7 Smallpox Confirmed (12 November)	Day 4-7 Smallpox Confirmed.
Day 28 Visited Charles (3 December)	Day 31-41 Pox subsides, return to health, but still contagious.
Day 41 "appear'd thoroughly recover'd", (16 December)	Day 41 Free of smallpox and contagiousness.